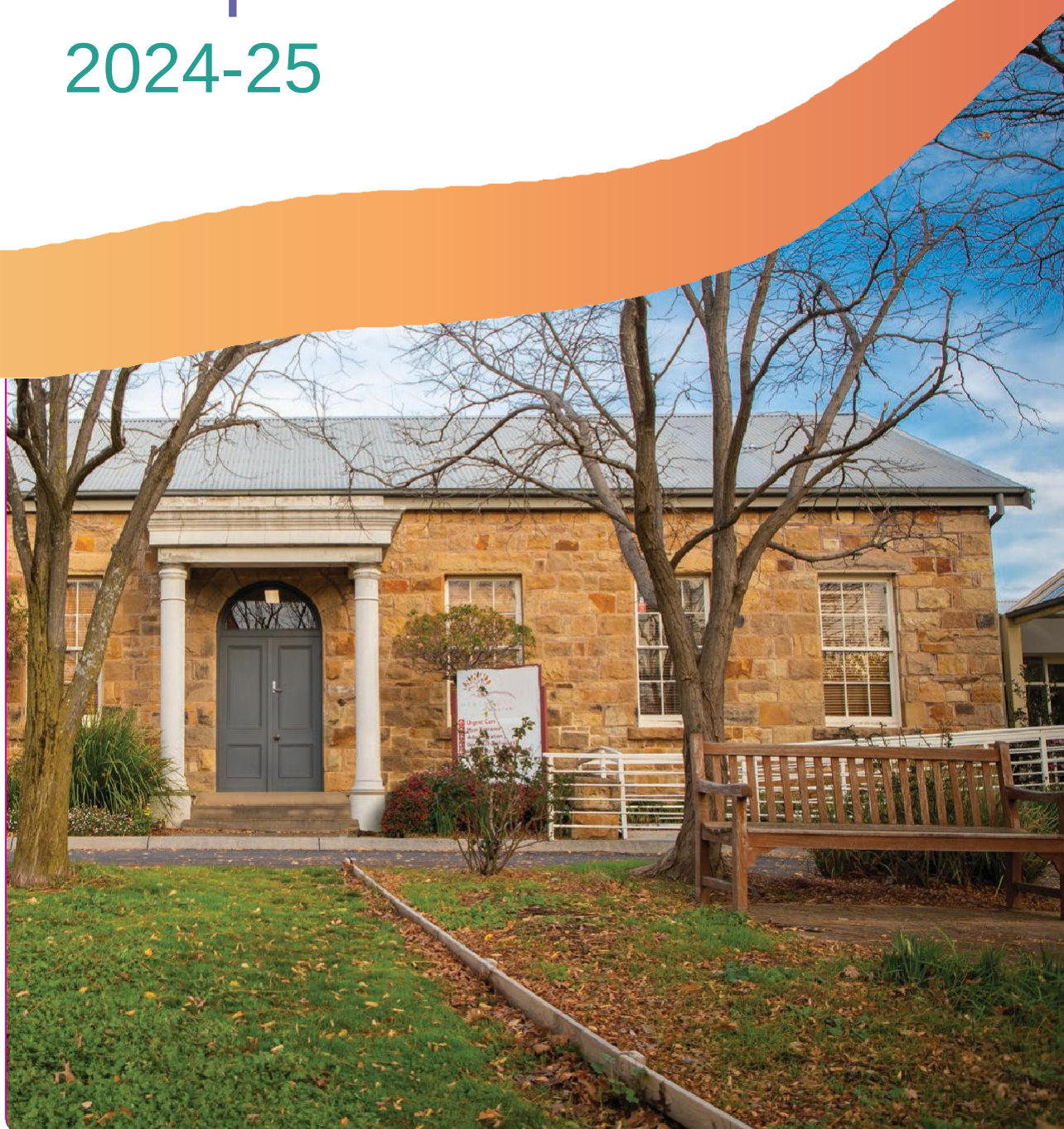




Annual Report of Operations 2024-25



Vision

Good health and well-being for our local Community

Mission

To deliver integrated health and wellness services that help each person be their best.

Values

Compassion, Accountability, Respect and Excellence: C.A.R.E

Commitment to patient experience

The consumer is at the forefront of everything we do: Patient experience is the sum of all contact with our health service

Everyone's Perceptions Matter

Our unique value proposition

We represent the local voice of the Heathcote community and surrounds for their healthcare needs. We deliver targeted sustainable services that are aligned to our strengths. Our ability to partner with multi-stakeholders to incubate, test and embed innovative solutions for the delivery of integrated healthcare that best meets community needs is what enables us to attract the highest calibre of staff.



Compassion



Accountability



Respect



Excellence

C.A.R.E.

Front cover
Heathcote Health building.

- Back cover
- The main administration building of Heathcote Health and main reception entrance. The sandstone blocks used to build the hospital were mined locally.
- The main building has seen many changes over the years, particularly from its first inception as a tent hospital in the gold rush days.

Our Strategic Priorities

HEALTHY COMMUNITY

1. We listen to and actively engage clients, our community and key stakeholders to help us better understand and meet their needs, and to ensure awareness of our services.
2. We provide our community with inclusive health services that are considerate of our diverse community and easy to access.
3. We are focused on continuous improvement by evaluating our services and acting on the evidence of what works.

ENGAGED WORKFORCE

4. We provide a safe and inclusive environment which attracts, retains and progresses passionate and high performing staff who model our values.
5. We embrace learning by investing in training and professional development to support our people to meet our clients' and community needs.
6. We encourage our people to adopt an innovation mindset to help us achieve our mission.

STRONG BUSINESS

7. We work in partnership with others to foster sharing of resources, ideas, experiences and strengths.
8. We invest in technology and processes that make life easier and enhance our ability to serve our community.
9. We grow sustainably and meet demand through a commitment to efficiency measures, strategic partnerships and innovation.

Who We Are

Heathcote Health is a public hospital funded predominantly by the Victorian Department of Health and the Commonwealth Department of Health and Aged Care. The responsible Victorian Minister for Health from 1 July 2024 to 30 June 2025 was the Hon Mary-Anne Thomas MP.

Who we serve

Heathcote Health serves Heathcote and its surroundings.

- Below
- Acute Nurses test the eyeConnect equipment.
- eyeConnect is an integrated platform for Ophthalmic
- Telemedicine that assists in the assessment of eye
- injuries and disease while reducing the need for patient
- travel.

What We Do

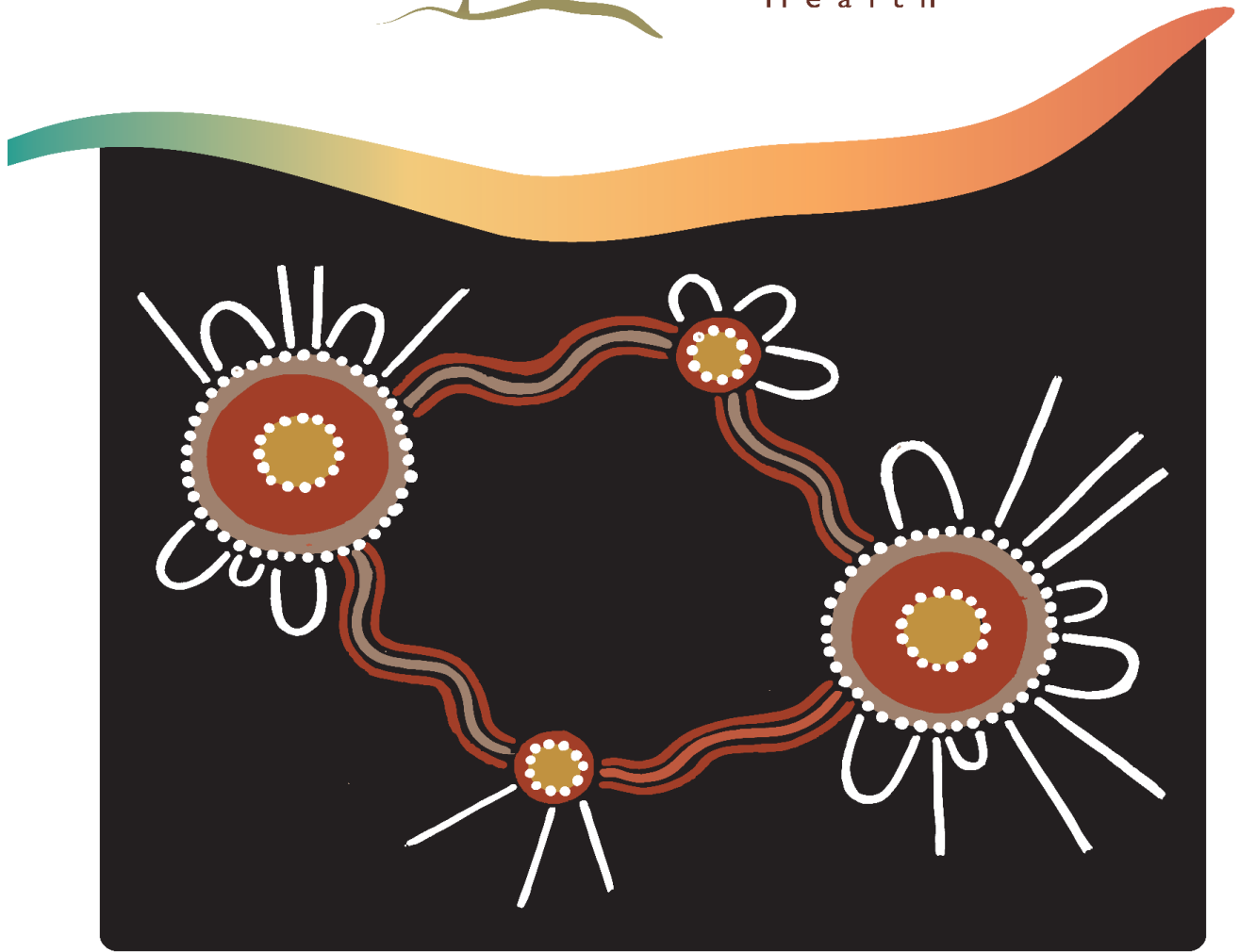
Heathcote Health operates, or facilitates, the provision of a number of services including:

- 24 hour Urgent Care Centre
- 9 bed acute/sub-acute care service
- 4 transitional care places (2 bed based and 2 community)
- 12 bed residential nursing home
- 30 bed residential ageing in-place hostel (including one respite bed)
- Commonwealth Home Support Program (CHSP) services
- District Nursing services
- Community Health Programs
- Social Support Groups
- Home Care Packages; and
- Allied Health including; Physiotherapy and Podiatry, Hearing Tests (audiometry), Dietetics & Social Work. In addition, Heathcote Health supports a co-located GP Clinic, known as Heathcote Primary Health, pathology service and radiology (X-Ray) expanded service.



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Wumindjika

Welcome

Artwork is supplied by Aunty Joanne Honeysett | Taungurung Elder and means "Coming Together" - people travelling from various locations, meeting and yarning, a happy place, a place of healing.

Heathcote Health acknowledges the Taungurung People, the First People of the land which Heathcote Health occupies, and the Aboriginal and Torres Strait Islander peoples across Victoria. We respect and honour all Aboriginal and Torres Strait Islander Elders past and present.

2025 Bendigo NAIDOC Week Celebrations

Heathcote Health attended the Bendigo and District Aboriginal Cooperative (BDAC) NAIDOC Week Flag Raising Ceremony. BDAC CEO Dallas Widdicombe said "All Australia's cultures and communities are invited to join in NAIDOC Week celebrations. We invite all Australians to listen, learn and engage in meaningful dialogue, fostering a society where the wisdom and contribution of Indigenous peoples are respected."

Heathcote Health supported the 2025 Bendigo NAIDOC Week Committee to demonstrate our dedication to fostering positive relationships with our local Aboriginal and Torres Strait Islander community. By contributing we assist in the sustainability and success of local NAIDOC Week celebrations.

Board Chair and Chief Executive Officer report

We are pleased to present our Annual Report for 2024-25 and encourage you to take the opportunity this document presents to gain a better understanding of Heathcote Health and the range of services we provide, together with our key achievements over the past year.

2025-29 Strategic Plan

Our 2025-29 Strategic Plan was approved by the Victorian Department of Health on 28 March 2025 following extensive consultation with key stakeholders, including clients, community members, partners and staff. The Department provided an extension of time for our 2021-24 Strategic Plan to continue until our new Strategic Plan was approved. Our Strategic Plan process considered how the Australian health sector is evolving, Commonwealth and State funding priorities, and how Heathcote Health can respond to these trends, challenges and opportunities, now and into the future. We identified where Heathcote Health can best be positioned within Victoria's future health service priority areas, and be ready to respond to strategic health funding opportunities.

To drive the Strategic Plan 2025-2029 forward, the next step in our journey will be to ensure sustainable, accessible, integrated service delivery models. We will work further with our staff and strengthen engagement with clients and the community to continue to uncover emerging health needs. We will also keep abreast of developments in technology, workforce management and service delivery to better support our staff to meet the needs of our community.

2025-29 Strategic Plan (cont')

Our culture of innovation has supported the development of new services, stakeholder lead partnerships and initiatives aimed at encouraging and achieving better health outcomes in the communities we support. Evaluations of our recent community projects demonstrate that our initiatives are being well received and assisting us in achieving our vision for good health and wellbeing. We will continue to actively seek funding to do this innovative and important work in the community. Our Strategic Plan 2025-2029 embeds innovation, sustainable growth and development into the future of Heathcote Health.

Health Services Plan

The Victorian Government's Health Services Plan (the Plan) was commissioned to provide recommendations for a more connected and equitable health services system. The Plan was developed by an expert advisory committee and released in August 2024, with Government accepting 26 of the 27 recommendations in full or in principle.

A key pillar of the reform is Local Health Service Networks (Networks), which are geographic groupings of health services responsible for planning and managing care across their region. As a member of the Loddon Mallee Health Network, Heathcote Health participated in consultations and workshops during the year focussing on further development of the Plan and preparing for implementation of our Local Health Service Network from 1 July 2025. This included work to confirm the priorities and governance arrangements for the new Loddon Mallee Local Health Service Network and review the draft Role Delineation Framework.

- Right
- Heathcote Health Board Chair, Elissa Watson

Whole System Quality

Whole System Quality (WSQ) is the organisation-wide pursuit of quality through the behaviours and practices of its leaders, where these behaviours and practices facilitate knowledge exchange and foster a culture of learning for all. In early 2024 Heathcote Health commenced a three-year WSC Program in partnership with Safer Care Victoria which comprises integrated quality planning, quality control, and quality improvement activities to inform an organisation-wide, interlinked, and consumer-centric strategic approach to quality.

During 2024/25, our first-year group of Heathcote Health Quality Champions from across the organisation completed a number of quality improvements at Heathcote Health, including in the food services, maintenance, community engagement, communication, volunteer recruitment and clinical areas. Key outcomes included a significant reduction in food wastage, implementation of new maintenance app to improve recording and scheduling of maintenance work, provision of enhanced palliative care education, implementation of a whole system clinical audit tool, and improvements to the patient journey and referral pathways. We then commenced recruitment of our second-year group of Heathcote Health Quality Champions via an Expression of Interest Process and identified a further fifteen staff members from across the organisation ready to begin the second-year quality improvements. Feedback from our first-year Quality Champions has been positive and SCV support of our WSQ Program in the first year was most welcome.



BOARD CHAIR AND CHIEF EXECUTIVE OFFICER REPORT CONTINUED

Priority Workforce Actions

Heathcote Health continued implementation of our 10 Priority Workforce Actions during 2024-25 with a focus on workforce planning, policy and procedure development, staff recruitment and retention, engagement, health and wellbeing and learning and development. Key achievements during the year included upgrading the Springboard recruitment system to include on-boarding, finalising the upgrade and re-launching of the Heathcote Health Intranet, and completion of an Organisational Culture Audit by our internal auditors. Several supplementary staff surveys were also undertaken during the year, including a Carers Survey in conjunction with Different Journeys, a Flexible Working Arrangements Survey and an Organisational Culture Survey. The results of these surveys are informing the development of the Heathcote Health People and Culture Plan and Workforce Policy.

A participation rate of 75% (115 survey responses) was achieved for the 2024 HH People Matter Survey (PMS). The results of our 2024 PMS were then reviewed in conjunction with Dhelkaya Health and an action plan was developed and implemented incorporating focus group feedback. The three key themes of the 2024 PMS Action Plan were: (1) Reward and Recognition; (2) Stress and Psychological Safety; and (3) Cultural Safety and Inclusivity. Heathcote Health has continued to use the Kanban Boards installed in each department to ensure staff have the opportunity to tell us about the things that matter most to them and to enable them to monitor actions undertaken by Heathcote Health in response.

Service Initiatives

Heathcote Health has continued to review and develop our health services and infrastructure in response to local community needs. Key developments and initiatives during the year included:

- Participating in the Victor Chart Project, working in partnership with the Royal Children's Hospital and SCV.
- Commencing the SAFE Lite Tool Project with the Royal Women's Hospital, a tool that assesses health services' systems and infrastructure responses to family violence.
- Completing the End of Life Directions for Aged Care (ELDAC) Linkages Program, a facilitated palliative care and advance care planning initiatives to improve the quality of end-of-life care for older Australians receiving aged care.
- Undertaking a Chronic Obstructive Pulmonary Disease (COPD) Project in conjunction with Lung Foundation Australia and SCV.
- Continuing as a key member of the research consortium for the GreenConnect Project, a green care respite program being piloted locally for people living with dementia and their carers.
- Commencing a fixed term project to explore demand for NDIS support services within Heathcote Health's catchment area and deliver a strategic, evidence-based plan for service expansion that aligns with organisational values and community needs.

In Vale

On 30th June 2025 Heathcote Health said goodbye to colleague and volunteer - Mrs Pat Barri. Pat was a well-known and well respected member of Heathcote Health staff and the volunteer team. Pat will be well remembered and sadly missed.

Right
Heathcote Health Life Governor Honour Board
- Dating back to 1898



BOARD CHAIR AND CHIEF EXECUTIVE OFFICER REPORT CONTINUED

Service Initiatives (cont’)

Heathcote Health has continued to review and develop our health services in response to local community needs. Key developments and initiatives during the year included:

- Growing our allied health workforce with recruitment to newly established social work and occupational therapy roles and the commencement of a trial expansion of our physiotherapy role.
- Further development and evaluation of Daanboor Bagiin, our Community Health Information and Access Hub at 104 High Street, Heathcote, including conducting a social prescribing trial funded by Murray Primary Health Network.
- Completion of a student placement project in conjunction with La Trobe University to determine the feasibility of setting up a weekly parkrun in Heathcote.

Daanboor Bagiin

Translated from the Taungurung Language means ‘Healthy People’.
This name was gifted to Heathcote Health by Aunty Jo Honeysett of Taungurung Land & Waters Council to welcome all people to our Community Health Information and Access Hub at 104 High Street, Heathcote.

Infrastructure Improvement Initiatives

A number of major and minor capital improvements and initiatives were undertaken over the past year, including:

- Construction of our new Community Health Hub, with practical completion being achieved on 18 June 2025.
- Painting of a scenic mural on the external courtyard walls of the new main kitchen to improve the visual amenity for aged care residents and their families.
- Establishing the foundation for the Aged Care Kitchen Garden, adjacent to the Hostel Dining Area.
- Submitting applications to Round 9 of the Regional Health Infrastructure Fund (RHIF) for the Stream 1 Acute/Urgent Care Centre Upgrade and the Stream 2 Aged Care Facilities Upgrade.
- Preparing the former main kitchen for establishment of a display area for robotics, falls prevention and air quality initiatives in conjunction with the University of Melbourne and industry partners.
- Procuring leisure and lifestyle equipment and other items for our aged care residents.
- Further establishing the Heathcote Health Property Maintenance Service, including recruiting a gardener to work in the community and on enhancing the grounds of the Heathcote Health campus.
- Supporting the Heathcote Men’s Shed Association to enter into a new Crown Lease over an expanded area of the Heathcote Health campus.
- Entering into a Crown Lease with Heathcote Community House and renewing the Crown Lease with St Anthony’s Family Medical Practice.
- Ensuring compliance with annual fire safety and essential safety measures requirements, and closing out a number of recommendations from the five-yearly fire safety audit completed in early 2024.

- Right
- Newly constructed Heathcote Health
- Community Health Hub



Financial Sustainability

Despite the challenges and uncertainties associated with the pandemic and the current economic environment, we are pleased to report that Heathcote Health achieved a small operating surplus for the 2024-25 financial year, while managing our cash reserves and capital balances effectively during the year.

To all our staff, thank you for your hard work and dedication to providing the best care possible for our consumers. We appreciate your commitment to Heathcote Health and the positive and professional way you have supported us to grow and develop to meet changing community needs. To our volunteers, thank you for choosing to volunteer at Heathcote Health and for your contribution to the health and wellbeing of our community.

To our many contractors and partner organisations, we appreciate the support you have provided to enable us to continue to deliver much needed health services. On behalf of our Board of Directors, we thank the Victorian Department of Health for the advice and support provided during the year.

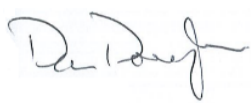
We thank all our Board Directors and independent sub-committee members for your involvement, input and guidance. We have been extremely fortunate over recent years in attracting high calibre people to these roles and Heathcote Health has benefitted greatly from their contributions.

Responsible Bodies Declaration

In accordance with the Financial Management Act 1994, we are pleased to present the Report of Operations of Heathcote Health for the year ending 30 June 2025.



Elissa Watson
Board Chair

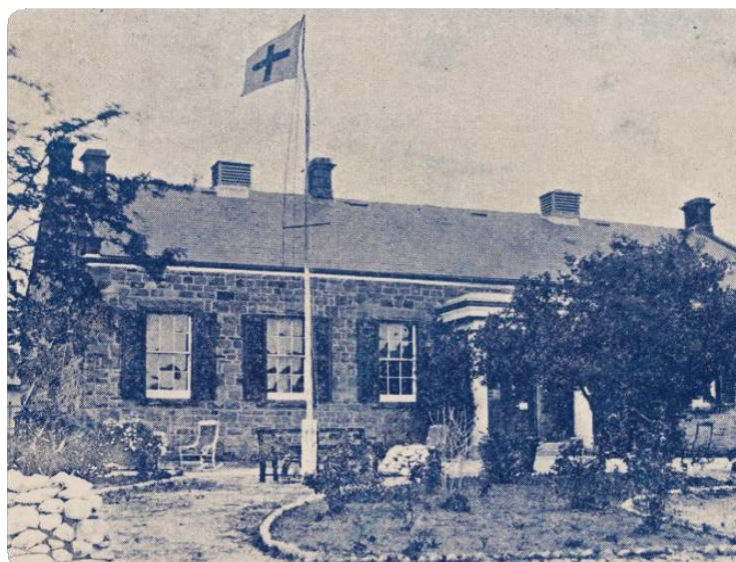


Dan Douglass
Chief Executive Officer

Manner of Establishment

Heathcote Health is a public hospital funded by the Victorian Department of Health and the Commonwealth Department of Health and Aged Care. The service operates under the provisions of the *Health Services Act 1988* (Vic). The responsible Victorian Minister for Health from 1 July 2024 to 30 June 2025 was the Hon Mary-Anne Thomas MP.

Heathcote Hospital was established in 1859. In 1994 Heathcote Hospital, McIvor Shire Council's Home and Community Care and the McIvor Community House amalgamated to form McIvor Health & Community Services. The health service changed its name to Heathcote Health in March 2010.

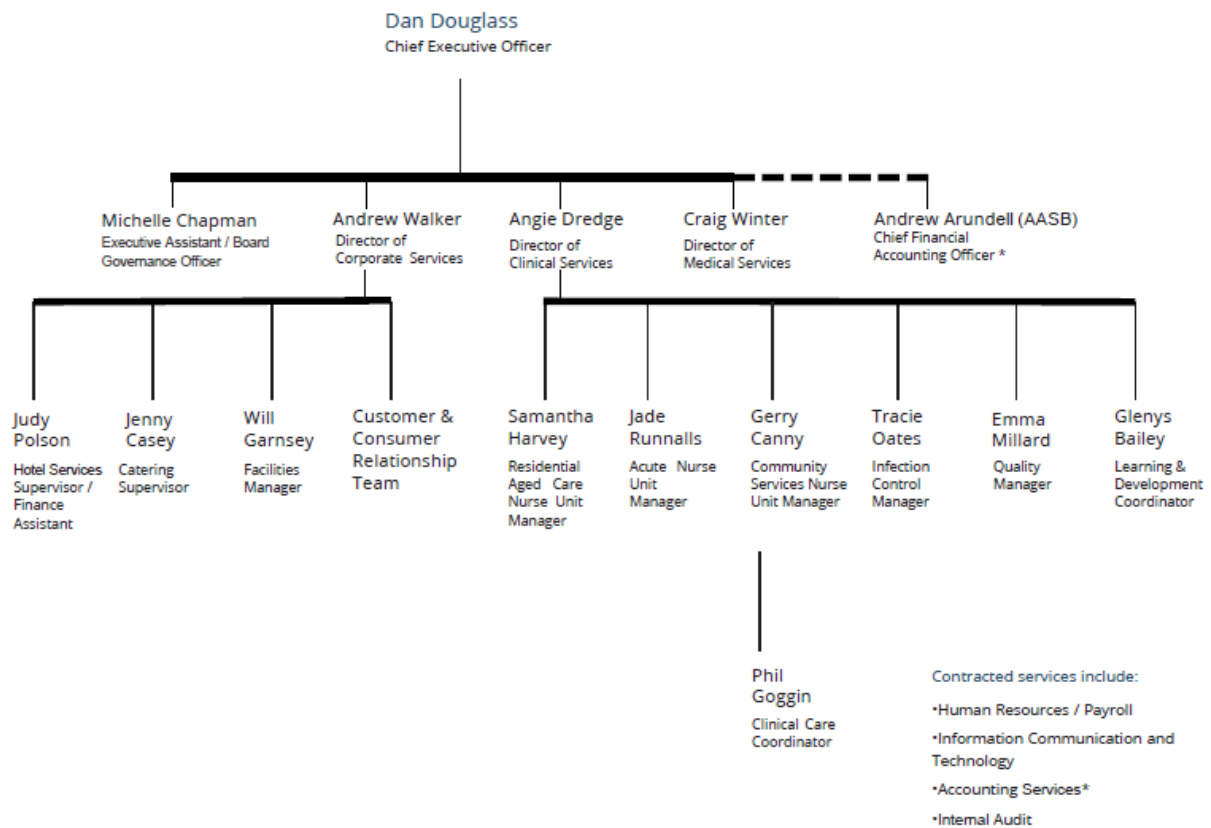


Old photos of Heathcote Health Community Main Building

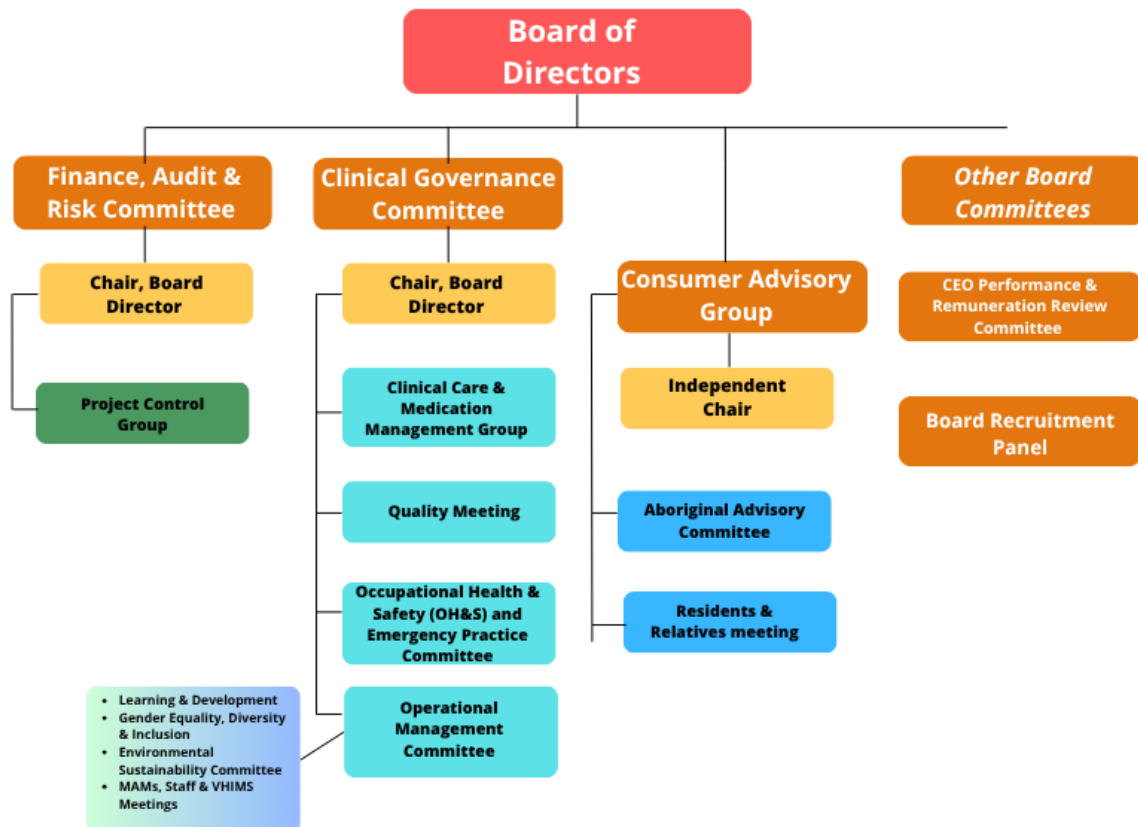


Organisational Chart

Board of Directors



Committee Structure



Heathcote Health Board of Directors

The Board is responsible for implementing governance policy and developing and approving strategies to better manage the organisation. The Board is appointed by the Governor in Council at the request of the State Minister for Health. The Board is accountable to the community that it serves for ensuring the provision of agreed services within the resources with which they are provided. The Board must therefore be responsive to its staff and the community and have the capacity to address a wide range of policy and governance issues.

