BCH
Bass Coast Health

Bass Coast Health Annual Report 2024–25

BCH – WE CARE. Our values are:

- Wellbeing
- Equity
- Compassion
- Accountability
- Respect
- Excellence

We acknowledge the Bunurong People as the Traditional Custodians of the land and pay our respects to Elders past, present and emerging.
We celebrate, value and include people of all backgrounds, genders, sexualities, cultures, bodies and abilities.

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Annual Report 2024–25

Responsible body's declaration

In accordance with the *Financial Management Act 1994*, I am pleased to present the report of operations for Bass Coast Health for the year ending 30 June 2025.

Ian Thompson, Chair, Board of Directors
Bass Coast Health
28 August 2025

About this report

Bass Coast Health reports on its annual performance in this report of operations. This Annual Financial and Performance Report fulfils the statutory reporting requirements to Government by way of an Annual Report. This document is presented at Bass Coast Health's Annual General Meeting and is available on the Bass Coast Health website with hard copies made available to the community.

Relevant Ministers

We are a public health service established under the *Health Services Act 1988* (Vic). The responsible Minister is the Minister for Health.

Minister for Health /
Minister for Ambulance Services
The Hon. Mary-Anne Thomas from 1 July 2024 to 30 June 2025

Minister for Health Infrastructure
The Hon. Mary-Anne Thomas from 1 July 2024 to 19 December 2024

The Hon. Melissa Horne from 19 December 2024 to 30 June 2025

Minister for Mental Health / Minister for Ageing
The Hon. Ingrid Stitt from 1 July 2024 to 30 June 2025

Minister for Disability / Minister for Children
The Hon. Lizzie Blandthorn from 1 July 2024 to 30 June 2025

About BCH

Our Mission

Delivering person centred care to improve health, wellbeing, care experience and health outcomes, with our community.

Our Vision

Excellence in care.

Our Values

- **W** Wellbeing
- **E** Equity
- **C** Compassion
- **A** Accountability
- **R** Respect
- **E** Excellence

Contents

Our Service Profile

Acute Services

- Antenatal and Post-natal domiciliary services
- Haemodialysis
- Hospital in the Home
- Integrated Cancer
- Maternity
- Medical and Surgical inpatient
- Operating Suite / Day Procedure / Central Sterile Supply Department (CSSD)
- Phillip Island Urgent Care Centre
- Wonthaggi Emergency Department with Short Stay Unit and Fast Track

Sub-Acute Services

- GEM@Home
- Sub-Acute inpatient including Geriatric Evaluation and Management (GEM), Rehabilitation and Palliative Care

Residential Aged Care

- Griffiths Point Lodge – 29 beds
- Home Care Packages (Flexihealth)
- Kirrak House – 30 beds

Primary and Community Care Services

- Alcohol and Other Drugs including Needle and Syringe
- Allied Health including Occupational Therapy, Physiotherapy, Podiatry, Dietetics, Social Work and Speech Pathology
- Best Start

Primary and Community Care Services (continued)

- Clinical Nurse Consultants including Aboriginal Health, Asthma and Respiratory, Cancer Care, Chronic Disease Management, Continence, Diabetes, Palliative Care, Stomal Therapy and Wound Care
- Counselling
- Dental
- District and Palliative Care Nursing
- Family Day Care
- Health Promotion
- Hospital Admission Risk Program
- Integrated Family
- Maternal and Child Health
- Meals on Wheels
- National Disability Insurance Scheme (NDIS) services: Continence Nursing and Allied Health including Occupational Therapy, Physiotherapy, Podiatry, Dietetics, Social Work and Speech Pathology
- Post-Acute Care
- Residential in Reach
- School Focused Youth
- Social Support
- Specialist Outpatients
- Supported Playgroups
- Therapeutic groups including: Cardiac Rehabilitation, Continence Support Group, Diabetes Support Group, Falls Prevention / Falls and Balance, Heart Failure Rehabilitation, Hip and Knee Joint Rehabilitation, Pulmonary Rehabilitation Program and Pulmonary Support Group
- Transitional Care Program

Medical Specialists

- Breast Surgery
- Cardiology
- Dermatology
- Gastroenterology
- General Medicine – Diabetes
- General Surgery
- Geriatric Medicine
- Gynaecology
- Haematology
- Infectious Diseases
- Medical Oncology
- Nephrology
- Neurosurgeon
- Obstetrics
- Ophthalmology
- Orthopaedics
- Palliative Care
- Paediatrics
- Plastic and Reconstructive Surgery
- Radiation Oncology
- Rehabilitation Medicine
- Respiratory and Sleep
- Urology

Clinical Support Services

- Acute Mental Health (Latrobe Regional Health)
- Breast screening (BreastScreen Victoria)
- Infection Prevention and Control
- Pathology (Monash Health Pathology)
- Pharmacy
- Radiology and ultrasonography (Imaging Associates)

Volunteer Programs

- Administration volunteers
- Advisory Committees: Aged Care Advisory Committee, Community Advisory Committee, Consumer Health Information Committee and First Peoples Advisory Committee
- Concierge and wayfinding
- Fundraising Auxiliaries: BCH Inverloch Art Show Auxiliary, BCH Ladies Auxiliary, BCH San Remo Opportunity Shop Auxiliary, Inverloch Fundraising Auxiliary and Phillip Island Health Hub Auxiliary
- Gardening
- Residential aged care, visiting Griffiths Point Lodge and Kirrak House
- Social Support Activity Groups
- Volunteer Transport
- Ward visiting at Armitage House and Theatre

Chief Executive and Chair Report

A New Era Upon Us

This financial year ended on the eve of an exciting and ambitious new chapter in the history of public healthcare in Victoria with Local Health Service Networks coming into effect from 1 July 2025.

Bass Coast Health (BCH) will join with our neighbours, Gippsland Southern Health Service and Kooweerup Regional Health Service, as well as Alfred Health, Peninsula Health and Calvary Health Care Bethlehem, under the banner of the Bayside Local Health Service Network. The network will consolidate and strengthen established clinical pathways to Alfred Health and Peninsula Health, while supporting care closer to home through enhanced access to services and specialists.

In order to maximise the potential benefits of the network, from 1 January 2026 we will be taking this partnership one step further as these health services – with the exception of Calvary – voluntarily amalgamate to become Bayside Health. The creation of Bayside Health will unlock efficiencies and improve care and health equity for the betterment of the 1.2 million people that our combined health services will care for, as well as creating opportunities for our staff to advance their professional development and careers.

Year Under Review

BCH enters the Bayside Health umbrella in great shape, having been named the Premier's Medium Sized Health Service for 2024. Our residential aged care services have attracted four and five star ratings, and we further expanded services and infrastructure investments, including the phased opening of our new Community Hospital in Cowes. Other highlights include launching our Paediatric and Neonatal Outpatient Rapid Access Clinic, enhancing services for First Peoples, increasing general surgery and gynaecological clinics, introducing dedicated stroke rehabilitation beds and reinstating certain Paediatric services. Cumulatively these initiatives enabled BCH to provide more care to more patients closer to home, safely.

The provision and expansion of high quality care to our community would not be possible without the dedicated and tireless efforts of our talented staff, the generosity of our volunteers and benefactors, and the ongoing commitment of our engaged partners. Clinical partnerships have been the keystone to meeting the increasing healthcare needs of our community, enabling BCH to build local capability and expand the range of services delivered locally.

Significant work has already been done throughout this financial year to bring the new network together, while progressing the formation of the new health service, however there will be much more work to be completed over time. The voluntary amalgamation will be a multi-year, fluid process that will create much change in public healthcare for the better.

On a more local level, we were delighted to open our new Phillip Island Community Hospital in June. The hospital's location, next to our Phillip Island Health Hub in Cowes, marks a new chapter in the provision of public healthcare. Working with the Victorian Health Building Authority, Department of Health and the Victorian State Government, stage one delivered an expanded Urgent Care Centre and pathology in time for the school holidays. Work continues at pace, with radiology services introduced in July. We look forward to delivering the second stage that will feature a public dental service, chemotherapy/dialysis and operating theatres, during the new financial year.

The hospital has long been anticipated by the Island community, and involved significant input from our community partners and generous supporters. One of our partners, the Rotary Club of Phillip Island and San Remo, pledged to raise $100,000 over five years to fund the construction of the Rotary Rehabilitation Garden in a light-filled courtyard on-site. The garden is now open and enables our Allied Health staff to work with patients on their physical and mental rehabilitation following surgery, injury or illness, as the garden replicates settings patients will experience in their daily lives. BCH is grateful to Rotary for its vision and support to help this project become a reality.

A highlight of 2024 was BCH being named the Premier's Medium Health Service of the Year at the Victorian Public Healthcare Awards. The judges noted that while we provide quality care to our community, what set us apart were our strong community partnerships. Our desire to involve our community in our activities, to work with them to expand our services and to bring them along the journey to achieving our service growth aspirations, also earned the judges' plaudits.

Our partnerships are vital, and there is no doubt we could not have achieved what we have if we didn't enjoy the exceptional collaboration and support that we do. The award acknowledged:

- how we enhanced quality and safety, and reduced risks to patients through patient-centred care initiatives.
- that we strengthened the capacity of individuals, families and communities through effective prevention and health promotion.
- how our excellent care was recognised via external accreditation reviews during the last 12–18 months.
- how our staff demonstrated their versatility in response to the major storms, outages, and multiple infrastructure and system upgrades.
- that we improved the work environment, grew our staff, and maintained a culture where our WE CARE values guide us.

As our services continue to grow, so does our need for additional staff and housing to accommodate them. That's why we were excited to receive $5 million in State funding to construct a Staff Accommodation Facility. Located to the west of Kirrak House at Wonthaggi Hospital, this facility will provide contemporary, hotel-style accommodation for health workers and their families. This will provide a supportive, convenient and social environment for our staff and make BCH an even more attractive place to work.

Continuing the theme of change, we farewelled Jan Child as CEO in October 2024 after eight years of dedicated service. Jan was instrumental in driving growth in services, enhancing clinical pathways and partnerships, and significant infrastructure development, confirming BCH's role as a sub-regional health service. Jan's tenure spanned the outbreak of COVID-19, where BCH supported the community with testing centres, and reconfigured the hospital into 'hot' and 'cold' areas to safely support all patients and staff. Major infrastructure milestones included the redevelopment of Wonthaggi Hospital, establishing the original Urgent Care Centre at Cowes, the building of the L. Rigby Cancer Centre at Wonthaggi and the initiation of the Phillip Island Community Hospital.

Following Jan's departure, we were pleased to welcome Professor Simone Alexander as interim CEO in December 2024. Simone has brought to the role a wealth of experience as a senior executive in a metropolitan hospital environment, predominately Alfred Health (AH). Simone combines her new role with her substantive position as Deputy CEO of AH, and is illustrative of the positive working partnership between AH and BCH. With Simone at the helm, BCH was in an excellent position to join the Bayside Local Health Service Network and health service voluntary amalgamation. Since joining BCH, Simone has enhanced a number of processes, strengthened clinical pathways, actively engaged with our community, and overseen the completion of stage one of the Phillip Island Community Hospital and the launch of our first Reflect Reconciliation Action Plan (RAP).

We took a major step towards enhancing health outcomes for our First Peoples community by launching our first Reflect RAP during National Reconciliation Week in May. This plan specifies the actions we will take to ensure we provide culturally safe and appropriate healthcare to our First Peoples community, with the aim of achieving better health outcomes. Across Australia, health is an area of significant disadvantage for First Peoples, yet good health is vital to them enjoying their lives to the fullest. We have already acted to enhance our level of care to First Peoples, such as through the formation of our First Peoples Advisory Committee and an Aboriginal representative joining our Community Advisory Committee, which reports to the Board.

A particular focus has been developing and embedding whole of hospital systems and processes to facilitate timely, quality care to patients from their point of entry to their discharge. This, combined with prioritising staff and patient experience, has built a strong foundation from which we continue to improve care for our community.

BCH is committed to expanding the range of services we offer to our community, closer to their homes and above all, providing the highest level of care possible. This philosophy has inspired our many achievements this year, as summarised below:

Safety and Quality

We delivered safe, high quality, person-centred care by:

- maintaining accreditation under the National Safety & Quality in Health Service Standards following an assessment by the Australian Commission on Safety and Quality in Healthcare.
- re-accreditation of our two residential aged care facilities, Griffiths Point Lodge and Kirrak House, during the three-yearly review by the Aged Care Quality and Safety Commission.
- maintaining accreditation for our Aged Care Community programs, such as Home Care Packages, under the Aged Care Quality and Safety Commission.
- re-accreditation of our Family Day Care program under the Australian Children's Education & Care Quality Authority National Quality Framework.
- maintaining accreditation for our Integrated Family Services, Sexual Assault Support Service and Family Violence program under the Social Service Regulations.
- meeting the requirements of the Child Safe Standards.
- satisfying the requirements of the National Disability Insurance Scheme (NDIS) Practice Standards and Quality Indicators, receiving continued certification from the NDIS Commission.
- maintaining accreditation of the pre-vocational intern and post-graduate year 2 (PGY2) medical training conducted by the Postgraduate Medical Council of Victoria (PMCV).
- achieving accreditation of the Bass Coast Health Anaesthetic Department to have rotation of Anaesthetists and Medical Registrars for the Anaesthetic Component of Intensive Care Training.
- achieving accreditation for Australian College of Rural and Remote Medicine (ACRRM) core generalist training and advanced training via Wonthaggi Hospital Emergency Department.
- achieving accreditation for the Royal Australian College of General Practitioners (RACGP) special skills post at Wonthaggi Hospital Emergency Department.
- partnering with our tertiary hospital networks to establish a rotating surgical registrar roster for 2025, and ongoing Hospital Medical Officer (HMO) and registrar (e.g. Geriatric) rotational agreements (Monash, Austin, Alfred) for 2026.

- collaborating with Safer Care Victoria (SCV) to improve safety by:
  - participating in the SCV Safer Together Program
  - participating in the Improving Care for the Older Person at Risk of Delirium (ICORD) project
  - participating in the Reducing Line Infections project
  - participating in the Timely Emergency Care 2 (TEC2) project
  - seeking advice on processes to meet the Statutory Duty of Candour and Serious Adverse Patient Safety Event requirements.
- ensuring BCH has trained Consumer Advocates in Serious Adverse Event reviews.
- maintaining five-star ratings for Kirrak House and Griffiths Point Lodge.
- transitioning Specialist Outpatient Clinics from Mastercare to iPM to ensure efficient referrals, timely access to care and consistent communication for patients and referrers.
- Electronic Medical Record (EMR) enhancements to reduce the risk of hybrid medical records.
- major review of all Emergency Codes and introduction of Code Pink – Obstetric Emergency and Code Blue – Paediatric.
- undertaking a major Clinical Governance review of Maternity Services to ensure BCH is providing high quality maternity services and to position the health service in preparation for uplifting capability.
- transitioning to a new radiology provider, Imaging Associates, and providing service enhancements to the Bass Coast community.
- meeting the Department of Health state-wide standards of the Maternal and Child Health service.
- satisfying the Department of Families, Fairness and Housing (DFFH) state-wide standards of the Supported Playgroup program.
- meeting the Department of Education state-wide standards of the Best Start and School Focused Youth Service programs.
- satisfying the Department of Health state-wide standards of the Alcohol and Other Drugs service.
- meeting the Dental Health Services Victoria standards of the Dental Service, Smiles for Miles and Smile Squad programs.
- creating a training simulation room within the Emergency Department available for hospital-wide use for life-like scenario teaching and training.
- two Senior Emergency Department nursing staff members becoming credentialled Advanced Paediatric Life Support (APLS) Instructors. APLS instructors are qualified to provide Paediatric Resuscitation teaching for clinicians at BCH.
- implementing the 'Inclusivity in the ED – Disability Safe Environment Action Plan', a strategic, compassionate and forward-looking initiative designed to transform the experience of care for individuals with disabilities in our Emergency Department.
- partnering with Aspect, a national leader in autism support, to complete a full environmental assessment of the Emergency Department with recommendations to be implemented.