To fulfill its role, the Board has directors with a range of appropriate expertise and experience. The Board adheres to a code of conduct that outlines the role of governance and the conduct of its directors.

The functions of the Board as determined by the Health Services Act of 1988 are:

- To oversee and manage the health service and
- To ensure the services provided by the health service comply with the requirements of the Act and the aims of the organisation.

Governance is achieved by ensuring the health needs of our community are met through:

Strategic planning

The Board ensures the visionary direction of the health service is focused and is able to be implemented and aligned to the mission statement of the health service.

Effective management

The Board is responsible for the appointment and ongoing review of the Chief Executive Officer who, in turn, is responsible for the effective management and operation of Heathcote Health.

Local policy development

To reflect the current standards of services delivered through timely and appropriate policy setting.

Funding service agreements

The Board endorses plans, strategies and monitors the performance of Heathcote Health through appropriate budgetary processes. Board directors are appointed by the Governor in Council. In accordance with the By-Laws of Heathcote Health, there were 12 available positions on the Board in 2024/25. Directors may act in a voluntary capacity. The Directors have received fees or remuneration from the health service in the 2024/25 financial year.

Pecuniary interest

It is an obligation of all Board Directors to declare any pecuniary interest when Board discussions include matters in which a director may have direct, indirect or financial interest.



Above:
Board Chair addressing the 2024 Annual General Meeting, with Board Directors to the left.

HEATHCOTE HEALTH BOARD DIRECTORS

Elissa Watson

Elissa is our Board Chair and is invited to attend all committee meetings as ex-officio.

Since her initial appointment in July 2019, Elissa has also been an active contributor to the Consumer Advisory Group, Finance Audit and Risk Committee, Board Appointments and Tender Evaluation Panels.



A keen advocate for place based healthcare, Elissa has developed strong relationships across the Loddon Mallee Health Network and government to ensure our service footprint is maintained, so that we can continue to meet the current and future primary health needs of Heathcote and our local community. As a strategic leader and highly skilled executive in a career spanning nearly 25 years, Elissa cultivates industry excellence through innovative policy design and best practice program implementation. She has expertise in public administration, risk management and compliance, and is passionate about the role of governance in facilitating accountability and transparency in organisations. Elissa builds high performing teams that are committed to quality service and improved consumer outcomes.

Elissa is the current Director, Integrity Assurance, Policy and Legal and works closely with the Racing Integrity Commissioner and Victorian racing industry. Her extensive corporate background includes senior roles at Consumer Affairs Victoria, the Australian Health Practitioner Regulation Agency and WorkSafe, and she has previously been a director of the Law Institute of Victoria and Justice Connect.

Ben Yuen

Ben is the Deputy Chair of the Board. He has been a Heathcote Health Board Director since January 2020, the Chair of the Board Risk Working Group, member of: the Board Clinical Governance Committee, Board Finance and Risk Committee and Board Community Advisory Committee.



He has lived in the region in Bendigo since 2016 (from Melbourne) and enjoys engaging with the local community through volunteering, his children's school, and sport. He is on local boards – The National Chinese Museum of Australia (in Bendigo) and Amicus Community Services Limited (regional NDIS and disability support services). He was also part of The Bendigo and Adelaide Bank in Bendigo, providing risk and compliance oversight for key customer-facing and corporate functions. He is a senior manager in one of Australia's largest banks, working nationally and across Asia in audit, risk and compliance, business strategy, digital banking, human resources, and project management.

He is currently a PhD Candidate (Artificial Intelligence/ Machine Learning in Banking) via The Federal Government Science and Innovation Research Grant. He is a Graduate of the Australian Institute of Company Directors (GAICD). He holds a Bachelor of Social Science from the University of Melbourne, and a Masters of Business in Human Resource Management/ Industrial Relations from RMIT University.

HEATHCOTE HEALTH BOARD DIRECTORS CONTINUED

Andrew Roma

Andrew joined the Board in July 2022 and is the Chair of the Board Clinical Governance Committee. Andrew has over 20 years of experience working in the health sector, including time spent in the United Kingdom and New Zealand.



He began his career as a Physiotherapist, before moving into management consulting in the health sector with KPMG. Andrew now works for Medibank, where he is responsible for developing and implementing strategic initiatives to improve the delivery of private health care across Australia. Andrew holds a Bachelor of Applied Science in Physiotherapy from the University of South Australia, and a Masters in Applied Commerce from the University of Melbourne.

Andrew is looking forward to working with Heathcote Health to continue to deliver high quality health services to the local community. Having always enjoyed visiting this part of Victoria from Melbourne, Andrew is relishing the opportunity to be more involved in the Heathcote region through his role on the Board. In his spare time, Andrew is an avid follower of Test Cricket and Soccer, is attempting to learn the drums, and has two young children which keep him very busy at all other times!

Callum Wright

Callum joined the Board of Directors in August 2022, after serving on the Corporate Governance Board Sub-committee for 18 months. Callum has significant experience in Primary and Community Health Service management in the Greater Bendigo region and is currently General Manager / Executive Officer of Bendigo Primary Care Centre (the region's local GP Superclinic).



In his spare time, Callum pursues his community focused passion as a Board Director with Lively (a local NDIS service provider) and chairs their Quality, Safety and Compliance Sub-committee. He is also actively involved in Golden Square Junior Football and Cricket clubs (as a coach and committee member). He has previous experience in community engagement, philanthropy, banking, finance and strategic project roles in the corporate sector. Callum is passionate about building stronger communities, the power and role of locally governed organisations and ensuring that everyone can connect with their community in a meaningful way and live a fulfilling life.

In previous roles he has worked with the Heathcote & District Community Bank, supporting local grants programs and strategic local initiatives. Callum is a regular visitor to Heathcote and can often be overtaken as he rides rather slowly along the O'Keefe Rail Trail. Callum holds a Masters in Business Administration from La Trobe University (Bendigo) and a Post-Graduate Diploma in Organisational Leadership from Oxford University. He is an Associate Fellow of the Australasian College of Health Service Management (ACHSM), Member of the Australian Association of Practice Management (MAAPM) and Member of the Australian Institute of Company Directors (MAICD). In line with his passion for actively participating in a stronger Central Victoria, Callum is also a graduate of the LEAD Loddon Murray Community.

HEATHCOTE HEALTH BOARD DIRECTORS CONTINUED

Vimi Desai

Vimi joined the Heathcote Health Board in July 2022. She has spent the last 25 + years across three different continents, growing up in South Africa, studying in Canada and working in Australia which is now home. Vimi is enjoying serving on the Heathcote Health Board, understanding the challenges and opportunities for the Heathcote community, and contributing towards effective governance and strategy.



She has an elderly mom and has become intimately aware of the challenges and opportunities in caring for her mom. She is looking forward to using her experiences to contribute in creating better services for the Heathcote community. Vimi's day job involves working for the CSIRO, Australia's Commonwealth Scientific and Industrial Research Organisation. Previous to CSIRO, Vimi worked at DEECA, the Victorian Government's Department of Energy, Environment and Climate Action. Working within the public sector has allowed Vimi to get a better understanding of how Government can maximise the connections between the environment, community, industry and economy.

She has a passion for listening to her stakeholders to understand where value can best be added, setting up engaged teams, and delivering on strategic initiatives. Her industry experience includes the Victorian State Government, Technology, Research, Pharmaceuticals and Professional services. Vimi is a Graduate of the Australian Institute of Company Directors. She is member of the Institute of Chartered Accountants of Australia and obtained an Honours degree in Business Administration from the Simon Fraser University in Vancouver, Canada.

Rebecca de Jager

Rebecca (Bec) joined the Board of Directors in August 2023 and brings over 15 years of experience working in the Public Health Sector as a Registered Nurse and Registered Midwife.



In her role as Director of Education, Training and Research, Bec aspires to ensure that First Nations and non-Indigenous people living in rural Victoria have access to evidence-based healthcare, delivered by a skilled multidisciplinary team. Bec was previously the clinical lead for a large-scale roll out of automated medication dispensing cabinets in an acute public hospital, which strengthened her skills in project management and influencing positive change with clinicians. Technology in healthcare over the next decade will significantly impact clinicians and their way of working and Bec is motivated to bring together clinicians and technical people to achieve practical solutions that are fit for purpose in the Australian healthcare setting.

Bec holds a Master of Clinical Nursing (Leadership in Practice) from the University of Tasmania and is currently studying a Senior Executive Master of Business Administration.

Bec grew up in Melbourne, relocated to rural NSW in 2009 and lived in rural or regional settings since. She enjoys engaging with the local community through her children's school, community events and cheering loudly on the sidelines at local sport in Bendigo.

HEATHCOTE HEALTH BOARD DIRECTORS CONTINUED

Cam Haskett

Cam joined the Board of Directors in July 2024, and has a long history working in finance roles locally and overseas.

He has been an Independent Member of the Heathcote Health Finance, Audit and Risk subcommittee, Chair of the Project Control Group, and member of the Tender Evaluation Panel during his tenure as Independent Member. Cam holds a Graduate Certificate in Professional Accounting and is a Member of the Institute of Public Accountants.

Cam moved to the Heathcote region over 7 years ago, and is an active member and Treasurer of Heathcote Tennis Club. He owns and runs two local businesses with his partner and two dogs.



Christina Campbell

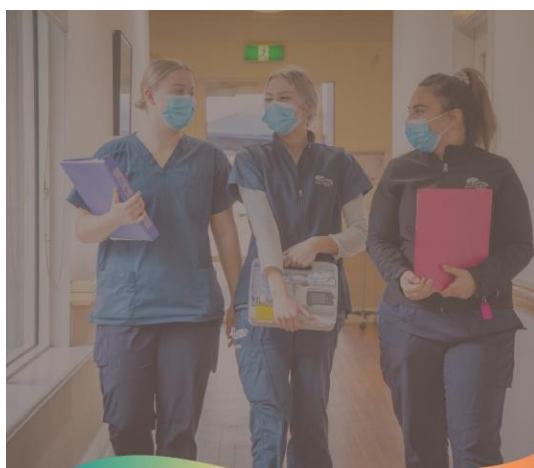
Christina joined the Heathcote Health Board of Directors in July 2024 and brings over 25 years of experience working in the Public Health Sector. Christina is highly motivated and successful strategist driven to 'make a difference' in accessible healthcare.



Extensive clinical health sector experience in roles across clinical nursing and strategic leadership in complex environments and a track record of transformed healthcare programs and workforces. Strong governance, finance and business experience and known to be highly collaborative and collegiate in her many committee roles. Understands health policy and its effects on health care systems and their communities.

Born in Melbourne, grew up in central Victoria and currently living at the farm in Pyalong producing fine merino wool and working at Northern Health. Christina brings an understanding of both metro and rural health care needs and is an advocate for ensuring provision of timely care, developing partnerships and improving services, to ensure excellent care for our community.

Christina holds a Masters of Business, is a member of the Australian College of Nursing (ACN), Women on Boards (WOB), and the Institute of Community Directors Australia (ICDA). Possessing a passion for Heathcote's history, surrounds, wine regions, Christina is a proud supporter of 'Heathcote on Show', where you will certainly find her with family from Bendigo and surrounds.



Heathcote Health
Strategic Plan
2025-2029



HEATHCOTE HEALTH BOARD DIRECTORS CONTINUED

Rob Stephenson

Rob joined the Board in July 2024 and is enjoying contributing to the continuing strengthening of Heathcote Health as a vital part of the Heathcote community.

He is currently Chair of the Capital Works Project Control Group, and a Member of the Finance, Audit and Risk Committee and Consumer Advisory Group.

As a life-long resident and promoter of life in regional Victoria, Rob appreciates that a strong local health service is an essential factor in attracting and retaining people in a community, and in contributing to its wellbeing and general prosperity.

In a range of professional capacities, Rob has worked extensively to develop pathway opportunities for local people to acquire the skills that are needed to support current and future health and care workforce needs and ensuring that they are able to realise their professional and economic potential.

Rob is a qualified accountant, with broad experience during more than thirty-five years employed in professional roles in Bendigo. Those roles have included public accounting, non-bank finance and member-service sectors, including as Head of La Trobe University's Bendigo Campus, and more recently, as Interim CEO and Advocacy Lead of Be.Bendigo.

Rob is an Independent Member of the City of Greater Bendigo Audit and Risk Committee, Member of Bendigo Senior Secondary College Council and Chair of the Bendigo Education Plan Industry and Business Steering Group.

He is a Fellow of the Royal Society of Arts, CPA Australia and Institute of Managers & Leaders, and Member of Australian Institute of Company Directors and International Leadership Association.



Right
Pink Cliffs geological reserve.

Board of Directors Attendance at Board and Committee meetings – July 2024 to June 2025

	Board Meeting - 10	Finance, Audit & Risk Subcommittee – 6	Clinical Governance Committee - 6	Consumer Advisory Group - 5
Elissa Watson	10/10	-	-	-
Ben Yuen	9/10	5/6	-	-
Andrew Roma	10/10	-	6/6	-
Callum Wright	10/10	6/6	-	4/5
Vimi Desai	10/10	6/6	4/6	-
Rebecca de Jager	9/10	-	6/6	-
Cam Haskett	9/10	6/6	-	-
Christina Campbell	10/10	4/4	3/4	-
Rob Stephenson	10/10	4/4	-	3/3

Elissa Watson, as Board Chair, is ex-officio member of all Board subcommittees

Attendance at Finance, Audit & Risk Committee meetings - independent members

Independent Member	Subcommittee Status	Meetings Attended
Norm Cockerell	July 2024 – June 2025	4/6

Heathcote Health Years of Service Awards

We would like to acknowledge the following staff who had their 5, 10, 15, 20 and 25 year anniversaries of being employed at Heathcote Health during the 2024/25 financial year.

Staff celebrating these milestone employment anniversaries at Heathcote Health are presented with a badge and certificate at the Annual General Meeting acknowledging their years of service.



Above and below: Staff Years of Service certificates, pins and gifts



5 years

Narelle Dixon
Deborah Herdman
Carly Hickson
Lauren King
Claire Mayer
Rebecca Saladino
Amberlea Smith
Beth Zoch



10 years

Jenny Casey
Michelle Chapman
Corrina Treuel



15 years

Malony Christofi
Jane Dean
Jarrod McFadzean
Judy Polson
Jane Whalan



20 years

Cathy Fuller



25 years

Debbie Eddy



Staff Recognition Award

The Heathcote Health Staff Recognition Award Program was started in 2015 to recognise exceptional performance, which goes “above and beyond” normal job expectations. The program sees Heathcote Health staff nominate fellow colleagues who have embodied the organisation’s vision and values, excelled at implementing an initiative or gone that extra mile for a client for the monthly Staff Recognition Award.

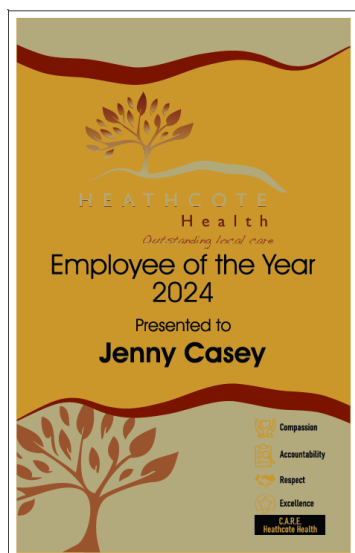
2024 Employee of the Year

Jenny Casey (Catering Supervisor / Chef)

Jenny Casey was recognised as 2024 Employee of the Year by the Heathcote Health Board of Directors for showing leadership in successfully applying to the Maggie Beer Foundation for the “Improving Food in Aged Care” program to be undertaken at Heathcote Health. Jenny worked tirelessly in preparation to get this initiative up and running, proving a strong work ethic, compassion, equity and inclusion in the way we deliver our food. This exemplifies the Heathcote Health Values.

Since the inception of the Staff Recognition Award program, Jenny has been the only staff member to be recognised as Staff Member of the Year twice!

Jenny’s family made a surprise visit to see her accept the Staff Member of the Year award, which was presented to her by Michael Nam of the Maggie Beer Foundation Trainer Mentor Program.



Below Jenny Casey (C) being presented with 2024 Employee of the Year award by Michael Nam (L) and Elissa Watson (R)

Jenny pictured with family members on receipt of award .



We wish to congratulate and thank all nominees for going above and beyond in their duties.

Staff Recognition Award

2024/25 Employee of the Year award nominees

Each month the Heathcote Health Management Team review the nominations and selects one as the monthly recipient. The monthly Staff Recognition Award recipient is then in the running for the Heathcote Health Employee of the Year Award, to be chosen by the Heathcote Health Board of Directors and announced at the 2024/25 Annual General Meeting in recognition of the importance of this award. The Employee of the Year wins a \$250 voucher, a congratulatory plaque, a framed certificate and a letter from the Board of Directors.

We wish to congratulate and thank all 2024/25 monthly staff recognition award recipients for going above and beyond in their duties.

D. Comi July 2024



Compassion



Accountability



Respect



Excellence



D. Comi received this month's award for the wonderful care she provided to our aged care residents and their families, her calm and efficient way of working, and the quiet compassion she showed to a deteriorating resident and their grieving family

M. Chapman August 2024



M. Chapman received this month's award for organizing a drive for donations of warm coats and blankets on learning of the need of a local resident suffering in the cold weather. There are now a number of warm coats and blankets available for local residents. She undertook this additional activity on her own initiative, demonstrating her commitment to our value of Compassion.

N. Ingram September 2024



Compassion



Accountability



Respect



Excellence



N. Ingram received this month's award for always putting her hand up to help out, in this instance, assisting residents, families and carers, to complete surveys. She has excellent rapport with the residents and their families, putting them at ease and providing exceptional care

T. Matheson September 2024



T. Matheson received this month's award exceptional cleaning skills, keeping the environment healthy and smelling nice, and imparting a "cared for" feeling. She achieved this whilst showing respect for the residents, and treating them as valued members of our Community. She have proven herself a team player, always including nursing staff, kitchen staff and others in communications.

C. Fuller September 2024



Compassion



Accountability



Respect



Excellence



C. Fuller received this month's award for providing excellent wound management for residents. She keeps accurate, updated records ensuring the best outcomes for residents wound care, and has been instrumental in training new staff

K. Gill September 2024



K. Gill received this month's award for consistently embracing the chance to improve the Heathcote Health Home Care Package program. She is always available to take on additional work if a colleague needs assistance and they know their clients will be well looked after as she is a great advocate for our Home Care Package clients. Her knowledge of Home Care Packages is a significant benefit to her colleagues.

B. Zoch October 2024



B. Zoch received this month's award for stepping up and helping to fill numerous shifts whilst the Acute Unit was struggling for staff. She is a consistent team player, always helping others and doing whatever needs to be done to benefit both staff and patients. Her consistent approach to the care needs of patients creates better health outcomes.

S. Jordan November 2024



Compassion



Accountability



Respect



Excellence



S. Jordan received this month's award for going above and beyond her normal duties, always keen to help the Aged Care staff and in turn the residents by maintaining a clean and safe environment to live in. Nothing is too much trouble and she is a great asset to Aged Care.

Some staff opted not to have a photo taken at the time of certificate presentation, their achievements are represented by our C.A..R.E. values logo

Staff Recognition Award

2024/25 Employee of the Year award nominees con't

S. Keel November 2024



S. Keel received this month's award for enthusiastically and competently stepping in to backfill the Social Support Group (SSG) Coordinator role which needed to be filled quickly. She had the SSG clients' best interests in mind, and provided the entire group with the fun, informative and relaxed social outings they enjoy.

J. Staggard December 2024



J. Staggard received this month's award for doing an excellent job backfilling when the Facilities Manager was on leave. He never just did the "bare minimum", he takes on work in a positive and cheerful manner and are always willing to do whatever is required to make Heathcote Health a better place.

K. King December 2024



K. King received this month's award for doing an amazing job in the absence of a Leisure and Lifestyle Coordinator. The aged care residents who nominated her stated that they enjoy all of the activities she runs and they acknowledge how hard she works to ensure the program continues.

M. Chapman December 2024



M. Chapman received this month's award for playing a key role in the coordination and running of the 2024 Heathcote Community Smiles Day Event. This event was well received and greatly appreciated by the Heathcote Community.

P. Wallace February 2025



P. Wallace received this month's award for stepping up into the Acting Customer & Consumer Relationship Manager role at short notice and without hesitation. During this time she remained supportive of the Administration and Finance Team whilst undertaking the extra duties required of the Customer and Consumer Relationship Team, going above and beyond all aspects of her position.

J. Whalen February 2025



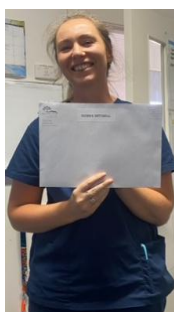
J. Whalen received this month's award for going above and beyond, helping out when we were short-staffed, and completing medications across the whole unit whilst other staff were attending an unwell resident. She ensured our aged care residents received a high standard of care at all times.

E. Staples February 2025



E. Staples received this month's award for the way she identified and responded to a deteriorating patient. Her prompt action resulted in a great outcome for the patient.

G. Mitchell February 2025



G. Mitchell received this month's award for continuing to offer residents excellent care, all of the time. She often assists with extra tasks across the Aged Care Department and nothing ever appears to be too much trouble for her.

Staff Recognition Award

2024/25 Employee of the Year award nominees con't



Compassion



Accountability



Respect



Excellence



G. Ward and J. Staples received this month's award for helping a patient that was attending the Heathcote Primary Health GP clinic when her car got extremely tangled up in a wire fence which was laying down.

When approached by the Clinic Manager seeking help, they were only too happy to assist and removed the wire taking great care not to damage the car, going over and above their normal roles.

G. Ward & J. Staples March 2024

E. Millard received this month's award for:

1. Successfully leading Heathcote Health staff through the recent National Disability Insurance Scheme (NDIS) audit and ensuring the resulting major non conformity was rectified in a timely manner, **2.** Working with Safer Care Victoria (SCV), consumers, management and the Heathcote Health Consumer Advisory Group in the endorsement of the 2024-25 Partnering in Health Statement of Intent for Heathcote Health, **3.** Working with staff on the updated version of VHIMS, and being pivotal in changing VHIMS reporting to improve transparency and understanding for Heathcote Health committees, **4.** Coordinating Heathcote Health Gender Equality Action Plan (GEAP) and infection prevention and control activities to ensure robust systems, **5.** Assisting two of our managers in completing Gender Impact Assessments for major Heathcote Health grant applications. She shows excellence in her work and the detail she gives is clear. Her communication and active listening style is to be commended. Staff feel supported and comfortable to talk to her regarding guidance around quality initiatives.



E. Millard

March 2025

C. Huston

March 2025



C Huston received this month's award for recognising unusual symptoms in a client she was assisting and realising it may be something more serious. Instead of taking him home she went straight to the Emergency Department where scans revealed a brain haemorrhage. Because of her decision to go to Emergency Department, the outcome was positive, leading the client and family to believe she 'saved his life' and wishing to nominate her for this award.

J. Wilton April 2025



J. Wilton received this month's award for his role in introducing the "Chef Special" menu which is working really well and enjoyed by our residents in Aged Care. This great initiative, along with the improvements he has implemented for morning and afternoon teas, have given our residents a greatly improved dining experience.

J. McFadzean

May 2025



J. McFadzean received this month's award for always being extremely diligent with every patient presentation to the Urgent Care Centre, taking the time to listen and responding promptly to symptoms. On one occasion, he went out of his way to support the family of a person presenting to our Urgent Care Centre which prompted that family to write to Heathcote Health to express their gratitude for the assistance he provided.

N. Talbot May 2025



N. Talbot received this month's award for helping to provide a clean and safe place at Heathcote Health and always willing to be of help, whether it's for a staff member, patient or the family of a patient. He goes above and beyond in a friendly and welcoming manner.

**Aged Care Team (Joint
Winners) T. Stephenson, S.**

Harvey, G Reilly

June 2025



T. Stephenson, S. Harvey & G. Reilly, as joint winners, received this month's award for providing staff with additional levels of compassion and support while working on the transfer of a resident. They displayed professionalism under extreme pressure whilst safeguarding staff and residents.

Quality Report

Quality Improvements

The Quality Manager has continued to oversee and coordinate a range of continuous improvement initiatives through Heathcote Health's (HH) Quality Plan. Improvement opportunities are aligned with the clinical governance domains of 'leadership and culture', 'consumer participation', 'workforce', 'risk management' and 'clinical practice'. A key improvement has related to the expansion of clinical auditing of HH's acute and community services areas through the Moving on Audits (MOA) platform. This is in addition to existing clinical auditing processes for HH's residential aged care services through MOA. A key focus has also included reviewing quality and safety-related reporting across the organisation. This aimed to ensure that staff, the Board and other appropriate stakeholders are receiving appropriate information to support accountability and transparency, as well as improving decision making and consumer outcomes.

Workforce Changes

HH welcomed new Quality Manager – Emma Millard in September 2024. Emma has had over 14 years' experience working across rural and regional health and community settings. Emma is a registered podiatrist and brings a broad range of clinical and leadership experience across allied health, children's health, quality, risk and compliance areas. Eveline Van Den Broeke was successfully appointed to a new Quality Officer position in March 2025, after holding a quality portfolio holder position for HH's acute services for some time. Eveline has a strong clinical background, in addition to quality assurance and continuous improvement skills which will be of benefit to HH's quality team.

Events / Initiatives

Whole System Quality Program – Year 2

Safer Care Victoria (SCV) collaborated with HH during 2023 and 2024 to establish and implement the first year of the HH Whole System Quality (WSQ) Program, which became known as the Good – Better – Best WSQ Program

Year 1 of the WSQ Program was completed in 2024 and involved 15 Quality Improvement (QI) Champions from clinical and non-clinical areas of HH being trained and supported to undertake QI activities relating to their area. HH is commencing Year 2 of the WSQ Program in March 2025 with the recruitment of another 15 QI Champions from clinical and non-clinical areas.

Events / Initiatives (cont')

NDIS Mid-Term Audit

HH completed a mid-term audit against the NDIS Practice Standards in January 2025, with its next full-cycle audit due before July 2026. It was pleasing to hear that staff commitment and efforts to support participants who access our service under the NDIS were recognised. In particular, the auditors highlighted staff commitment to supporting NDIS participants to live as independently as possible, management of clinical risk, and overall providing a high-level of care.

Aged Care Strengthened Standards

HH engaged Provider Assist to support in preparations for the new Strengthened Aged Care Quality Standards (SACQS) planned for implementation in July 2025 alongside the new Aged Care Act. The SACQS apply to HH's residential aged care facility, in addition to community aged care services.

The SACQS are designed to provide a more robust quality assurance process that encompasses the older person's experience, the service's structures and processes to achieve and maintain quality care and services, and the provider's ability to oversee this. Additionally, a greater emphasis has been placed on different areas of care, including food and nutrition as well as the effective care of diverse older people.

Provider Assist have supported HH in developing a transition plan and continuous improvement plan to support HH's readiness. In addition, a Strengthened Standards Bootcamp has been provided to ensure that all staff, leadership, Board Directors, and residential aged care residents have an understanding of the new SACQS, expected outcomes and their impacts.

Clinical Projects

HH has engaged with the following clinical projects through 2024-25:

- COPD-X Project
- HIRAIID Project
- Speaking Up for Safety Project
- Safer Care for Kids (VICTOR) Pilot Project
- Sepsis Collaborative Project
- SAFE Project Expanded

These clinical projects align with a range of clinical priorities across Victoria, including reducing avoidable harm, reducing avoidable admissions, safe use of medicines, and value-based healthcare.

HH is working in collaboration with the Safer Together Program, Safer Care Victoria, the Loddon Mallee Health Network and other stakeholders to complete these projects.

Quality Report - Events / Initiatives (cont')

Echuca Regional Health Research and Innovation Symposium – Poster Presentation

HH had two abstracts accepted for a poster presentation at the Echuca Regional Health (ERH) Research and Innovation Symposium on 19th and 20th March 2025. The posters outlined quality improvement initiatives relating to 'Leveraging Clinical Audit Improvement in Acute Care' and 'Introduction of Preceptor Cards in Order to Support Student Learning' (*see Learning & Development reporting*).

HH's Quality Officer, Eveline Van Den Broeke attended the symposium on behalf of HH, and reported that the event was a really great opportunity for health services to showcase quality improvement initiatives such as these.



LEVERAGING CLINICAL AUDIT IMPROVEMENT IN ACUTE CARE

BACKGROUND: Clinical audit is vital to improving clinical care and outcomes. An online platform 'Moving on Audits' (MOA) was used for clinical auditing of our residential and home-based aged care services. MOA comprises integrated audit, continuous improvement, benchmarking and reporting against the Aged Care Quality Standards. In contrast, a paper-based audit system was in use in acute care. Consistent and repeatable data analysis of patterns of practice against available standards was not possible. Continuous improvement opportunities were being missed.

AIM: Implement a quality improvement platform in the acute care service to enable structured, integrated audit, continuous improvement, benchmarking and reporting.

METHOD: The developers of MOA were approached to create an audit schedule for the acute care unit based on the National Safety and Quality Health Service Standards. MOA were interested as they had adapted their platform to suit the needs of a large health service in South Australia up to that point. They saw mutual benefit for a trial of their platform in a small rural health service. A sample schedule was developed and audit tools were trialed on a small scale for two months. The developers customised the tools based on feedback provided.

RESULTS AND CONCLUSION: The trial demonstrated that MOA could be adapted for use by a small rural health service. The system is now fully implemented with a quality champion assigned to lead the process.

moa. Heathcote Health Acute Care Audit Schedule 2022

Standard	HS.1	HS.2	HS.3	HS.4	HS.5	HS.6	HS.7	HS.8	HS.9	HS.10
Preventing and Managing Pressure Injuries Audit										
High Density Foam Mattress Audit										
Preventing and Managing Harm from Falls Audit										
Maintaining Assessment (MARS) Audit										
Predicting, Preventing and Managing Self-Harm and Suicide Audit										
Mental State Deterioration Audit										
Comprehensive Care Planning Audit										
Preventing Delirium and Managing Cognitive Impairment Audit										
Inpatient Daily Care Analysis Audit										
Emergency Department Daily Care Analysis Audit										

Image 1: Example MOA Audit Schedule

Image 2: Example MOA Standard Dashboard Indicator

Author: Angie Dredge – adredge@heathcotehealth.org

Presented at: The Research and Innovation Symposium, 19-20 March 2025, Echuca Regional Health, Echuca.

Gender Equality Action Plan

The Heathcote Health (HH) Gender Equality Action Plan (GEAP) was developed by taking into account the requirements of the GEAP, contemporary Australian research data and reports and work already being done in the health service. HH has a genuine desire to advance the very important issue of gender equality in Australia and we see the GEAP as our contribution to cultural and systemic change. Victoria's gender equality action plans, outlined in "Our equal state: Victoria's gender equality strategy and action plan 2023-2027," aim to create a fairer and more equal society for all genders through targeted initiatives and commitments.

Overview of the Strategy: The "Our equal state" strategy serves as a roadmap for gender equality in Victoria over the next four years. It emphasizes the importance of creating a society where all individuals have access to equal power, resources, and opportunities, and are treated with dignity and respect. The strategy recognizes that gender inequality disproportionately affects women, girls, and gender-diverse individuals, and aims to address these disparities through various actions and policies.

Heathcote Health management and staff are undertaking education to support the creation of Gender impact assessments (GIAs) for a number of services and programs. GIAs are a planning and assessment tool. They enable organisations to evaluate how its policies, programs and services meet the needs of women, men and gender diverse people. Gender impact assessments help organisations see how its policies, programs and services might impact different people in different ways. If an organisation doesn't think about how its work affects different people, it might unintentionally create or reinforce inequalities. GIAs help ensure better and fairer outcomes for everyone.



Heathcote Health

Commitment to Safety

Heathcote Health is committed to providing a safe and healthy environment for its employees, contractors, volunteers, students, consumers and visitors.

Heathcote Health will reduce or eliminate risks to health, safety and staff wellbeing so far as is reasonably practicable.

The Board of Directors, Executive Team and Managers are responsible and accountable for the development and implementation of a safety culture and for ensuring safe systems of work.

All employees are responsible and accountable for compliance with approved safe systems of work and contribution to our safety culture.



Compassion



Accountability



Respect



Excellence

C.A.R.E.
Heathcote Health

Acute Care

Heathcote Health Acute Ward is a 9 bed inpatient unit, including Bed Based Transitional Care. Two rooms have a sitting area attached where patients can enjoy the sunshine and families can stay the night as needed.

We also have a 2 bay Urgent Care Centre which is open 24 hours a day, 7 days per week.

The Acute Ward and Urgent Care Centre have continued to offer exceptional care options to the residents to the Heathcote Community and visitors.

A registered nurse with advanced life support accreditation is available at all times, with support from doctors at our co-located GP clinic, on weekdays, and the use of the Victorian Virtual ED (VVED) on weekends.

Heathcote Health has a close working relationship with our VMOs, the local Ambulance Victoria team and Bendigo Health. These relationships have been fostered through various network groups and the development of policies based on coordinated care and combined training.

This year we have the addition of our new Nurse Practitioner Nicole Payne, working alongside the Doctors, Nurse Practitioner and Nurses in the Acute Ward and Urgent Care Centre.

Nurse practitioners are highly experienced nurses that have completed extra university study to be able to perform higher level duties independently. Such as:

- order pathology and imaging tests
- prescribe treatments and medications
- diagnose patients within their scope of practice
- refer patients to other health professionals and specialists.

By Jade Runnalls – Acute Nurse Unit Manager



Right: Single patient room with sitting area
Below: Shared patient room



Acute Care Report (cont')



Building our Clinical Workforce

Heathcote Health has a long standing history of supporting clinical staff to achieve further education and advanced practice skills. Since 2014 Heathcote Health has supported a total of 9 nurses to undertake education and training for endorsement as Rural and Isolated Registered Nurses (RIPRN). RIPRN are registered nurses with a Scheduled Medicines certificate placed on their registration by the Australian Health Practitioner Regulations Agency.

RIPRNs can be used in urgent care, where there is no, or limited, access to GPs, nurse practitioners, paramedics or pharmacists. The advanced skills and capabilities provided by RIPRNs allows our health service to provide a wider range of services and improve access to timely, safe and appropriate care, including starting treatment and medications in accordance with the Primary Clinical Care Manual.

Projects

We are always willing to be a part of projects that will enhance our knowledge, practice and ultimately benefit the Heathcote Community.

This year we have been lucky enough to be part of pilot projects with Safer Care Victoria and the Lung Foundation Australia.

The ViCTOR chart project has promoted the use of ViCTOR charts for all paediatric patients and has developed a question where all care givers are asked at every opportunity possible if they are concerned about the child. This enables the parents or carers to escalate their concerns and be heard.

The COPD (Chronic Obstructive Pulmonary Disease) project with the Lung Foundation promoted the recognition of COPD patients and the resources available to them to allow them less time in hospitals and more time at home, encouraging better self management of their disease if able. This has enabled some of these patients to remain at home rather than being admitted to hospital as they have earlier interventions.



- Top left
- Clinical Workforce
- Middle left
- Safer Care For Kids poster
- Bottom left
- COPD Project Presentation.

Residential Aged Care

Comprising 30 hostel and 12 nursing home beds, Heathcote Health is proud of their Aged Care Facilities.

Heathcote Health supports ageing in place that sets goals to maintain and improve residents' quality of life. Our aim for aged care is to provide a high standard of person centered care in a familiar and home-like environment that considers and promotes residents' preferences and goals, promotes independence and continues to allow them to contribute to their community.

With a multidisciplinary team that includes Physiotherapists, Dietetics, Speech Therapy, Allied Health and Podiatry we strive to provide services that allow residents to maintain their independence and dignity. Being located on the same site as an acute hospital gives the residents an opportunity for excellent medical management and efficient after-hours service during the week. Knowledgeable and competent staff provide medical support on weekends with the use of the Victorian Virtual Emergency Department.

Heathcote Health maintains a home-like environment for the residents whilst still providing a high quality of clinical management. Personal Care Workers (PCW's), Endorsed Enrolled Nurses and Registered Nurses work together as a highly skilled and passionate team caring for each resident. Experienced Associate Nursing Unit Managers oversee the clinical needs under a dedicated nursing model. We also have the assistance of highly skilled Nurse Practitioners who work within their specialist field to further support the residents and staff.

Heathcote Health is committed to investing in the learning and development of every staff member by providing ongoing support and training to facilitate staff to continue their professional development.

By Sam Harvey
- Residential Aged Care Nurse Unit Manager

Top left
Special Morning Melody celebration

Middle left
Resident with Memories book, Aged Care residents gathering

Bottom left
Mural Works in progress.



Community Services

Our Community Services Department operates 7 days a week providing necessary supports to promote independence in the community.

Through Commonwealth and State funded programs Heathcote Health is able to provide a range of services to suit the needs of the community. Support can include help with daily tasks, home maintenance, transport, social support and nursing care.

Quality Improvements

- Establishment of HACC Domestic Assistance roles to assist with increased demand for this service
- Established Property Maintenance team to assist community clients keep their homes safe and well maintained
- Work has commenced on reviewing and improving the processes for collecting, reviewing and reporting quality improvements

Events / Initiatives

- Work has begun on a 4 month NDIS Expansion project, which aims to explore the demand for expanding NDIS support services. This project will involve gathering insights, analysing data, and providing recommendations on the feasibility and potential impact of expanding into this vital sector. This project will be completed by October 2025
- HH Support for Carers program has been working with 'Different Journey's' to support their 'Carers Cuppa's' events in Heathcote

Other updates

- Successful Mid-term audit against the NDIS practice standards
- Preparatory work undertaken for the transition to the new Support at home program
- Construction of the new Community Health Hub began in August 2024, with practical completion 18 June 2025. The Community Health Hub features a training and education area, private clinical appointment rooms, therapy and exercise space as well as staff and student accommodation.
- Our Social Support group has had another very enjoyable year. One highlight was the popular 'Silo Art tour', which was a day thoroughly enjoyed by all.

By Gerry Canny

- Community Services Nurse Unit Manager

Top right
Social Support Group outing – Silo Tour

Right middle
Consumers viewing Community Health Hub works
Carers Cuppa promotion

Bottom right
Social Support Group outing – Silo Tour



Corporate Services

Support Services (Catering, Cleaning & Laundry), Facilities Team, Health Promotion, and Daanboor Bagiin Health Hub

The last year has been a time of transition for the non-clinical aspects of Heathcote Health. After Sandra Whytcross' retirement, Pam Wallace did a wonderful job of filling in the role of Customer & Consumer Relationship Manager until Andrew Walker was appointed to the new role of Corporate Services Manager in October 2024.

The new Corporate Services Team includes; the Administration and Finance team, Support Services (catering, laundry, and cleaning), Facilities Team, Health Promotion, and the Daanboor Bagiin Health Hub at 104 High St Heathcote.

Highlights from the Last 12 Months

Administration and Finance Team

- **Administration Review:** A comprehensive review of administrative processes was conducted to streamline operations and improve efficiency. This review is still a work in progress with the goal of providing the best administrative support for the organisation as possible.
- **Procurement Qualification:** Will Garnsey and Pam Wallace successfully completed their procurement qualifications, enabling them to manage purchasing processes more effectively and ensure compliance with industry standards.

Daanboor Bagiin Health Hub

- **Connections with Community:** The Daanboor Bagiin Health Hub has strengthened its connections with the community through various outreach programs and partnerships. These efforts have fostered a sense of trust and collaboration, making the hub a vital resource for local residents.
- **Social Prescribing Trial:** The hub launched a social prescribing trial, which involves referring patients to non-medical services and activities to support their health and well-being. This innovative approach has shown promising results in improving patient outcomes and reducing reliance on traditional medical interventions. Social prescribing is a holistic approach to healthcare that recognises the importance of social factors in overall health. The success of this trial will pave the way for expanding social prescribing initiatives within the community.

Facilities Team

- **Community Health Hub Construction:** The Facilities Team oversaw the construction of the new Community Health Hub, a state-of-the-art facility designed to provide comprehensive health services to the local community. This hub will serve as a central point for various health initiatives and programs.
- **Appointment of a Gardener:** A part-time gardener was appointed to maintain the grounds of Heathcote Health, ensuring a pleasant and welcoming environment for patients, visitors, and staff.



Left
Consumer
Advisory Group
visit to Daanboor
Bagiin

Health Promotion

- **Appointment of Meagan Forder as the Health Promotion Officer:** Meagan Forder joined the team as the Health Promotion Officer, bringing experience and enthusiasm to the role. She will be instrumental in developing and implementing health promotion strategies aimed at improving community health and well-being.

Below left

Lisa Chesters MP visit to Heathcote Health, with Jenny Casey

Bottom

Minister for Health, Mary-Anne Thomas MP, visit to Heathcote Health, with Kitchen Team

Highlights from the Last 12 Months

Support Services

- **Maggie Beer Foundation's Trainer Mentor Program Completion – Mad Hatters Tea Party:** The Support Services team successfully completed the Maggie Beer Foundation's Trainer Mentor Program, a 12-month initiative designed to improve food, nutrition, and dining experiences in aged care homes, culminating in the delightful Mad Hatters Tea Party event. This program aimed to enhance the quality of food services and promote creative and nutritious meal options for residents. The Mad Hatters Tea Party was a whimsical and engaging event inspired by the famous tea party scene from "Alice in Wonderland." It featured a variety of themed decorations, costumes, and a menu filled with imaginative and healthy dishes. The event not only provided a fun and memorable experience for attendees but also showcased the team's commitment to improving food quality and service standards.
- **Visit of Federal Member of Parliament Lisa Chesters:** On October 17, 2024, Federal Member of Parliament Lisa Chesters visited Heathcote to observe the Maggie Beer Foundation's Trainer Mentor Program in action and attend a food forum. This visit highlighted her commitment to supporting local initiatives aimed at improving community health and nutrition. She began her visit by observing the Maggie Beer program, which focuses on enhancing the quality of food served in aged care facilities. During her visit, Ms Chesters interacted with staff and residents, gaining insights into the program's impact and the positive changes it has brought to the community.

Lisa Chesters later mentioned her visit to Heathcote Health in parliament, highlighting the significance of the Maggie Beer program. She praised the efforts of Heathcote Health and the Maggie Beer Foundation. She called for continued support and funding for such initiatives, stressing their importance in building a healthier and more resilient community.



Support Services cont'

- **Employee of the Year – Jenny Casey:** Another highlight in the Food Services team was Jenny Casey being awarded the Employee of the Year award for her exceptional leadership and dedication in spearheading the Maggie Beer program. Jenny's remarkable efforts have significantly enhanced the quality of food and nutrition in our aged care facilities, making a profound impact on the health and well-being of our residents. Jenny has demonstrated outstanding leadership in managing the Maggie Beer program, ensuring its successful implementation and continuous improvement. Her innovative strategies have transformed our food services, introducing nutritious and delicious meals that meet the highest standards. Jenny's ability to foster a collaborative environment has been crucial in achieving the program's goals, bringing together staff, residents, and community members. Her commitment to engaging with the community has strengthened our relationships and garnered widespread support for the program. Jenny's leadership in the Maggie Beer program has led to significant improvements in resident satisfaction and health outcomes. Her dedication to excellence and passion for her work have set a benchmark for quality and care in our organization.

We extend our heartfelt congratulations to Jenny Casey for her well-deserved recognition as Employee of the Year. Her achievements in leading the Maggie Beer program reflect the values and mission of our organization, and we are proud to have her as a part of our team.

By Andrew Walker – Director of Corporate Services



CORPORATE SERVICES TEAMS CONTINUED

Projects & initiatives There were a number of moments that we captured from July 2024 – June 2025



Diabetes Educator on site to answer your questions

Monday 16th September 2024

1:00pm to 2:00pm

no appointment necessary

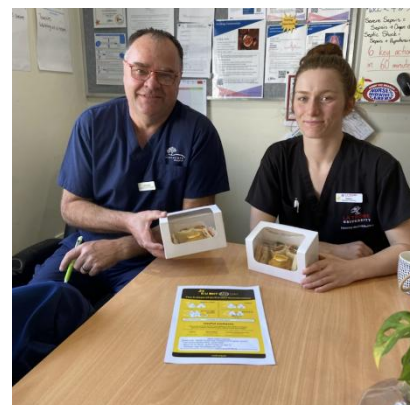
Credentialed Diabetes Educator & Registered Nurse, Paul Skipper, will be onsite at 104 High Street, Heathcote

The role of a Diabetes Educator involves education, guidance and empowerment of the community who have a diagnosis of either Pre Diabetes / Type 2 or Type 1 Diabetes. Diabetes Educator consults aim to simplify the challenges faced by people diagnosed with Diabetes.

From Blood Glucose monitoring, medication choices and administration, family history, correct diagnoses, pathology requirements, diet, exercise, weight, optometry and podiatry needs, insulin adjustment / administration, mental health / stress, dental care and specialist referrals to obtain positive outcomes for the Heathcote community.



Paul Skipper is available for appointments in Heathcote every 2nd Monday.
Referrals to a Diabetes Educator can be made via your GP



L – R

Maggie Beer Trainer Mentor Program, Mad Hatters Tea Party (for completion of Maggie Beer Trainer Mentor Program, Promotional Poster for Diabetes Educator at Daanboor Baggiin, 2025 National Volunteer Week celebrations, 2024 R U OK Day Lunch boxes, 2024 Christmas Gift Giving and end of year BBQ

Facilities Report

An organisational restructure during the year led to the Facilities Manager, Will Garnsey, reporting directly to our Director of Corporate Services, Andrew Walker, and assisted in clarifying organisational responsibilities in relation to fleet management, asset management and ICT services. The Heathcote Health Maintenance Team did an outstanding job during 2024-25, supporting our major capital projects and leading several minor capital works while maintaining our buildings and equipment in good order.

Key achievements during the year for our Facilities & Maintenance Team:

- Supporting the construction of our new Community Health Hub building by Total Construction. Practical Completion was achieved on 18 June 2025.
- Supporting our applications to the Regional Health Infrastructure Fund (RHIF) Round 9 for the Stream 1 Acute/Urgent Care Upgrade and Stream 2 Aged Care Facilities Upgrade.
- Enhancing the Assistance (Nurse Call) System, liaising with the vendor, VitalCare, and contributing to the evaluation of the System.
- Coordinating and supporting a number of key minor works initiatives, including:
 - The Aged Care Kitchen Garden Project.
 - A scenic mural on an external courtyard wall of the new Main Kitchen building.
- Further establishing the Heathcote Health Property Maintenance Service, including recruiting a part-time gardener to work in the community and on enhancing the grounds of the Heathcote Health campus.
- Supporting the Heathcote Men's Shed Association to enter into a new lease over an expanded area of the Heathcote Health campus.
- Ensuring compliance with annual fire safety and essential safety measures requirements, and closing out a number of recommendations from the five-yearly fire safety audit completed in early 2024.
- Participating on the Heathcote Health Environment, Social and Governance Committee.
- Coordinating the replacement of a number of key equipment items during the year.
- Providing maintenance support for the 104 High Street Daanboor Bagiin Community Health Information and Service Navigation Hub.



Top right

Minister for Health, Mary-Anne Thomas MP, visit to Heathcote Health. Tour of Community Health Hub construction and announcement of Regional Health Infrastructure Fund round.

Middle right

Mural with artist Melanie and detail close up

Bottom right

Heathcote Men's Shed Lease signing and group photo

Environmental Sustainability

Heathcote Health is committed to environmental sustainability and improving our environmental performance through the implementation of organisation-wide strategies in environmental sustainability and climate change adaptation.

Climate Change Resilience

Heathcote Health continued to develop and implement innovative responses to locally identified climate change risks to ensure our alignment with Victorian Government climate change priorities and strategies. This has included working with key stakeholders on identifying and addressing the impact of climate change on vulnerable and disadvantaged communities.

Heathcote Health continued to support the City in a Forest: Bushfire Resilience Project led by the Greater Bendigo City Council. Heathcote Health participated on the Project Reference Group for this project and assisted the piloting of The Adaptation Game workshop in Heathcote to support local community members to connect with the community and get creative in how they respond to current and future climate challenges.



Renewable Energy Initiative

Heathcote Health continued to monitor the impact on our energy consumption of the 89.9 Kw of solar panels installed in 2020. The annual energy cost savings from this initiative is being used to re-pay the no-interest loan from the Victorian Department of Health that funded their installation. Repayment of the no-interest loan commenced on 1 July 2022, with full repayment finalised on 30 June 2025.

Regional Waste Minimization Initiative

Heathcote Health continued to ensure compliance with the fact sheet issued by the Victorian Department of Health and the Environment Protection Authority (EPA) on the disposal of clinical waste and the recently introduced policies and procedures to ensure compliance with EPA Waste Tracker requirements.

The Food Waste Recycling initiative overseen by the Heathcote Health ESC continues to redirect a significant amount of weekly food waste to the Greater Bendigo City Council food waste collection system.

Environmentally Sustainable Design

During the year Heathcote Health ensured environmentally sustainable design (ESD) principles were incorporated in the concept design for the Stream 2 Aged Care Facilities Upgrade application to Round 9 of the Regional Health Infrastructure Fund (RHIF).

Left: Solar arrays on Heathcote Health buildings can be seen in the photo below

ENVIRONMENTAL SUSTAINABILITY CONTINUED

Costerfield House Prototype Cabin

The Dementia Alliance, formerly Heathcote Dementia Alliance (HDA), prototype dementia care cabin, Costerfield House, was transferred during the year from the rear of the Heathcote Health campus to their nature-based retreat, Reflections, at Lake Eppalock.



Zero Emissions Vehicles Initiative

Heathcote Health continued to operate sixteen Zero Emissions Vehicles (ZEVs) during 2024-25 as a significant component of our vehicle fleet.

Environmentally Sustainable Outputs

The Heathcote Health Social Procurement Strategy includes ten Sustainable Procurement Objectives (SPOs), one of which covers Environmentally Sustainable Outputs (ESOs).

Under these ESOs, Heathcote Health is continuing to introduce:

- (1) project-specific requirements to use sustainable resources and to manage waste and pollution; and
- (2) the use of recycled content in construction.



Climate Change and Health

Heathcote Health continued our representation at Loddon Prevention and Population Health Climate Change and Health workshops during the year, and our commitment to supporting the 2023-25 Loddon Mallee Climate Change and Health Implementation Plan.

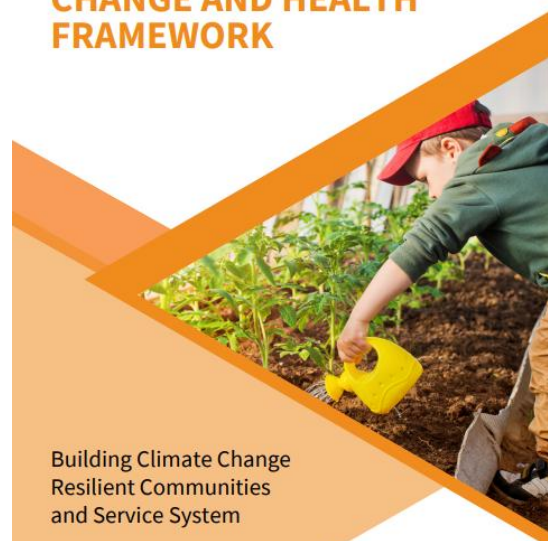
[Loddon Mallee tackling climate change to improve health - Prevention Victoria](#)

Top
Costerfield House Cabin

Middle
Heathcote Health facilities team members
EV Fleet and charging stations

Bottom
Front page of Loddon Mallee Climate
Change and Health Framework

LODDON MALLEE CLIMATE CHANGE AND HEALTH FRAMEWORK



Building Climate Change
Resilient Communities
and Service System



Loddon Mallee Public Health Unit

Activities for Reporting of Environmental Data

Heathcote Health Environment, Social & Governance Committee (ESG) was re-established in 2024/25 to oversee activities to improve our reporting of environmental data for future annual reports.

Heathcote Health Environment, Social & Governance (ESG) Committee

- The incorporation of Environmental Sustainable Design (ESD) principles in the new Community Health Hub Building on the Heathcote Health campus, including:
 - Passive and active systems to focus on materials, energy, water and health to make the building highly sustainable.
 - A block construction and steel portal frame supported on cross laminated beams providing skillion roof profile.
 - External lining of local ledgerstone cladding with all glazing double glazed solar e-glass in thermally broken aluminium frames.
 - External and structural material selections to enhance climate adaptation and resilience.
- Supporting implementation by the Victorian Health Building Authority (VHBA) of works funded by VHBA followed an Energy Audit of Heathcote Health infrastructure conducted on behalf of VHBA in 2024.