Service Growth and Development

We grew service capacity and capability, improving access to meet local and sub-regional needs by:

- launching our Paediatric and Neonatal Outpatient Rapid Access Clinic to provide specialised follow-up care for our youngest patients. This new service supports children and newborns recently seen in our Emergency Department, Urgent Care Centre or Maternity Services, offering a seamless transition from acute care to continued support.
- establishing a new multi-disciplinary pre-admission clinic for upper and lower limb orthopaedic surgery patients. This means they can see nursing, anaesthetics and allied health on the same day, rather than making repeat visits, helping to set their expectations for recovery after surgery and reducing the length of their stay by identifying issues before surgery.
- implementing Elective Surgery Information System (ESIS) reporting to the Victorian Department of Health. ESIS is a vital system that tracks elective surgery waiting lists, ensuring accurate reporting and better resource allocation across Victoria's public hospitals. The adoption of ESIS allows BCH to streamline elective surgery management, ensuring patients receive timely and well coordinated care.
- expanding our services to First Peoples' patients to help ensure they receive culturally-appropriate care that meets their health needs by introducing Aboriginal Health Nurses. They help to provide Aboriginal Health Assessments, and coordinate Aboriginal and Torres Strait Islander care.
- initiating dedicated stroke rehabilitation beds in Armitage House to enhance the care we provide to stroke patients.
- increasing our general surgery and gynaecological clinics.
- introducing sleep studies and respiratory specialist outpatient clinics, and additional nephrology, infectious diseases and neurological services.
- implementing the iPM waitlist patient management system.
- introducing a new referral management system for our Access referral management team – a contemporary system that streamlines the management of external referrals.
- expanding our infusion service within our Better@Home team to include iron infusions.
- growing our clinical trials service. We implemented the Teletrial model of trial delivery, increased the capacity of our Clinical Trials and Research Unit by adding the Research Unit Manager and Clinical Trial Coordinator roles, and developed and implemented an induction program and manual, and staff competency framework. Our partnership with TrialHub continues to support the growth of our clinical trials program.
- reinstating our Paediatric Occupational Therapy service.

People

We enhanced our workforce and developed our skillset by:

- applauding long-serving staff at the BCH Annual General Meeting. BCH celebrated 41 staff who had served between 10 and 35 years, with special mention made of Maree McFarlane for serving 35 years, Glenda Edwards for 30 years and Darryl Lewis for 25 years. In total, 580 years of service were acknowledged.
- successfully piloting multi-disciplinary Career Drop-In Sessions, creating accessible opportunities for staff to explore career pathways and professional development options.
- designing and implementing a locally tailored MS Excel training program in response to longstanding Training Needs Analysis (TNA) findings. More than 25 staff have participated to date.

- expanding our Pathway to Practice Program, with enrolments now to 11, with the inclusion of the first Midwifery participants, reflecting a broadened scope and interest across disciplines.
- securing three positions in the highly competitive Paediatric Infant Perinatal Emergency Retrieval (PIPER) outreach program. Participating staff attended four intensive study days at leading tertiary health services.
- continuing expansion of our student, RUSON/M (Registered Undergraduate Students of Nursing/Midwifery), Graduate and Postgraduate programs, further embedding the 'grow your own' model across the organisation.
- growing our Blended Campus: 42 students are now enrolled at the BCH and Federation University Blended Campus, with the inaugural cohort on track to graduate with a Bachelor of Nursing at the end of 2025.
- achieving a 100 per cent graduate match rate to available positions in the first round of Postgraduate Medical Council of Victoria (PMCV) – marking a significant milestone for BCH.
- reaching full recruitment for our 2025 Allied Health Graduate Programs.
- almost fully recruiting to our nursing workforce.
- implementing clinical school placements where undergraduate Physiotherapy students complete three consecutive clinical placements at BCH.
- launching the Pathway to Leadership pilot program, with more than 50 staff attending. This initiative is the foundation for a broader, local leadership development strategy.
- strengthening our partnership with Australian Catholic University, with the second cohort of Pathway to Practice participants currently enrolled in a postgraduate certificate-level unit in Advanced Nursing.
- establishing the Workforce Skills, Capability and Mobility committee meetings across support services and corporate teams, ensuring staff learning and training needs are systematically identified and addressed.
- facilitating organisation orientation to 37 new staff onboarded through our international recruitment campaign. They came from such countries as United Arab Emirates, United Kingdom, India and Kuwait.
- members of the Learning and Development (L&D) team being invited to present at local, state and national professional conferences, showcasing BCH initiatives and innovation.
- L&D continuing to enhance local engagement through expanded work experience and structured workplace learning programs. Highlights include career immersion sessions for 30 local Year 10 students, featuring hands-on simulations in maternity, nursing and occupational therapy. These programs received exceptional feedback from schools and participants.
- BCH Pharmacist Anne Gleeson completing an Australian-first clinical trial pharmacy training program at the Alfred Hospital, including practical and theoretical learning.
- developing our inaugural Aboriginal Employment Plan.
- achieving a 75 per cent engagement score in the annual People Matter survey and making improvements to the following areas based on responses to this survey: management and leadership, workload, pride in organisation, and training for new and existing staff.
- continuing to implement BCH's Workforce and Recruitment Strategies, with vacancies almost halved compared with this time last year.
- continuing to build partnerships with local disability employment organisations.
- conducting forums with BCH staff and community members, which confirmed unanimous support for consolidation/amalgamation with Bayside Local Health Service Network.

- introducing a new contemporary Allied Health staff model, benefiting staff through more opportunities for career progression, greater leadership, more equivalent full-time staffing and higher job satisfaction, and benefiting patients through more focused care.

Partnerships and Collaboration

We have developed close partnerships dedicated to shared outcomes and inclusiveness by:

- working with Gippsland Southern Health Service, South Gippsland Hospital and Kooweerup Regional Health Service on a series of workforce support initiatives following the successful Partnering for Innovative Workforce Solutions Conference at Inverloch in May 2024, which discussed workforce challenges in healthcare. Initiatives included Leadership, Psychological Safety, Occupational Violence and Aggression Train the Trainer, Advanced Paediatric Resuscitation, Dementia Care, Change Management, Diversity and Inclusion, and FIM Facility Training.
- being an active member of the Bass Coast Reconciliation Network, helping to organise and run events for Sorry Day, National Reconciliation Week and NAIDOC Week.
- partnering on the development of a Bass Coast Gathering Place – Yananhat Gathering Place Partnership Group.
- appointing Aunty Professor Doseena Fergie as our Elder-In-Residence.
- being a part of the Gippsland Health Service Partnership.
- welcoming three new members to our Community Advisory Committee.
- South Coast Prevention Team partnering with local secondary schools to deliver the Vaping Prevention Challenge in Secondary Schools Initiative.
- working with our Community Advisory Committee, Consumer Associates and Consumer Consultants to obtain consumer input to improve our services, including the development of a new community engagement program bringing key community leaders into the health service regularly, led by one of the Consumer Associates.
- the BCH Ladies Auxiliary raising funds by holding a fun-filled fete that also showcased the creative talents of our local vendors.
- the 37th Inverloch Art Show exhibiting a record 480 entries over the Easter weekend, raising funds for our food box program for vulnerable children, families and community members to ensure they do not go hungry.
- the Phillip Island Health Hub Auxiliary holding a successful race day at Woolamai.
- welcoming the Rotary Club of Inverloch's funding of $15,000 for artists Amanda Watts and Raewyn Petracca to paint a bright, colourful and captivating mural in the courtyard of Kodowlinun acute ward. The mural is entitled "Manna Gum Retreat".
- introducing the recycling program, Medsalv, into our Surgical Suite for staff to collect surgical items which are cleaned by the recycling company, Medsalv, and sold to health services to reuse at a significantly discounted rate. The project was driven by Clinical Nurse Specialist Jessica Kitson to reduce our waste and carbon emissions. Theatre staff also recycle plastic caps from medication containers. These are transformed into artworks by Reverse Art Truck and pens by Recycled Pen Art.
- launching two shade sails on the veranda at the L. Rigby Centre, thanks to the fabulous fundraising of patient, Cheryl Wilson. Cheryl has been receiving treatment for breast cancer at BCH, and still managed to rally her family and supporters to raise $13,600 for the shade sails that will provide shade to patients seeking fresh air during their treatment.

- recognising our fabulous volunteers at our annual Volunteer Celebration during National Volunteer Week, including service award recipients: five years, Graeme Bright, Toni Cornelius, Alison Dixon, Amanda Drennan, Joan Gaunt, Terry Hall, Ross Kelly, Alan Pittard, David Scrase and Grant Wadeson; 10 years, Marie Mills; 20 years, Barbara Culph; and 25 years, Candy Pile.
- continuing our amazing transport volunteering service to the community where our volunteer transport team of 35 drivers averaged 150 drives per month.
- providing 312 hours welcoming consumers and 1,248 hours helping consumers find their way around the hospital through our concierge and wayfinding volunteers.
- providing 640 hours of support through our administration volunteers.
- providing 780 hours of support, care and refreshments to theatre patients through our theatre volunteers.
- spending 540 hours collecting consumers from their homes and bringing them to BCH to engage with others and to participate in activities. This program also runs off-site at cafes, lunches and trips to the library.
- introducing a new Aged Care Advisory Committee.
- implementing a National Disability Insurance Scheme (NDIS) check for volunteers in aged care.
- extending the Code of Conduct for Aged Care into our broader aged care volunteer services.
- aged care volunteers spending 400 hours helping at Kirrak House and 1,144 hours volunteering at Griffiths Point Lodge residential aged care homes.
- welcoming a Volunteer Coordinator to the team.
- expanding volunteer training to auxiliary members.
- commencing a volunteer wayfinding service at the Phillip Island Community Hospital.
- starting a Philanthropy Operations Committee.
- welcoming the Phillip Island Community Consultative Committee's direct input into service planning and detailed design of the Phillip Island Community Hospital, and community members' contribution to the design and planning of the Phillip Island Urgent Care Centre. Input from the Phillip Island Health and Medical Action Group ensured the voice of Islanders was considered in all aspects of service development.
- embracing the expertise of the First Peoples Advisory Committee in informing our key initiatives and activities.
- our CEO visiting community groups to consult on proposed changes to Victorian health services, namely the development of Local Health Service Networks. The presentation included an opportunity for the community to ask questions and provide feedback to the health service.
- valuing the input of the BCH Consumer Health Information Committee in ensuring information produced by BCH is written and presented in an understandable format that meets health literacy principles and related BCH policies.

Financial Health

We have demonstrated strong financial governance, viability and sustainability by:

- expanding our operating base revenue from $55 million in 2015–16 to $170 million in 2024–25, enabling broader access to healthcare services for our community.
- exceeding activity targets, with continued investment in our workforce programs, operational footprint and clinical equipment.

- maintaining a strong focus on financial reporting and forecasting to navigate an increasingly complex operating environment.
- responding proactively to internal and external audits, resulting in strengthened financial controls and compliance.
- appointing a new external radiology provider to enhance diagnostic service delivery.
- completing competitive tender processes associated with the Staff Accommodation Facility at Wonthaggi Hospital, with design and construction now underway.
- undertaking multiple sourcing activities for furniture, fittings and equipment to support the commissioning of the Phillip Island Community Hospital.
- being selected as a participating health service in the Victorian Auditor-General's audit of HealthShare Victoria's state-wide purchasing agreements and achieving full compliance with HealthShare Victoria's purchasing policies.
- leveraging financial and business data to better understand and manage cost pressures and cash flow challenges throughout the year.
- working closely with the Department of Health, whose ongoing support has been instrumental in achieving our financial health objectives.
- managing $6.4 million in capital investment to support:
  - procurement of medical and ICT equipment for the Phillip Island Community Hospital
  - infrastructure and equipment upgrades
  - refurbishment of Warworn Ward at Wonthaggi Hospital.
- contributing to the investment logic, business case and feasibility study for the Wonthaggi Hospital Stage 2 Expansion.
- receiving $1.2 million in donations, supporting vital equipment and service enhancements, including:
  - $921,000 anonymous donation for medical imaging equipment at Phillip Island Community Hospital
  - $20,000 from Rotary Club of Phillip Island and San Remo for the Rehabilitation Garden (part of a five-year commitment of $100,000)
  - $5,000 from the Cowes Cancer Support Group towards equipment at Phillip Island Community Hospital
  - $3,000 from Gracie Tan for equipment at Wonthaggi Hospital and Phillip Island Community Hospital
  - $31,000 for theatre camera and accessories (M. Stirton, M. Turton, A. Adams)
  - $8,000 for diagnostic devices (R. Bott, L. McMahon, Miners' Dispensary)
  - $20,000 from Wonthaggi Workmen's Club for Warworn Ward equipment
  - $202,000 in general donations, including a significant bequest supporting the equipment replacement program.

- our dedicated Auxiliaries raising $236,000, enabling critical service improvements:
  - San Remo Opportunity Shop: $190,000 for hospital beds, CTG machines, stroke rehabilitation equipment and portable ECG
  - BCH Ladies Auxiliary: $9,000 for palliative care syringe drivers and $1,200 for the RIPER (Recreational Inpatient Programs Enriching Recovery) Occupational Therapy program
  - Phillip Island Health Hub Auxiliary: $31,000 for anaesthetic machine upgrades
  - Inverloch Fundraising Auxiliary: $4,750 for a new hospital bed in the L. Rigby Centre
  - Inverloch Art Show Auxiliary: raising funds for our food box program.

While we are proud of our achievements on behalf of our community during the past 12 months, we must acknowledge the close partnerships with individuals and organisations that have underpinned our successes. We wish to recognise and thank:

- our Federal, State, and Local governments.
- the Victorian Department of Health.
- the Commonwealth Department of Health.
- the Victorian Health Building Authority.
- our local State member.
- other Federal and State representatives.
- our metropolitan health service colleagues, in particular Alfred Health and Monash Health.
- our regional and sub-regional health service colleagues, especially South Gippsland Hospital, Gippsland Southern Health Service, Kooweerup Regional Health Service, Latrobe Regional Health and the Gippsland Region Public Health Unit.
- Ambulance Victoria.
- Victoria Police.
- our valuable community organisations, including Rotary, Men's Sheds, Freemasons and Lions.
- local businesses.
- the local media.
- members of our community.

We're fortunate to receive significant donations from individuals and organisations. These enable us to deliver a greater range of quality care. Their fundraising has benefited our services by permitting us to buy new equipment. Every donation, regardless of size, goes towards enhancing the sub-regional public health service of the Bass Coast and South Gippsland region. Thank you to each and every one of our donors.

Leading the way in raising funds for BCH are the community-minded members of our volunteer Auxiliaries. Through raffles and holding events, often with the support of local communities and businesses, these Auxiliaries have raised funds for new equipment that benefits our patients. Thank you to the Phillip Island Health Hub Auxiliary, the San Remo Opportunity Shop Auxiliary, the Bass Coast Health Ladies Auxiliary, the Inverloch Art Show Auxiliary and the Inverloch Fundraising Auxiliary. Your willingness to help and your passion for community service are truly remarkable. We truly appreciate all that you do for BCH.

As a health service with strong links to our community, we are blessed to receive the support of 134 active volunteers to provide services. They assist us in a variety of ways, such as Transport Driving; Ward, Theatre and Aged Care visiting; and Administration, Gardening, Wayfinding and Concierge. They also serve on our First Peoples Advisory Committee and Consumer Advisory Committees, offering community input into the decisions we make on our community's behalf.

A special note of thanks to our Community Advisory Committee and our Consumer Associates whose insight has made us even more consumer-focused. Their valuable perspectives and connections have strengthened the quality of our services and extended BCH's reach into the community. We'd also like to acknowledge Community Advisory Committee Chair Mim Kershaw for her leadership and guidance of this pivotal committee.

Finally, we recognise the insight of our patients, clients, residents and families who are the people we ultimately service. It's because of your feedback – complimentary and critical – that we're able to know what is working well and what we can do better. We wish to ensure that as your public health service, we're delivering the care you need in the way you would like us to. Thank you for being our valued partners in our community's care.

Looking to the Future

The public healthcare outlook for the Bass Coast region is strong with the voluntary amalgamation expected to drive better health outcomes for our community. Locally we will continue to focus on the provision of high quality, person-centred care.

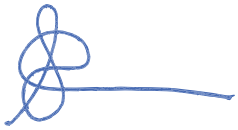
We will continue to expand our services through stronger partnerships that will deliver smoother pathways of care, and greater equity and access to specialist medical care.

The next 12 months will be full of significant change that, in years to come, will lead to significant benefit for our community. The name 'Bass Coast Health' will enter the pages of the history books as our Wonthaggi, San Remo and Cowes sites become part of a new health service stretching from South Gippsland and Bass Coast, to the Mornington Peninsula and Bayside inner Melbourne. This new health service will be known as Bayside Health. Our site names – Wonthaggi Hospital, Phillip Island Community Hospital and San Remo Community Health – and the names of our residential aged care facilities – Kirrak House and Griffiths Point Lodge – will remain. We eagerly look forward to continuing to build our place within this health service that will retain the same purpose for which BCH operates today: to deliver more care to our community, closer to home.

We will continue to work with the Victorian Health Building Authority to progress the Master Plan, Feasibility Study and Business Case for Stage Two of the Wonthaggi Hospital Expansion, and eagerly await the opening of our Staff Accommodation Facility.

While our name will change, our community-minded spirit and desire to serve will remain.

Ian Thompson,
Chair, Board of Directors
Bass Coast Health
28 August 2025



Simone Alexander,
Interim Chief Executive Officer
Bass Coast Health
28 August 2025

BCH Corporate Governance

Board of Directors

The Board of Directors (the 'Board') of BCH is accountable to the Minister for Health and Ambulance Services ('the Minister') for its performance. The role of the Board is to steer the entity on behalf of the Minister in accordance with government policy. This governance role broadly involves strategic leadership of the organisation, monitoring performance against agreed objectives and ensuring accountability and compliance.

Functions of the Board include:

- developing a statement of priorities and strategic plan for the operation of BCH and monitoring its compliance.
- developing financial and business plans, strategies and budgets to ensure accountable and efficient provision of health services and long-term financial viability of BCH.
- establishing and maintaining effective systems to ensure that BCH meets the needs of the community, ensuring the views of users and providers of health services are considered.
- monitoring the performance of BCH.

Ian Thompson | Board Chair

B. Bus. (Accounting), Grad. Dip. (Corp. Finance), C.P.A., GAICD

Ian is a risk professional with more than 30 years' experience in financial markets, having worked in various credit, economic, quality, risk management and governance roles here in Australia and in the UK. Ian spent the bulk of his career with leading global credit rating agency, Standard & Poor's Rating Services, most recently as a Senior Managing Director and Global Chief Credit Officer. Ian has been a director or independent member of the Finance, Audit and Risk committees of a number of 'for purpose' organisations. Ian joined the BCH Board in July 2016 and chaired the Finance, Audit and Risk Committee until October 2022. Ian was the Deputy Board Chair until October 2022 and commenced as Board Chair in November 2022. He is a member of the Finance, Audit and Risk Committee, Quality and Clinical Governance Committee and Remuneration Committee.

Julia Oxley | Deputy Chair

MBusMktg, BA, GAICD, WCLP2023

Julia Oxley is an experienced public sector board director, executive and leader spanning 15 years in Victorian health, emergency services, water and local government. With deep operations, business management and marketing expertise, Julia has worked in a range of industries over four decades. Passionate about people, performance and the community since 2019, Julia has worked at Monash Health as General Manager Community Health where she has brought about purposeful change, improved operational and financial performance, positive patient outcomes and enhanced employee engagement. Julia rejoined the board in July 2024 and was appointed Deputy Chair in August. She was a previous Bass Coast Health board director from 2019 to 2022. Julia is a member of the Finance, Audit and Risk Committee, Community Advisory Committee and the Remuneration Committee. A part-time resident of Phillip Island, Julia is committed to improving the health and wellbeing of people and communities in the region.

Kate Jungwirth

LLB, B.Com (Accounting), Grad. Dip. (Intellectual Property Law), Advanced Diploma (Mechanical Engineering)

Kate is an experienced legal practitioner who was appointed to the Bass Coast Health Board in July 2017. Kate has significant expertise in the health, aged care and disability sectors, having acted as legal counsel for Victorian public health services, not-for-profit disability service providers and an aged care service provider. Kate also has experience advising on commercial contracting, tendering and procurement, legislative and regulatory compliance, business acquisitions, sale of assets, intellectual property, privacy and freedom of information matters. Kate is currently Senior Legal Counsel at Scope and is a member of the Finance, Audit and Risk Committee.

Simon Jemmett (until 30 June 2025)

BHSc, Grad. Cert. Mgt, Dip. Proj. Mgt, MAICD

Simon has more than 30 years in health, initially working in the public and private hospital systems before moving to Ambulance Victoria. Simon has an intensive care paramedic background and substantial experience across both the metropolitan and rural health sectors in clinical and operational management, education, audit and clinical governance. Simon was the Regional Director Gippsland for Ambulance Victoria for four years, led some of Ambulance Victoria's transformative IT projects and was formerly on the Governance Committee for the Emergency Care Clinical Network. Simon joined the BCH Board in July 2017, is the Chair of the Quality and Clinical Governance Committee, and is also a member of the Finance, Audit and Risk Committee and the Remuneration Committee.

Ian Leong

Bach Bldg (QS) (Hons), Grad. Dip. Comp Sc., MBA, GAICD

Ian has more than 45 years' experience in the building, health and consulting industries, having worked in both government and private sectors. Initially, Ian has significant experience as a property/building consultant, but more recently has managed his own general consultancy firm, providing advice to private and government clients. Ian has been a senior executive at a number of major metropolitan health services, with responsibilities for capital redevelopment, future strategy/health service delivery, patient experience and commercial/support services. Ian joined the BCH Board in August 2018 and is a member of the Finance, Audit and Risk Committee and the Community Advisory Committee.

Angelo Saridis

Angelo is an experienced executive having held executive roles over the past 10 years in Local and State Government, public transport and utilities industries. Angelo brings contemporary skills in technology driven business transformation and innovation, having led organisational transformation programs and sector-wide reform programs across different industries and sectors. Angelo has significant governance experience both as an executive supporting board governance functions and also as a former member of the Ministerial Advisory Committee for Mine Rehabilitation. He is highly involved in the Gippsland innovation ecosystem having founded startups and provided mentoring support to startup founders throughout Gippsland. He lives locally and has a real passion for the Gippsland region. Angelo is the Chair of the Finance, Audit and Risk Committee.

Liz Camilleri

Bachelor of Business (Accountancy), Fellow CPA, GAICD

Liz is a seasoned finance professional with more than 30 years of experience in healthcare. Liz joined the Board of Bass Coast Health in July 2022. She is also a Board Director and Chair of the Finance Committee at Uniting AgeWell, and a Board Director and Chair of the Audit and Risk Committee at Box Hill Institute. Liz enjoyed a number of roles during her 30-year-plus career at Epworth HealthCare, from managing Payroll, Hospitality Services and the Greenfield start-up of the Epworth Eastern hospital, to her last Executive role as Executive Director Finance and Commercial Services (CFO). Her portfolio accountabilities included Finance, Payroll, Procurement and Supply, Facilities and Redevelopment, ITC, Internal Audit, Business Analytics, Corporate Governance and Risk, Health Contracts, Billing and Medical Records. Co-sponsoring Epworth's Diversity and Inclusion strategy was another highlight of her career. Liz has been a part-time resident of Phillip Island for more than 20 years. Liz is a member of the Finance, Audit and Risk Committee.

Mary Sayers

BA, Grad. Dip. HR, Master of Commerce (Research), Graduate Australian Institute of Company Directors (GAICD)

Mary Sayers is CEO of the National Disability Research Partnership. Mary brings a wealth of experience in policy, research, advocacy and service delivery across the public and community sectors. Mary has personal and family experience of disability. Mary was previously CEO of Children and Young People with Disability Australia and Board Director of the Australian Council of Social Services. She is a current Board Director of Gippsland Primary Health Network. Mary joined the Bass Coast Health Board in July 2024 and is a member of the Quality and Clinical Governance Committee and Remuneration Committee.

Nicky Chung (until 18 October 2024)

MBA, BA(Psych), CPHR

Nicky Chung has more than 20 years of experience in people, safety and culture. She is a graduate with a Bachelor of Arts in Psychology and is a Certified Practitioner in Human Resources. Nicky completed the Senior Executive MBA program at Melbourne Business School, graduating in 2022 and currently serves as the CEO for the Australian Vietnamese Women's Association. Nicky joined the board in July 2022 and is a proud, active member of the Bass Coast community. She is on the board of South Coast FM and has been involved with Rotary since 2014. Nicky was appointed Deputy Chair in October 2023 and served on a number of BCH Committees.

Harvey Newnham (until 12 November 2024)

MBBS, FRACP, PhD, GAICD, AICGG

Harvey is an Endocrinologist and General Physician with extensive clinical leadership and board experience in the acute health sector. Harvey is on the board of the Western Health service and also chairs the board of Health Education Australia Limited (HEAL) which encompasses the Australasian Institute of Clinical Governance (AICG). Harvey was previously a board member of the Royal Melbourne Hospital and Better Care Victoria. Harvey continues to work clinically at Alfred Health, where he previously held senior clinical leadership positions.

Harvey is experienced in organisational and unit review at Health Department, Hospital and Clinical Unit level. Harvey's main interests are to improve the safety, quality and value proposition of acute care with particular emphasis on internal audit of clinical services, consumer engagement and interdisciplinary teamwork. Harvey is an Adjunct Clinical Professor with Monash University and a senior member of the National Examining Panel of the RACP. Harvey was a member of the Finance, Audit and Risk Committee and the Quality and Clinical Governance Committee.

John Nevins | Independent Member (until 19 July 2024)

Bach. (Economics), Grad. Dip. (Public Policy), MAICD

John was an Independent Member of the BCH Finance Audit and Risk Committee.

John has worked in Local Government, Public Transport and the Victorian Public Service. His previous roles include being a long-term Chief Executive Officer, General Manager Corporate Services, Chief Financial Officer, Internal Auditor and Economist. John resigned as an Independent Member on the FAR Committee on 19 July 2024.

Professor Georgia Soldatos | Independent Member (began 27 February 2025)

MBBS, FRACP, PhD, GAICD

Professor Georgia Soldatos is an Independent Member of the BCH Quality and Clinical Governance Committee.

Prof Soldatos is a passionate clinician, researcher and healthcare leader. With a strong background in diabetes care, metabolic medicine and healthcare improvement, she has played a pivotal role in advancing patient-centred care across Victoria.

Prof Soldatos completed her MBBS in 1997 at Monash University where she worked as a junior doctor before pursuing advanced training in Endocrinology, including a PhD.

In addition to ongoing significant contribution to inpatient and outpatient clinical care delivery at Monash Health, Prof Soldatos has held key leadership positions, including Program Director for Acute, Sub-Acute and Community Services, and most recently was the Program Director for Medicine. Georgia has worked as a National Clinical Advisor for AHPRA, a Senior Medical Advisor for the Victorian Department of Health and is a recent graduate of the Australian Institute of Company Directors (GAICD).

Beyond her clinical and research contributions, Prof Soldatos is involved in education, PhD supervision and training. She holds an Adjunct Professorship at the School of Clinical Sciences, Faculty of Medicine, Nursing and Health Sciences and an Adjunct Clinical Professorship at the School of Public Health and Preventative Medicine at Monash University.

Prof Soldatos is Chief Medical Officer at Monash Health and an active Clinical Endocrinologist.

Board Committees

Finance, Audit and Risk Committee

Chairperson: Angelo Saridis

Deputy Chair: Liz Camilleri

The Finance, Audit and Risk Committee is a sub-committee of the Board responsible for oversight, advice and recommendations to the Board regarding:

- financial management, including asset management.
- risk management, including compliance management.
- internal and external audit.

Independent Member: John Nevins (resigned on 19 July 2024)

Quality and Clinical Governance Committee

Chairperson: Harvey Newnham (until 12 November 2024), Simon Jemmett (from 13 November 2024)

Deputy Chair: Simon Jemmett (until 12 November 2024), Ian Thompson (acting, from 13 November 2024)

Independent Member: Professor Georgia Soldatos (began 27 February 2025)

The Quality and Clinical Governance Committee is a sub-committee of the Board responsible for implementation of a strong quality and clinical governance framework, encompassing the domains of quality and safety:

- Leadership and culture.
- Consumer partnerships.
- Workforce.
- Risk management.
- Clinical Practice.

Remuneration Committee

Chairperson: Ian Thompson

The Remuneration Committee is a sub-committee of the Board responsible for facilitating the remuneration and performance processes for the Chief Executive Officer.

Development Council

This committee is currently in abeyance.

Chairperson,
Mim Kershaw

Community Advisory Committee

Chairperson: Mim Kershaw

The primary role of the Community Advisory Committee is to bring the voice of consumers, carers and community members into BCH's decision-making processes, ensuring their involvement in planning, design, delivery and evaluation of healthcare at individual level, as well as program, department and health service level.

Retirement, Re-appointments and Appointments to the Board of Directors

The following occurred in 2024–25:

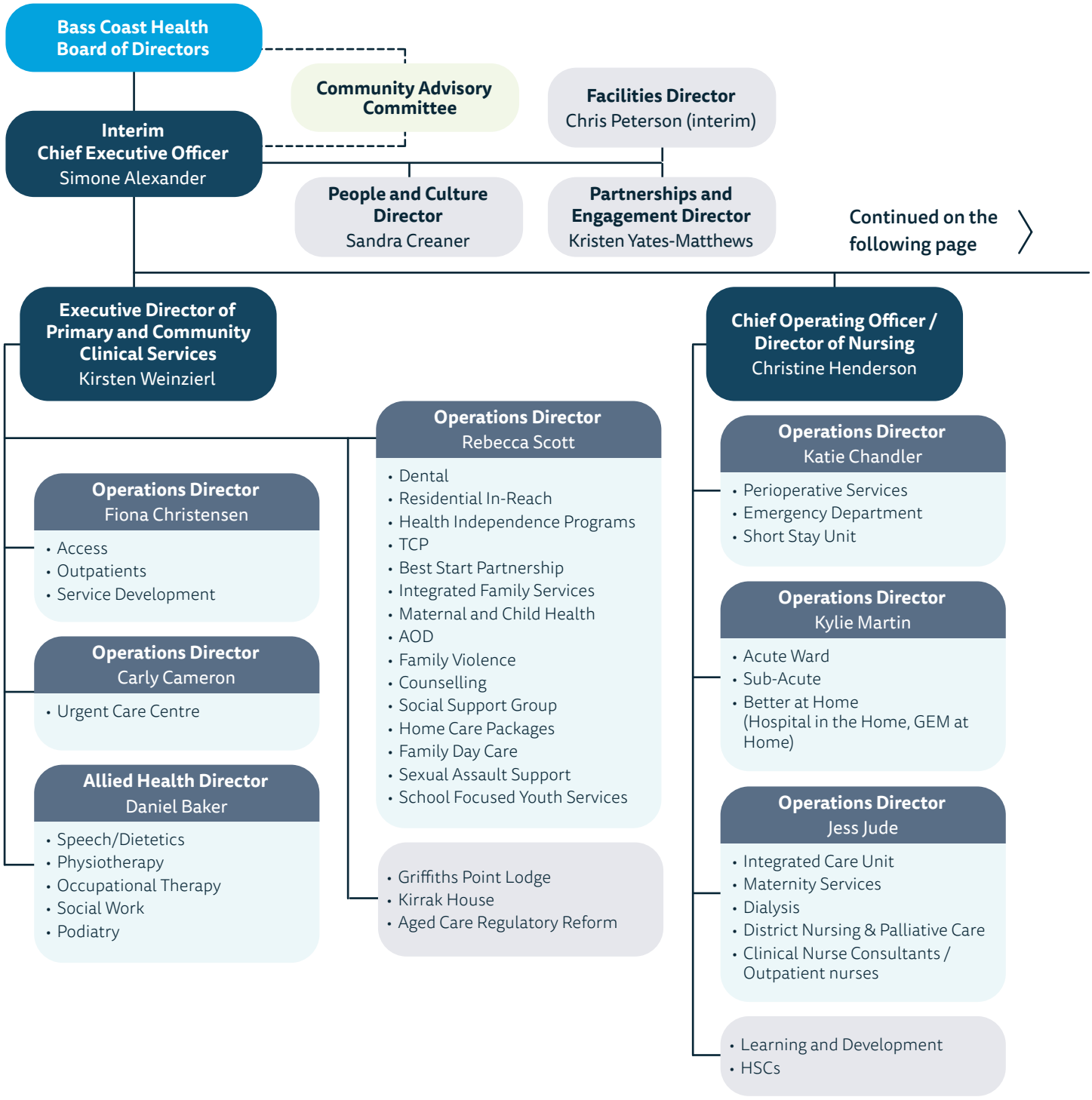
Resignations	
Nicky Chung	1 July 2022 to 18 October 2024
Harvey Newnham	1 July 2022 to 12 November 2024
Simon Jemmett	1 July 2017 to 30 June 2025
Re-appointments	
Ian Leong	1 July 2024 to 1 July 2027
Appointments	
Julia Oxley	1 July 2024 to 1 July 2027
Mary Sayers	1 July 2024 to 1 July 2027

Board Membership and Meeting Attendance

The table below provides information on board membership and meeting attendance for 2024–25.