Our ESG continues to investigate ways to access relevant data from our financial system and primary documentation and through better data integration with the Eden Suite.

The Eden Suite is a web-based solution for carbon and environment reporting and management needs, including:

data management, monitoring, analysis, and reporting, and will assist us in streamlining our data collection and validation from disparate data sources. This should give us total transparency over our carbon emissions and environmental performance so we can plan reduction strategies with confidence.

The Eden Suite also supports our internal and compliance reporting needs, including National Greenhouse and Energy Reporting (NGERs).

Eden Suite Data from 1 July 2024 to 30 June 2025 is detailed in the table below.

Activity Name	Activity Unit	Asset Name	Code (Accepted Data)	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Cardboard	kg	Heathcote Health	Quantity	330.00	495.00	330.00	330.00	330.00	330.00	330.00	477.93	330.00	330.00	330.00	330.00
Clinical waste - sharps	kg	Heathcote Health	Quantity	5.90	5.90	7.08	5.90	8.26	5.90	4.72	3.42	2.36	12.98	8.26	2.36
Clinical waste - treated	kg	Heathcote Health	Quantity	23.28	24.08	31.48	26.28	15.59	44.88	21.09	5.12	13.30	30.28	50.77	24.57
Commingled	kg	Heathcote Health	Quantity	774.40	968.00	774.40	774.40	968.00	774.40	774.40	560.77	968.00	774.40	968.00	580.80
Electricity	kWh	Heathcote Health	Qty-Electricity	53,895.14	44,198.21	36,899.58	28,887.33	25,950.46	25,000.51	27,776.90	28,825.02	30,014.24	28,544.22	42,545.66	57,897.82
General waste - skips	kg	Heathcote Health	Quantity	3,132.00	3,915.00	3,132.00	3,132.00	3,915.00	3,132.00	3,132.00	3,780.00	3,132.00	3,132.00	3,915.00	3,132.00
Liquefied Petroleum Gas	kL	Heathcote Health	Quantity	6.19	6.83	4.94	7.60	1.20	1.24	1.76	1.94	1.46	2.63	4.59	5.86
Non-executive fleet - Diesel	kL	Heathcote Health	Quantity	0.28	0.28	0.27	0.28	0.27	0.28	0.28	0.25	0.28	0.21	0.22	0.21
Non-executive fleet - Gasoline	kL	Heathcote Health	Quantity	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.04	0.03
Potable Water	kL	Heathcote Health	Quantity	307.27	235.33	227.74	248.73	271.29	280.33	297.42	309.54	342.70	333.69	296.00	286.45
Solar Power	kWh	Heathcote Health	Quantity	5,211.40	7,234.71	10,379.98	11,737.90	13,418.86	12,440.89	13,727.57	13,035.90	11,850.52	7,774.02	3,518.00	943.78

Prevention and Health Promotion

Integrated Health Promotion Approach

The 2024-2025 period has continued to build on success from previous years in health promotion and prevention. Collaborative partnerships with the Loddon Mallee Public Health Unit (LMPHU), Healthy Loddon Campaspe and local prevention and health promoting organisations, has significantly enhanced Heathcote Health in linking our activities into broader prevention and health promotion strategies. As well as encouraging the delivery of associated events and activities in the Heathcote and district area. We continue to strengthen these relationships, as well as build on new and emerging partnerships.

Heathcote Health continues to strengthen and maintain strong partnerships and collaborative efforts with a range of regional stakeholders. These partnerships support our shared vision for a healthier, more connected Heathcote community. As part of our commitment to community health and wellbeing, Heathcote Health actively engages in a variety of meetings, networking events, and forums focused on health promotion and prevention. Some of these include:

- AHPA Vic/Tas Rural & Regional Health Promotion COP
- LMPHU Loddon Sub-regional Climate Change and Health Forum
- Loddon Sub-region Health Services COP
- Healthy Loddon Campaspe – Greater Bendigo Project Control Group
- WHLM CARE Forum 2025
- City of Greater Bendigo- Early Years Matter Workshop
- Greater Bendigo Prevention Network
- Loddon Primary Care and Population Health Advisory Sub-Committee
- Greater Bendigo Mental Health A to Z Network (MA-ZN)
- Heathcote Early Years Forum
- Heathcote Community Capacity Builders (Lunches)

Right
Image representing health information
data gathering

Heathcote Health and Wellbeing Data

Key population health data captured from the Loddon Mallee Public Health Unit (2025) offers valuable insight into the health and wellbeing of the Heathcote Community. Some of the key findings include:

- The total population of Heathcote is 3,965, with Aboriginal and Torres Strait Island people representing 1.6% (N=63) of the population.
- 84.7% of the Heathcote community speak English at home.
- Heathcote has an ageing population, with a median age of 56 years and 33.7% of the population being 65 years of age, compared to 19.9% in Greater Bendigo.
- Heathcote faces higher levels of socioeconomic disadvantage, with low education attainment. 39.3% of the community have completed education beyond Year 12.
- Overweight and obesity rates are high (62.8%) and physical activity rates are below average (54.3% meet guidelines).
- Heathcote has a higher count of long-term health conditions compared with Greater Bendigo.
- Heathcote remains without access to public fluoridated water.
- The average total household weekly income in Heathcote was less than \$650 (31.2%).



Victorian Achievement Program

The Achievement Program supports Victorian workplaces, schools and early childhood services to create healthy places for working, learning and living. The vision is for every Victorian to be healthy, well and participate at work, in school or in early childhood care. Heathcote Health is registered with the Achievement Program and is implementing this evidence-based health and wellbeing framework which is aligned with the World Health Organization's model for health promoting schools and healthy workplaces. The five key elements of the Achievement Program are:

1. Healthy Eating;
2. Physical Activity;
3. Smoking Reduction; and
4. Alcohol and Other Drugs (AOD).
5. Mental Health and Wellbeing;

Heathcote Health was supported by Bendigo Community Health Services in our work on the Achievement Program, and attended the Achievement Program Drop-In Sessions when possible. Specific initiatives undertaken by Heathcote Health during 2024-25 are summarised below under each of these key elements.

1. HEALTHY EATING

Heathcote Health continued our focus on healthy eating during the year with additional initiatives to improve the nutrition for our aged care residents, patients, Meals on Wheels clients, staff and visitors to our campus. These included:

- Supporting our Food Services Supervisor to complete the Commercial Cookery Course at Bendigo TAFE.
- Reviewing procedures and processes for the provision of texture-modified foods.
- Providing food services and aged care staff with IDDSI training.
- Ensuring aged care residents were provided with access to dietitians and speech pathologists.
- Continuing to review our food services task lists and audit forms.
- Continuing to develop our use of the Chefmax system.

2. PHYSICAL ACTIVITY

Heathcote Health supported and promoted the 2025 O'Keefe Rail Trail Marathon and supported staff and volunteers to continue their individual physical activities through regular health promotion activities.



Above
Healthy Workplaces Achievement Program image

PREVENTION & HEALTH PROMOTION CONTINUED

3. REDUCING HARM FROM SMOKING AND E-CIGARETTES

Heathcote Health continued to offer support to staff, volunteers, aged care consumers, hospital patients and community clients to reduce smoking. Heathcote Health participated in the City of Greater Bendigo Council's Smoking and Vaping Partnership to reduce harm from smoking and vaping.

4. ALCOHOL AND DRUG REDUCTION

Heathcote Health continued our participation in the Heathcote Local Drug Action Team (LDAT), following a change in the lead organisation from SportsFocus Bendigo to the Heathcote Community House. A new Community Action Plan is being developed for the Heathcote LDAT with a focus on reducing harmful alcohol and drug use by older people.

5. MENTAL HEALTH AND WELLBEING

Fostering positive mental health and wellbeing has been a major objective for Heathcote Health for a number of years and remained a key focus for Heathcote Health during the year. Heathcote Health participated in the 5 Ways to Wellbeing Program led by Bendigo Community Health Services and continued our support of the priority actions in the *Heathcote Wellbeing Action Plan*, an outcome of the Swinburne University Community Mental Health Project, entitled *Community Wellbeing Through Supportive Communities*.

Key outcomes included:

- Further work on the proposal for a Therapy Garden at the rear of the Heathcote Health campus, adjacent to the O'Keefe Rail Reserve.
- Continued participation in the Greater Bendigo Data Co-operative.
- Further exploration of potential social enterprises for the Heathcote community.



**A healthy mind is just as important as a healthy body.
Five simple ways to look after yourself every day.**



Take Notice

Take time to slow down and be in the moment

- Use your 5 senses to notice what you can see, touch, taste, hear and smell
- Pay attention to your thoughts & feelings



Be Active

Move a little each day to keep your mind and body healthy

- Go for a walk or run
- Gardening



Give

Doing something nice for someone else makes you and others feel good

- Say thank you
- Ask someone how they are & really listen



Connect

Build relationships and stay connected with others

- Phone or text a friend you don't see often
- Organise regular catch ups with friends and family



Keep Learning

Learn something new or rediscover an old interest

- Try a new hobby
- Listen to a podcast



Above
'All People Are Welcome' by artist
Sandi Miller.

Left
Bendigo Community Health Services '5
Ways to Wellbeing' poster



bchs.com.au



03 5406 1200

PREVENTION & HEALTH PROMOTION CONTINUED

Access to Health Services and Information

Heathcote Health continued our support during the year for local initiatives aimed at addressing inequities for the Heathcote and district community relating to access to health services and information.

Heathcote Health continued to build knowledge and information resources on the health, aged care, disability, domestic violence and mental health service systems, referral pathways and barriers to access.

Fluoridation of Heathcote Town Water Supply

Fluoridation of the Heathcote town water supply is a priority objective for the 2021-25 Heathcote and District Community Plan and oral health is a priority aim in the 2021-25 Greater Bendigo Municipal Health and Wellbeing Plan.

Heathcote Health and Advance Heathcote Inc. continued to advocate for fluoridation of the Heathcote town water supply during 2024-25. Heathcote Health also worked with the City of Greater Bendigo Council on an advocacy program including support from a number of peak bodies, La Trobe University and City of Greater Bendigo Councillors.

Despite significant advocacy efforts, funding for fluoridation of the Heathcote town water supply was not confirmed in the May 2023 Victorian Government Budget. Heathcote Health is now working with La Trobe University, LMPHU and other key stakeholders to raise the profile of fluoridation as an effective and value-for-money solution to poor oral health.

Occupational Therapy Student Placements

Heathcote Health supports project placements each year for Occupational Therapy (OT) students from La Trobe University Bendigo. These projects support better health outcomes for the Heathcote Community.

Heathcote Based parkrun

The proposed Heathcote McIvor Creek Trail parkrun is nearing completion, with parkrun Australia likely to approve in late 2025.



Left
Parkrun Project students enjoying
Bendigo Botanic Gardens parkrun

In 2024/25 two separate groups of students undertook Falls related projects.

1. Falls Prevention Practices PROJECT AIM – To reduce the risk and impact of falls for adults aged 65 years and older across Residential Aged Care, Acute and Community Services at Heathcote Health through targeted staff / patient / resident / client education around falls prevention and implications.

2. Falls & Balance Exercise Program

2. PROJECT AIM - To establish an 8-week falls and balance group exercise program in the new Heathcote Health gym for community-dwelling older adults aged 65 years and over. Along with the development of an 8-week falls and balance group exercise program template, a consumer pre-screening tool, and a consumer home safety falls prevention educational handout within the 10-week project period for Heathcote Health allied health staff to utilise when implementing the group exercise program.

Gender Equality Action Plan

16 Days of Activism Against Gender Based Violence 2025 Walk For Respect & Coffee with a Cop



2024 Coffee with a Cop & Heathcote Walk for Respect. The walk was part of the 16 Days of Activism against Gender-Based Violence 2024. Residents and representatives from community groups participated in the Walk For Respect. As reported in the *McIvor Times*: "We all deserve to be safe, equal and respected," said Heathcote Health executive assistant, Michelle Chapman. "More than one in three women have experienced men's violence. "Safety for women is not a given in any community and neither is respect. It doesn't have to be this way. "On a warm, sunny morning, participants walked along the shady path at Barrack Reserve to show a united stance against violence in our community. It was followed by a meet and greet with visiting service organisations who help support the community when and where needed. "Following the walk, there was more valuable chatter over a delicious CWA Heathcote Day Branch and Grazing Trail light lunch," said community house executive assistant Vicki Forde. "It was a great community collaboration with representation from Mandalay Resources, Heathcote Ambulance Service, RFDS Transport, Heathcote Health, Heathcote Community House and many more. "We thank the City of Greater Bendigo and Emergency Recovery Victoria for the Community Hub funding. "Together we stand up against violence, helping us to feel safe and respected."

What is the 16 Days of Activism Against Gender Based Violence?

The 16 Days of Activism is an annual campaign that encourages people, communities and organisations to act to end gender-based violence. It runs from 25 November to 10 December each year.

What are the important dates during the 16 Days of Activism?

○ International Day for the Elimination of Violence against Women – 25 November

This day of observance coincides with the first of the 16 Days of Activism. It calls for commitment from our communities – from governments to workplaces to sports clubs to loungerooms – to agree: gender-based violence is not inevitable. It is not acceptable. It can be prevented.

○ International Day of Persons with Disabilities – 3 December

This day of observance is about promoting the rights of people with disabilities, committing to meaningful and equitable inclusion in workplaces and communities, and celebrating and learning from people with disabilities. This year, the UN theme for International Day of Persons with Disabilities is 'Amplifying the leadership of people with disabilities for an inclusive and sustainable future.'

○ International Human Rights Day – 10 December

This marks the anniversary of the Universal Declaration of Human Rights. It is also the final day of the 16 Days of Activism. The United Nations describes violence against women and girls as one of the most prevalent and pervasive human rights violations in the world.

What is the 2024 16 Days of Activism theme?

In 2024, we invite Victorian communities to use the theme "Respect Is..."

It's about linking respect and preventing violence – and how "seemingly harmless" attitudes, beliefs and social pressures can escalate and justify harmful behaviour.

Not all disrespect leads to violence against women – but all violence against women begins with disrespect.

By engaging with our Community Heathcote Health builds the knowledge and understanding of the impact Gender in-equality can have on staff, volunteers, visitors, clients, residents, patients and consumers in general. These learnings help inform our Gender Equality Action Plan and Diversity & Inclusion strategies and actions.

Learning & Development

QUALITY IMPROVEMENTS

The quality improvement initiative from 2024 - Preceptor cards for lanyards was presented at: The Research & Innovation Symposium, 19-20 March 2025, Echuca Regional Health



INTRODUCTION OF PRECEPTOR CARDS IN ORDER TO SUPPORT STUDENT LEARNING

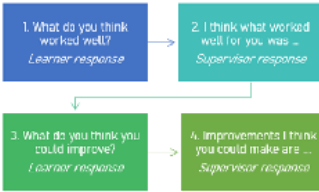
BACKGROUND: Effective feedback is crucial for professional development and improving care quality in healthcare settings. At Heathcote Health, clinicians struggled to provide timely and constructive feedback to novice/student nurses. Strengthening professional connections and improving feedback mechanisms are essential for positive learning experiences.

AIM: This initiative aimed to improve the feedback process between staff and novice nurses by introducing Preceptor Cards and using a learner-centered feedback model, enhancing communication, and helping refine learning goals.

METHOD: The Preceptor Cards are laminated cards worn by clinical staff to prompt feedback conversations. Using Pendleton's Model of feedback, staff engage students in reflective discussions, focusing on positive behaviors, learning needs, and goal-setting strategies.

RESULTS AND CONCLUSION: The introduction of Preceptor Cards significantly improved staff's ability to initiate feedback conversations with students. This also led to a revision of the Nursing Student Feedback forms, aligning them with the Pendleton model, fostering more timely and constructive feedback. By adopting Pendleton's feedback model, Heathcote Health has enhanced the feedback process, allowing for more collaborative and reflective conversations. This approach not only improves student learning but also strengthens the overall feedback culture within the health facility.

Pendleton's Model



Refining a Learning Goal

To	talk about setting next learner
Through	review / discuss, praise & critique, practice tools, set up trolley & review equipment, simulate practice
By	the end of the day/week/placement

Effective Constructive Feedback

SHARE your facts	"I noticed that you ..." (state an observed behaviour)
TELL your story	"This concerns me because..." (provide rationale)
ASK other view	"Could you explain why ...?" (allow learner to provide rationale)
"Thanks for today, do you have any feedback for me as your clinical coach?"	

Author: Glenys Bailey – gbailey@heathcotehealth.org

Presented at: The Research and Innovation Symposium, 19-20 March 2025, Echuca Regional Health, Echuca.

EMERGENCY PREPAREDNESS DESKTOP ACTIVITY

What: Emergency Preparedness Desktop Activity with the Department of Health Emergency Management and Regional Public Health Branch. To evaluate the service's processes, procedures and supporting documentation in the event of an external emergency (Code Brown).

Why: After completing Chief Warden & Warden training in September 2024, Heathcote Health arranged an Emergency Preparedness desktop activity to examine hospital process. Heathcote Health expected to conduct a Code Brown relocation scenario to allow Managers, Supervisors, Senior Leaders, and Executive Team to experience the same in a controlled environment. This allowed participants time to critically think about how each department might plan, prepare, and respond in the event of a Code Brown – relocation scenario.

Benefits: The feedback received from both internal and external stakeholders related to the Emergency Preparedness Desktop Activity was entirely positive, as it allowed for a better understanding of how all the various organisations work together, their roles & responsibilities, and what if any support or services might be available during a Code Brown- relocation. It is recommended that Heathcote Health continue to network with external stakeholders, and other regional/ small rural hospitals in the vicinity of Heathcote Health. Finally, it is recommended that Heathcote Health review their hospital process, target training towards the Chief Warden and consider reinforcing training with an evacuation drill. Overall this Emergency preparedness Desktop Activity demonstrated that Heathcote Health staff have the capacity to conduct necessary Code Brown- relocation process, however lack the experience and confidence to do so.

WORKFORCE CHANGES DIRECTLY RELATED TO LEARNING & DEVELOPMENT

- Successful recruitment of 2 x Graduate Registered Nurse to commenced Graduate Nurse Program at Heathcote Health in February 2025
- Retention of 2 x Enrolled Nursing students who conducted clinical placement here in 2024 continue to contribute to our workforce as Personal Care Worker in the Aged Care Facility.
- 1 x Enrolled Nurse studying her Registered Nurse and a current staff members in Aged Care Facility, was supported to conduct her clinical placement here at Heathcote Health to advance career pathways.
- 2 x Senior Secondary students from Catherine McAuley College studying Certificate III Allied Health Assistant, conducted work experience at Heathcote Health under a Structure Workplace Learning Arrangement. This allowing them the opportunity to experience the healthcare workforce and complete the clinical component of their course.

LEARNING AND DEVELOPMENT CONTINUED

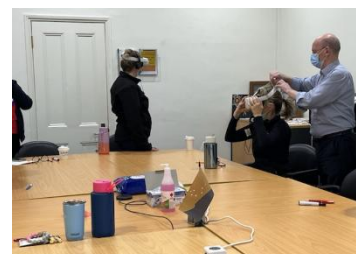
EVENTS & INITIATIVES

The following objectives were prioritised by Heathcote Health during the 2024/25 financial year:

- Voluntary Assisted Dying (VAD) with Adam Rutyna from Bendigo Health, July 2024
- Clinical Supervision with Tim Adam, July 2024
- Chief Warden & Warden Training, September 2024
- Advanced Care Planning with A/Professor Barbara Hayes, September 2024
- Manual Handling Refresher Champion Training with Stephen Morley from Bendigo Health, October 2024
- Emergency Preparedness Desktop Activity with internal & external stakeholders, October 2024
- Snake Bite training, October 2024
- Occupational Violence & Aggression Training (OVA), November 2024
- Hand Hygiene, Donning & doffing & BLS, February 2025
- Manual Handling - Safe Patient Handling with Stephen Morley from Bendigo Health, February 2025
- Cyber Security Senior Leaders, February 2025
- Diabetes & Seizures First Aid, February 2025
- Incident Reporting/ VHIMS, March 2025
- Manual Handling – Non Clinical with Stephen Morley from Bendigo Health, May 2025
- Manual Handling – Safe Patient Handling with Stephen Morley from Bendigo Health, May 2025
- ALS scenario with Ambulance Victoria, May 2025
- Dementia Essentials with Dementia Training Australia, May – June 2025
- GIA workshop with Women's Health Loddon Mallee, June 2025
- Family Violence at a health care practical level with Jenni Harris & Delwyn Riordan from Bendigo Health, June 2025

OTHER LEARNING & DEVELOPMENT MATTERS

- Introduction of Stand-Alone Learning Management Portal Kineo, January 2025
- Review of Mandatory Training Course, June 2025



Above top
Emergency Preparedness Desktop Activity
Above bottom
Occupational Violence & Aggression Training,

Left & above
Enabling EDIE is an immersive virtual reality workshop designed to help participants understand the experiences of individuals living with dementia, enhancing empathy and knowledge about dementia care

Volunteers and Supporters

Volunteers are an important resource to many, if not most, community organisations. Volunteers enhance the health experience for residents, patients, clients and our staff; but also for the volunteers themselves. Volunteering also gives you the opportunity to practice and develop your social skills. Because volunteering keeps you in regular contact with others, it can also help you develop a solid support base. As well as helping to protect you against stress and depression, volunteering can help with mental health recovery.

A Volunteering Victoria survey found that Volunteers are happier, healthier and sleep better than those who don't volunteer. Just a few hours of volunteer work can make a difference to your happiness and mood!

Our volunteers are vital members of the Heathcote Health organisation and provide invaluable support to staff, our Community and those who use our services. 2024-2025 saw a reinvigorated Heathcote Health Volunteer Program and current initiative growth. New Volunteers joined Heathcote Health Volunteer teams in the Aged Care area and Meals on Wheels teams.

Jack (Pet Therapy volunteer), has returned to HH in his very identifiable red volunteer bandana and is assisting new recruit Ben. Ben will commence in the pet therapy role once he has completed his training period.

We bid a fond farewell and give thanks to these Volunteers:

- Steve & Sue Waghorne, whose volunteering was consistent even through the COVID-19 Pandemic, have decided to move on and spend more time with family.

Heathcote Health partners with a number of organisations and peak bodies to support volunteering, amongst these are;

- Volunteering Victoria
- Volunteering Australia
- Bendigo Volunteer Resource Centre
- Loddon Mallee Volunteer Network
- Leaders of Health Volunteer Engagement Network

We celebrate our Heathcote Health Volunteers and provide robust training to ensure they are kept up to date with the changing needs of health volunteering.

Our vision is for volunteering to be at the heart of our communities. National Volunteer Week 2025 was held on 19-25 May 2025 and celebrated the power of volunteering to bring people together with the theme '**Connecting Communities**'.

Heathcote Health have variable days, times, durations and methods of volunteering – the opportunities are flexible and vast.

If you would like to know more about volunteer opportunities at Heathcote Health, please phone (03)5431-0900 or come into Heathcote Health reception to pick up a volunteer application pack.

By Andrew Walker,
Director of Corporate
Services

VOLUNTEERS AND SUPPORTERS CONTINUED



- Top, L - R
- Meals on Wheels Volunteers with Heathcote Health EV Fleet Vehicle,
- Lisa Chesters MP visit to Heathcote Health Aged Care
- Middle L - R
- Jack (L) & Ben (R) Pet Therapy Volunteers
- Presentation to Steve & Sue Waghorne on their retirement from Volunteering
- Bottom L – R
- National Volunteer Week celebrations

Infection Control and Prevention

Key elements of the role include - Antimicrobial Stewardship; Hand hygiene; immunisations and vaccinations; Environmental cleaning, waste management; building infection regulations, Education; Standard and Transmission based precautions; PPE; auditing; safe handling of sharps management; Linen management; Outbreak management.

Heathcote Health has sustained a strong and cohesive response to COVID-19 following the Pandemic period, building on strengthened infection control and prevention initiatives where and when required. These initiatives include; Respiratory Fit testing, PPE compliance measures including wearing of masks, social distancing, enhanced environmental cleaning, regular testing of staff, visitors, symptomatic patients and residents were maintained.

Of course much of prevention for all infections are excellent preventative measures such as Hand Hygiene. The staff at HH are well educated and monitored for there compliance with the 5 Moments of Hand Hygiene.

Antimicrobial Stewardship is key focus for management of infections and is well adhered to by our Visiting Medical Officers who have visitation rights.
See attached NAPS dashboard. It is requires regular monitoring and annual reporting.

Infection control is fundamentally concerned with prevention. It is required for all intricate areas in the health care system. For the implementation and maintaining good infection prevention and control measures it is up to good foundations, dedicated and cohesive healthcare teams and management systems that work.

By Tracie Oates
- Infection Control Manager

Heathcote Health also has a very good Standard and Transmission- based precautions focus, with direction towards prevention.
This is evident through low transmission of infections throughout the facility. A small, well managed COVID-19 Outbreak in 2025 showed how well infection control measures play out in practice. Our current immunization rates across the facility have been good.

Immunisations		Compliance rate
Employee COVID-19 vaccination		100%
Employee influenza vaccination	2024	100%
	2025	100%



- Above
- Support Services providing Infection Control

Visiting Medical Officers

Dr Adel Asaid MBBCH, FRACGP, OAM
Dr Maureen Siapno MBBS FRACGP
Dr Noel Siapno MD, FRACGP
Dr Pradeep Pokharel MBBS
Dr Breeanna Cummings MBBS, FRACGP
Dr Tania Howley MBBS, FRACGP
Dr David Anderson MBBS, FRACGP, MPH
Dr Choon Hong Lim MD
Dr Khola Sulahry MBBS



15 Year Anniversary of Heathcote Primary Health (GP Clinic)

Doctors, nurses and staff members from Heathcote Primary Health joined with Heathcote Health to celebrate 15 years of partnership in March 2025 with a special luncheon.

Heathcote Primary Health (GP Clinic) is a part of the St Anthony Family Medical Practice Group.

Heathcote Primary Health (GP Clinic) is co-located on the Heathcote Health Campus in a purpose built space at the rear of the campus, and are a separate organisation. The Heathcote Primary Health GP's provide services to Heathcote Health as Visiting Medical Officers, credentialed by Heathcote Health through our Director of Medical Services – Dr Craig Winter.

It was noted that Heathcote Health and Heathcote Primary Health work together seamlessly. The service is easily accessible for everyone and the care for patients shines out.

Dr Adel Asaid (AOM), Director Heathcote Primary Health and St Anthony Family Medical Practice, thanked his staff and Heathcote Health for their support over the past fifteen years. "Without the continued commitment from all involved this could not have happened," he said. "The staff are all amazing and this is one of the most successful practices we have. Everyone puts the community first and provides the best medicine. Whenever I visit, I have a big smile on my face. It is beautiful, and I am looking forward to the next fifteen years of working together with Heathcote Health".

⋮ Above Left
⋮ Heathcote Primary Health (GP
⋮ Clinic) doctors, nurses & staff gather
⋮ to celebrate 15 years with
⋮ Heathcote Health Executive & staff.