Board Member	Board of Directors	Finance, Audit and Risk Committee	Quality and Clinical Governance Committee	Community Advisory Committee
Ian Thompson	91%	80%	100%	-
Angelo Saridis	73%	100%	-	-
Elizabeth Camilleri	82%	80%	-	-
Harvey Newnham	100%	100%	100%	-
Ian Leong	100%	100%	-	100%
Kate Jungwirth	91%	80%	-	-
Julia Oxley	100%	100%	-	86%
Mary Sayers	73%	-	100%	-
Nicky Chung	100%	-	-	-
Simon Jemmett	82%	60%	100%	-

BCH Organisation Chart



Portfolios

Chief Executive Officer
- Phillip Island Community Hospital
- Wonthaggi Hospital Expansion
- Inclusion and Diversity
- Fundraising

Executive Director of Primary and Community Clinical Services
- Healthcare that Counts
- My Aged Care
- Responsible Person (Family Day Care)
- Child Safe Standards
- Mental Health Reform

Chief Operating Officer / Director of Nursing
- Gender Equity
- Wellbeing

Professional Reporting

Medicine: Renee Kelsall

Nursing and Midwifery: Chris Henderson

Allied Health: Daniel Baker

Continued from the previous page

Chief Medical Officer
Renee Kelsall

- **Deputy CMO & Clinical Director UCC**, Raja Devanathan
- **Co-Clinical Director of Anaesthetics and Perioperative Services**, Arul Sivanesan and Benn Lancman
- **Clinical Director of Women's Health**, Carmen Brown
- **Clinical Director of Emergency Medicine**, Don Liew
- **Deputy Clinical Director of Emergency Medicine**, Lin Fadzil
- **Clinical Director Medicine**, Meor Azraai
- **Clinical Dean Rural Health and Deputy Clinical Director, General Medicine**, Megan Scott
- **Clinical Director of Surgery**, Senthilkumar (Kumar) Sundaramurthy
- **Pharmacy Director**, Kym Bowring
- BCH Specialists
- Research and Clinical Trials
- Workforce Bureau

Executive Director of Quality, Health Information, Technology and Support Services
Emilia Pezzi

Business Intelligence and Reporting Director
Dhruv Govil

Quality, Clinical Governance and Risk Director
Kelly McRae

- Quality
- Risk Management
- Infection Control and Staff Health
- Medicolegal

Operations Director
Carly Cameron

- Radiology
- Pathology
- Clinical Informatics

Chief Financial Officer
Shaun Brooks

Finance Director
Phil Maddock

Payroll
Tracey Larter

Contracts and Procurement
Darren Taylor

Director of Business Management
Rachel Smith

Support Services Director
Blake Carew

- Environmental Services
- Catering
- Supply and Fleet
- Accommodation

Portfolios

Chief Medical Officer
- Medical Accreditation
- Medical Credentialing and Scope of Practice
- New Technology
- Medicolegal
- End of Life/ACP/VAD
- Research
- Medical Indemnity
- Clinical Governance

Executive Director of Quality, Health Information, Technology and Support Services
- Space
- Security
- Risk Management Framework
- Legislative Compliance
- My Health Record
- Freedom of Information
- Privacy
- All Accreditation/Standards
- Victims of Crime
- National Disability Insurance Scheme
- Environmental Sustainability

Chief Financial Officer
- Standing Directions
- Insurance
- HSV/Procurement

BCH Executive

Interim Chief Executive Officer | Professor Simone Alexander

GAICD, MHAdmin, MClinNurs, BN

Simone has more than 25 years' experience in the healthcare sector. She comes to BCH from Alfred Health, where she also continues to serve as Deputy Chief Executive.

As a Registered Nurse by profession, Simone has an extensive clinical background in perioperative nursing and clinical leadership of many areas including The Alfred and Sandringham Hospital's Emergency Departments, ICU, Hyperbaric, Surgical Services, Cardiology, General Medicine, Neurosciences, Hospital in the Home and inpatient wards.

Simone is also an Adjunct Clinical Professor at Monash University's Department of Medicine, Central Clinical School, Faculty of Medicine, Nursing and Health Sciences.

Simone holds Master's Degrees in Health Management and in Clinical Nursing, is a graduate of the Australian Institute of Company Directors and has recently completed an Executive Leadership Certificate in Public Health at Harvard University.

Chief Executive Officer | Jan Child (until 31 October 2024)

Reg. Nurse, Grad. Dip. Behavioural Science, Master Public Health, GAICD

Jan is a Registered Nurse with post-graduate qualifications in behavioural sciences, health administration and a Masters in Public Health. She is a graduate of the Australian Institute of Company Directors and a surveyor with the Australian Council of Healthcare Services. She has more than 30 years' experience in public health, having trained in rural western Victoria and then worked across metropolitan Melbourne including at Peninsula Health, Alfred Health, the Department of Health and Human Services, alcohol and drug agencies, and the community health sector. Jan was appointed as Chief Executive Officer in September 2016 following a six-month interim role commencing in March 2016. Jan resigned from her successful tenure at BCH, finishing on 31 October 2024.

Chief Operating Officer/Director of Nursing | Christine Henderson

Reg. Nurse, Grad. Dip. Renal Nursing, Grad. Cert. Infection Prevention & Control, MAICD

Chris is a Registered Nurse with post-graduate qualifications in infection control and renal nursing. Chris has more than 30 years' experience in the health care sector. She has served in various leadership roles within BCH. She was appointed to the role of Executive Director of Clinical Services in January 2021. Chris then became Executive Director of People and Culture, and Acute Clinical Services. Chris is currently the Chief Operating Officer/Director of Nursing.

Executive Director of Quality, Health Information, Technology and Support Services | Emilia Pezzi

Bachelor of Health Information Management

Emilia holds a Bachelor of Health Information Management with more than 20 years' experience in providing strategic leadership and governance in public and private health services, including Peninsula Health, Eastern Health and St Vincent's and Mercy Private Hospital.

She is a member of the Health Information Management Association of Australia and was the Convenor of the Victorian Senior HIM Community of Practice for more than 7 years.

She has had extensive management and collaboration experience with all levels of health service staff, consumers, vendors and government. Emilia was appointed to the role of Director Information, Data Integrity and Systems Governance in January 2020 before taking on the role of Acting Executive Director Corporate Services in August 2021. Emilia is now Executive Director of Quality, Health Information, Technology and Support Services.

Chief Financial Officer | Shaun Brooks

B. Commerce, Grad. Dip. Chartered Accounting, GAICD

Shaun has a Bachelor of Commerce and a Graduate Diploma of Chartered Accounting, and has been a member of the BCH Executive team since 2017. Shaun held previous leadership positions in the financial professional services industry and has worked in the Victorian Public Health Sector for 13 years. Shaun is also BCH's Chief Procurement Officer and has responsibility for Contracts, Payroll, Asset Management and Finance.

Chief Medical Officer | Dr Renee Kelsall

MBBS (Hons), FRACP, AFRACMA

Renee Kelsall graduated from Monash University with honours in 2007 and obtained her Fellowship in Geriatrics in 2015. Renee worked at Monash Health as a Geriatrician, with roles including Deputy Clinical Lead of InReach, Geriatrician in the Falls and Balance Clinic, falls education across Monash Health, and providing assessments for rehabilitation and aged care.

Renee returned to South Gippsland in 2015, where she was raised, to provide a private Geriatric outpatient service.

Renee was appointed as the Chief Medical Officer at Bass Coast Health in 2020 and completed an Associate Fellowship of Medical Administrators in 2021.

Executive Director of Primary and Community Clinical Services | Kirsten Weinzierl

Reg. Nurse, Post Grad. Critical Care, Blood Transfusion and Clinical Simulation

Kirsten is an experienced nurse and healthcare leader with more than 25 years of service across the healthcare sector. Holding post-graduate qualifications in Critical Care, Blood Transfusion and Clinical Simulation, Kirsten has continued to further develop skills in complex community health needs. Throughout her career, she has held a range of leadership roles, driving innovation and improvement in patient care.

Her key achievements include the development of nursing programs and successful expansion of health services across Bass Coast Shire, with a particular focus on meeting the growing needs of the Phillip Island community. Deeply passionate about advancing healthcare delivery, Kirsten is committed to building strong teams, enhancing patient experiences and ensuring accessible, high quality service for her local community.

Executive Director of Community Engagement and Philanthropy | Sue Hunt AM (29 April 2024 – 17 July 2024)

Bachelor of Arts, MAICD

Sue served as Chief Executive Officer (CEO) at the Royal Children's Hospital (RCH) Foundation from 2010. Prior to this Sue was inaugural CEO of contemporary arts space, CarriageWorks, Sydney; Director of Performing Arts for the Sydney Opera House; CEO of the Queensland Theatre Company; and CEO of the Geelong Performing Arts Centre. Her voluntary community roles include Chair of Regional Arts Victoria and Auspicious Arts Projects. She is an alumna of the Strategic Perspectives in Non-Profit Management course at Harvard Business School and the Williamson Community Leadership Program. Sue was appointed a Member of the Order of Australia (AM) in 2023 for her services to the arts and to community health.

Sue commenced in her role of Executive Director of Community Engagement and Philanthropy at Bass Coast Health on 29 April 2024 and finished on 17 July 2024.

Legislative Compliance

Freedom of Information Act 1982

In accordance with the *Freedom of Information Act 1982*, the public can request access to documents held at BCH via a written application directly to BCH's Principal Freedom of Information (FOI) Officer, or by completing the Freedom of Information Access Request Form available on the BCH website. A valid request must clearly identify what types of documents are being sought and to whom the information is to be released. The valid request must also be accompanied by an application fee. BCH is required to respond to the applicant within 30 days of receiving a valid request.

Requests are to be addressed to:

Principal FOI Officer
Bass Coast Health
PO Box 120
Wonthaggi Vic. 3995

BCH's Principal Officer is the Chief Executive Officer.

An application fee of $31.80 applies and other charges may be incurred associated with collating the information, levied strictly in accordance with the Freedom of Information (Access Charges) Regulation 2004.

During 2024–25, Bass Coast Health received 137 applications. Of these requests, 1 was from a Member of Parliament and 136 were from legal and insurance firms, and the general public.

Bass Coast Health made 141 FOI decisions during the 12 months ended 30 June 2025.

There were 109 decisions made within the statutory time periods. Of the decisions made outside time, 17 were made within 45 days and 15 decisions were made in greater than 45 days.

Of the total decisions made, 138 granted access to documents in full, 2 granted access in part and 1 denied access in full.

Of requests finalised, the average number of days over/under the statutory time (including extended timeframes) to decide the request was 25 days.

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

Building Act 1993

Bass Coast Health complies with the building and maintenance provisions of the *Building Act 1993*.

BCH obtains building permits for new projects and all certificates of occupancy are completed by a registered building surveyor.

BCH controls a number of properties across three main sites, including addresses at Wonthaggi Hospital, Griffiths Point Lodge, Kirrak House, San Remo Community Health and Phillip Island Community Hospital. The main campus is located in Wonthaggi.

In 2024–25 BCH received two Certificates of Final Inspection as required.

BCH had no emergency orders or building orders issued in relation to the buildings it owns or operates.

Victorian Health Building Authority is managing the construction of Phillip Island Community Hospital, which connects to the existing Phillip Island Health Hub. Practical Completion of Stage 1 of Phillip Island Community Hospital was achieved in May 2025, with an occupancy permit issued for this. Stage 2 is due for completion later in 2025.

BCH has had several major works projects above $50,000 in cost. These have included Rotary Rehabilitation Garden and the sprinkler system project. Where required, appropriate building permits were sought and approved.

Public Interest Disclosure Act 2012

BCH is subject to, and complies with, the *Public Interest Disclosure Act 2012* (updated 2020–2021) that replaced the former *Protected Disclosures Act 2012*. The *Public Interest Disclosure Act 2012* came into effect with a purpose to facilitate disclosures of improper conduct by public officers, public bodies and to provide the appropriate level of protection for people who make disclosures without fear of reprisal. Further information is embedded into the PID Policy for BCH. Staff access is available through the Staff document repository, PROMPT.

There have been no disclosures notified to the Independent Broad-based Anti-corruption Commission (IBAC) under section 21(2) during the financial year.

Statement on National Competition Policy

Bass Coast Health is committed to ensuring that services and processes demonstrate both quality and efficiency. Competitive neutrality, which supports the National Competition Policy, assists to ensure any net competitive advantages of a government business are managed. Bass Coast Health understands the requirements of competitive neutrality and acts accordingly, complying with the Competitive Neutrality Policy Victoria and any subsequent reforms that relate to expenditure, infrastructure projects and partnerships between private and public sectors. Openness and fairness are key principles embedded in Bass Coast Health's procurement framework.

No complaints have been submitted to Bass Coast Health in relation to this policy.

Carers Recognition Act 2012

Bass Coast Health has taken all practical measures to comply with its obligations under the *Carers Recognition Act 2012*. These include:

- promoting the principles of the Act to people in care relationships who receive our services and to the wider community. We have taken measures to comply with our obligations under the Act, ensuring the needs of carers are recognised and responded to when the person for whom they care for is admitted to Bass Coast Health or when the carer is admitted to Bass Coast Health. Carer and care relationship stories are regularly published on our website.
- ensuring our staff have an awareness and understanding of the care relationships principles set out in the Act. Our Recognising Carers and Care Relationships as part of Delivering Consumer Care policy, which includes the care relationships principles, is available to all staff (employees and volunteers) to provide awareness and understanding of the care relationship principles. The policy supports our commitment to our WE CARE values and ensures our staff respect and recognise carers, support them as individuals, recognise their efforts and

dedication, take into account their views and cultural identity, recognise their social wellbeing, and provide due consideration of the effect of being a carer on matters of employment and education.

- considering the care relationships principles set out in the Act when setting policies and providing services. Our Recognising Carers and Care Relationships as part of Delivering Consumer Care policy documents the care relationship principles which provide guidance in setting policies and service provision. Our Partnering with Consumers, Comprehensive Care and Communicating for Safety policies include a focus on carers and engagement with carers. BCH Flexible Working Arrangement policy supports and encourages flexible work practices to which care relationships are considered.
- implementing priority actions in recognising and supporting Victoria's carers. BCH Partnerships in Care program recognises the vital role a loved one or significant person plays in the wellbeing and recovery of our consumers and understands the need to have a process in place to ensure vulnerable consumers are able to be supported by the people who know them best. This guideline has been developed to provide guidance on how BCH will partner with relatives, friends and carers to support vulnerable patients and residents' emotional and physical wellbeing.

There are no disclosures required to be made under the *Carers Recognition Act 2012 (Vic)*.

Safe Patient Care Act 2015

BCH is subject to the *Safe Patient Care Act 2015* and has no matters to report in relation to its obligations under Section 40 of the Act.

Asset Management Accountability Framework

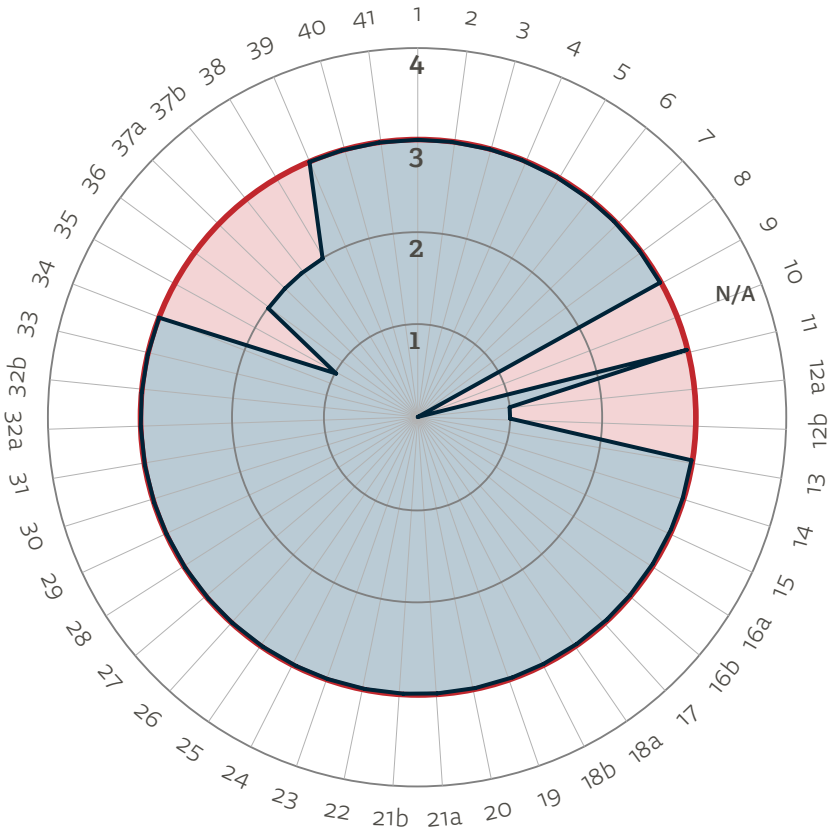
The below compliance and maturity rating tool is an assessment of maturity against the requirements of the Asset Management Accountability Framework (AMAF). The AMAF is a policy that aims to ensure an agency's asset base addresses its service delivery objectives and requires compliance with 41 mandatory requirements. BCH meets the target maturity level in most requirements of the categories relating to planning, acquisition and disposal. BCH is at the developing stage for some components of asset performance and information. During the year, BCH made good progress to embed improvements relating to asset management roles and responsibilities and assurance processes.