⋮ Below Left
⋮ Dr Adel Asaid (AOM) and Dr
⋮ Maureen Siapno proudly display
⋮ their certificate in recognition of 15
⋮ Years of service to the Heathcote
⋮ Community

Royal Flying Doctor Service - Community Transport



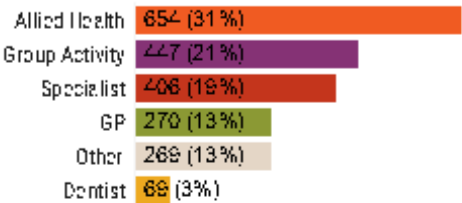
Royal Flying Doctor Service
Community Transport
Heathcote
Jul 2024 - Jun 2025

Royal Flying Doctor Service Community
Transport infographic for 2024/25

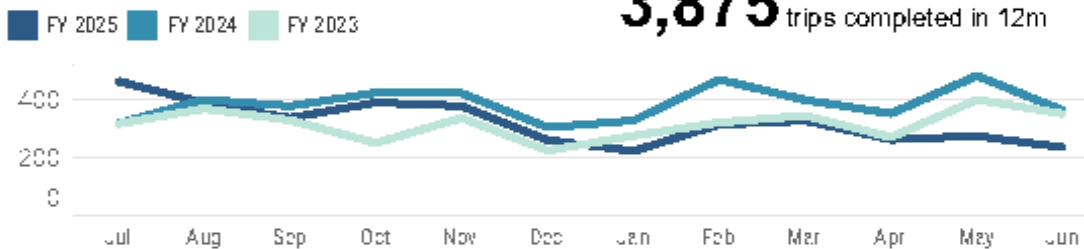
Volunteer Contribution



Appointment Type



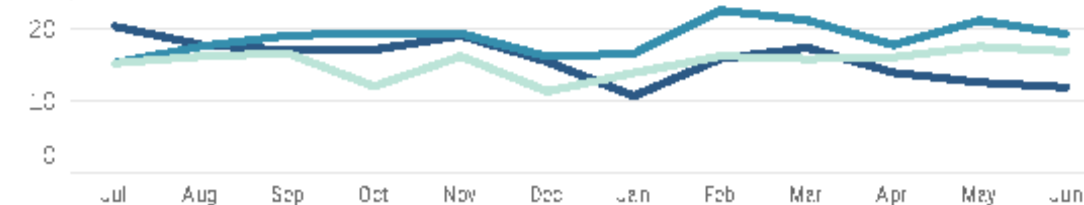
Monthly Transports



Client Status



Average Transports per Day



2024-25 Statement of Priorities

Part A

Department of Health Strategic Plan

	Deliverable Achieved	Strategy/actions completed as planned
	On Track	Strategy/actions on track for completion within agreed timelines
	Deliverable Delayed	Strategy/actions overdue but within tolerances for completion by year end
	Significant Issues	Significant issues encountered which may compromise targeted outcomes

Legend

AUCNUM	Acute & Urgent Care Nurse Unit Manager
RACUM	Residential Aged Care Nurse Unit Manager
Board	HH Board of Directors
CAG	HH Community Advisory Group
CC&MM	HH Clinical Care & Medication Management Committee
CGC	HH Clinical Governance Sub-Committee
CEO	Chief Executive Officer
CS	Catering Supervisor
CSNUM	Community Services Nurse Unit Manager
DCC	Director Clinical Care
DCS	Director of Corporate Services
DMS	Director of Medical Services
EA	Executive Assistant
FM	Facilities Manager
HRC	Human Resources Consultant
HSS	Hotel Services Supervisor
LMHN	Loddon Mallee Health Network
LMSS	Loddon Mallee Shared Services (formerly Loddon Mallee Rural Health Alliance)
NP	Nurse Practitioner
Q&RM	Quality and Risk Manager

2024-25 STATEMENT OF PRIORITIES CONTINUED

VICTORIAN MINISTER FOR HEALTH PRIORITY

Excellence in clinical governance

We aim for the best patient experience and care outcomes by assuring safe practice, leadership of safety, an engaged and capable workforce, and continuing to improve and innovate care.

GOALS: MA2 Strengthen all clinical governance systems, as per the Victorian Clinical Governance Framework, to ensure safe, high-quality care, with a specific focus on building and maintaining a strong safety culture, identifying, reporting, and learning from adverse events, and early, accurate recognition and management of clinical risk to and deterioration of all patients.

HEATHCOTE HEALTH DELIVERABLES

MA2 Strengthen clinical governance systems that support safe care, including clear recognition, escalation, and addressing clinical risk and preventable harm.

HEATHCOTE HEALTH LEAD AND ACTIONS	STATUS	PROGRESS
Lead: HH Quality and Risk Manager • All incidents: ○ Undergo a quality review ○ Are closed when complete. • All high risk clinical incidents result in an internal case review using the Case Review Template. • Clinical and operational risks are reviewed in depth on a bi-monthly basis. • The Moving on Audits (MOA) platform is used to undertake clinical audits and provide trended reports for all clinical service delivery departments. • Refer to HH’s Quality and Safety Plan 2024-2025 for all other specific actions related to quality, safety and clinical governance systems.		• HH strengthened our clinical governance systems during the year, including: ○ Completing a quality review for all clinical incidents. ○ Closing clinical incidents in a timely manner. ○ Discussing completed clinical case reviews at CC&MM meetings. ○ Developing an In-Depth Case Review Template and Local Incident Review Template for incidents requiring a more structured and coordinated review process. ○ Reviewing clinical and operational risks in-depth at relevant clinical governance meetings. ○ Completing clinical audit schedules on MOA and reviewing audit outcomes using trend data and dashboard analyses at clinical governance meetings. • All incidents undergo a quality review and are closed when complete. • The Quality Manager monitors the closure of all incidents and sends prompts to relevant Managers as required. • Clinical Case Review Templates have been developed and completed case reviews are tabled at CC&MM Meetings for discussion. • An In-Depth Case Review Template and Local Incident Review Template have been developed for incidents requiring a more structured and coordinated review process • Clinical and operational risks are reviewed in depth at HH Clinical Governance Committee, Quality Committee and Operational Management Committee Meetings. • Clinical audit schedule within MOA is monitored by the Quality Manager. Full audit reports are tabled at HH Quality Committee meetings, and dashboard audit reports are tabled at Clinical Governance Committee Meetings. • Date picker function within MOA now enables trended clinical audit dashboard reports, which has enhanced HH’s clinical audit reporting functionality. • Refer to Quality and Safety Plan 2024-2025 for all other specific actions and progress relating to quality, safety and clinical governance.

2024-25 STATEMENT OF PRIORITIES CONTINUED

VICTORIAN MINISTER FOR HEALTH PRIORITY

Excellence in Clinical Governance

We aim for the best patient experience and care outcomes by assuring safe practice, leadership of safety, an engaged and capable workforce, and continuing to improve and innovate care.

GOALS: MA2 Strengthen all clinical governance systems, as per the Victorian Clinical Governance Framework, to ensure safe, high-quality care, with a specific focus on building and maintaining a strong safety culture, identifying, reporting, and learning from adverse events, and early, accurate recognition and management of clinical risk to and deterioration of all patients.

HEATHCOTE HEALTH DELIVERABLES

MA2 Improve paediatric patient outcomes by implementing the "VICTOR track and trigger" observation chart and escalation system whenever children have observations taken.

HEATHCOTE HEALTH LEAD AND ACTIONS	STATUS	PROGRESS
Lead: HH Director of Clinical Care • Participate in the Safer Care for Kids ViCTOR Pilot Project led by Safer Care Victoria (SCV). ○ Apply for funding from SCV. ○ When funding secured, appoint an Executive Sponsor and Project Lead. • Executive Sponsor to: ○ Champion the project as an organisational priority. ○ Support their teams in testing and implementing changes by making themselves available to them on a regular basis. ○ Attend executive sponsor kick off meeting and status report meetings (or assign proxy) with SCV and the project team as required • Project Lead to: ○ Attend all status report meetings. ○ Coordinate a project team to test and implement changes in processes for recognition and response to deterioration in paediatric patients. ○ Actively participate in all Safer Care for Kids Pilot Project activities such as in-person events, Learning Communities, calls and emails. Active participation may include but not limited to, developing storyboards, sharing key learnings, hosting online learning community, timely response to emails and participation in feedback questionnaires and forums. ○ Collect data on agreed measures at your health service and share with SCV via Team Assurance, a secure platform. ○ Actively participate in learning sessions and collaborate with other sites. ○ Escalate risks and concerns that will impact participation in the project to executive sponsor and SCV.		• HH improved paediatric patient outcomes by implementing the "VICTOR track and trigger" observation chart and escalation system. • SCV Letter of Offer received on 27 November 2024. • Acceptance of funding signed by HH. • HH DCC appointed as Executive Sponsor. • HH Nurse Practitioner, Simone O'Brien, appointed initially as Project Lead at 0.21 EFT. • HH Acute NUM and NP, Nicole Payne, appointed subsequently as Project Leads due to workload challenges for Simone O'Brien. • HH Acute NUM and NP attended SCV Forum on 4 February 2025 and gave a Storyboard Presentation. • HH is currently waiting on changes to the ViCTOR Tool.

2024-25 STATEMENT OF PRIORITIES CONTINUED

VICTORIAN MINISTER FOR HEALTH PRIORITY

Operate within budget

Ensure prudent and responsible use of available resources to achieve optimum outcomes.

GOALS: MB1 Develop and implement a health service Budget Action Plan (BAP) in partnership with the Department to manage cost growth effectively to ensure the efficient operation of the health service.

HEATHCOTE HEALTH DELIVERABLES

MB1 Deliver on the key initiatives as outlined in the Budget Action Plan.

HEATHCOTE HEALTH LEAD AND ACTIONS	STATUS	PROGRESS
Lead: HH Chief Executive Officer • Develop and submit a 2024-25 HH Budget Action Plan to DoH. • Implement key initiatives in the 2024-25 HH Budget Action Plan. • Monitor and report on progress in achieving the key initiatives in the 2024-25 HH Budget Action Plan.		• HH delivered on key initiatives in our 2024-25 Budget Action Plan and achieved: ○ 239% of the HH Service Efficiencies Annual Target; and ○ 184% of the HH Existing Non-Patient Facing Financial Management Improvement Plan Target. • 2024-25 HH Budget Action Plan submitted to DoH. • Key Initiatives in 2024-25 Budget Action Plan implemented, including: ○ Increasing bed occupancy in the Nursing Home and Hostel. ○ Increased consumer fees and charges. ○ Reduced VMO on-call payments. ○ Cost savings via vacancy management for non-clinical position. ○ Efficiencies achieved via the HH Administration Review. ○ In-house preparation of minced/moist texture modified meals. • Quarter 2 Progress Report for 2024-25 Budget Action Plan submitted to DoH showing: ○ 69% of Service Efficiencies Annual Target achieved as at 31 December 2024. ○ 80% of Existing Non-Patient Facing FMIP achieved as at 31 December 2024. • Quarter 3 Progress Report for 2024-25 Budget Action Plan submitted to DoH showing: ○ 170% of Service Efficiencies Annual Target achieved as at 31 March 2025. ○ 179% of Existing Non-Patient Facing FMIP achieved as at 31 March 2025. • Quarter 4 Progress Report for 2024-25 Budget Action Plan submitted to DoH showing: ○ 239% of Service Efficiencies Annual Target achieved as at 30 June 2025. ○ 184% of Existing Non-Patient Facing FMIP achieved as at 30 June 2025.

2024-25 STATEMENT OF PRIORITIES
CONTINUED

VICTORIAN MINISTER FOR HEALTH PRIORITY

Operate within budget

Ensure prudent and responsible use of available resources to achieve optimum outcomes.

GOALS: MB1 Develop and implement a health service Budget Action Plan (BAP) in partnership with the Department to manage cost growth effectively to ensure the efficient operation of the health service.

HEATHCOTE HEALTH DELIVERABLES

MB1 Utilise data analytics and performance metrics to identify areas of inefficiency and waste and make evidence-based decisions to improve financial sustainability and operational performance.

HEATHCOTE HEALTH LEAD AND ACTIONS	STATUS	PROGRESS
Lead: HH Chief Executive Officer • Identify potential areas of inefficiency and waste at HH. • Use data analytics and performance metrics to report on identified areas of inefficiency and waste at HH. • Document decisions made to address identified areas of inefficiency and waste at HH based on available evidence.		• HH utilized analytics and performance metrics to identify areas of inefficiency and waste, improving our financial sustainability and operational performance in the following ways: ◦ Advocating to achieve a more equitable and value-for-money LMSS rural ICT alliance member contribution model. ◦ Reducing food wastage and preparing minced/moist meals in-house. ◦ Increasing solar energy production. ◦ Reducing fleet vehicle costs. ◦ Reducing print management costs. ◦ Reducing the administrative burden of meetings. • Potential areas of inefficiency and waste at HH were identified, including: ◦ Excessive contribution by HH to Loddon Mallee Shared Services (LMSS) All Works Program. ◦ Payment by HH to LMSS for non-core services of limited or no benefit to HH. ◦ Light and Power usage. ◦ Water usage. ◦ Print Management costs. ◦ Frequency of meetings and forums. ◦ Duplication of data entry due to lack of IT software integration. ◦ Use of agency staff. ◦ Recruitment of staff for short periods before they leave. ◦ Duplication of mandatory training for staff who also work at other public health services. ◦ Efficient monitoring and management of excess leave entitlements. ◦ Efficient removal of terminated staff from payroll system. • HH data from Eden Suite was reviewed by the HH Environment, Social and Governance Committee. • Decisions to address identified areas of inefficiency and waste were documented.

2024-25 STATEMENT OF PRIORITIES CONTINUED

VICTORIAN MINISTER FOR HEALTH PRIORITY

Improving equitable access to healthcare and wellbeing

Ensure that Aboriginal people have access to a health, wellbeing and care system that is holistic, culturally safe, accessible, and empowering. Ensure that communities in rural and regional areas have equitable health outcomes irrespective of locality.

GOALS: MC1 Address service access issues and equity of health outcomes for priority communities, including LGBTIQA+ communities, multicultural communities, people with disability and rural and regional people, including more support for primary, community, home-based and virtual care, and addiction services.

GOALS: MC4 Expand the delivery of high-quality cultural safety training for all staff to align with the Aboriginal and Torres Strait Islander cultural safety framework. This training should be delivered by independent, expert, community-controlled organisations or a Kinaway or Supply Nation certified Aboriginal business.

HEATHCOTE HEALTH DELIVERABLES

- *MC1 CEO and executive leadership to drive and be accountable for outcomes in cultural safety and Aboriginal self-determination.*
- *MC1 Effective Aboriginal and Torres Strait Islander client and patient identification, including quality improvement processes to continually improve in this area.*
- *MC4 Implement mandatory cultural safety training and assessment for all staff in alignment with the Aboriginal and Torres Strait Islander cultural safety framework, and developed and/or delivered by independent, expert, and community-controlled organisations, Kinaway or Supply Nation certified Aboriginal businesses.*

HEATHCOTE HEALTH LEAD AND ACTIONS	STATUS	PROGRESS
Lead: HH Chief Executive Officer • Participate in Loddon Mallee Health Network First Nations (LMHN) initiatives. • Support implementation of the Blak Butterfly Framework for Loddon Mallee Emergency Departments and Urgent Care Centres. • Support the development and implementation of appropriate HH cultural safety policies, procedures and processes.		• The HH CEO and Executive led initiatives to improve outcomes in cultural safety and Aboriginal self-determination, including: ○ Participating in the Loddon Mallee Health Network CEO Cultural Safety Training Program. ○ Contributing on the Steering Committee for the La Trobe University Emergency Department / Urgent Care First Nations Project. ○ Contributing on the Implementation Working Group for the Blak Butterfly Framework. ○ Incorporating feedback from the DoH Aboriginal Health Unit in the final approved version of the HH 2025-29 Strategic Plan. • HH CEO participated in the LMHN cultural safety training program. • HH CEO and other key HH staff participated on the Steering Committee for the La Trobe Emergency Department / Urgent Care First Nations Project. • HH CEO and other key HH staff participated in the interview and survey research components of the La Trobe Emergency Department / Urgent Care First Nations Project. • LMHN Statement of Commitment to Reconciliation displayed on the HH Campus. • Blak Butterfly Framework Actions ○ Additional question on racism added to HH 2024 People Matter Survey. ○ Blak Butterfly recommendations for First Nations Culturally Safe Building Designs incorporated into Round 9 RHIF capital works applications. • HH CEO and Acute NUM were participants on the Blak Butterfly Implementation Working Group. • HH engaged in discussions with Bendigo and District Aboriginal Cooperative (BDAC) regarding a Memorandum of Association (MOU) between the two organisations. • HH engaged in discussions with Bendigo Health Aboriginal Hospital Liaison Manager on patient flow between Bendigo Health and HH. • HH liaised with the Dhelkaya Health Aboriginal Hospital Liaison Officer. • HH incorporated feedback from the DoH Aboriginal Health Unit in the final DoH approved version of the HH 2025-29 Strategic Plan. • HH hosted a visit from the LMHN Blak Butterfly Framework Implementation Officer to the HH campus. • HH sponsored the Bendigo NAIDOC Week Organising Committee 2025 NAIDOC Week events.

2024-25 STATEMENT OF PRIORITIES
CONTINUED

VICTORIAN MINISTER FOR HEALTH PRIORITY

Improving equitable access to healthcare and wellbeing

Ensure that Aboriginal people have access to a health, wellbeing and care system that is holistic, culturally safe, accessible, and empowering. Ensure that communities in rural and regional areas have equitable health outcomes irrespective of locality.

GOALS: MC1 Address service access issues and equity of health outcomes for priority communities, including LGBTIQA+ communities, multicultural communities, people with disability and rural and regional people, including more support for primary, community, home-based and virtual care, and addiction services.

GOALS: MC4 Expand the delivery of high-quality cultural safety training for all staff to align with the Aboriginal and Torres Strait Islander cultural safety framework. This training should be delivered by independent, expert, community-controlled organisations or a Kinaway or Supply Nation certified Aboriginal business.

HEATHCOTE HEALTH DELIVERABLES

- *MC1 CEO and executive leadership to drive and be accountable for outcomes in cultural safety and Aboriginal self-determination.*
- *MC1 Effective Aboriginal and Torres Strait Islander client and patient identification, including quality improvement processes to continually improve in this area.*
- *MC4 Implement mandatory cultural safety training and assessment for all staff in alignment with the Aboriginal and Torres Strait Islander cultural safety framework, and developed and/or delivered by independent, expert, and community-controlled organisations, Kinaway or Supply Nation certified Aboriginal businesses.*

HEATHCOTE HEALTH LEAD AND ACTIONS	STATUS	PROGRESS
Lead: HH Director of Clinical Care • Review existing reporting of Aboriginal and Torres Strait Islander people accessing HH services. • Review existing HH processes for Aboriginal and Torres Strait Islander client and patient identification. • Implement quality improvement processes to improve Aboriginal and Torres Strait Islander client and patient identification.		• HH implemented quality improvement initiatives to ensure effective Aboriginal and Torres Strait Islander client and patient identification, including: ◦ Reviewing and enhancing existing processes. ◦ Reviewing improvement opportunities with local ACCHOs and other public health services. • Existing reporting of Aboriginal and Torres Strait Islander people accessing HH services has been reviewed. • Urgent Care Centre presentation reports for 2023-24 and 2024-25 YTD were reviewed separately to determine if patients who have self-identified previously have been recorded incorrectly. • HH engaged in discussions with BDAC regarding Aboriginal and Torres Strait Islanders accessing BDAC services who may not be aware of the services provided by HH.

HEATHCOTE HEALTH LEAD AND ACTIONS	STATUS	PROGRESS
Leads: HH Director of Clinical Care / HH Learning and Development Coordinator • Review and update the HH Cultural Safety Plan. • Develop a Cultural Safety Training Plan for HH. • Commence implementation of the HH Cultural Safety Plan		• HH reviewed and updated the HH Cultural Safety Plan and developed and commenced implementation of the HH Cultural Safety Training Program. • The HH Cultural Safety Plan was reviewed and updated. • Key HH staff participated in LMHN Anti-Racism training and follow up meetings. • HH sponsored a First Nations staff member to attend the First National Women Retreat in March 2025 conducted by Weenthunga with positive feedback received from the HH staff member. • HH considered information on a number of cultural safety training options for HH staff. • The HH Cultural Safety Training Plan was developed, in consultation with a Taungurung Elder.

2024-25 STATEMENT OF PRIORITIES CONTINUED

VICTORIAN MINISTER FOR HEALTH PRIORITY

A stronger workforce

There is an increased supply of critical roles that support safe, high-quality care. Victoria is a world leader in employee experience, with a focus on future roles, capabilities, and professional development. The workforce is regenerative and sustainable, bringing a diversity of skills and experiences that reflect the people and communities it serves. As a result of a stronger workforce, Victorians receive the right care at the right time, closer to home.

GOALS: MD1 Improve employee experience across four initial focus areas to assure safe, high-quality care: leadership, health and safety, flexibility, and career development and agility.

HEATHCOTE HEALTH DELIVERABLES

MD1 Implement and/or evaluate new/expanded programs that uplift workforce flexibility such as a flexibility policy for work arrangements.

MD1 Implement and/or evaluate a new/expanded wellbeing and safety program and its improvement on workforce wellbeing.

HEATHCOTE HEALTH LEAD AND ACTIONS	STATUS	PROGRESS
HH Corporate Services Director - Conduct a staff survey around workforce flexibility - Communicate survey results to staff - Review and amend as necessary the Flexible Working Arrangements Procedure in light of survey results - Add a section on intranet around workplace flexibility - Add a section on workplace flexibility to induction material		- HH implemented a number of initiatives to uplift workforce flexibility, including: - A Carers Survey with HH staff which identified specific flexibility challenges for staff who are also unpaid carers. - A Flexible Working Arrangements Survey with HH staff. - Reviewing and updating existing HH policies and processes relating to flexible working arrangements. - HH partnered with Different Journeys to conduct a survey for HH staff who are carers which included questions on flexible working arrangements. - Different Journeys provided HH with recommendations on actions to undertake in response to the Carers Survey. - HH is incorporating the recommendations from Different Journeys relating to flexible arrangements for staff who are carers into a revised HH Flexible Working Arrangements Policy and Procedure. - Dhelkaya Health developed a Flexible Working Arrangements Survey for HH. - The HH Flexible Working Arrangements Survey opened on 4 February and closed on 17 February 2025. Results were collated and shared with HH staff.

HEATHCOTE HEALTH LEAD AND ACTIONS	STATUS	PROGRESS
Lead: HH Corporate Services Director - Review and amend the HH Staff Wellbeing Support Program document - Establish what services are available through EAP and communicate with staff - Establish Wellbeing Champions in each department of HH - Continue the Healthy Workplaces Achievement Program through the Department of Health - Add section to Intranet for Wellbeing and Safety - Add staff wellbeing as a standing agenda item in Operational Management Meeting - Set up a yearly calendar that focusses on a different wellbeing item each month		- HH implemented several actions and initiatives to improve the wellbeing of HH staff, including: - Providing two massage chairs for staff. - Promoting and supporting specific HH staff health and wellbeing activities. - Continuing to provide HH staff with access to two EAP service providers. - Re-establishing the HH Friday FacX staff newsletter. - HH supported the RU OK? Day held in September 2024. - HH purchased two massage chairs for staff in response to feedback from the HH Community Services Team. - HH continued to contract two Employee Assistance Program (EAP) providers to ensure HH staff have access to wide range of EAP supports. - A yearly wellbeing focus calendar was established. - HH EAP services were promoted to HH staff and volunteers throughout the month of April 2025. - HH re-established the Friday FacX staff newsletter.

2024-25 STATEMENT OF PRIORITIES CONTINUED

VICTORIAN MINISTER FOR HEALTH PRIORITY

Moving from competition to collaboration

Share knowledge, information and resources with partner health and wellbeing services and care providers.

This will allow patients to experience one health, wellbeing and care system through connected digital health information, evidence, and data flows, enabled by advanced interoperable platforms.

GOALS: ME2 Engage in integrated planning and service design approaches while assuring consistent and strong clinical governance with partners to connect the system to deliver seamless and sustainable care pathways and build sector collaboration.

HEATHCOTE HEALTH DELIVERABLES

ME2 Regional, sub-regional or local regional health needs assessment to develop a population health plan.

ME2 Reviewing specialist workforce requirements at a regional or sub-regional level and developing a shared workforce model, including coordinating efforts to attract and retain workforce at a regional or sub-regional level.

HEATHCOTE HEALTH LEAD AND ACTIONS	STATUS	PROGRESS
Lead: HH Chief Executive Officer • Review Loddon Mallee Annual Population Health Summary Report 2023-24 for health needs relating to Heathcote and District Community. • Contribute to implementation of the LMPHU Population Health Plan 2023-25. ○ Mental Health and Wellbeing ○ Healthy Food Systems ○ Climate Change and Health ○ Health Protection • Review Health Services Plan Data Report for the Heathcote and District Community. • Review the LMICS Data Report for the Heathcote and District Community. • Review the LMPHU LGA Community Profile for Greater Bendigo for information relevant to the Heathcote and District Community • Review the LMPHU Community Profile for the Heathcote and District Community. • Review relevant data from the City of Greater Bendigo (CoGB) for the new CoGB Municipal Health and Wellbeing Plan. • Review relevant data from the Greater Bendigo Data Collaborative Report and Website.		• HH participated in local and regional health needs assessment activities that supported development of the HH Strategic Plan and Loddon Mallee Population Health Plan, including: ○ Reviewing regional and local population health profiles. ○ Supporting the Loddon Mallee Health Network to develop a draft population health profile for the Heathcote community. ○ Participating in development of the 2025-29 Greater Bendigo Council Plan. ○ Contributing to the Loddon Primary Care and Population Health (PCPH) Advisory Committee. • HH reviewed the Loddon Mallee Annual Population Health Summary Report 2023-24 in relation to the health needs of the Heathcote and District Community. • HH reviewed the Greater Bendigo Community Data Profile prepared by LMPHU. • HH held discussions with LMPHU regarding the development of a Heathcote and District Community Data Profile with a draft Community Data Profile developed during the year. • HH was an active participant on the Loddon Primary Care and Public Health (PCPH) Advisory Committee. • HH completed the feedback survey on the Loddon PCPH Advisory Committee and Terms of Reference. • HH contributed to the review of the Greater Bendigo Mental A to Z Network (MAZN). • HH supported the restructured MAZN. • HH was represented at the Healthy Greater Bendigo Partnership Forum held in November 2024 and provided feedback on the Greater Bendigo Council themes and proposed commitments for partners under the 2025-29 Greater Bendigo Council Plan. • HH reviewed the Health Services Plan Data Report for the Heathcote and District area prepared by DoH.

2024-25 STATEMENT OF PRIORITIES
CONTINUED

VICTORIAN MINISTER FOR HEALTH PRIORITY

Moving from competition to collaboration

Share knowledge, information and resources with partner health and wellbeing services and care providers. This will allow patients to experience one health, wellbeing and care system through connected digital health information, evidence, and data flows, enabled by advanced interoperable platforms.

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ME2 Reviewing specialist workforce requirements at a regional or sub-regional level and developing a shared workforce model, including coordinating efforts to attract and retain workforce at a regional or sub-regional level.