BCH is introducing an asset management information system (AIMS) to streamline and improve processes to monitor the life cycle of assets to better assist with monitoring asset performance and managing asset information. Evaluation and selection of an AIMS vendor has been completed with implementation nearing completion, with a go-live anticipated in the second quarter of 2025–26 financial year. The chosen system will look to improve asset information central availability and include all key data to assist with stock-taking, forecasting, service and maintenance. It will also commence recording performance information directly linked to assets which are all noted improvement areas within the AMAF for Bass Coast Health. Preparation work for the new system includes collation of manually recorded asset registers into a central spreadsheet.

The graphic on the next page shows the maturity level of our asset management against each of the 41 assessment criteria, with our current status in blue and the target status in red.

The external numbers reflect each of the 41 assessment criteria. Numbers 1–19 are Leadership and Accountability, 20–23 are Planning, 24 and 25 are Acquisition, 26–40 are Operation and 41 is Disposal.

BCH Asset Management Maturity



Legend

Status	Level
Not applicable	N/A
Innocence	0
Awareness	1
Developing	2
Competence	3
Optimising	4
Unassessed	U/A

Overall assessment

Target

Disclosure of review and study expenses

This year we have progressed with delivering key aspects outlined in our Research Strategic Plan 2024–2029 to improve clinical trial access and deliver high quality research that improves the patient experience and health outcomes of our community.

We have continued work to integrate clinical trial services into the organisation and develop processes to align with the National Clinical Trials Governance Framework to ensure strong governance and support the delivery of high-quality clinical trials.

We have implemented the Teletrial model of trial delivery and developed the research section of the BCH website to promote research opportunities and clinical trials participation. This includes the addition of a video resource addressing clinical trials barriers for Culturally and Linguistically Diverse communities and a TrialScreen link to support consumers to find clinical trials suitable for them.

We have expanded and built the capacity of our Clinical Trials and Research Unit (CTRU) workforce by adding the Research Unit Manager and Clinical Trial Coordinator roles, and developing and implementing a Clinical Trials Induction Program, CTRU Induction Manual and Research Nurse/Clinical Trial Coordinator Competency Framework. In preparation for our involvement in medication trials, the BCH Director and Deputy Director of Pharmacy completed the Clinical Trials Pharmacy Train-the-Trainer Program through Alfred Health to enable them to upskill the Pharmacy team in the conduct of clinical trials.

Our partnership with TrialHub continues to support the growth of our clinical trials program and we have representation on the Gippsland Clinical Trials Working Group and Latrobe Regional Health Human Research Ethics Committee.

We have contributed to six clinical registries to improve the quality of care for our consumers and been involved in the conduct of six health research projects. A total of 211 new participants have been recruited to clinical trials at BCH during this year. The ACEMID Cohort Study currently has 389 participants with recruitment ongoing. One new clinical trial in health service research commenced in our Haemodialysis Unit in December 2024.

This year we were involved in the conduct of three clinical trials. The cost of the three clinical trials below was $167,000. This was partially funded ($152,940) via Alfred Health's agreement with the Victorian Melanoma Service and the Monash University Study Agreement.

Research Activity

Clinical Trials

Trial Name	IMAGE (02.19): Melanoma surveillance photography (MSP) to Improve early detection of MelanomA in ultra-hiGh and high risk patiEnts (IMAGE – capitalisation intentional)	Australian Centre of Excellence in Melanoma Imaging & Diagnosis (ACEMID) Cohort Study	Symptom monitoring WIth Feedback Trial (SWIFT – capitalisation intentional)
Reason for undertaking the review/ study	To address the critical gaps in evidence for comparative safety, clinical and cost effectiveness of Melanoma Surveillance Photography. To support the Medical Services Advisory Committee to make an informed recommendation about Medicare Benefits Schedule listing of Melanoma Surveillance Photography.	To contribute to delivering a network of advanced skin surface technology across the Australian eastern seaboard for the monitoring of skin lesions and the early detection of melanoma and other skin cancers.	To contribute to improving the quality of life and overall survival for people on dialysis.
Terms of reference/ scope	Recruitment of 20–50 trial participants. Conduct all protocol-mandated requirements for each eligible participant.	Recruitment of 700 trial participants. Conduct all protocol-mandated requirements for each eligible participant.	To invite BCH haemodialysis patients who are registered on the ANZDATA registry to participate in the trial; estimated 20 participants. Conduct all protocol-mandated requirements for each eligible participant.
Anticipated outcomes	To determine whether surveillance using Melanoma Surveillance Photography compared to standard care (ie. clinical surveillance without Melanoma Surveillance Photography) results in improved diagnostic performance. To determine the cost-effectiveness of Melanoma Surveillance Photography from a health system perspective.	To significantly improve lesion identification and tracking in combination with greatly reducing appointment time and decreasing healthcare costs.	To assess if symptom monitoring with feedback to clinicians (nephrologists and nurses) and patients improves health-related quality of life and cause-specific mortality. To assess if electronic capture of patient reported outcomes within a clinical quality registry is cost-effective.
Status	Follow-up: Last BCH participant follow-up visits occurred in November 2024 and final follow-up visits for the study overall were due to be completed in April 2025. Data cleaning is in process and the trial is anticipated to close by 31 October 2025.	Recruiting. Commenced August 2023; 378 participants recruited to 31 May 2025.	Follow-up: 16 participants recruited; baseline and six-month visits completed.

Trial Name	IMAGE (02.19): Melanoma surveillance photography (MSP) to Improve early detection of MelanomA in ultra-hiGh and high risk patiEnts (IMAGE – capitalisation intentional)	Australian Centre of Excellence in Melanoma Imaging & Diagnosis (ACEMID) Cohort Study	Symptom monitoring WIth Feedback Trial (SWIFT – capitalisation intentional)
Estimated cost	BCH does not have this information available.	BCH does not have this information available.	BCH does not have this information available.
Actual cost	BCH does not have this information available.	BCH does not have this information available.	BCH does not have this information available.
Publicly available (Y/N) and URL	Y https://www.masc.org.au/image/	Y https://acemid.centre.uq.edu.au/	Y https://ctc.usyd.edu.au/our-research/research-areas/cardiovascular/active-trials/swift/

Registries

Registry Name	Anticipated outcomes	Terms of reference/scope	Reason for being a part of the Registry	Publicly available (Y/N) and URL
Australian Orthopaedic National Joint Replacement Registry (AOANJRR)	Improved quality of care for individuals receiving joint replacement surgery.	To collect and contribute information on joint replacement surgery (hip, knee, shoulder, elbow, wrist, ankle and spinal disc) undertaken at BCH.	To improve and maintain the quality of care for individuals receiving joint replacement surgery.	Y https://aoanjrr.sahmri.com/
Australian Dementia Network (ADNeT) Registry	The Australian Dementia Network (ADNeT) Registry has been established to improve clinical care for people with dementia and mild cognitive impairment.	To register all BCH patients newly diagnosed with either dementia or mild cognitive impairment.	To better understand the patient experience of diagnosis and clinical care. To access BCH registry data that can be used for our own quality audits, research and/or reporting. This will be used to improve diagnosis and clinical care for patients diagnosed with dementia and mild cognitive impairment.	Y https://www.australiandementianetwork.org.au/

Registry Name	Anticipated outcomes	Terms of reference/scope	Reason for being a part of the Registry	Publicly available (Y/N) and URL
Monitoring and Evaluation of Victoria State Trauma Registry (VSTORM)	The registry was developed to capture information on all trauma patients in Victoria from 2001. To gather and interpret information about causes of traumatic injury and treatment from trauma services across Victoria. To work to improve quality of trauma care across Victoria, and to identify and reduce major risk factors for trauma in the community. To reduce preventable deaths and permanent disability from major trauma.	To collect and contribute information on all major trauma patients that present to BCH.	To contribute to the ongoing monitoring and evaluation of the state-wide system for trauma management that is designed to reduce preventable death and permanent disability resulting from major trauma.	Y https://www.monash.edu/medicine/sphpm/vstorm
Australian Stroke Clinical Registry (AUSCR)	The Australian Stroke Clinical Registry collects information about what happens to people who have had a stroke or a transient ischaemic attack (sometimes called a 'mini-stroke' or TIA).	To register all patients who present to BCH with a diagnosis of stroke or TIA.	To access BCH registry data that can be used for our own quality audits, research and/or reporting to improve hospital care and the outcomes experienced by people with stroke or TIA.	Y https://auscr.com.au/
Victorian Cardiac Outcomes Registry (VCOR)	VCOR collects highly standardised data about patients undergoing relevant cardiac treatments, procedures and interventions, and follow-up data on medical outcomes and complications up to 30 days after a patient has been discharged from hospital. The aim is to improve the quality of care provided to patients with cardiovascular disease.	To collect and contribute information on all relevant cardiac outcomes for BCH patients.	To access BCH registry data that can be used for our own quality audits, research and/or reporting to improve the quality of care provided to patients with cardiovascular disease.	Y https://www.monash.edu/medicine/sphpm/vcor
Victorian Ambulance Cardiac Arrest Registry (VACAR)	To assess the performance of the Victorian ambulance services in relation to the treatment and outcomes of patients with sudden, unexpected pre-hospital cardiac arrest.	To contribute BCH hospital data on all out-of-hospital cardiac arrests attended by emergency medical services that present to BCH.	To improve the care of cardiac arrest patients.	Y https://www.ambulance.vic.gov.au/research-publications

Health Research

Research Name	Anticipated outcomes	Terms of reference/ scope	Reason for taking part in the research	Publicly available (Y/N) and URL
Generation Victoria (Gen-V)	GenV is a state-wide research program that will give a complete picture of the health and wellbeing of a whole generation.	To contribute BCH data for children born between 4 October 2021 and 3 October 2023, and their parents who are living in Victoria.	To help prevent, predict and treat the issues facing children and families.	Y https://www.genv.org.au/
Challenges in the transition through prevocational training and the implications for the rural workforce	It is anticipated the results will improve policy development around recruitment and retention of practitioners in rural communities.	For recruitment, Directors of Clinical Training deliver the invitation to prevocational doctors and supervisors of prevocational doctors at BCH. They will be provided with links to surveys and the option of being involved in focus group interviews.	To explore in the early career medical workforce the challenges involved in transitioning through pre-vocational medical training that may contribute to the rural doctor shortage and to help us understand what can be done to address these challenges.	N
Clinical Teaching and Education Pathway Evaluation	The purpose of this project is to measure the impact of Monash Rural Health's Clinical Teaching and Education Pathway (CTEP) on the quality of medical education happening in the nexus between our hospitals and clinical school.	BCH doctors participating in CTEP will be invited to participate in the CTEP evaluation program which includes survey completion and reflective interviews.	To ensure that medical education being delivered at BCH is impactful and supported. This may have flow on impact for workforce resourcing. If medical students and doctors have a positive experience, they are more likely to stay long-term.	N
Safer Care Victoria 100,000 Lives Evaluation	Evaluation of the overall 100,000 Lives Program to understand its implementation and impact. The program evaluation will assess the effectiveness of this program in improving the longer-term safety and quality of health services and will be used to develop future SCV work.	BCH staff involved in the Postpartum Haemorrhage improvement project as part of the 100,000 Lives initiatives will be invited to participate in an online survey, interview or focus groups, or observation about the implementation, outcomes and impact of the 100,000 Lives program.	To reduce avoidable admissions, prevent harm and ensure people receive the best care. The evaluation will assess the effectiveness of the BCH Postpartum Haemorrhage improvement project in improving safety and quality.	Y https://www.safercare.vic.gov.au/news/together-we-will-improve-100000-victorian-lives

Research Name	Anticipated outcomes	Terms of reference/ scope	Reason for taking part in the research	Publicly available (Y/N) and URL
Management of traumatic dental injuries by regional emergency and first responder clinicians: an educational intervention study	This study aims to inform/guide collaborative educational endeavours in regional/rural services on the topic of traumatic dental injuries (TDIs).	Emergency clinical staff at BCH will be invited to participate in a survey about TDIs; capacity and confidence will be assessed. The intervention will be a 30-minute tutorial at BCH Wonthaggi on the assessment and management of TDIs given by a dentist. Two to four weeks following intervention, participants will complete a second survey covering confidence, TDI-specific knowledge, suggestions for further training and perceived barriers.	The prevalence of TDIs presenting to emergency departments is increasing and knowledge of management of TDIs is critical for optimal outcomes. Aim to improve the skills and training of BCH emergency clinicians to provide initial management of TDIs.	N
Exploring the lived experiences of regional hospital generalist nurses involved in Occupational Violence and Aggression (OVA) by patients and visitors: A phenomenological study	To gain an understanding of regional hospital generalist ward nurses' lived experiences of OVA, which would inform the development of policies and guidelines to mitigate risk and improve post-incident support.	This qualitative study will incorporate semi-structured interviews of Registered Nurses working on the general ward at BCH.	To improve our understanding of preventative strategies to mitigate the risk of Occupational Violence and Aggression.	N

Environmental performance

For the purposes of the reporting of environmental data by Government entities under FRD24, BCH is classified as a level 3b (Sub-regional hospital) tiered reporting entity.

Requirement	Source	2024–25
ELECTRICITY USAGE		
EL1. Total electricity consumption segmented by source (MWh). Purchased directly through an electricity retailer (including State Purchasing Contracts, HealthShare Victoria contracts or other retail contracts): • Main sites • Accommodation • Other	Facilities/Alinta	From Alinta: Phillip Island Health Hub – 272.87 MWh Wonthaggi Hospital – 3,312.68 MWh Griffiths Point Lodge – 80.30 MWh San Remo Community Health – 82.81 MWh Rental properties – 100.34 MWh Total: 3,849 MWh
EL2 – On-site electricity generated (in megawatt hours) for large-scale renewable energy systems, (i.e., accredited under the Large-Scale Renewable Energy Target), small-scale renewable energy systems (where data is available), and any other electricity generation system (where data is available), segmented by: • Wind • Solar PV • Bioenergy	Facilities/Solar Analytics	Solar – 537.902 MWh Wind – N/A Bioenergy – N/A
EL3 – On-site installed generation capacity in megawatts (as at end of reporting period) segmented by: • Wind • Solar PV • Bioenergy	Facilities	Solar PV: Wonthaggi Hospital: 0.443 MW Wonthaggi Hospital Expansion: 0.300 MW Griffiths Point Lodge: 0.030MW

Requirement	Source	2024–25
ELECTRICITY USAGE (continued)		
EL4 – Total electricity offsets (in megawatt hours) segmented by offset type including: • LGCs voluntarily retired by the entity • LGCs voluntarily retired on the entity's behalf • GreenPower or certified carbon neutral electricity purchased (e.g., through a retailer's contract option) • LGCs mandatorily retired (for RET liable entities only) or LGCs conveyed to an entity's retailer for mandatory retirement (where relevant)	Facilities	GreenPower: 0 RPP (Renewable Power Percentage in the grid): 0 ELA Total electricity offsets [MWh]: 0
STATIONARY FUEL USAGE		
F1 – Total fuels used in buildings and machinery (in megajoules), segmented by fuel type (e.g., natural gas, LPG, diesel, petrol)	Facilities (natural gas and LPG) via manual computation	Natural Gas: 13,748,040 MJ LPG: 1,004,852 MJ Diesel: 157,102 MJ Petrol: N/A
F2. Greenhouse gas emissions from stationary fuel consumption segmented by fuel type (tonnes CO2-e)	Facilities (natural gas and LPG) via manual computation	Natural Gas: 708.437 tonnes CO2 LPG: 60.894 tonnes CO2 Diesel: 11.029 tonnes CO2 Petrol: N/A
T1. Total energy used in transportation within the entity (in litres) segmented by fuel type	Supply (diesel and petrol) via WEX Motorpass	Diesel: 13,696 litres Petrol: 32,226 litres
T2. Number and proportion of vehicles in the organisational boundary segmented by engine/ fuel type (e.g., petrol, diesel, hybrid electric, plug-in hybrid electric, battery electric) and vehicle category	Supply (diesel and petrol) via CarPool	Diesel: 7 vehicles Petrol: 2 vehicles Hybrid: 37 vehicles
T3. Greenhouse gas emissions from vehicle fleet segmented by fuel type and vehicle category (tonnes CO2-e) – total	Supply (diesel and petrol) via WEX Motorpass	Small: Hybrid – 34 Tonnes CO2-e; Petrol – 0 Tonnes Co2-e SUV: Hybrid – 35 Tonnes CO2-e; Petrol – 0 Tonnes CO2-e Utility: Petrol – 6 Tonnes CO2-e Van: Petrol – 33 Tonnes CO2-e
T4. Total distance travelled by commercial air travel (passenger kilometres)	People and Culture Community Relations	332,684km (BCH paid for flights for international staff to relocate to Australia).

Requirement	Source	2024–25
TOTAL ENERGY USAGE		
E1. Total energy usage from fuels (megajoules)	Supply Facilities	Supply: 1,604,182 MJ Facilities: 14,909,994 MJ Total: 16,514,176 MJ
E2. Total energy usage from electricity (megajoules)	Facilities	4,387 MWh = 15,792,866 MJ
E3. Total energy usage (megajoules) segmented into renewable and non-renewable sources	Facilities Supply	Renewable: 537.902 MWh = 1,936,447.2 MJ Non-renewable: E1 + E2 = 32,307,042 MJ
E4. Units of energy used normalised by FTE, headcount, floor area or other entity or sector specific quantity	Supply	Total usage (E1+E2) divided by Total FTE (730.2) = 44,244.10 MJ per 1.0 FTE
SUSTAINABLE BUILDING AND INFRASTRUCTURE		
B1. Discuss how environmentally sustainable design (ESD) is incorporated into newly completed entity-owned buildings (qualitative)	Facilities	As part of the design process of new builds, Environmentally Sustainable Design principles are included. Items such as thermal performance, air tightness, water efficient sanitary fixtures, waste management strategies and Indoor Environmental quality are all considered. In addition, initiatives such as recycled water reuse, solar panels and provision for electric vehicles are considered where budget allows.
B2. Discuss how new entity leases meet the requirement to preference higher-rated office buildings and those with a Green Lease Schedule (qualitative)	Support Services	N/A. We do not have any new leased spaces.
B3. NABERS Energy (National Australian Built Environment Rating System) ratings of newly completed/occupied entity-owned office buildings and substantial tenancy fit-outs	Executive	Energy: 4.5 stars Water: 4 stars
B4 – Environmental performance ratings (e.g. NABERS, Green Star or Infrastructure Sustainability Council of Australia Infrastructure Sustainability rating scheme) of newly completed entity-owned non-office building or infrastructure projects or upgrades with a value over $1 million, where these ratings have been conducted (relevant rating, itemised)	Executive	Not applicable. No new infrastructure was completed in May 2025 and no ratings have been conducted.

Requirement	Source	2024–25
SUSTAINABLE BUILDING AND INFRASTRUCTURE (continued)		
B5. Environmental performance ratings achieved for entity-owned assets portfolio segmented by rating scheme and building, facility or infrastructure type, where these ratings have been conducted (number at each rating)	Support Services	BCH does not have access to this information.
SUSTAINABLE PROCUREMENT		
Entities have annual reporting requirements under the Social Procurement Framework and should address progress against sustainable procurement objectives as part of that reporting	Contracts	Bass Coast Health complies with all mandatory sustainable procurement requirements and adheres to HealthShare Victoria procurement policies. Social Procurement evaluation criteria are included requirements and used in the assessment of tender outcomes where appropriate.
WATER CONSUMPTION		
W1. Total units of metered water consumed by water source (kilolitres)	Facilities via manual computation	March 2024-April 2025 (last four billings): 34,335 Kl
W2. Units of metered water consumed normalised by FTE, headcount, floor area or other entity or sector specific quantity	Facilities via manual computation	Total Water used (W1) divided by FTE = 34,335/730.2 = 47.02Kl/FTE
WASTE AND RECYCLING		
WR1. Total units of waste disposed of by disposal method (kg and percentage of total) for the following material types/ stream: • General Waste • Cardboard/Paper • Recycling • E-Waste	Support Services Information Technology	General Waste: 196,089kg annual (87.06% total) Cardboard/Paper: 20,514kg annual (9.11% total) Recycling: 8,326kg annual (3.70% total) E-Waste: 300kg (0.13% total) Total: 225,229kg total waste
WR2. Dedicated collection services provided in offices (as percentage of total office locations) for: e-waste, printer cartridges, batteries and soft plastics	Support Services Information Technology	BCH does not have access to this information.
WR3. Total units of waste disposed normalised by FTE, headcount, floor area or other entity or sector specific quantity, by disposal method	Support Services	General Waste: 268.54kg annually per 1.0 FTE Cardboard/Paper: 28.09kg annually per 1.0 FTE Recycling: 11.40kg annually per 1.0 FTE E-Waste: 0.41kg annually per 1.0 FTE Total: 308.44kg annually per 1.0 FTE
WR4. Recycling rate (percentage of total waste by weight)	Support Services	12.8% of total waste is recycled

Requirement	Source	2024–25
GREENHOUSE GAS EMISSIONS		
G1. Total Scope One (direct) greenhouse gas emissions (tonnes CO2, CH4, N2O, other and CO2-e)	Facilities	Fuel burned (not vehicle) total: 780.359 tonnes CO2 (Natural gas: 708.437; Diesel: 11.029; LPG: 60.894)
G2. Total Scope Two (indirect electricity) greenhouse gas emissions (tonnes CO2-e)	Facilities, using Carbon Footprint Calculator	Electricity used (E2): 2,541.544 tonnes CO2
G3. Total Scope Three (other indirect greenhouse gas emissions associated with commercial air travel and waste disposal (tonnes CO2-e)	Facilities People and Culture Community Relations	Commercial air travel: 50.62 tonnes Waste emission (WR5): 35.38 tonnes Indirect emissions from Stationary Energy: 404.97 tonnes Indirect emissions from Transport Energy: 49.52 tonnes Water emissions: 55.16 tonnes Total Scope Three greenhouse gas emissions (tonnes Co2e): 595.65 tonnes

Social procurement

Bass Coast Health has engaged three social benefit suppliers and prioritised the following Social Procurement Objectives during 2024–25 with a combined total spend of $115,637.

The objectives prioritised in the BCH Social Procurement Strategy are:

- Opportunities for Victorian Aboriginal People
- Opportunities for Victorians with a disability.

Summary of priority SPF Strategy objectives – Bass Coast Health 2024–25

SPF Objective	Outcome	Metric	No. of Suppliers engaged	Total Spent ($)
Opportunities for Victorian Aboriginal People	Employment of Victorian Aboriginal people by suppliers to the Victorian Government. Purchasing from Victorian Aboriginal businesses.	Total number of suppliers and total spend with Victorian Aboriginal Businesses engaged.	2	17,181
Opportunities for Victorians with a disability	Employment of Victorians with disability by suppliers to the Victorian Government.	Total number of suppliers and total spend with Victorian social enterprises led by a purpose for people with a disability and Australian Disability Enterprises.	1	98,456

Bass Coast Health is committed to promoting the Social Procurement Strategy and will continue to build on existing and new supplier relationships in 2025–26 to support this.

Local Jobs First Act 2003

In 2024–25 there were no projects requiring disclosure under the *Local Jobs First Act 2003*.

Equal Employment Opportunity

BCH actively promotes the principles of Equal Employment Opportunity (EEO) and has established processes to ensure that EEO principles are upheld and applied to all Human Resource (HR) activity including recruitment, promotion and employee education. BCH is committed to ensuring that HR activities are carried out in a fair and equitable manner and that they comply with all EEO legislative requirements.

Orientation and Credentialing

All employees commencing with BCH or returning to duty following a period of leave greater than 12 months are required to participate in an orientation program over two days. This will ensure that they understand their role, the broader organisation and the mandatory educational requirements required to undertake their role safely.

New Manager Orientation provides new managers with information, systems and processes to assist them to meet their new management responsibilities at BCH.

Credentialing for senior clinical employees is undertaken via the Local Credentialing Committee.

Employee Assistance Program

BCH acknowledges the importance of supporting employees, volunteers and their immediate families with the provision of a confidential Employee Assistance Program (EAP), providing free access to external counselling and support with experienced and qualified professionals.

Additional Information Available on Request

Details in respect of the items listed below have been retained by Bass Coast 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 statement that declarations of pecuniary interests have been duly completed by all relevant officers.
- details of shares held by a senior officer as nominee or held beneficially in a statutory authority or subsidiary.
- details of publications produced by the entity about itself, and how these can be obtained.
- details of changes in prices, fees, charges, rates and levies charged by the entity.
- details of any major external reviews carried out on the entity.
- details of major research and development activities undertaken by the entity.
- details of overseas visits undertaken including a summary of the objectives and outcomes of each visit.
- details of major promotional, public relations and marketing activities undertaken by the entity to develop community awareness of the entity and its services.
- details of assessments and measures undertaken to improve the occupational health and safety of employees.
- a general statement on industrial relations within the entity and details of time lost through industrial accidents and disputes.
- a list of major committees sponsored by the entity, the purposes of each committee and the extent to which the purposes have been achieved.
- details of all consultancies and contractors including:

  (i) consultants/contractors engaged,

  (ii) services provided, and

  (iii) expenditure committed to for each engagement.

Workforce Data

Full-Time Equivalent (FTE) Employees

Bass Coast Health has applied the appropriate employment and conduct principles, and employees have been correctly classified in workforce data collections. FTE staff employed as at 30 June 2025.

Hospitals labour category	JUNE current month FTE		Average Monthly FTE	
	2024	2025	2024	2025
Nursing	284.2	329.7	271.5	304.9
Administration and Clerical	164.8	164.5	158.3	160.8
Medical Support	52.6	56.2	52.4	57.0
Hotel and Allied Services	81.5	82.2	80.3	78.1
Medical Officers	0.0	0.0	0.0	0.0
Hospital Medical Officers	34.8	39.1	29.0	35.7
Sessional Clinicians	24.7	27.9	18.7	24.6
Ancillary Staff (Allied Health)	63.0	72.8	58.6	69.1

Occupational Health and Safety (OHS) Statistics

Occupational Health and Safety Statistics	2022–23	2023–24	2024–25
The number of reported hazards/incidents for the year per 100 FTE	34.2	36.32	36.7
The number of 'lost time' standard WorkCover claims for the year per 100 FTE	1.87	1.49	2.1
The average cost per WorkCover claim for the year ('000)	$54,068	$103,168	$46,734

Occupational Violence

Occupational violence statistics	2024–25
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	147
Number of occupational violence incidents reported per 100 FTE	20.1
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	0

Definitions of occupational violence

Occupational violence – any incident where an employee is abused, threatened or assaulted in circumstances arising out of, or in the course of their employment.

Incident – an event or circumstance that could have resulted in, or did result in, harm to an employee. Incidents of all severity rating must be included. Code Grey reporting is not included, however, if an incident occurs during the course of a planned or unplanned Code Grey, the incident must be included.

Accepted Workcover claims – accepted Workcover claims that were lodged in 2024–25.

Lost time – is defined as greater than one day.

Injury, illness or condition – this includes all reported harm as a result of the incident, regardless of whether the employee required time off work or submitted a claim.

Workforce Inclusion Policy

BCH's Diversity Policy and Framework is its form of a 'workforce inclusion policy'.

Over the past 12 months, the following plans have been developed, reviewed and reported via the BCH First Peoples Advisory Committee, Partnerships and Engagement Committee and Corporate Governance Committee:

- Aboriginal and Torres Strait Islander Cultural Safety Plan.
- Reflect Reconciliation Action Plan.
- Disability Action Plan.

Bass Coast Health has:

- Aboriginal and Torres Strait Islander designated roles: Aboriginal Health Liaison Officer, Clinical Nurse Consultant, Nurse and Elder-in-Residence.
- developed BCH's Aboriginal Employment Plan for financial year 2025–26. It is now being implemented.
- sought to understand and consider the evolving diversity of the community and diverse needs through its Community Advisory Committee and participation of consumers on working groups and committees.
- supported staff in developing and maintaining competencies and resources in providing services which are respectful and responsive to diverse communities through online and face-to-face Cultural Awareness Training.
- supported staff in effectively communicating with consumers who are not proficient in English through a range of communication tools and resources including an interpreting and translating service.

- worked in partnership with multicultural services, local government and the local community to promote consultation in decision-making, and to review and plan services to meet the needs of diverse communities through participating in the development of new Municipal Public Health Plans.
- promoted person-centred care, partnering with consumers in individual care.
- communicated the principles of this policy at new staff orientation, and to Volunteers and Community Advisors as part of the Community Advisory Committee and volunteer orientation and ongoing training program.

Gender Equality Act 2020

Work continues to implement BCH's *Gender Equality Action Plan 2022–2025*. Key areas of focus in the past 12 months have included:

- continuing education on gender equality, intersectionality and inclusion. Specifically, staff were provided opportunities to attend a series of webinars on understanding gender affirming care options for trans and gender diverse young people in July and August 2024.
- training was provided for staff with respect to inclusive practices to support guide dogs and their handlers at work in November and December 2024.
- new initiatives in the area of leave and flexibility include the implementation of night duty education for nurses in 2025 and the implementation of permanent night duty for nurses and midwives.
- continuing to maintain relationships with local disability employment organisations and to develop pathways for employment, in particular in our Support Services directorate.
- continuing leadership development programs to build management awareness and skills in areas such as unconscious bias, equity in recruitment practices and diversity.
- commencing the roll-out of Respect @ Work with an initial focus on work-related gendered violence, including sexual harassment. Manager training commenced in June 2025.
- updating the recruitment policy to provide more guidance for managers with respect to remuneration for higher grade duties and secondments to ensure pay equity.
- the 2025 workplace gender audit, which is currently underway and due for submission on 1 December 2025.
- the 2025 progress report is due for submission on 1 May 2026.

Statement of Priorities

Part A: Strategic Priorities

The Statement of Priorities are aligned with the Strategic Plan[1].

Bass Coast Health contributed to the *Department of Health Strategic Plan 2023–27* by progressing against each of the following priorities:

Ministerial Priorities

For the **overall health system**:

1. A reformed health system, shifting from competition to collaboration between health services, and with strengthened, formalised partnerships between health services and community and primary care services to ensure patients receive the right care closer to home.
2. A growing, skilled, and engaged workforce that is supported to develop professionally. This is achieved through an increased supply of critical roles, world-leading employee experience, diverse workforce skills and experience, and a strategic focus on future roles, capabilities, professional development, and improving and promoting workplace gender equality, including meeting Health Service obligations under the *Gender Equality Act 2020*.
3. A health system that is grounded in respect and safety, particularly cultural safety, and awareness, achieved through mandatory cultural safety training, anti-racism plans and actions, and employment plans that drive greater representation of First Nations people across all levels of a health service.
4. Improved health equity through a focus on:
    a. Aboriginal health and wellbeing, achieved through identifying and closing gaps in access to care, and improved discharge planning for Aboriginal patients
    b. family-centred health models for priority populations.
5. A focus on women's health, including improved access to abortion care and public fertility services, and reduced gender health disparities supported through the roll-out of comprehensive women's health clinics.
6. A continued focus on innovating and improving the quality and safety of care, including through strengthening clinical governance systems under the Victorian Clinical Governance Framework, and improving access to timely care by implementing strategies that improve whole of system patient flow.
7. A financially sustainable health system reflected in balanced health service budgets.

For the **mental health** system:

8. An improved mental health system, through:
    a. supporting people to stay well in their communities through prevention and promotion
    b. growing strong, safe, and supported mental health workforces through the implementation of the mental health workforce strategy

1 Link to Strategic Plan 2023–27. (https://www.health.vic.gov.au/our-strategic-plan-2023–27)

c. supporting a system that embeds lived experience at every level

d. delivering connected, new, and better community and bed-based services

e. supporting better consumer outcomes through performance improvement

f. elevating consumer rights and supporting cultural change in line with the principles of the *Mental Health and Wellbeing Act 2022*

g. providing culturally safe services that deliver social and emotional wellbeing models for Aboriginal and Torres Strait Islander people.

Supporting services for older Victorians:

9. A reformed health system that responds to the needs of older people to receive the right care in the right place through:

   a. initiatives that reduce avoidable hospital presentations and length of stay for older people in hospital

   b. availability of public sector residential aged care.

10. A strengthened approach to the delivery of high quality and safe aged care services through:

   a. continued implementation of national aged care reforms arising from the Royal Commission into Aged Care Quality and Safety

   b. system stewardship and oversight of public aged care service delivery.

These Ministerial priorities are reflected in 2024–25 Statements of Priorities and the Department of Health *Strategic Plan 2023–27* (*Strategic Plan*).