HEATHCOTE HEALTH LEAD AND ACTIONS	STATUS	PROGRESS
Lead: HH Director of Clinical Care • Review the specialist workforce requirements for the Heathcote and District community. • Subject to budget constraints, create specialist workforce roles for HH and recruit to these positions.		• HH reviewed and enhanced specialist workforce provision for the Heathcote community and participated in regional and sub-regional workforce initiatives, including: ○ Supporting a Nurse Practitioner Candidate to be endorsed. ○ Creating and filling a part-time Occupational Therapist position. ○ Expanding and filling a part-time Social Worker position. ○ Trialling an expanded Physiotherapist role. ○ Creating and filling a part-time Health Promotion Officer position. • HH reviewed the specialist workforce requirements for the Heathcote and District community and identified key specialist roles to be created or expanded. • HH supported a senior HH nurse to become an endorsed Nurse Practitioner (NP). • The HH Board approved the Business Case for HH to employ the endorsed NP in an additional part-time NP role. • HH created a 0.63 EFT Occupational Therapist position at HH and recruited to this role. • HH increased the existing 0.1 EFT Physiotherapist position to a 0.63 EFT role on a twelve-month trial basis. • HH increased the existing 0.26 EFT Social Work position to a 0.54 EFT role and recruited to this role.

Workforce data

Hospitals labour category	JUNE current month FTE		Average Monthly FTE	
	2024	2025	2024	2025
Nursing	39.61	41.58	39.33	39.64
Administration and Clerical	12.52	15.72	14.19	13.91
Hotel and Allied Services	43.92	48.73	43.27	47.57
Ancillary Staff (Allied Health)	1.02	3.90	0.83	2.02
TOTAL		109.94	TOTAL	103.14

Occupational health and safety data

Occupational Health and Safety Statistics	2022-2023	2023-2024	2024-2025
The number of reported hazards/incidents for the year per 100 FTE	21	22	34
The number of 'lost time' standard WorkCover claims for the year per 100 FTE	2	1	5.01
The average cost per WorkCover claim for the year ('000)	\$4,290	\$28	\$19,956.62

Occupational violence statistics

Occupational Violence Statistics	2024-2025
Workcover accepted claims with an occupational violence cause per 100 FTE	0
Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked.	0
Number of occupational violence incidents reported	15
Number of occupational violence incidents reported per 100 FTE	14.5
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	13.3%

Financial information

	2025	2024	2023	2022	2021
	\$000	\$000	\$000	\$000	\$000
OPERATING RESULT*	4	(113)	0	93	366
Total revenue	23,169	19,444	15,412	15,293	14,012
Total expenses	(19,778)	16,947	16,073	15,068	14,254
Net result from transactions	3,391	2,497	-661	225	(242)
Total other economic flows	133	153	58	169	21
Net result	3,524	2,650	-603	394	(221)
Total assets	39,713	38,869	22,356	19,873	19,275
Total liabilities	11,035	11,715	9,923	6,837	8,675
Net assets / Total equity	28,678	25,154	12,433	13,036	10,600

* The Operating result is the result for which the health service is monitored in its Statement of Priorities

Reconciliation of net result from transactions and operating result

Operating result	2024-2025 \$000
Operating result	4
Capital purpose income	5,263
Specific income	-
COVID 19 State Supply Arrangements	
- Assets received free of charge or for nil consideration under the State Supply	13
State supply items consumed up to 30 June 2024	(52)
Assets provided free of charge	-
Assets received free of charge	-
Expenditure for capital purpose	-
Depreciation and amortisation	(1,800)
Impairment of non financial assets	-
Finance costs (other)	(37)
Net result from transactions	3,391

Donations, bequests and fundraising

Donations, Bequests & Fundraising Heathcote Health raised \$14,009.17 through its donations, bequests and fundraising program in 2024/2025. Bequests and donations to Heathcote Health make a significant difference to the care and services we can provide through increasing our financial independence, especially for major one-off purchases. This year we will be able to purchase items that will reduce isolation and provide patients with support in our Acute Ward, Aged Care Departments and Community Services areas.

Heathcote Health wishes to thank the numerous local community organisations, businesses and members who have contributed to Heathcote Health's donations, bequests and fundraising program this year. A number of families and businesses donated wine for our resident's drink trolley – a highlight on the weekly social calendar.

Goods donated	Estimated cost of goods	Donation amount	Reason for donation
2 Hams for Aged Care Residents & Family Christmas meal	\$100.00	0	Donated goods for Heathcote Health Aged Care
Christmas Hamper for Aged Care Residents & Family Christmas meal	\$200.00	0	Donated goods for Heathcote Health Aged Care
Crocheted blankets, hats and baskets, donated by S. Lawson & H. Robinson	\$200.00	0	Donated goods for Heathcote Health Aged Care
\$259.17, United Fuel Discount Card Donation (annual donation amount differs depending on use of fuel discount card)	\$259.17	\$259.17	Annual Donation to Heathcote Health by United Fuels
\$150.00, donated by Elizabeth Anderson & Family members to pay for Coffee Van on 20 June 2025	\$150.00	\$150.00	In Memory of Elsa Hagan
\$1,800.00, Bendigo Community Health Services	\$1,800.00	\$1,800.00	For Heathcote Health Matters page in The McIvor Times
\$1,800.00, Bendigo Community Bank	\$1,800.00	\$1,800.00	For Heathcote Health Matters page in The McIvor Times
\$10,000.00 contributed by Bendigo Health	\$10,000.00	\$10,000.00	Contribution to Carers Fund
Fundraising Account			
Amount deposited to Heathcote Health Fundraising account	\$100.00	\$100.00	Various donations

Consultancies

In 2024-2025 there were two (2) consultancies where the total fees payable to the consultants were less than \$10,000. The total expenditure incurred during 2024-2025 in relation to these consultancies is \$2,275 (excl. GST).

In 2024-2025 there was one (1) consultancy where the total fees payable to the consultants were greater than \$10,000. The total expenditure incurred during 2024-2025 in relation to this consultancy is \$23,400 (excl. GST).

Strengthened Aged Care Quality Standards Readiness

Heathcote Health (HH) engaged the services of Provider Assist to furnish a Transition Strategy to navigate the requirements of the New Aged Care Act and prepare Heathcote Health for the next Aged Care Quality & Safety Commission Standards accreditation assessment.

Provider Assist did this by examining HH documentation, providing educational support and advice ahead of the 1 November 2025 start date. This support enables Heathcote Health (staff, consumers and Board) to develop an understanding and implementation of the Strengthened Aged Care Quality Standards, to meet expected outcomes and enhance quality care delivery.

More information can be viewed by clicking the link below on the Heathcote Health Website:

[HH 2024/25 Consultancies](#)

ICT Expenditure

The total ICT expenditure incurred during 2024-25 is \$0.602 million (excluding GST) with the details shown below:

Business as Usual (BAU) ICT expenditure		Non-Business as Usual (non-BAU) ICT expenditure	
Total (excluding GST)	Total = Operational expenditure and Capital expenditure (excluding GST) (a) + (b)	Operational expenditure (excluding GST) (a)	Capital expenditure (excluding GST) (b)
\$0.602 million	\$0.602 million	\$0 million	\$0 million

Financial reporting

The health service recorded a \$0.004m operating surplus against the Statement of Priorities (SOP) target of a break even result of \$0.000m.

The major drivers in achieving this positive result was increased Home Care Package activity and higher levels of occupancy within the Residential Aged Care facilities. Workforce remains an ongoing issue with the need for agency staff increasing across the 2024/25 financial year.

All other SOP key performance indicators being trade creditor / patient fee days, adjusted current asset ratio and number of days cash available were achieved by the health service.

Key performance indicator	Target	Result
Operating result (\$m)	\$0.00m	\$0.00m
Average # days to pay creditors	60 Days	14 days
Average # days to receive from debtors	60 Days	25 days
Adjusted current asset ratio	0.7 or 3% Improvement	1.09
Variance between forecast and actual net result	< \$250,000	Achieved
Days cash available	14 Days	37 Days

Asset Management Accountability Framework

The Asset Management Maturity Assessment is mandatory every three years with the next disclosure required in 2026-2027.

Social Procurement Framework Reporting

The Heathcote Health Social Procurement Strategy includes ten Sustainable Procurement Objectives (SPOs), one of which covers Environmentally Sustainable Outputs (ESOs). Under these ESOs, Heathcote Health is continuing to introduce: (1) project-specific requirements to use sustainable resources and to manage waste and pollution; and (2) the use of recycled content in construction

Reviews and Study Expenditure

During 2024-25, there were no reviews and/or studies undertaken, other than those detailed in Consultancies information found on page 63

Grants and transfer payments (Other than contributions by owners)

Heathcote Health has provided no assistance to certain companies and/or organisations.

Government Advertising Campaign

During 2024-25, Heathcote Health undertook no government advertising campaigns with total media buy of \$100,000 or greater (exclusive of GST)

Activity reporting

The data included in this annual report was accurate at the time of publication and is subject to validation by official sources from the Department of Health

Funding type	
Consolidated Activity Funding	2024-25 Activity Achievement
Acute admitted, subacute admitted, emergency services, non-admitted NWAU	24252
Acute Admitted	
Acute admitted DVA	2.15
Acute admitted TAC	2.16

High quality and safe care

Key performance measure	Target	Result
Infection prevention and control		
Percentage of healthcare workers immunised for influenza	92%	100%

Key performance indicator	Target	Result
Patient experience		
Victorian Healthcare Experience Survey – percentage of positive patient experience responses – Quarter 1	95%	The Victorian Healthcare Experience Survey considers less than 10 responses to be insufficient survey data to sample via the survey. Less than 10 response were received for these quarterly periods, due to the relevant size of the Health Service.
Victorian Healthcare Experience Survey – percentage of positive patient experience responses – Quarter 2	95%	
Victorian Healthcare Experience Survey – percentage of positive patient experience responses – Quarter 3	95%	

Strong governance, leadership and culture

People matter survey

Key performance indicator	Target	Result
Organisational culture		
People Matter Survey – Percentage of staff with an overall positive response to safety culture amongst health workers	80%	75%

Attestations and Declarations

Heathcote Health Financial Management Compliance Attestation Statement

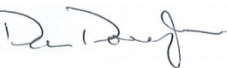
I, Ellisa Watson, on behalf of the Responsible Body, certify that Heathcote Health has no Material Compliance Deficiency with respect to the applicable Standing Directions under the *Financial Management Act 1994* and Instructions.



Elissa Watson
Responsible Officer
Heathcote Health
15 September 2025

Data Integrity Declaration

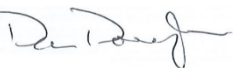
I, Dan Douglass, certify that Heathcote Health has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance. Heathcote Health has critically reviewed these controls and processes during the year.



Dan Douglass
Accountable Officer
Heathcote Health
30 June 2025

Integrity, Fraud and Corruption Declaration

I, Dan Douglass, certify that Heathcote Health has put in place appropriate internal controls and processes to ensure that Integrity, fraud and corruption risks have been reviewed and addressed at Heathcote Health during the year.



Dan Douglass
Accountable Officer
Heathcote Health
30 June 2025

Compliance with Health Share Victoria (HSV) Purchasing Policies

I, Dan Douglass, certify that Heathcote Health has put in place appropriate internal controls and processes to ensure that it has materially complied with all requirements set out in the HSV Purchasing Policies including mandatory HSV collective agreements as required by the Health Services Act 1988 (Vic) and has critically reviewed these controls and processes during the year.

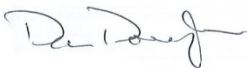


Dan Douglass
Accountable Officer
Heathcote Health
30 June 2025

Conflict of Interest Declaration

I, Dan Douglass, certify that Heathcote Health has put in place appropriate internal controls and processes to ensure that it has complied with the requirements of hospital circular 07/2017 Compliance reporting in health portfolio entities (Revised) and has implemented a 'Conflict of Interest' policy consistent with the minimum accountabilities required by the VPSC.

Declaration of private interest forms have been completed by all executive staff within Heathcote Health and members of the board, and all declared conflicts have been addressed and are being managed. Conflict of interest is a standard agenda item for declaration and documenting at each executive board meeting.



Dan Douglass
Accountable Officer
Heathcote Health
30 June 2025

Statutory Compliance

Heathcote Health is overseen by Government, in all levels of its business. Acts, Regulations and Standards set by both the Commonwealth and State must be adhered to, and reviews are constantly completed within the Service to ensure full compliance to all statutory requirements.

Safe Patient Care Act 2015

Heathcote Health has no matters to report in relation to its obligations under section 40 of the Safe Patient Care Act 2015.

National Competition Policy

National competition policy relates to competitive neutrality which is about ensuring that significant government business activities compete fairly in the market.

Heathcote Health supports and complies with the Victorian Government's Competitive Neutrality Policy in regard to all Service activities.

<https://www.vic.gov.au/competitive-neutrality-policy>

Building Act 1993

Heathcote Health has policies and procedures consistent with the requirements, and is in compliance, with the building and maintenance provisions of the Building Act 1993 as well as the relevant provisions of the National Construction Code.

These requirements and provisions may include;

- Building standards and condition assessments
- Fire safety audits
- Essential safety measures maintenance

Local Jobs First Act 2003

Heathcote Health adheres to the principles of the Local Jobs Act 2003. No projects undertaken by Heathcote Health during 2024/25 met the threshold for Local Jobs First Policy application. As such, no Local Industry Development Plans were required or submitted.

Public Interest Disclosure Act 2012

Heathcote Health has policies and procedures consistent with the requirements of the Public Interest Disclosure Act 2012, which supports staff to disclose improper or corrupt conduct within the Service.

A copy of the procedures is available from our Privacy Officer to whom all enquiries on this matter should be directed. There were no public interest disclosures reported to Heathcote Health, or notified to the Independent Broad-based Anti-Corruption Committee (IBAC), under section 21(2) during the financial year 2024/25.

Freedom of Information Act 1982

Heathcote Health is an agency subject to the Freedom of Information (FOI) Act (Victoria) 1982, which allows the public a right of access to documents held by the Service. The Director of Clinical Care is the designated Freedom of Information Officer for applications.

During 2024-25, Heathcote Health received thirteen (13) FOI applications. Of these requests,

- Nil (0) were from Members of Parliament,
- Nil (0) from the media

the remainder of FOI requests were from the general public.

Heathcote Health made thirteen (13) FOI decisions during the 12 months ended 30 June 2025

All decisions were made within the statutory time periods.

Of the total decisions made, thirteen (13) granted access to documents in full, nil (0) granted access in part and nil (0) denied access in full.

No decisions were made after mandatory extensions had been applied or extensions were agreed upon by the applicant.

Of requests finalised, the average number of days over/under the statutory time (including extended timeframes) to decide the request was one (1) days.

During 2024-25, no requests were subject to a complaint/internal review by Office of the Victorian Information Commissioner.

No requests progressed to the Victorian Civil and Administrative Tribunal (VCAT).

More information on Freedom of Information, and how to make an application, is available from <https://www.oaic.gov.au/freedom-of-information>

www.oaic.gov.au/freedom-of-information

ATTESTATIONS AND DECLARATIONS CONTINUED

Carers Recognition Act 2012

Heathcote Health has policies and procedures consistent with the requirements of the Carers Recognition Act 2012 and the Victorian Carer Strategy 2018-22 in the year July 2024 – June 2025. Heathcote Health has taken all practical measures to comply with its obligations under the Act. These include):

- promoting the principles of the Act to people in care relationships who receive our services and to the wider community (e.g. distributing printed material about the Act at community events or service points; providing links to state government resource materials on our website; providing digital and/or printed information about the Act to our partner organisations)
- ensuring our staff have an awareness and understanding of the care relationship principles set out in the Act (e.g. developing and implementing a staff awareness strategy about the principles in the Act and what they mean for staff; induction and training programs offered by the organisation include discussion of the Act and the statement of principles therein)
- considering the care relationships principles set out in the Act when setting policies and providing services (e.g. reviewing our employment policies such as flexible working arrangements and leave provisions to ensure that these comply with the statement of principles in the Act, developing a satisfaction survey for distribution at assessment and review meetings between workers, carers and those receiving care)
- implementing priority actions in Recognising and supporting Victoria's carers: Victorian Carer strategy 2018-22.

Additional information available on request

The items listed below have been retained by Heathcote Health and are available to the relevant Ministers, Members of Parliament and the public on request (subject to the freedom of information requirements, if applicable):

- a) Declarations of pecuniary interests have been duly completed by all relevant officers
- b) Details of shares held by senior officers as nominee or held beneficially;
- c) Details of publications produced by the entity about itself, and how these can be obtained
- d) Details of changes in prices, fees, charges, rates and levies charged by Heathcote Health;
- e) Details of any major external reviews carried out on Heathcote Health;
- f) Details of major research and development activities undertaken by Heathcote Health that are not otherwise covered either in the report of operations or in a document that contains the financial statements and report of operations;
- g) Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;
- h) Details of major promotional, public relations and marketing activities undertaken by Heathcote Health to develop community awareness of Heathcote Health and its services;
- i) Details of assessments and measures undertaken to improve the occupational health and safety of employees;
- j) General statement on industrial relations within Heathcote Health and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the report of operations;
- k) A list of major committees sponsored by Heathcote Health, the purposes of each committee and the extent to which those purposes have been achieved;
- l) Details of all consultancies and contractors including consultants/contractors engaged, services provided, and expenditure committed for each engagement

This additional information is available on request from:

ATT: Director of Clinical Care

Heathcote Health

Phone: (03) 5431-0900

Email: admin@heathcotehealth.org

Disclosure Index

The annual report of the Heathcote Health is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of the Department's compliance with statutory disclosure requirements.

Ministerial Directions

REPORT OF OPERATIONS

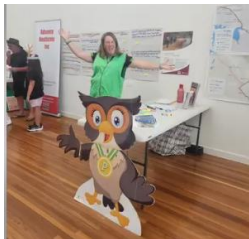
Legislation	Requirement	Page reference
Charter and purpose		
FRD 22	Manner of establishment and the relevant Ministers	10
FRD 22	Purpose, functions, powers and duties	03
FRD 22	Nature and range of services provided	03
FRD 22	Activities, programs and achievements for the reporting period	50-59
FRD 22	Significant changes in key initiatives and expectations for the future	06-09
Management and structure		
FRD 22	Organisational structure	11
FRD 22	Workforce data/employment and conduct principles	60
FRD 22	Workforce inclusion policy	08
FRD 22	Occupational Health and Safety	60
Financial information		
FRD 22	Summary of the financial results for the year	61
FRD 22	Significant changes in financial position during the year	63
FRD 22	Operational and budgetary objectives and performance against objectives	63
FRD 22	Subsequent events	N/A
FRD 22	Details of consultancies under \$10,000	63
FRD 22	Details of consultancies over \$10,000	63
FRD 22	Disclosure of government advertising expenditure	N/A
FRD 22	Disclosure of ICT expenditure	63

Legislation	Requirement	Page reference
Financial and other information (cont')		
FRD 22	Asset Management Accountability Framework	64
FRD 22	Disclosure of emergency procurement	N/A
FRD 22	Disclosure of social procurement activities under the Social Procurement Framework	64
FRD 22	Disclosure of procurement complaints	N/A
FRD 22	Disclosure of reviews and study expenses	64
FRD 22	Disclosure of grants and transfer payments	64
FRD 22	Application and operation of <i>Freedom of Information Act 1982</i>	67
FRD 22	Compliance with building and maintenance provisions of <i>Building Act 1993</i>	67
FRD 22	Application and operation of <i>Public Interest Disclosure Act 2012</i>	67
FRD 22	Statement on National Competition Policy	67
FRD 22	Application and operation of <i>Carers Recognition Act 2012</i>	68
FRD 22	Additional information available on request	68
FRD 24	Environmental data reporting	37
FRD 25	<i>Local Jobs Act 2003</i> disclosures	67
Attestations		
SD 5.1.4	Financial Management Compliance attestation	66
SD 5.2.3	Declaration in report of operations	10
	Attestation on Data Integrity	66
	Attestation on managing Conflicts of Interest	66
	Attestation on Integrity, fraud and corruption	66
	Compliance with HealthShare Victoria (HSV) Purchasing Policies	66
Other reporting requirements		
Reporting of outcomes from Statement of Priorities 2024-2025		50-59
Occupational Violence reporting		60
Gender Equality Act 2020		08, 42
Reporting obligations under the <i>Safe Patient Care Act 2015</i>		68
Legislation		
<i>Freedom of Information Act 1982 (Vic) (FOI Act)</i>		68
<i>Building Act 1993</i>		67
<i>Public Interest Disclosures Act 2012</i>		67
<i>Carers Recognition Act 2012</i>		68
<i>Local Jobs Act 2003</i>		67
<i>Financial Management Act 1994 (b)</i>		66

Engagement with the Heathcote & Districts Community 2024 - 2025

The annual **Heathcote Community Smiles Day** is an example of engagement with our Community and local stakeholders.

Photos of 2024
Heathcote Community
Smiles Day participants



Above & right
Samuel Johnson and the
Love Your Sister team
were honoured guests of
the 2024 Heathcote
Community Smiles Day





Good health and wellbeing for our local community

39 Hospital Street,
Heathcote VIC 3523

Phone 03 5431 0900

Fax 03 5433 3049

Email admin@heathcotehealth.org

Heathcote Health's Financial Statements are attached.

If Financial Statements are not attached please contact
Heathcote Health on 5431 0900 or admin@heathcotehealth.org



Financial Report

For the year ended
30 June 2025

Index for declarations, requirements and disclosure pages in the *HHFR: Heathcote Health Financial Report

Declaration

*HHFR Pg3	SD 5.2.2	Declaration in financial statements
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Other requirements under Standing Directions 5.2

HHFR Pg 3	SD 5.2.1(a)	Compliance with Australian accounting standards and other authoritative pronouncements
HHFR Pg 3	SD 5.2.1(a)	Compliance with Standing Directions
HHFR Pg 3	SD 5.2.1(b)	Compliance with Model Financial Report

Other disclosures as required by FRDs in notes to the financial statements

N/A	FRD 11	Disclosure of Ex gratia Expenses
HHFR Pg 18	FRD 103	Non-Financial Physical Assets
HHFR Pg 6	FRD 110	Cash Flow Statements
HHFR Pg 14	FRD 112	Defined Benefit Superannuation Obligations
HHFR Pg 4,28,35,36	FRD 114	Financial Instruments – general government entities and public non-financial corporations

Independent Auditor's Report

To the Board of Heathcote Health

Opinion	I have audited the financial report of Heathcote Health (the health service) which comprises the: • balance sheet as at 30 June 2025 • comprehensive operating statement for the year then ended • statement of changes in equity for the year then ended • cash flow statement for the year then ended • notes to the financial statements, including material accounting policy information • board member's, accountable officer's and chief finance & accounting officer's declaration. In my opinion the financial report presents fairly, in all material respects, the financial position of the health service as at 30 June 2025 and their financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the <i>Financial Management Act 1994</i> and Australian Accounting Standards – Simplified Disclosures.
Basis for Opinion	I have conducted my audit in accordance with the <i>Audit Act 1994</i> which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the <i>Auditor's Responsibilities for the Audit of the Financial Report</i> section of my report. My independence is established by the <i>Constitution Act 1975</i>. My staff and I are independent of the health service in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 <i>Code of Ethics for Professional Accountants (including Independence Standards)</i> (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.
Board's responsibilities for the financial report	The Board of the health service is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards – Simplified Disclosures and the <i>Financial Management Act 1994</i>, and for such internal control as the Board determines is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error. In preparing the financial report, the Board is responsible for assessing the health service's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.

**Auditor's
responsibilities
for the audit of
the financial
report**

As required by the *Audit Act 1994*, my responsibility is to express an opinion on the financial report based on the audit. My objectives for the audit are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the health service's internal control.
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Board.
- conclude on the appropriateness of the Board's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the health service's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the health service to cease to continue as a going concern.
- evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.



MELBOURNE
16 September 2025

Simone Bohan
as delegate for the Auditor-General of Victoria

Financial Statements

Financial Year ended 30 June 2025

Board Member's, Accountable Officer's, and Chief Finance & Accounting Officer's Declaration

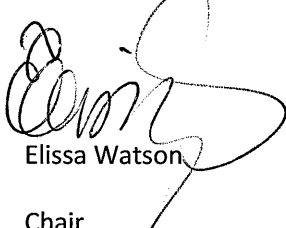
The attached financial statements for Heathcote Health have been prepared in accordance with Direction 5.2 of the Standing Directions of the Minister for Finance under the Financial Management Act 1994, applicable Financial Reporting Directions, Australian Accounting Standards including Interpretations, and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2025 and the financial position of Heathcote Health at 30 June 2025.

At the time of signing, we are not aware of any circumstance which would render any particulars included in the financial statements to be misleading or inaccurate.

We authorise the attached financial statements for issue on 15th September, 2025.

Board member

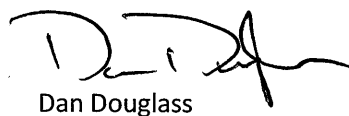


Elissa Watson

Chair

Heathcote
15th September, 2025

Accountable Officer



Dan Douglass

Chief Executive Officer

Heathcote
15th September, 2025

Chief Finance & Accounting Officer



Andrew Arundell

Chief Financial and Accounting Officer
(Contract)

Heathcote
15th September, 2025

Comprehensive Operating Statement
Heathcote Health
For the Financial Year Ended 30 June 2025

		2025	2024
	Note	\$'000	\$'000
Revenue and income from transactions			
Revenue from contracts with customers	2.1	10,128	8,851
Other sources of income	2.1	12,598	10,341
Non-operating activities		443	252
Total revenue and income from transactions		23,169	19,444
Expenses from transactions			
Employee expenses	3.1	(12,634)	(11,310)
Finance costs	6.1	(37)	(16)
Depreciation and amortisation	4.1(a)	(1,800)	(1,007)
Other operating expenses	3.1	(5,307)	(4,614)
Total expenses from transactions		(19,778)	(16,947)
Net result from transactions - net operating balance		3,391	2,497
Other economic flows included in net result			
Net gain/(loss) on sale of non-financial assets		88	88
Net gain/(loss) on financial instruments		40	(2)
Other gain/(loss) from other economic flows		5	67
Total other economic flows included in net result		133	153
Net result		3,524	2,650
Other economic flows - other comprehensive income			
Items that will not be reclassified to net result			
Changes in property, plant and equipment revaluation surplus		-	10,071
Total other comprehensive income		-	10,071
Comprehensive result		3,524	12,721

This Statement should be read in conjunction with the accompanying notes.

Balance Sheet
Heathcote Health
As at 30 June 2025

		2025	2024
	Note	\$'000	\$'000
Financial assets			
Cash and cash equivalents	6.2	8,030	8,908
Receivables	5.1	2,131	1,650
Total financial assets		10,161	10,558
Non-financial assets			
Prepayments		110	186
Inventories		72	111
Property, plant and equipment	4.1	28,920	25,584
Investment property		450	430
Total non-financial assets		29,552	26,311
Total assets		39,713	36,869
Liabilities			
Payables	5.2	1,074	1,019
Contract liabilities	5.3	644	3,726
Borrowings	6.1	1,029	980
Employee benefits	3.1(b)	3,254	2,903
Other liabilities	5.4	5,034	3,087
Total liabilities		11,035	11,715
Net assets		28,678	25,154
Equity			
Reserves		21,432	21,432
Contributed capital		7,621	7,621
Accumulated surplus/(deficit)		(375)	(3,899)
Total equity		28,678	25,154

This Statement should be read in conjunction with the accompanying notes.