System Priorities

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 and Health Service deliverables	Progress included:
Goal **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.**	
Health Service deliverable MA2 Improve paediatric patient outcomes by implementing the "ViCTOR track and trigger" observation chart and escalation system whenever children have observations taken.	**Achieved and Ongoing:** • ViCTOR charts are now embedded in the Emergency Department, and audits are monitored and actioned. • The ViCTOR chart track and trigger observation chart is now embedded in the electronic medical record with regular auditing of use. • ViCTOR training is ongoing for new staff in the Emergency Department.

Goals and Health Service deliverables	Progress included:
Goal **MA9 Maintain a commitment to delivering equitable access to planned surgery and drive reform in alignment with the Planned Surgery Reform Blueprint.**	
Health Service deliverable MA9 Continue to participate actively in the Gippsland Health Service Partnership surgical reform work.	**Achieved and Ongoing:** • BCH became fully Elective Surgery Information System (ESIS) reportable in June 2025 and is now working towards full Planned Surgery Access Policy compliance by June 2026. • Surgical reform work will continue from July 2025, in line with the first round of patient support unit funding, since becoming ESIS reportable. • Although regular scheduled meetings with Gippsland Health Service Partnership have been completed, we have built solid relationships and continue to liaise with the team when region-wide benchmarking or issues arise.
Health Service deliverable MA9 Continue to expand partnerships with regional and metro services to optimise surgical activity.	**Achieved and Ongoing:** • Partnerships with Latrobe Regional and Monash Health to complete surgeries for long and extreme long waits on outpatient and Planned Surgery waitlists, established and completed. • Scoping has begun to look for opportunities within the Bayside amalgamation, including pathways to referral from The Alfred and Peninsula Health.
Health Service deliverable MA9 Prepare Bass Coast Health for Elective Surgery Information System (ESIS) reporting.	**Achieved and Ongoing:** • On 29 May BCH received notification that we could commence reporting planned surgery activity to the Department of Health through ESIS. This allows reportable planned surgery activity delivered by BCH, such as throughput, waitlist volumes and timeliness by urgency category, to be reported to DH. Data will be reported publicly through the Victorian Health Service Performance (VHSP) data each quarter and published by eHealth on the Victorian Agency for Health Information (VAHI) website. BCH's 2024–25 performance data will be included in the next scheduled VHSP release in August 2025.

Operate within budget

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

Goals and Health Service deliverables	Progress included:
Goal **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.**	
Health Service deliverable MB1 Deliver on the key initiatives as outlined in the Budget Action Plan.	**Achieved:** • BCH achieved notable efficiency gains across several strategic priority areas. These included significant reductions in locum and agency expenditure, improved revenue performance and the successful expansion of clinical services, surpassing baseline activity targets. While the health service recorded a modest operating deficit of $0.8 million, the overarching objectives of the Budget Action Plan (BAP) were effectively met, reflecting disciplined financial management and operational focus.
Health Service deliverable 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.	**Achieved:** • In support of enhanced financial oversight, BCH introduced a new monthly analysis framework to track both employed and external workforce costs. Additionally, the implementation of divisional and program-level reporting has strengthened accountability and monitoring of BAP initiatives, while also improving forecasting accuracy and informing investment decisions.

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 and Health Service deliverables	Progress included:
Goal **MC2, MC3 Enhance the provision of appropriate and culturally safe services, programs, and clinical trials for and as determined by Aboriginal people, embedding the principles of self-determination.**	
Health Service deliverable MC2, MC3 Actively partner with the Bunurong Land Council and local Aboriginal and Torres Strait Islander community members via the Bass Coast Reconciliation Network and develop processes to measure BCRN outcomes and impact.	**Achieved and Ongoing:** • Partnering with five other leading employers, the Bunurong Land Council, and Aboriginal and Torres Strait Islander community members resulted in the commencement of the Bass Coast Reconciliation Network (BCRN) in March 2019. The BCRN has partnered to deliver successful events in the community to recognise culturally significant days including NAIDOC, Reconciliation Week and Sorry Day. Examples of events include the 2025 Sorry Day event at Cape Paterson, the annual Indigenous Art Exhibition at Wonthaggi ArtSpace and the inaugural Ngangga Community Festival run at Berninneit in Cowes. The BCRN also published its first Collective Impact Statement, highlighting the social and economic benefits borne from this partnership. • The BCRN has expanded to include a working group focused on partnering to deliver local events to recognise key acknowledgement days and weeks.
Health Service deliverable MC2, MC3 Progress the work of the BCH Reconciliation Action Plan in collaboration with the staff Reconciliation Action working group to further progress the BCH Reconciliation Action Plan.	**Achieved and Ongoing:** • Bass Coast Health launched its first Reflect Reconciliation Action Plan in May, following endorsement from Reconciliation Australia. The launch, during National Reconciliation Week, was well-attended by staff and community members and featured a Welcome to Country and Smoking Ceremony performed by Bunurong Land Council Aboriginal Corporation. • Key actions from our Reflect RAP include building relationships and respect through participation in events. Internal promotion attracted members of the RAP Working Group and staff to participate in a number of events organised by the Bass Coast Reconciliation Network. These include the NAIDOC Week Art Exhibition in Wonthaggi, the inaugural Ngangga Festival in Cowes, and January's truth-telling event in Wonthaggi to commemorate Tunnerminnerwait and Maulbuoyhenner.
Health Service deliverable MC2, MC3 Continue to explore opportunities for delivering culturally safe, welcoming environments with Aboriginal cultural symbols and spaces demonstrating, recognising, celebrating and respecting Aboriginal communities and culture.	**Achieved and Ongoing:** • Aboriginal artworks have been installed in the new Phillip Island Community Hospital, near both the front and rear entrances. Flag sets have also been installed in foyers and meeting rooms.

Goals and Health Service deliverables	Progress included:
Health Service deliverable MC2, MC3 Partner with members of the Bass Coast Reconciliation Network to progress the Gathering Place, and to deliver local events to increase engagement and connection with Aboriginal community members.	**Achieved and Ongoing:** • The CEO and Director of Partnerships and Engagement have been involved from the inception in the development of a Gathering Place for Bass Coast. The Gathering Place is a community-led initiative with the support of partner organisations including BCH. Through its partnership with the Bass Coast Reconciliation Network, BCH helped engage the community in local events, including the 2025 Sorry Day event at Cape Paterson, the annual Indigenous Art Exhibition at Wonthaggi ArtSpace and the inaugural Ngangga Community Festival run at Berninneit in Cowes during NAIDOC Week.
Goal **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.**	
Health Service deliverable 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.	**Achieved and Ongoing:** • Following up on previous cultural safety training at a leadership level, face-to-face cultural safety training was delivered to staff in our medical workforce, reception staff, ward clerks and access teams, by an indigenous-owned training consultancy business. • Bass Coast Health has developed an Aboriginal Employment Plan, which includes a focus on training for staff. As part of their orientation, all new staff and volunteers are given an overview of cultural safety and the importance of 'asking the question' by our Elder-In-Residence. All staff have mandatory online cultural safety training, delivered through our E3 training platform.

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 and Health Service deliverables	Progress including:
Goal **MD2 Explore new and contemporary models of care and practice, including future roles and capabilities.**	
Health Service deliverable MD2 Expand specialist outpatient appointment access for the local community.	**Achieved and Ongoing:** • We achieved a 36 per cent increase in the number of clinics we offer to our community in the past three years, with most of this growth occurring in the 2024–25 financial year. • We increased our general surgery and gynaecological clinics. • We introduced sleep studies and respiratory specialist outpatient clinics, and nephrology, infectious diseases and neurological services.
Health Service deliverable MD2 Develop the Model of Care for Phillip Island Community Hospital.	**Achieved and Ongoing:** • Phillip Island Community Hospital (PICH) has built capacity and capability to function integrally with all sites and services of BCH. • The model of care has focused on the fundamentals of BCH's strategic plan to build local capacity and capability that is sustainable and provides care to the local community. • Existing Urgent Care team transitioned to a state-of-the-art, contemporary new Urgent Care Centre within the PICH on 25 June. • A continued staged approach will broaden the services available at PICH throughout 2025–2026 to include expanded cancer therapies, day surgery, radiology and consulting spaces.
Health Service deliverable MD2 Finalise the Model of Care documentation for Wonthaggi services.	**Achieved and Ongoing:** • Review and further development of the Close Observation Model of Care, increasing acute medical ward capability with a lens on safety and upskilling staff in this area. • The Physician in Triage Model of Care in the Emergency Department was implemented and plays a key role in early patient assessment, streaming of care, initiating diagnostic workups and treatment plans to improve clinical initiation times and overall ED Length of Stay. They help prioritise patients based on clinical urgency, support timely decision-making and improve ED flow. Their presence enhances safety, particularly during periods of high demand.

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 and Health Service deliverables	Progress
Goal **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.**	
Health Service deliverable ME2 Participate actively in any planning that is undertaken as part of the Health System reform.	**Achieved and Ongoing:** • Bayside Health. Eight work streams have been established to represent various departments within the five health services that will merge voluntarily. The work streams are undertaking vital work to prepare for the merger of the health services from 1 January 2026. • Bass Coast Health's many partnerships with Alfred Health continue, such as sharing medical staff and providing visiting specialists. • Successful transition to a new radiology provider, Imaging Associates. This company now provides radiology at Wonthaggi Hospital and will offer radiology at Phillip Island Community Hospital early in the new financial year.
Health Service deliverable ME2 Continue to progress the annual workplan of the South Gippsland Coast Local Area Partnership working group.	**Achieved:** • Bass Coast Health has worked closely with Gippsland Southern Health Service, Kooweerup Regional Health Service and South Gippsland Hospital to deliver a sub-regional workforce development program during 2024–2025. Fourteen key initiatives engaged more than 400 staff from the partnering health services aimed at developing leadership capabilities, addressing occupational health and safety and staff wellbeing risks and opportunities, and focusing on particular service needs that support a skilled workforce that is responsive to patient needs.

Part B: Performance Priorities

High quality and safe care

Key performance measure	Target	Result
Infection prevention and control		
Percentage of healthcare workers immunised for influenza	94%	98%
Continuing care		
Average change in the functional independence measure (FIM) score per day of care for rehabilitation separations	0.645	1.283
Adverse events		
Percentage of reported sentinel events for which a root cause analysis (RCA) report was submitted within 30 business days from notification of the event	All RCA reports submitted within 30 business days	BCH had no reported sentinel events.
Aged care		
Public sector residential aged care services overall star rating	Minimum rating of 3 stars	• Griffiths Point Lodge, 5 stars • Kirrak House, 4 stars
Patient experience		
Percentage of patients who reported positive experiences of their hospital stay	95%	98%
Aboriginal Health		
The gap between the number of Aboriginal patients who discharged against medical advice[2] compared to non-Aboriginal patients	0%	0%
The gap between the number of Aboriginal patients who 'did not wait' presenting to hospital emergency departments compared to non-Aboriginal patients	0%	3%

Strong governance, leadership and culture

Key performance measure	Target	Result
Organisational culture		
People Matter Survey – percentage of staff with an overall positive response to safety culture survey questions	80%	70%

2 Further work will be undertaken on leave event measures terminology that better captures patient experience and Aboriginal community's holistic understanding of health and wellbeing.

Timely access to care

Key Performance Measure	Target	Result
Emergency Care		
Percentage of patients transferred from ambulance to emergency department within 40 minutes[3]	4% improvement on 23–24 performance	68%
Number of emergency patients with a length of stay in the emergency department greater than 24 hours	Zero	16
Mean ED length of stay (admitted) in minutes[4]	7% improvement on 23–24 performance	203
Mean ED length of stay (non-admitted) in minutes[5]	3% improvement on 23–24 performance	355
Inpatient length of stay in minutes	3% improvement on 23–24 performance	3,513
Specialist Clinics		
Percentage of patients referred by a GP or external specialist who attended a first appointment within the recommended timeframe[6]	95%	82%
Home Based Care		
Percentage of admitted bed days delivered at home	Equal to or better than prior year result	Current year: 14.6% Previous year: 16.9%

Effective financial management

Key performance measure	Target	Result
Operating result ($m)	0.00	(0.81)
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	1.0
Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June	5% movement in forecast revenue and expenditure forecasts	Not achieved

*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.

3 Health services are expected to progress towards the target of 90% by demonstrating improvement of 4% or achieving at least 80% for this current year.
4 Services that have reached 306 minutes are expected to maintain or improve performance for this measure.
5 Services that have reached 240 minutes are expected to maintain or improve performance for this measure.
6 30 days for urgent patients, 365 days for routine patients.

Part C: Activity and Funding

Bass Coast Health funding summary for 1 July 2024 – 30 June 2025

Funding Type	2024–2025 Activity achievement
Consolidated Activity Funding	
Acute admitted, subacute admitted, emergency services, non-admitted NWAU	17,316
Acute Admitted	
Acute admitted DVA	32
Acute admitted TAC	(1)
Subacute/Non-Acute, Admitted & Non-admitted	
Subacute – DVA	45
Aged Care	
Residential aged care	21,335
HACC	7,794
Primary Health	
Community health / primary care programs	17,615
Other	
Health workforce	35
Other specified funding	175

*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.

Summary of Financial Results

The following table provides a summary of the financial results for the year, with comparative results for the preceding four financial years. Previous years' data is included on the same basis where possible for comparative purposes.

Operating Result for the Year Ending 30 June 2025

	2025 $000	2024 $000	2023 $000	2022 $000	2021 $000
Operating Result*					
Total revenue	175,647	164,925	166,846	181,871	115,975
Total expenses	183,177	169,754	143,116	118,204	103,850
Net result from transactions	**(7,530)**	**(4,829)**	**23,730**	**63,667**	**12,125**
Total other economic flows	332	44	(341)	(543)	170
Net result	**(7,198)**	**(4,785)**	**23,389**	**63,124**	**12,295**
Total assets	222,646	224,719	197,462	174,613	108,534
Total liabilities	44,630	39,505	32,911	33,451	31,499
Net assets/Total equity	**178,016**	**185,214**	**164,551**	**141,162**	**77,035**

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

Reconciliation between the Net result from transactions to the Statement of Priorities Operating Result

	2024–25 ($000)
Net operating result*	**(813)**
Capital purpose income	5,600
Specific income	N/A
COVID-19 State Supply Arrangements – Assets received free of charge or for nil consideration under the State Supply	149
State supply items consumed up to 30 June 2025	(149)
Assets provided free of charge	N/A
Assets received free of charge	0
Expenditure for capital purpose	N/A
Depreciation and amortisation	(12,317)
Impairment of non-financial assets	N/A
Finance costs (other)	0
Net result from transactions	**(7,530)**

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

Operational and Budgetary Objectives and Factors Affecting Performance

Bass Coast Health's financial operations performed strongly in 2024–25, exceeding activity-based funding targets. However, our overall financial position continued to be affected by an increasingly complex and high-cost operational environment. In the first half of the year, staffing costs rose due to the reliance on short-term agency staff to fill roster gaps. As the year progressed, BCH successfully recruited permanent staff, resulting in a noticeable reduction in agency usage. Consumable costs also increased, driven by the delivery of additional services across expanded programs, a larger operational floor plan and ongoing inflationary pressures.

Additional operational funding from the Department of Health, of $1.617m, was received to support the increased costs and support cash flow sustainability. Despite this, Bass Coast Health reported an operating deficit of $(0.813m) with the reported net result from transactions for the year being a deficit of $(7.530m). The operating deficit noted above includes capital purpose income of $5.6m and depreciation charges of $12.3m.

The capital purpose income received during the year, of $5.6m, was provided to assist with the purchase of medical and ICT equipment, required for the fit-out of the Phillip Island Community Hospital, along with the early stages of the Staff Accommodation Facility project.

Notwithstanding the increase in costs to support the operations of Bass Coast Health in the future, the health service remains committed to maintaining its financial sustainability through the ongoing delivery of safer and more expanded services with ongoing support from the Department of Health.

Significant Changes in Financial Position During the Year

There were no significant changes in financial position during the 2024–25 year.

Events Subsequent to Balance Date

The Boards of Alfred Health, Peninsula Health, Bass Coast Health, Gippsland Southern Health Service and Kooweerup Regional Health Service have agreed to a voluntary merger to form a new health service, Bayside Health. The public services currently being delivered by each of the merging health services will continue to be delivered in the new merged entity of Bayside Health.

The Secretary of the Victorian Department of Health provided in principle support for the merger on 14 February 2025. On 28 June 2025, as required by the *Health Services Act 1988*, The Victorian Minister for Health sent her draft Ministerial Report, outlining a proposal for the voluntary merger, to the Boards for consideration. The Boards jointly responded on 22 July 2025, supporting the Ministerial Report.