Cash Flow Statement
Heathcote Health
For the Financial Year Ended 30 June 2025

	2025	2024
Note	\$'000	\$'000
Cash flows from operating activities		
Operating grants from Government	14,189	13,957
Capital grants from State Government	1,793	3,516
Commercial activity revenue received	55	70
Donations and bequests received	4	4
GST received from ATO	(201)	(19)
Interest and investment income received	443	252
Other receipts	3,120	2,957
Total receipts	19,403	20,737
Payments to employees	(12,275)	(10,907)
Payments to suppliers and consumables	(2,562)	(1,899)
Finance costs	(37)	(16)
Other payments	(2,413)	(2,741)
Total payments	(17,287)	(15,563)
Net cash flows from operating activities	2,116	5,174
Cash flows from investing activities		
Proceeds from sale of non-financial assets	141	283
Purchase of non-financial assets	(5,209)	(3,290)
Other capital receipts	156	-
Net cash flows used in investing activities	(4,912)	(3,007)
Cash flows from financing activities		
Repayment of borrowings	(28)	(355)
Receipt of accommodation deposits	3,387	737
Repayment of accommodation deposits	(1,441)	(1,111)
Net cash flows from/(used in) financing activities	1,918	(729)
Net increase/(decrease) in cash and cash equivalents held	(878)	1,438
Cash and cash equivalents at beginning of year	8,908	7,470
Cash and cash equivalents at end of year	8,030	8,908

6.2

This Statement should be read in conjunction with the accompanying notes.

Statement of Changes in Equity
Heathcote Health
For the Financial Year Ended 30 June 2025

	Property, Plant and Equipment Revaluation Surplus \$'000	Contributed Capital \$'000	Accumulated Surplus/(Deficit) \$'000	Total \$'000
Balance at 1 July 2023	11,361	7,621	(6,549)	12,433
Net result for the year	-	-	2,650	2,650
Other comprehensive income for the year	10,071	-	-	10,071
Balance at 30 June 2024	21,432	7,621	(3,899)	25,154
Net result for the year	-	-	3,524	3,524
Balance at 30 June 2025	21,432	7,621	(375)	28,678

This Statement should be read in conjunction with the accompanying notes.

Notes to the Financial Statements
Heathcote Health
For the Financial Year Ended 30 June 2025

Structure

- 1.1 Basis of preparation**
- 1.2 Material accounting estimates and judgements**
- 1.3 Reporting entity**
- 1.4 Economic dependency**

Note 1 About this Report

These financial statements represent the financial statements of Heathcote Health for the year ended 30 June 2025.

Heathcote Health is a not-for-profit entity established as a public agency under the *Health Services Act 1988 (Vic)*. A description of the nature of its operations and its principal activities is included in the Report of Operations, which does not form part of these financial statements.

This section explains the basis of preparing the financial statements.

Note 1.1 Basis of preparation

These financial statements are general purpose financial statements which have been prepared in accordance with AASB 1060 *General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities* (AASB 1060) and Financial Reporting Direction 101 *Application of Tiers of Australian Accounting Standards* (FRD 101).

Heathcote Health is a Tier 2 entity in accordance with FRD 101. These financial statements are the first general purpose financial statements prepared in accordance with Australian Accounting Standards – Simplified Disclosures. Heathcote Health's prior year financial statements were general purpose financial statements prepared in accordance with Australian Accounting Standards (Tier 1). As Heathcote Health is not a 'significant entity' as defined in FRD 101, it was required to change from Tier 1 to Tier 2 reporting effective from 1 July 2024.

These general purpose financial statements have been prepared in accordance with the *Financial Management Act 1994* and applicable Australian Accounting Standards (AASs), which include interpretations, issued by the Australian Accounting Standards Board (AASB).

Where appropriate, those AASs paragraphs applicable to not-for-profit entities have been applied. Accounting policies selected and applied in these financial statements ensure the resulting financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions or other events is reported.

The accrual basis of accounting has been applied in preparing these financial statements, whereby assets, liabilities, equity, income and expenses are recognised in the reporting period to which they relate, regardless of when cash is received or paid.

Notes to the Financial Statements

Heathcote Health

For the Financial Year Ended 30 June 2025

Consistent with the requirements of AASB 1004 *Contributions*, contributions by owners (that is, contributed capital and its repayment) are treated as equity transactions and, therefore, do not form part of the income and expenses of Heathcote Health.

The financial statements have been prepared on a going concern basis (refer to Note 1.4 Economic Dependency).

The financial statements are presented in Australian dollars.

The amounts presented in the financial statements have been rounded to the nearest thousand dollars. Minor discrepancies in tables between totals and sum of components are due to rounding.

The annual financial statements were authorised for issue by the Board of Heathcote Health on 15th September, 2025.

Note 1.2 Material accounting estimates and judgements

Management makes estimates and judgements when preparing the financial statements.

These estimates and judgements are based on historical knowledge and the best available current information and assume any reasonable expectation of future events. Actual results may differ.

Revisions to estimates are recognised in the period in which the estimate is revised and also in future periods that are affected by the revision.

The material accounting judgements and estimates used, and any changes thereto, are disclosed within the relevant accounting policy.

Note 1.3 Reporting Entity

The financial statements include all the controlled activities of Heathcote Health.

Heathcote Health's principal address is:

39 Hospital Street
Heathcote, Victoria 3523

Note 1.4 Economic dependency

Heathcote Health is a public health service governed and managed in accordance with the *Health Services Act 1988* and its results form part of the Victorian General Government consolidated financial position. Heathcote Health provides essential services and is predominantly dependent on the continued financial support of the State Government, particularly the Department of Health (DH), and the Commonwealth funding via the National Health Reform Agreement (NHRA). The State of Victoria plans to continue Heathcote Health operations and on that basis, the financial statements have been prepared on a going concern basis.

Note 2 Funding delivery of our services

Heathcote Health's overall objective is to provide quality health service that support and enhance the wellbeing of the local community. Heathcote Health is predominantly funded by grant funding for the provision of outputs. Heathcote Health also receives income from the supply of services.

Structure

2.1 Revenue and income from transactions

Note 2.1 Revenue and income from transactions

		2025 \$'000	2024 \$'000
Revenue from contracts with customers	2.1(a)	10,128	8,851
Other sources of income	2.1(b)	12,598	10,341
Total revenue and income from transactions		22,726	19,192

Note 2.1(a) Revenue from contracts with customers

	2025 \$'000	2024 \$'000
Government grants (State) - Operating	-	21
Government grants (Commonwealth) - Operating	8,532	7,349
Patient and resident fees	1,541	1,431
Commercial activities	55	50
Total revenue from contracts with customers	10,128	8,851

How we recognise revenue from contracts with customers

Government grants

Revenue from government operating grants that are enforceable and contain sufficiently specific performance obligations are accounted for as revenue from contracts with customers under AASB 15.

In contracts with customers, the 'customer' is the funding body, who is the party that promises funding in exchange for Heathcote Health's goods or services. Heathcote Health's funding bodies often direct that goods or services are to be provided to third party beneficiaries, including individuals or the community at large. In such instances, the customer remains the funding body that has funded the program or activity, however the delivery of goods or services to third party beneficiaries is a characteristic of the promised good or service being transferred to the funding body.

Notes to the Financial Statements
Heathcote Health
For the Financial Year Ended 30 June 2025

This policy applies to each of Heathcote Health's revenue streams, with information detailed below relating to Heathcote Health's material revenue streams:

Government grant	Performance obligation
Activity Based Funding (ABF) paid as National Weighted Activity Unit (NWAU)	NWAU is a measure of health service activity expressed as a common unit against which the national efficient price (NEP) is paid. The performance obligations for NWAU are the number and mix of admissions, emergency department presentations and outpatient episodes, and is weighted for clinical complexity. Revenue is recognised at point in time, which is when a patient is discharged.
Commonwealth Residential Aged Care Grants	Funding is provided for the provision of care for aged care residents within facilities at Heathcote Health. The performance obligations include provision of residential accommodation and care from nursing staff and personal care workers. Revenue is recognised at the point in time when the service is provided within the residential aged care facility.

Patient and resident fees

Patient and resident fees are charges incurred by patients for services they receive. Patient and resident fees are recognised under AASB 15 at a point in time when the performance obligation, the provision of services, is satisfied, except where the patient and resident fees relate to accommodation charges. Accommodation charges are calculated daily and are recognised over time, to reflect the period accommodation is provided.

Notes to the Financial Statements
Heathcote Health
For the Financial Year Ended 30 June 2025

Note 2.1(b) Other sources of income

		2025	2024
	Note	\$'000	\$'000
Government grants (State) - Operating		5,625	4,894
Government grants (Commonwealth) - Operating		90	96
Government grants (State) - Capital		4,875	3,516
Other capital purpose income		156	158
Assets received free of charge or for nominal consideration	2.1(c)	169	146
Other income from operating activities		1,683	1,531
Total other sources of income		12,598	10,341

How we recognise other sources of income

Government grants

Heathcote Health recognises income of not-for-profit entities under AASB 1058 where it has been earned under arrangements that are either not enforceable or linked to sufficiently specific performance obligations.

Income from grants without any sufficiently specific performance obligations or that are not enforceable, is recognised when Heathcote Health has an unconditional right to receive cash which usually coincides with receipt of cash. On initial recognition of the asset, Heathcote Health recognises any related contributions by owners, increases in liabilities, decreases in assets or revenue (related amounts) in accordance with other Australian Accounting Standards. Related amounts may take the form of:

- contributions by owners, in accordance with AASB 1004 *Contributions*
- revenue or contract liability arising from a contract with a customer, in accordance with AASB 15
- a lease liability in accordance with AASB 16 *Leases*
- a financial instrument, in accordance with AASB 9 *Financial Instruments*
- a provision, in accordance with AASB 137 *Provisions, Contingent Liabilities and Contingent Assets*.

Capital grants

Where Heathcote Health receives a capital grant it recognises a liability, equal to the financial asset received less amounts recognised under other Australian Accounting Standards.

Income is recognised in accordance with AASB 1058 progressively as the asset is constructed which aligns with Heathcote Health's obligation to construct the asset. The progressive percentage of costs incurred is used to recognise income, as this most accurately reflects the stage of completion.

Notes to the Financial Statements
Heathcote Health
For the Financial Year Ended 30 June 2025

Note 2.1(c) Fair value of assets and services received free of charge or for nominal consideration

	2025	2024
	\$'000	\$'000
Cash donations and gifts	4	4
Other Services	13	27
Non-cash contributions from the DH	152	115
Total fair value of assets and services received free of charge or for nominal consideration	169	146

How we recognise the fair value of assets and services received free of charge or for nominal consideration

Contributions of assets received free of charge or for nominal consideration are recognised at their fair value when Heathcote Health obtains control over the resources, irrespective of whether restrictions or conditions are imposed over the use of the contributions.

The exception to this policy is when an asset is received from another government agency or department as a consequence of a restructuring of administrative arrangements, in which case the asset will be recognised at its carrying value in the financial statements of Heathcote Health as a capital contribution transfer.

Non-cash contributions from the DH

The DH (DH) makes some payments on behalf of Heathcote Health as follows:

Supplier	Description
Victorian Managed Insurance Authority	The DH purchases non-medical indemnity insurance for Heathcote Health which is paid directly to the Victorian Managed Insurance Authority. To record this contribution, such payments are recognised as income with a matching expense in the net result from transactions.
Victorian Health Building Authority	The DH made payments to the Victorian Health Building Authority to fund capital works projects during the year ended 30 June 2025, on behalf of Heathcote Health.
DH	Long Service Leave (LSL) revenue is recognised upon finalisation of movements in LSL liability in line with the long service leave funding arrangements with the DH.

Note 3 The cost of delivering our services

This section provides an account of the expenses incurred by the health service in delivering services and outputs. In Section 2, the funds that enable the provision of services were disclosed and in this note the costs associated with the provision of services are disclosed.

Structure

3.1 Expenses incurred in the delivery of services

Note 3.1 Expenses incurred in the delivery of services

		2025 \$'000	2024 \$'000
Employee expenses	3.1(a)	12,634	11,310
Other operating expenses	3.1(c)	5,307	4,614
Total expenses incurred in the delivery of services		17,941	15,924

Note 3.1(a) Employee expenses

	2025 \$'000	2024 \$'000
Salaries and wages	10,832	9,811
Defined contribution superannuation expense	1,140	1,020
Agency expenses	504	300
Fee for service medical officer expenses	158	179
Total employee expenses	12,634	11,310

How we recognise employee expenses

Employee expenses include salaries and wages, fringe benefits tax, leave entitlements, termination payments, WorkCover payments and agency expenses.

The amount recognised in relation to superannuation is employer contributions for members of both defined benefit and defined contribution superannuation plans that are paid or payable during the reporting period.

The defined benefit plan(s) provides benefits based on year of service and final average salary. The basis for determining the level of contributions is determined by the various actuaries of the defined benefit superannuation plans. Heathcote Health does not recognise any defined benefit liabilities because it has no legal or constructive obligation to pay future benefits relating to its employees. Instead Heathcote Health accounts for contributions to these plans as if they were defined contribution plans.

The Department of Treasury and Finance discloses in its annual financial statements the net defined benefit cost related to the members of these plans as an administered liability.

Notes to the Financial Statements
Heathcote Health
For the Financial Year Ended 30 June 2025

Note 3.1(b) Employee related provisions

	2025	2024
	\$'000	\$'000
Current provisions for employee benefits		
Accrued days off	18	15
Annual leave	1,053	738
Long service leave	1,612	1,530
Provision for on-costs	404	481
Total current provisions for employee benefits	3,087	2,764
Non-current provisions for employee benefits		
Long service leave	146	110
Provision for on-costs	21	29
Total non-current provisions for employee benefits	167	139
Total provisions for employee benefits	3,254	2,903

How we recognise employee-related provisions

Employee related provisions are accrued for employees in respect of accrued days off, annual leave and long service leave, for services rendered to the reporting date.

No provision has been made for sick leave as all sick leave is non-vesting and it is not considered probable that the average sick leave taken in the future will be greater than the benefits accrued in the future. As sick leave is non-vesting, an expense is recognised in the Statement of Comprehensive Income as sick leave is taken.

Annual leave and accrued days off

Liabilities for annual leave and accrued days off are recognised in the provision for employee benefits as current liabilities because Heathcote Health does not have an unconditional right to defer settlement of these liabilities.

Depending on the expectation of the timing of settlement, liabilities for annual leave and accrued days off are measured at:

- nominal value – if Heathcote Health expects to wholly settle within 12 months or
- present value – if Heathcote Health does not expect to wholly settle within 12 months.

Notes to the Financial Statements
Heathcote Health
For the Financial Year Ended 30 June 2025

Long service leave

The liability for long service leave (LSL) is recognised in the provision for employee benefits.

Unconditional LSL is disclosed in the notes to the financial statements as a current liability even where the Heathcote Health does not expect to settle the liability within 12 months because it will not have the unconditional right to defer the settlement of the entitlement should an employee take leave within 12 months. An unconditional right arises after a qualifying period.

The components of this current LSL liability are measured at:

- nominal value – if Heathcote Health expects to wholly settle within 12 months or
- present value – if Heathcote Health does not expect to wholly settle within 12 months.

Conditional LSL is measured at present value and is disclosed as a non-current liability. There is a conditional right to defer the settlement of the entitlement until the employee has completed the requisite years of service.

Provisions

Employment on-costs such as payroll tax, workers compensation and superannuation are not employee benefits. They are disclosed separately as a component of the provision for employee benefits when the employment to which they relate has occurred.

Notes to the Financial Statements
Heathcote Health
For the Financial Year Ended 30 June 2025

Note 3.1(c) Other expenses

	2025	2024
	\$'000	\$'000
Other operating expenses		
Drug supplies	159	143
Medical and surgical supplies (including Prostheses)	107	85
Diagnostic and radiology supplies	80	78
Other supplies and consumables	1,884	1,527
Fuel, light, power and water	141	134
Repairs and maintenance	110	108
Maintenance contracts	274	241
Medical indemnity insurance	24	24
Other administration expenses	2,528	2,274
Total other operating expenses	5,307	4,614

How we recognise other operating expenses

Expense recognition

Expenses are recognised as they are incurred and reported in the financial year to which they relate.

Supplies and consumables

Supplies and consumable costs are recognised as an expense in the reporting period in which they are incurred. The carrying amounts of any inventories held for distribution are expensed when distributed.

The following lease payments are recognised on a straight-line basis:

- short term leases – leases with a term of twelve months or less, and
- low value leases – leases with the underlying asset's fair value (when new, regardless of the age of the asset being leased) is no more than \$10,000.

Variable lease payments that are not included in the measurement of the lease liability, i.e. variable lease payments that do not depend on an index or a rate such as those based on performance or usage of the underlying asset, are recognised in the Comprehensive Operating Statement (except for payments which have been included in the carrying amount of another asset) in the period in which the event or condition that triggers those payments occurs. Heathcote Health's variable lease payments during the year ended 30 June 2025 was nil.

Other operating expenses

Other operating expenses generally represent the day-to-day running costs incurred in normal operations.

The DH also makes certain payments on behalf of Heathcote Health. These amounts have been brought to account in determining the operating result for the year, by recording them as revenue (Refer to Note 2.1(c)) and recording a corresponding expense.

Notes to the Financial Statements

Heathcote Health

For the Financial Year Ended 30 June 2025

Note 4 Key assets to support service delivery

Heathcote Health controls infrastructure and other investments that are utilised in fulfilling its objectives and conducting its activities. They represent the key resources that have been entrusted to Heathcote Health to be utilised for delivery of services.

Structure

4.1 Property, plant and equipment

4.2 Depreciation and amortisation

Note 4.1 Property, plant and equipment

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2025	2024	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Land at fair value - Crown	560	560	-	-	560	560
Buildings at fair value	22,255	19,620	(1,404)	-	20,851	19,620
Works in progress at cost	5,511	3,358	-	-	5,511	3,358
Plant, equipment and vehicles at fair value	3,281	3,901	(1,283)	(1,855)	1,998	2,046
Total property, plant and equipment	31,607	27,439	(2,687)	(1,855)	28,920	25,584

How we recognise property, plant and equipment

Items of property, plant and equipment are initially measured at cost, and are subsequently measured at fair value less accumulated depreciation and impairment. Where an asset is acquired for no or nominal cost, being far below the fair value of the asset, the deemed cost is its fair value at the date of acquisition. Assets transferred as part of an amalgamation/machinery of government change are transferred at their carrying amounts.

The cost of constructed non-financial physical assets includes the cost of all materials used in construction, direct labour on the project and an appropriate proportion of variable and fixed overheads.

Notes to the Financial Statements
Heathcote Health
For the Financial Year Ended 30 June 2025

Note 4.1(a) Reconciliation of the carrying amounts of each class of asset

	Land \$'000	Buildings \$'000	Works in progress \$'000	Plant, equipment and vehicles \$'000	Total \$'000
Balance at 1 July 2024	560	19,620	3,358	2,046	25,584
Additions	-	-	4,807	382	5,189
Disposals	-	-	(10)	(43)	(53)
Net transfers between classes	-	2,635	(2,644)	9	-
Depreciation	-	(1,404)	-	(396)	(1,800)
Balance at 30 June 2025	560	20,851	5,511	1,998	28,920

Fair value assessments have been performed for all classes of assets in this purpose group and the decision was made that the movements were not material (less than or equal to 10%). As such, an independent revaluation was not required per FRD 103. In accordance with FRD 103, Heathcote Health has elected to apply the practical expedient in *FRD 103 Non-Financial Physical Assets* and has therefore not applied the amendments to *AASB 13 Fair Value Measurement*. The amendments to AASB 13 will be applied at the next scheduled independent revaluation, which is planned to be undertaken in 2029, in accordance with Heathcote Health's revaluation cycle.

Notes to the Financial Statements
Heathcote Health
For the Financial Year Ended 30 June 2025

Note 4.1(b) Right-of-use assets included in property, plant and equipment

The following tables are right-of-use assets included in the property, plant and equipment balance, presented by subsets of buildings and plant and equipment.

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2025	2024	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Plant, equipment and vehicles at fair value	1,395	1,141	(370)	(199)	1,025	942
Total right-of-use assets	1,395	1,141	(370)	(199)	1,025	942

	Plant, equipment and vehicles \$'000	Total \$'000
Balance at 1 July 2024	942	942
Additions	341	341
Disposals	(43)	(43)
Depreciation	(215)	(215)
Balance at 30 June 2025	1,025	1,025

How we recognise right-of-use assets

Initial recognition

When Heathcote Health enters a contract, which provides the health services with the right to control the use of an identified asset for a period of time in exchange for payment, this contract is considered a lease.

Unless the lease is considered a short-term lease or a lease of a low-value asset (refer to Note 6.1 for further information) the contract gives rise to a right-of-use asset and corresponding lease liability.

Notes to the Financial Statements

Heathcote Health

For the Financial Year Ended 30 June 2025

The right-of-use asset is initially measured at cost and comprises the initial measurement of the corresponding lease liability, adjusted for:

- any lease payments made at or before the commencement date
- any initial direct costs incurred and
- an estimate of costs to dismantle and remove the underlying asset or to restore the underlying asset or the site on which it is located, less any lease incentive received.

Subsequent measurement

Right-of-use assets are subsequently measured at fair value, with the exception of right-of-use assets arising from leases with significantly below-market terms and conditions, which are subsequently measured at cost, less accumulated depreciation and accumulated impairment losses where applicable.

Heathcote Health has applied the exemption permitted under FRD 104 *Leases*, consistent with the optional relief in AASB 16.Aus25.1. Under this exemption, Heathcote Health is not required to apply fair value measurement requirements to right-of-use assets arising from leases with significantly below-market terms and conditions, where those leases are entered into principally to enable the entity to further its objectives.

Right-of-use assets are also adjusted for certain remeasurements of the lease liability (for example, when a variable lease payment based on an index or rate becomes effective).

Further information regarding fair value measurement is disclosed in Note 7.3.

4.1(c) Impairment of property, plant and equipment

The recoverable amount of the primarily non-financial physical assets of Heathcote Health, which are typically specialised in nature and held for continuing use of their service capacity, is expected to be materially the same as fair value determined under AASB 13 *Fair Value Measurement*, with the consequence that AASB 136 *Impairment of Assets* does not apply to such assets that are regularly revalued.

Notes to the Financial Statements
Heathcote Health
For the Financial Year Ended 30 June 2025

Note 4.2 Depreciation and amortisation

How we recognise depreciation

All buildings, plant and equipment and other non-financial physical assets that have finite useful lives are depreciated. Depreciation is generally calculated on a straight-line basis at rates that allocate the asset's value, less any estimated residual value over its estimated useful life.

Right-of-use assets are depreciated over the lease term or useful life of the underlying asset, whichever is the shortest. Where a lease transfers ownership of the underlying asset or the cost of the right-of-use asset reflects that the health service anticipates exercising a purchase option, the specific right-of-use asset is depreciated over the useful life of the underlying asset.

How we recognise amortisation

Amortisation is the systematic allocation of the depreciable amount of an asset over its useful life.

Useful lives of non-current assets

The following table indicates the expected useful lives of non-current assets on which the depreciation and amortisation charges are based.

	2025	2024
Buildings	6 to 46 Years	6 to 46 Years
Plant, equipment and vehicles (including leased assets)	3 to 25 Years	3 to 25 Years

Note 5 Other assets and liabilities

This section sets out those assets and liabilities that arose from Heathcote Health's operations.

Structure

5.1 Receivables

5.2 Payables

5.3 Contract liabilities

5.4 Other liabilities

Note 5.1 Receivables

	2025	2024
Note	\$'000	\$'000
Current receivables		
Contractual		
Inter hospital debtors	61	44
Trade receivables	434	137
Patient fees	81	136
Allowance for impairment losses	(30)	(70)
Accrued revenue	220	297
Amounts receivable from governments and agencies	37	42
Total contractual receivables	803	586
Statutory		
GST receivable	285	84
Total statutory receivables	285	84
Total current receivables	1,088	670
Non-current receivables		
Contractual		
Long service leave - DH	1,043	980
Total contractual receivables	1,043	980
Total non-current receivables	1,043	980
Total receivables	2,131	1,650
<i>(i) Financial assets classified as receivables</i>		
Total receivables	2,131	1,650
GST receivable	(285)	(84)
Total financial assets classified as receivables	1,846	1,566

7.1

Notes to the Financial Statements
Heathcote Health
For the Financial Year Ended 30 June 2025

How we recognise receivables

Receivables consist of:

- **Contractual receivables**, including debtors that relate to goods and services. These receivables are classified as financial instruments and are categorised as 'financial assets at amortised cost'. They are initially recognised at fair value plus any directly attributable transaction costs. The health service holds contractual receivables with the objective to collect the contractual cash flows and therefore they are subsequently measured at amortised cost using the effective interest method, less any impairment.
- **Statutory receivables**, including Goods and Services Tax (GST) input tax credits that are recoverable. Statutory receivables do not arise from contracts and are recognised and measured similarly to contractual receivables (except for impairment) but are not classified as financial instruments for disclosure purposes. The health service applies AASB 9 for initial measurement of the statutory receivables and as a result, statutory receivables are initially recognised at fair value plus any directly attributable transaction cost.

Notes to the Financial Statements
Heathcote Health
For the Financial Year Ended 30 June 2025

Note 5.2 Payables

	2025	2024
Note	\$'000	\$'000
Current payables		
Contractual		
Trade creditors	463	383
Accrued salaries and wages	486	482
Accrued expenses	75	28
Inter hospital creditors	48	51
Amounts payable to governments and agencies	-	72
Total contractual payables	1,072	1,016
Statutory		
Australian Taxation Office	2	3
Total statutory payables	2	3
Total current payables	1,074	1,019
Total payables	1,074	1,019
<i>(i) Financial liabilities classified as payables</i>		
Total payables	1,074	1,019
GST payable	(2)	(3)
Total financial liabilities classified as payables	7.1 1,072	1,016

How we recognise payables

Payables consist of:

- Contractual payables, including payables that relate to the purchase of goods and services. These payables are classified as financial instruments and measured at amortised cost. Accounts payable and salaries and wages payable represent liabilities for goods and services provided to the Heathcote Health prior to the end of the financial year that are unpaid.
- **Statutory payables**, including Goods and Services Tax (GST) payable are recognised and measured similarly to contractual payables but are not classified as financial instruments and not included in the category of financial liabilities at amortised cost, because they do not arise from contracts.

The normal credit terms for accounts payable are usually Net 60 days.

Notes to the Financial Statements
Heathcote Health
For the Financial Year Ended 30 June 2025

Note 5.3 Contract liabilities

	2025	2024
	\$'000	\$'000
Current		
Contract liabilities	644	3,726
Total current contract liabilities	644	3,726
Total contract liabilities	644	3,726

How we recognise contract liabilities

Contract liabilities include consideration received in advance from customers in respect of capital projects. The balance of contract liabilities was significantly lower than the previous reporting period due to the project nearing completion.

Contract liabilities are derecognised and recorded as revenue when promised goods and services are transferred to the customer. Refer to Note 2.1.

Notes to the Financial Statements
Heathcote Health
For the Financial Year Ended 30 June 2025

Note 5.4 Other liabilities

		2025	2024
	Note	\$'000	\$'000
Current monies held in trust			
Patient monies		11	10
Refundable accommodation deposits		5,021	3,075
Other monies		2	2
Total current monies held in trust		5,034	3,087
Total other liabilities		5,034	3,087
* Represented by:			
- Cash assets	6.2	5,034	3,087
		5,034	3,087

How we recognise other liabilities

Refundable Accommodation Deposit (RAD)/Accommodation Bond liabilities

RADs/accommodation bonds are non-interest-bearing deposits made by some aged care residents to Heathcote Health upon admission. These deposits are liabilities which fall due and payable when the resident leaves the home.

RAD/accommodation bond liabilities are recorded at an amount equal to the proceeds received, net of retention and any other amounts deducted from the RAD/accommodation bond in accordance with the *Aged Care Act 1997*.

Notes to the Financial Statements
Heathcote Health
For the Financial Year Ended 30 June 2025

Note 6 How we finance our operations

This section provides information on the sources of finance utilised by Heathcote Health during its operations, along with interest expenses (the cost of borrowings) and other information related to financing activities of Heathcote Health.

This section includes disclosures of balances that are financial instruments (such as borrowings and cash balances). Note 7.1 provides additional, specific financial instrument disclosures.

Structure

6.1 Borrowings

6.2 Cash and cash equivalents

6.3 Commitments for expenditure

Note 6.1 Borrowings

	2025	2024
Note	\$'000	\$'000
Current borrowings		
Lease liability	220	243
Advances from government	-	28
Total current borrowings	220	271
Non-current borrowings		
Lease liability	809	709
Total non-current borrowings	809	709
Total borrowings	1,029	980

How we recognise borrowings

Borrowings refer to interest bearing liabilities mainly raised from advances from the Treasury Corporation of Victoria (TCV) and other funds raised through lease liabilities and other interest-bearing arrangements.

Borrowings are classified as financial instruments. Interest bearing liabilities are classified at amortised cost and recognised at the fair value of the consideration received directly attributable to transaction costs and subsequently measured at amortised cost using the effective interest method.

Notes to the Financial Statements
Heathcote Health
For the Financial Year Ended 30 June 2025

Terms and conditions of borrowings

			Maturity Dates						
		Weighted average interest rate	Carrying Amount	Nominal Amount	Less than 1 Month	3 months - 1 1-3 Months	Year	1-5 Years	Over 5 years
30 June 2025	Note	(%)	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Lease liabilities	6.1	3.87%	1,029	1,029	18	37	165	809	-
Total Financial Liabilities			1,029	1,029	18	37	165	809	-

			Maturity Dates						
		Weighted average interest rate	Carrying Amount	Nominal Amount	Less than 1 Month	3 months - 1 1-3 Months	Year	1-5 Years	Over 5 years
30 June 2024	Note	(%)	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Lease liabilities	6.1	3.71%	952	952	20	60	163	709	-
Advances from government	6.1	2.95%	28	28	-	-	28	-	-
Total Financial Liabilities			980	980	20	60	191	709	-

Notes to the Financial Statements
Heathcote Health
For the Financial Year Ended 30 June 2025

Interest expense

	2025	2024
	\$'000	\$'000
Interest on lease liabilities	27	7
Interest on refundable accommodation deposits	10	9
Total interest expense	37	16

Interest expense includes costs incurred in connection with the borrowing of funds and includes interest on bank overdrafts and short term and long-term borrowings, interest component of lease repayments and the increase in financial liabilities and non-employee provisions due to the unwinding of discounts to reflect the passage of time.

Interest expense is recognised in the period in which it is incurred.

Heathcote Health recognises borrowing costs immediately as an expense, even where they are directly attributable to the acquisition, construction or production of a qualifying asset.

Notes to the Financial Statements
Heathcote Health
For the Financial Year Ended 30 June 2025

Note 6.1(a) Lease liabilities

Current lease liabilities

Lease liability

Total current lease liabilities

Non-current lease liabilities

Lease liability

Total non-current lease liabilities

Total lease liabilities

2025 \$'000	2024 \$'000
220	243
220	243
809	709
809	709
1,029	952

The following table sets out the maturity analysis of lease liabilities, showing the undiscounted lease payments to be made after the reporting date.

Not longer than one year

Longer than one year but not longer than five years

Longer than five years

Minimum future lease liability

Less unexpired finance expenses

Present value of lease liability

2025 \$'000	2024 \$'000
249	252
843	735
-	-
1,092	987
(63)	(35)
1,029	952

How we recognise lease liabilities

A lease is defined as a contract, or part of a contract, that conveys the right for Heathcote Health to use an asset for a period of time in exchange for payment.

To apply this definition, Heathcote Health ensures the contract meets the following criteria:

- the contract contains an identified asset, which is either explicitly identified in the contract or implicitly specified by being identified at the time the asset is made available to Heathcote Health and for which the supplier does not have substantive substitution rights
- Heathcote Health has the right to obtain substantially all of the economic benefits from use of the identified asset throughout the period of use, considering its rights within the defined scope of the contract and Heathcote Health has the right to direct the use of the identified asset throughout the period of use and
- Heathcote Health has the right to take decisions in respect of 'how and for what purpose' the asset is used throughout the period of use.

Heathcote Health's lease arrangements consist of the following:

Type of asset leased	Lease term
Leased plant, equipment, furniture, fittings and vehicles	3 to 5 years

Notes to the Financial Statements

Heathcote Health

For the Financial Year Ended 30 June 2025

All leases are recognised on the balance sheet, with the exception of low value leases (less than \$10,000 AUD) and short-term leases of less than 12 months. Heathcote Health has elected to apply the practical expedients for short-term leases and leases of low-value assets. As a result, no right-of-use asset or lease liability is recognised for these leases; rather, lease payments are recognised as an expense on a straight-line basis over the lease term, within "other operating expenses" (refer to Note 3.1).

Initial measurement

The lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease if that rate is readily determinable or Heathcote Health's incremental borrowing rate. Our lease liability has been discounted by rates of between 1.27% to 5.32%.

Lease payments included in the measurement of the lease liability comprise the following:

- fixed payments (including in-substance fixed payments) less any lease incentive receivable
- variable payments based on an index or rate, initially measured using the index or rate as at the commencement date
- amounts expected to be payable under a residual value guarantee,
- payments arising from purchase and termination options reasonably certain to be exercised.

Subsequent measurement

Subsequent to initial measurement, the liability will be reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification, or if there are changes in the substance of fixed payments.

When the lease liability is remeasured, the corresponding adjustment is reflected in the right-of-use asset, or profit and loss if the right of use asset is already reduced to zero.

Notes to the Financial Statements
Heathcote Health
For the Financial Year Ended 30 June 2025

Note 6.2 Cash and Cash Equivalents

	2025	2024
Note	\$'000	\$'000
Cash on hand (excluding monies held in trust)	1	1
Cash at bank (excluding monies held in trust)	2,995	5,832
Total cash held for operations	2,996	5,833
Cash at bank (monies held in trust)	5,034	3,075
Total cash held as monies in trust	5,034	3,075
Total cash and cash equivalents	8,030	8,908

7.1

Notes to the Financial Statements
Heathcote Health
For the Financial Year Ended 30 June 2025

Note 6.3 Commitments for expenditure

30 June 2025

Capital expenditure commitments	
Non-cancellable short term and low value lease commitments	
Total commitments (inclusive of GST)	
Less GST recoverable	
Total commitments (exclusive of GST)	

Less than 1				
year	1-5 Years	Over 5 years	Total	
\$'000	\$'000	\$'000	\$'000	
-	-	-	-	-
9	18	-	27	
9	18	-	27	
1	2		3	
8	16	-	24	

30 June 2024

Capital expenditure commitments	
Non-cancellable short term and low value lease commitments	
Total commitments (inclusive of GST)	
Less GST recoverable	
Total commitments (exclusive of GST)	

Less than 1				
year	1-5 Years	Over 5 years	Total	
\$'000	\$'000	\$'000	\$'000	
7,461	-	-	7,461	
7	24	-	31	
7,468	24	-	7,492	
679	2		681	
6,789	22	-	6,811	

How we disclose our commitments

Our commitments relate to expenditure and short term and low value leases.

Expenditure commitments

Commitments for future expenditure include operating and capital commitments arising from contracts. These commitments are disclosed at their nominal value and are inclusive of the GST payable. In addition, where it is considered appropriate and provides additional relevant information to users, the net present values of significant projects are stated. These future expenditures cease to be disclosed as commitments once the related liabilities are recognised on the balance sheet.

Short term and low value leases

Heathcote Health discloses short term and low value lease commitments which are excluded from the measurement of right-of-use assets and lease liabilities. Refer to Note 6.1 for further information.

Notes to the Financial Statements

Heathcote Health

For the Financial Year Ended 30 June 2025

Note 7 Financial instruments, contingencies and valuation judgements

Heathcote Health is exposed to risk from its activities and outside factors. In addition, it is often necessary to make judgements and estimates associated with recognition and measurement of items in the financial statements. This section sets out financial instrument specific information (including exposures to financial risks) as well as those items that are contingent in nature or require a higher level of judgement to be applied, which for the health service is related mainly to fair value determination.

Structure

7.1 Financial instruments

7.2 Contingent assets and contingent liabilities

7.3 Fair value determination

Notes to the Financial Statements
Heathcote Health
For the Financial Year Ended 30 June 2025

Note 7.1 Financial instruments

Financial instruments arise out of contractual agreements that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Due to the nature of Heathcote Health's activities, certain financial assets and financial liabilities arise under statute rather than a contract (for example, taxes, fines and penalties). Such financial assets and financial liabilities do not meet the definition of financial instruments in AASB 132 *Financial Instruments: Presentation*.

			Total interest		
	Carrying amount	Net	income/	Fee income/	Impairment
	\$'000	gain/(loss)	(expense)	(expense)	loss
30 June 2025	Note	\$'000	\$'000	\$'000	\$'000
Financial assets at amortised cost					
Cash and cash equivalents	6.2	8,030	-	443	-
Receivables	5.1	1,846	-	-	-
Total financial assetsⁱ		9,876	-	443	-
Financial liabilities at amortised cost					
Payables	5.2	1,072	-	-	-
Borrowings	6.1	1,029	-	(27)	-
Other financial liabilities - Refundable Accommodation Deposits	5.4	5,021	-	(10)	-
Other financial liabilities - patient monies held in trust	5.4	11	-	-	-
Total financial liabilitiesⁱ		7,133	-	(37)	-

ⁱ The carrying amount excludes statutory receivables (i.e. GST receivable) and statutory payables (i.e. GST payable).

Notes to the Financial Statements
Heathcote Health
For the Financial Year Ended 30 June 2025

			Total interest		
	Carrying amount	Net	income/	Fee income/	Impairment
	\$'000	gain/(loss)	(expense)	(expense)	loss
30 June 2024	Note	\$'000	\$'000	\$'000	\$'000
Financial assets at amortised cost					
Cash and cash equivalents	6.2	8,908	-	252	-
Receivables	5.1	1,566	-	-	-
Total financial assetsⁱ		10,474	-	252	-
Financial liabilities at amortised cost					
Payables	5.2	1,016	-	-	-
Borrowings	6.1	980	-	(7)	-
Other financial liabilities - Refundable Accommodation Deposits	5.4	3,075	-	(9)	-
Other financial liabilities - patient monies held in trust	5.4	10	-	-	-
Total financial liabilitiesⁱ		5,081	-	(16)	-

ⁱ The carrying amount excludes statutory receivables (i.e. GST receivable) and statutory payables (i.e. GST payable).

Notes to the Financial Statements
Heathcote Health
For the Financial Year Ended 30 June 2025

How we categorise financial instruments

Financial assets at amortised cost

Financial assets are measured at amortised cost if both of the following criteria are met and the assets are not designated as fair value through net result:

- the assets are held by Heathcote Health solely to collect the contractual cash flows, and
- the assets' contractual terms give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specific dates.

These assets are initially recognised at fair value plus any directly attributable transaction costs and are subsequently measured at amortised cost using the effective interest method less any impairment.

Heathcote Health recognises the following assets in this category:

- cash and deposits and
- receivables (excluding statutory receivables).

Categories of financial liabilities

Financial liabilities at amortised cost

Financial liabilities are measured at amortised cost using the effective interest method, where they are not held at fair value through net result.

The effective interest method is a method of calculating the amortised cost of a debt instrument and of allocating interest expense in net result over the relevant period. The effective interest is the internal rate of return of the financial asset or liability. That is, it is the rate that exactly discounts the estimated future cash flows through the expected life of the instrument to the net carrying amount at initial recognition.

Heathcote Health recognises the following liabilities in this category:

- payables (excluding statutory payables and contract liabilities)
- borrowings and
- other liabilities (including monies held in trust).

Notes to the Financial Statements

Heathcote Health

For the Financial Year Ended 30 June 2025

Derecognition of financial assets

A financial asset (or, where applicable, a part of a financial asset or part of a group of similar financial assets) is derecognised when:

- the rights to receive cash flows from the asset have expired, or
- Heathcote Health retains the right to receive cash flows from the asset, but has assumed an obligation to pay them in full without material delay to a third party under a 'pass through' arrangement or
- Heathcote Health has transferred its rights to receive cash flows from the asset and either:
 - has transferred substantially all the risks and rewards of the asset, or
 - has neither transferred nor retained substantially all the risks and rewards of the asset but has transferred control of the asset.

Where Heathcote Health has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of Heathcote Health's continuing involvement in the asset.

Derecognition of financial liabilities

A financial liability is derecognised when the obligation under the liability is discharged, cancelled or expires.

When an existing financial liability is replaced by another from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, such an exchange or modification is treated as a derecognition of the original liability and the recognition of a new liability. The difference in the respective carrying amounts is recognised as an 'other economic flow' in the comprehensive operating statement.

Reclassification of financial instruments

A financial asset is required to be reclassified between amortised cost, fair value through net result and fair value through other comprehensive income when, and only when, Heathcote Health's business model for managing its financial assets has changed such that its previous model would no longer apply.

A financial liability reclassification is not permitted.

Notes to the Financial Statements
Heathcote Health
For the Financial Year Ended 30 June 2025

Note 7.2 Contingent assets and contingent liabilities

At balance date, the Board is not aware of any contingent assets or liabilities.

How we measure and disclose contingent assets and contingent liabilities

Contingent assets and contingent liabilities are not recognised in the balance sheet but are disclosed and, if quantifiable, are measured at nominal value.

Contingent assets and liabilities are presented inclusive of GST receivable or payable respectively.

Contingent assets

Contingent assets are possible assets that arise from past events, whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the health service.

These are classified as either quantifiable, where the potential economic benefit is known, or non-quantifiable.

Contingent liabilities

Contingent liabilities are:

- possible obligations that arise from past events, whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the health service, or
- present obligations that arise from past events but are not recognised because:
 - It is not probable that an outflow of resources embodying economic benefits will be required to settle the obligations or
 - the amount of the obligations cannot be measured with sufficient reliability.

Contingent liabilities are also classified as either quantifiable or non-quantifiable.

Notes to the Financial Statements

Heathcote Health

For the Financial Year Ended 30 June 2025

Note 7.3 Fair value determination

How we measure fair value

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The following assets and liabilities are carried at fair value:

- Property, plant and equipment
- Right-of-use assets and
- Lease liabilities.

In addition, the fair value of other assets and liabilities that are carried at amortised cost, also need to be determined for disclosure.

Valuation hierarchy

In determining fair values, a number of inputs are used. To increase consistency and comparability in the financial statements, these inputs are categorised into three levels, also known as the fair value hierarchy. The levels are as follows:

- Level 1 – quoted (unadjusted) market prices in active markets for identical assets or liabilities
- Level 2 – valuation techniques for which the lowest level input that is significant to the fair value measurement is directly or indirectly observable, and
- Level 3 – valuation techniques for which the lowest level input that is significant to the fair value measurement is unobservable.

Heathcote Health determines whether transfers have occurred between levels in the hierarchy by reassessing categorisation (based on the lowest level input that is significant to the fair value measurement as a whole) at the end of each reporting period. There have been no transfers between levels during the period.

Heathcote Health monitors changes in the fair value of each asset and liability through relevant data sources to determine whether revaluation is required. The Valuer-General Victoria (VGV) is Heathcote Health's independent valuation agency for property, plant and equipment.

Fair value determination: non-financial physical assets

AASB 2010-10 Amendments to Australian Accounting Standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities amended AASB 13 *Fair Value Measurement* by adding Appendix F *Australian Implementation Guidance for Not-for-Profit Public Sector Entities*. Appendix F explains and illustrates the application of the principals in AASB 13 on developing unobservable inputs and the application of the cost approach. These clarifications are mandatorily applicable annual reporting periods beginning on or after 1 January 2024. FRD 103 permits Victorian public sector entities to apply Appendix F of AASB 13 in their next scheduled formal asset revaluation or interim revaluation process (whichever is earlier).

Notes to the Financial Statements

Heathcote Health

For the Financial Year Ended 30 June 2025

The last scheduled full independent valuation of all of Heathcote Health's non-financial physical assets was performed by VGV on 30 June 2024. The annual fair value assessment for 30 June 2025 using VGV indices does not identify material changes in value. In accordance with FRD 103, Heathcote Health will reflect Appendix F in its next scheduled formal revaluation on 30 June 2029 or interim revaluation process (whichever is earlier). All annual fair value assessments thereafter will continue compliance with Appendix F.

For all assets measured at fair value, Heathcote Health considers the current use as its highest and best use.

Non-specialised land and non-specialised buildings

Non-specialised land, non-specialised buildings are valued using the market approach. Under this valuation method, the assets are compared to recent comparable sales or sales of comparable assets which are considered to have nominal or no added improvement value. From this analysis, an appropriate rate per square metre has been applied to the asset.

Specialised land and specialised buildings

Specialised land includes Crown Land which is measured at fair value with regard to the property's highest and best use after due consideration is made for any legal or physical restrictions imposed on the asset, public announcements or commitments made in relation to the intended use of the asset.

During the reporting period, Heathcote Health held Crown Land. The nature of this asset means that there are certain limitations and restrictions imposed on its use and/or disposal that may impact their fair value.

The market approach is also used for specialised land although it is adjusted for the community service obligation (CSO) to reflect the specialised nature of the assets being valued.

The CSO adjustment reflects the valuer's assessment of the impact of restrictions associated with an asset to the extent that is also equally applicable to market participants. This approach is in light of the highest and best use consideration required for fair value measurement and considers the use of the asset that is physically possible, legally permissible and financially feasible.

For Heathcote Health, the current replacement cost method is used for the majority of specialised buildings, adjusting for the associated depreciation.

Notes to the Financial Statements
Heathcote Health
For the Financial Year Ended 30 June 2025

Vehicles

Vehicles are valued using the current replacement cost method. Heathcote Health acquires new vehicles and at times disposes of them before completion of their economic life. The process of acquisition, use and disposal in the market is managed by experienced fleet managers in Heathcote Health who set relevant depreciation rates during use to reflect the utilisation of the vehicles.

Furniture, fittings, plant and equipment

Furniture, fittings, plant and equipment (including medical equipment, computers and communication equipment) are held at fair value. When plant and equipment is specialised in use, such that it is rarely sold, fair value is determined using the current replacement cost method.

Significant assumptions

Asset class	Valuation technique	Significant assumption	Range (weighted average) ⁽ⁱ⁾
Specialised land	Market approach	Community Service Obligations adjustment	(20%) ⁽ⁱⁱⁱ⁾
Specialised buildings	Current replacement cost approach	Cost per square metre Useful life	\$1,000 - \$1,500/m ² (\$1,300) 6 - 46 years (17 years)
Vehicles	Current replacement cost approach	Cost per unit Useful life	\$32,000 - \$90,000 (\$53,000 per unit) 3 - 5 years (3 years)
Plant, equipment, furniture and fittings	Current replacement cost approach	Cost per unit Useful life	\$3,000 - \$4,000 (\$3,500 per unit) 3 - 25 years (9 years)

⁽ⁱ⁾ Illustrations on the valuation techniques and significant assumptions and unobservable inputs are and indicator and should not be directly used without consultation with the health services independent valuer.

⁽ⁱⁱ⁾ A CSO adjustments of 20% has been applied to reduce the market approach value for Heathcote Health's specialised land.

Note 8 Other disclosures

This section includes additional material disclosures required by accounting standards or otherwise, for the understanding of this financial report.

Structure

8.1 Responsible persons disclosures

8.2 Remuneration of executives

8.3 Related parties

8.4 Remuneration of auditors

8.5 Events occurring after the balance date

8.6 Joint arrangements

Notes to the Financial Statements
Heathcote Health
For the Financial Year Ended 30 June 2025

Note 8.1 Responsible persons disclosures

In accordance with the Ministerial Directions issued by the Minister for Finance under the *Financial Management Act 1994*, the following disclosures are made regarding responsible persons for the reporting period.

	Period
The Honourable Mary-Anne Thomas MP:	
Minister for Health	1 July 2024 - 30 June 2025
Minister for Ambulance Services	1 July 2024 - 30 June 2025
Minister for Health Infrastructure	1 July 2024 - 19 December 2024
The Honourable Ingrid Stitt MP:	
Minister for Mental Health	1 July 2024 - 30 June 2025
Minister for Ageing	1 July 2024 - 30 June 2025
The Honourable Lizzy Blandthorn MP:	
Minister for Children	1 July 2024 - 30 June 2025
The Honourable Melissa Horne MP:	
Minister for Health Infrastructure	19 December 2024 - 30 June 2025
Governing Boards	
Elissa Watson	1 Jul 2024 - 30 Jun 2025
Ben Yuen	1 Jul 2024 - 30 Jun 2025
Andrew Roma	1 Jul 2024 - 30 Jun 2025
Callum Wright	1 Jul 2024 - 30 Jun 2025
Vimi Desai	1 Jul 2024 - 30 Jun 2025
Rebecca Broadbent	1 Jul 2024 - 30 Jun 2025
Cameron Haskett	1 Jul 2024 - 30 Jun 2025
Christina Campbell	1 Jul 2024 - 30 Jun 2025
Robert Stephenson	1 Jul 2024 - 30 Jun 2025
Accountable Officers	
Dan Douglass (Chief Executive Officer)	1 Jul 2024 - 30 Jun 2025

Notes to the Financial Statements
Heathcote Health
For the Financial Year Ended 30 June 2025

Remuneration of Responsible Persons

The number of Responsible Persons are shown in their relevant income bands:

Income Band	2025	2024
	No	No
\$0,000 - \$9,999	9	9
\$210,000 - \$219,999	-	1
\$250,000 - \$259,999	1	-
Total Numbers	10	10
	2025	2024
	\$'000	\$'000
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	300	249

Amounts relating to Responsible Ministers are reported within the State’s Annual Financial Report.

Notes to the Financial Statements
Heathcote Health
For the Financial Year Ended 30 June 2025

Note 8.2 Remuneration of executives

The number of executive officers, other than Ministers and the Accountable Officer, and their total remuneration during the reporting period are shown in the table below. Total annualised employee equivalent provides a measure of full time equivalent executive officers over the reporting period.

Remuneration comprises employee benefits in all forms of consideration paid, payable or provided in exchange for services rendered. Accordingly, remuneration is determined on an accrual basis.

Remuneration of executive officers
(including Key Management Personnel disclosed in Note 8.4)

	Total Remuneration	
	2025 \$'000	2024 \$'000
Total remuneration ⁱ	211	193
Total number of executives	1	1
Total annualised employee equivalent ⁱⁱ	1.0	1.0

ⁱ The total number of executive officers includes persons who meet the definition of Key Management Personnel (KMP) of Heathcote Health under AASB 124 *Related Party Disclosures* and are also reported within Note 8.4 Related Parties.

ⁱⁱ Annualised employee equivalent is based on working 38 ordinary hours per week over the reporting period.

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Heathcote Health
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Note 8.3 Related parties

The Heathcote Health is a wholly owned and controlled entity of the State of Victoria. Related parties of the health service include:

- all key management personnel (KMP) and their close family members and personal business interests
- cabinet ministers (where applicable) and their close family members
- jointly controlled operations –the Loddon Mallee Rural Health Alliance and
- all health services and public sector entities that are controlled and consolidated into the State of Victoria financial statements.

Significant transactions with government related entities

The Heathcote Health received funding from the DH of \$7.27 m (2024: \$8.55 m) and indirect contributions of \$0.152 m (2024: \$0.115 m). Balances recallable as at 30 June 2025 are \$0.02 m (2024: \$0.02 m outstanding).

Expenses incurred by Heathcote Health in delivering services are in accordance with HealthShare Victoria requirements. Goods and services including procurement, diagnostics, patient meals and multi-site operational support are provided by other Victorian Health Service Providers on commercial terms.

Professional medical indemnity insurance and other insurance products are obtained from the Victorian Managed Insurance Authority.

The Standing Directions of the Minister for Finance require the Heathcote Health to hold cash (in excess of working capital) in accordance with the State of Victoria’s centralised banking arrangements. All borrowings are required to be sourced from Treasury Corporation Victoria unless an exemption has been approved by the Minister for Health and the Treasurer.

Key management personnel

KMPs are those people with the authority and responsibility for planning, directing and controlling the activities of the Heathcote Health and its controlled entities, directly or indirectly.

The Board of Directors and the Executive Directors of the Heathcote Health and its controlled entities are deemed to be KMPs. This includes the following:

Entity	KMPs	Position Title
Heathcote Health	Elissa Watson	Board Chair
Heathcote Health	Ben Yuen	Board Director
Heathcote Health	Andrew Roma	Board Director
Heathcote Health	Callum Wright	Board Director
Heathcote Health	Vimi Desai	Board Director
Heathcote Health	Rebecca Broadbent	Board Director
Heathcote Health	Cameron Haskett	Board Director
Heathcote Health	Christina Campbell	Board Director
Heathcote Health	Robert Stephenson	Board Director
Heathcote Health	Dan Douglass	Chief Executive Officer
Heathcote Health	Angie Dredge	Director of Clinical Care

Notes to the Financial Statements
Heathcote Health
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Remuneration of key management personnel

The compensation detailed below excludes the salaries and benefits the Portfolio Ministers receive. The Minister’s remuneration and allowances is set by the *Parliamentary Salaries and Superannuation Act 1968* and is reported within the State’s Annual Report.

	2025 \$'000	2024 \$'000
Total compensation - KMPs ⁱ	511	442

ⁱ KMPs are also reported in Note 8.1 Responsible Persons or Note 8.2 Remuneration of Executives.

Transactions with KMPs and other related parties

Given the breadth and depth of State government activities, related parties transact with the Victorian public sector in a manner consistent with other members of the public e.g. stamp duty and other government fees and charges. Further employment of processes within the Victorian public sector occurs on terms and conditions consistent with the *Public Administration Act 2004* and Codes of Conduct and Standards issued by the Victorian Public Sector Commission. Procurement processes occur on terms and conditions consistent with the HealthShare Victoria and Victorian Government Procurement Board requirements.

Outside of normal citizen type transactions with the Heathcote Health, there were no related party transactions that involved key management personnel, their close family members or their personal business interests. No provision has been required, nor any expense recognised, for impairment of receivables from related parties. There were no related party transactions with Cabinet Ministers required to be disclosed in 2025 (2024: none).

There were no related party transactions required to be disclosed for the Heathcote Health Board of Directors, Chief Executive Officer and Executive Directors in 2025 (2024: none).

Notes to the Financial Statements
Heathcote Health
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Note 8.4 Remuneration of Auditors

Victorian Auditor-General's Office
Audit of the financial statements
Total remuneration of auditors

2025 \$'000	2024 \$'000
28	27
28	27

Note 8.5 Events occurring after the balance sheet date

There are no events occurring after the Balance Sheet date.

Notes to the Financial Statements
Heathcote Health
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Note 8.6 Joint arrangements

	Principal Activity	Ownership Interest	
		2025 %	2024 %
Loddon Mallee Rural Health Alliance	Provision of Information Technology Services	4.37	4.27

	2025 \$'000	2024 \$'000
Total revenue and income	777	854
Total expenses	(903)	(817)
Total net result	(126)	37
Total other economic flows	-	-
Comprehensive result for the year	(126)	37
Total assets	966	977
Total liabilities	686	571
Total equity	280	406

Contingent liabilities and capital commitments

There are no known contingent liabilities or capital commitments held by the jointly controlled operations at balance date. Heathcote Health is involved in joint arrangements where control and decision-making are shared with other parties. Heathcote Health has determined the entities detailed in the above table are joint operations and therefore recognises its share of assets, liabilities, revenues and expenses in accordance with its rights and obligations under the arrangement.



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