The proposed effective date for the merger is 1 January 2026.

Consultancies

Details of consultancies (under $10,000)

In 2024–25, there were no consultants where the total fees payable to the consultants were less than $10,000. The total expenditure incurred during 2024–25 in relation to these consultancies is $0 (excl. GST).

Details of consultancies (valued at $10,000 or greater)

In 2024–25, there was one consultant where the total fee payable to the consultant was $10,000 or greater. The total expenditure incurred during 2024–25 in relation to this consultancy was $15,704 (excl. GST).

Consultancies over $10,000

Consultant	Purpose of Consultancy	Start date	End date	Total approved Project fee (ex GST)	Expenditure 2023–24 (ex GST)
Research and Safety Services Pty Ltd	BCH Staff Survey Report	1/06/2024	31/07/2024	$15,704.43	$15,704.43
			Totals	**$15,704.43**	**$15,704.43**

Information and Communication Technology Expenditure

The total ICT expenditure incurred during 2024–25 is $5,637,043 (excluding GST) with the details shown below:

Business as Usual (BAU) ICT expenditure	Non-Business as Usual (non-BAU) ICT expenditure		
Total (ex GST)	Total = Operational expenditure and Capital expenditure (ex GST) (a) + (b)	Operational expenditure (ex GST) (a)	Capital expenditure (ex GST) (b)
$2,703,434	$2,933,609	$895,793	$2,037,816

Attestations and Declarations

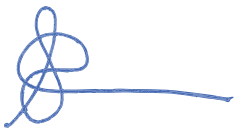
Financial Management Compliance Attestation

I, Ian Thompson, on behalf of the Responsible Body, certify that Bass Coast Health has no Material Compliance Deficiency with respect to the applicable Standing Directions 2018 under the *Financial Management Act 1994* and Instructions.

Ian Thompson
Chair, Board of Directors
Bass Coast Health
28 August 2025

Data Integrity Declaration

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



Simone Alexander
Interim Chief Executive Officer
Bass Coast Health
28 August 2025

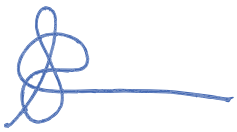
Conflict of Interest Declaration

I, Simone Alexander, certify that Bass Coast 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 Bass Coast 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.

Simone Alexander
Interim Chief Executive Officer
Bass Coast Health
28 August 2025

Integrity, Fraud and Corruption Declaration

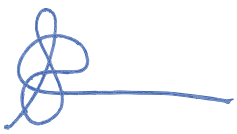
I, Simone Alexander, certify that Bass Coast Health has put in place appropriate internal controls and processes to ensure that integrity, fraud and corruption risks have been reviewed and addressed at Bass Coast Health during the year.



Simone Alexander
Interim Chief Executive Officer
Bass Coast Health
28 August 2025

Compliance with Health Share Victoria (HSV) Purchasing Policies

I, Simone Alexander, certify that Bass Coast 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.



Simone Alexander
Interim Chief Executive Officer
Bass Coast Health
28 August 2025

Disclosure Index

The annual report of BCH 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.

Legislation	Requirement	Page Reference
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FRD 22	Compliance with building and maintenance provisions of the *Building Act 1993*	28
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Notes:

(a) References to FRDs have been removed from the Disclosure Index if the specific FRDs do not contain requirements that are in the nature of disclosure.

(b) Refer to the Model financial statements section (Part two) for further details.

Financial Statements – Financial Year Ending 30 June 2025

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

The attached financial statements for Bass Coast Health have been prepared in accordance with Direction 5.2 of the Standing Directions of the Assistant Treasurer 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 Bass Coast Health at 30 June 2025.

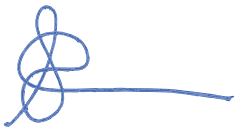
At the time of signing, we are not aware of any circumstance which would render any particulars included in the financial statements to be misleading or inaccurate.

We authorise the attached financial statements for issue on 28 August 2025.

Board Member

Ian Thompson
Chair
Wonthaggi
28 August 2025

Accountable Officer



Simone Alexander
Interim Chief Executive Officer
Wonthaggi
28 August 2025

Chief Finance and Accounting Officer

Shaun Brooks
Chief Finance and Accounting Officer
Wonthaggi
28 August 2025

Independent Auditor's Report

Victorian Auditor-General's Office

To the Board of Bass Coast Health

Opinion	I have audited the financial report of Bass Coast 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 *Financial Management Act 1994* and applicable Australian Accounting Standards.
Basis for Opinion	I have conducted my audit in accordance with the *Audit Act 1994* which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report. My independence is established by the *Constitution Act 1975.* 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 *Code of Ethics for Professional Accountants (including Independence Standards)* (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 and the *Financial Management Act 1994*, 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.

Level 31 / 35 Collins Street, Melbourne Vic 3000
T 03 8601 7000 enquiries@audit.vic.gov.au www.audit.vic.gov.au

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
1 September 2025

Simone Bohan
as delegate for the Auditor-General of Victoria

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

	Note	2025 $'000	2024 $'000
Revenue and income from transactions			
Revenue from contracts with customers	2.1(a)	143,674	100,866
Other sources of income	2.1(b)	31,674	63,848
Non-operating activities	2.1(b)	299	211
Total revenue and income from transactions		**175,647**	**164,925**
Expenses from transactions			
Employee expenses	3.1	(124,812)	(118,691)
Finance costs	6.1	(60)	(9)
Depreciation and amortisation	4.1(a), 4.2	(12,317)	(10,512)
Other operating expenses	3.1	(45,988)	(40,542)
Total expenses from transactions		**(183,177)**	**(169,754)**
Net result from transactions - net operating balance		**(7,530)**	**(4,829)**
Other economic flows included in net result			
Net gain/(loss) on sale of non-financial assets		197	93
Net gain/(loss) on financial instruments		38	(80)
Other gain/(loss) from other economic flows		97	31
Total other economic flows included in net result		**332**	**44**
Net result		**(7,198)**	**(4,785)**
Other economic flows - other comprehensive income			
Items that will not be reclassified to net result			
Changes in property, plant and equipment revaluation surplus		-	25,448
Total other comprehensive income		**-**	**25,448**
Comprehensive result		**(7,198)**	**20,663**

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

Balance Sheet
Bass Coast Health
As at 30 June 2025

	Note	2025 $'000	2024 $'000
Financial assets			
Cash and cash equivalents	6.2	29,260	28,580
Receivables	5.1	8,621	5,460
Total financial assets		**37,881**	**34,040**
Non-financial assets			
Prepayments		761	669
Inventories	5.2	334	313
Property, plant and equipment	4.1	183,670	189,697
Total non-financial assets		**184,765**	**190,679**
Total assets		**222,646**	**224,719**
Liabilities			
Payables	5.3	10,849	9,657
Contract liabilities	5.4	1,395	1,665
Borrowings	6.1	1,499	710
Employee benefits	3.1(b)	24,930	21,626
Other liabilities	5.5	5,957	5,847
Total liabilities		**44,630**	**39,505**
Net assets		**178,016**	**185,214**
Equity			
Property, plant and equipment revaluation surplus		53,366	53,366
Restricted specific purpose reserve		293	293
Contributed capital		19,410	19,410
Accumulated surplus/(deficit)		104,947	112,145
Total equity		**178,016**	**185,214**

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

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

	Note	2025 $'000	2024 $'000
Cash flows from operating activities			
Operating grants from State Government		135,460	121,172
Operating grants from Commonwealth Government		16,599	17,141
Capital grants from State Government		4,098	8,048
Commercial activities, patient and hospital fees received		4,033	3,304
Donations and bequests received		10	11
GST received from ATO		171	-
Interest and investment income received		1,982	1,348
Other receipts		7,935	5,907
Total receipts		**170,288**	**156,931**
Payments to employees		(120,869)	(89,875)
Payments to suppliers and consumables		(32,783)	(49,079)
Finance costs		(60)	(23)
GST paid to ATO		-	(22)
Other payments		(12,320)	(9,773)
Total payments		**(166,032)**	**(148,772)**
Net cash flows from/(used in) operating activities		**4,256**	**8,159**
Cash flows from investing activities			
Proceeds from sale of non-financial assets		345	-
Purchase of non-financial assets		(6,438)	(8,789)
Proceeds from sale of financial assets		-	93
Capital donations and bequests received		1,457	713
Net cash flows from/(used in) investing activities		**(4,636)**	**(7,983)**
Cash flows from financing activities			
Net receipt of other monies held in trust		-	12
Repayment of borrowings and principal portion of lease liabilities		(233)	(183)
Receipt of borrowings		1,022	388
Repayment of accommodation deposits		(3,755)	(1,470)
Receipt of accommodation deposits		4,026	2,350
Net cash flows from/(used in) financing activities		**1,060**	**1,097**
Net increase/(decrease) in cash and cash equivalents held		**680**	**1,273**
Cash and cash equivalents at beginning of year		28,580	27,307
Cash and cash equivalents at end of year	6.2	**29,260**	**28,580**

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

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

	Property, Plant and Equipment Revaluation Surplus	Restricted Specific Purpose Reserve	Contributed Capital	Accumulated Surplus/(Deficit)	Total
	$'000	$'000	$'000	$'000	$'000
Balance at 1 July 2023	**27,918**	**293**	**19,410**	**116,930**	**164,551**
Net result for the year	-	-	-	(4,785)	(4,785)
Other comprehensive income for the year	25,448	-	-	-	25,448
Balance at 30 June 2024	**53,366**	**293**	**19,410**	**112,145**	**185,214**
Net result for the year	-	-	-	(7,198)	(7,198)
Balance at 30 June 2025	**53,366**	**293**	**19,410**	**104,947**	**178,016**

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

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

Structure

Note 1 About this Report

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

This section explains the basis of preparing the financial statements.

Note 1.1 Basis of preparation

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.

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 Bass Coast Health.

The financial statements have been prepared on a going concern basis (refer to Note 1.6 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 Bass Coast Health on 28th August, 2025.

Note 1.2 Joint arrangements

Interests in joint arrangements are accounted for by recognising in Bass Coast Health's financial statements, its share of assets and liabilities and any revenue and expenses of such joint arrangements.

Bass Coast Health has the following joint arrangements:

- Gippsland Health Alliance - Joint Operation

Details of the joint arrangements are set out in Note 8.7.

Note 1.3 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 identified at the beginning of each section where applicable and relate to the following disclosures:

- Note 2.1 Revenue and income from transactions
- Note 3.1 Expenses incurred in the delivery of services
- Note 4.1 Property, plant and equipment
- Note 4.2 Depreciation and amortisation
- Note 4.3 Impairment of assets
- Note 5.1 Receivables
- Note 5.3 Payables
- Note 5.4 Contract liabilities
- Note 5.5 Other provisions
- Note 6.1(a) Lease liabilities
- Note 7.4 Fair value determination

Note 1.4 Accounting standards issued but not yet effective

An assessment of accounting standards and interpretations issued by the AASB that are not yet mandatorily applicable to Bass Coast Health and their potential impact when adopted in future periods is outlined below:

Standard	Adoption Date	Impact
AASB 2022-10: *Amendments to Australian Accounting Standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities*	Reporting periods beginning on or after 1 January 2024. In accordance with FRD 103, Bass Coast Health will apply Appendix F of AASB 13 prospectively, in the next formal asset revaluation or interim revaluation (whichever is earlier).	Adoption of this standard is not expected to have a material impact.
AASB 2022-9: *Amendments to Australian Accounting Standards – Insurance Contracts in the Public Sector*	Reporting periods beginning on or after 1 January 2026.	Adoption of this standard is not expected to have a material impact.
AASB 2024-2 *Amendments to Australian Accounting Standards – Classification and Measurement of Financial Instruments*	Reporting periods beginning on or after 1 January 2026.	Adoption of this standard is not. Expected to have a material impact.
AASB 18: *Presentation and Disclosure in Financial Statements*	Reporting periods beginning on or after 1 January 2028.	Adoption of this standard is not expected to have a material impact.

There are no other accounting standards and interpretations issued by the AASB that are not yet mandatorily applicable to Bass Coast Health in future periods.

Note 1.5 Reporting Entity

The financial statements include all the controlled activities of Bass Coast Health.

Bass Coast Health's principal address is:

235-237 Graham Street
Wonthaggi, Victoria 3995

Note 1.6 Economic dependency

Bass Coast 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. Bass Coast Health provides essential services and is predominantly dependent on the continued financial support of the State Government, particularly the Department of Health, and the Commonwealth funding via the National Health Reform Agreement (NHRA).

At the time of preparing the financial statements for the year ended 30 June 2025, the level of funding available to Bass Coast Health for the 2025/26 financial year is yet to be finalised. Notwithstanding this, on the basis that Bass Coast Health continues to report and meet regularly with the Department of Health to communicate and agree upon financial performance, risk and strategy, it is considered highly likely that the Department of Health will continue to provide adequate financial support to Bass Coast Health, including its continued operations under the new merged entity of Bayside Health, for at least the 12 month period from the date of signing the 30 June 2025 financial statements.

As the State of Victoria plans to continue Bass Coast Health operations and, on that basis, the financial statements have been prepared on a going concern basis.

Details of events occurring after balance sheet date, applicable to BCH's future operations are set out in note 8.6.

Note 2 Funding delivery of our services

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

Structure

2.1 Revenue and income from transactions

This section contains the following material judgements and estimates:

Key judgements and estimates	Description
Identifying performance obligations	Bass Coast Health applies material judgment when reviewing the terms and conditions of funding agreements and contracts to determine whether they contain sufficiently specific and enforceable performance obligations. If this criterion is met, the contract/funding agreement is treated as a contract with a customer, requiring Bass Coast Health to recognise revenue as or when the health service transfers promised goods or services to the beneficiaries. If this criterion is not met, funding is recognised immediately in the net result from operations.
Determining timing of revenue recognition	Bass Coast Health applies material judgement to determine when a performance obligation has been satisfied and the transaction price that is to be allocated to each performance obligation. A performance obligation is either satisfied at a point in time or over time.
Determining timing of capital grant income recognition	Bass Coast Health applies material judgement to determine when its obligation to construct an asset is satisfied. Costs incurred is used to measure the health service's progress as this is deemed to be the most accurate reflection of the stage of completion.
Assets and services received free of charge or for nominal consideration	Bass Coast Health applies material judgement to determine the fair value of assets and services provided free of charge or for nominal value. Where a reliable market value exists it is used to calculate the equivalent value of the service being provided. Where no reliable market value exists, the service is not recognised in the financial statements.

Note 2.1 Revenue and income from transactions

	Note	2025 $'000	2024 $'000
Revenue from contracts with customers	2.1(a)	143,674	100,866
Other sources of income	2.1(b)	31,973	64,059
Total revenue and income from transactions		**175,647**	**164,925**

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

Note 2.1(a) Revenue from contracts with customers

	2025 $'000	2024 $'000
Government grants (State) - Operating	123,098	80,891
Government grants (Commonwealth) - Operating	16,599	16,553
Patient and resident fees	3,977	3,422
Total revenue from contracts with customers	**143,674**	**100,866**

Bass Coast Health disaggregates revenue by the timing of revenue recognition.

Goods and services transferred to customers:		
At a point in time	143,674	100,866
Over time	-	-
Total revenue from contracts with customers	**143,674**	**100,866**

How we recognise revenue from contracts with customers
Government operating 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 Bass Coast Health's goods or services. Bass Coast 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.

This policy applies to each of Bass Coast Health's revenue streams, with information detailed below relating to Bass Coast 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 Bass Coast 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 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.

Note 2.1(b) Other sources of income

	Note	2025 $'000	2024 $'000
Operating Activities			
Government grants (State) - Operating		13,486	43,721
Government grants (State) - Capital		4,098	8,048
Capital donations		1,457	713
Assets received free of charge or for nominal consideration	2.1(c)	1,531	1,148
Salary and other recoveries		1,590	1,336
Research and sundry income		477	370
Other income from operating activities		7,098	7,164
Interest Income		1,937	1,348
Total operating activities		**31,674**	**63,848**
Non-operating activities			
Rental income		254	211
Capital interest		45	-
Total non-operating activities		**299**	**211**
Total other sources of income		**31,973**	**64,059**

How we recognise other sources of income

Government grants

Bass Coast 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 Bass Coast Health has an unconditional right to receive cash which usually coincides with receipt of cash. On initial recognition of the asset, Bass Coast 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 Bass Coast 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 Bass Coast 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.

Rental income
Rental income is recognised on a straight-line basis over the term of the lease, unless another systematic basis is more representative of the pattern of use of the underlying asset.

Interest Income
Interest income is recognised on a time proportionate basis that considers the effective yield of the financial asset, which allocates interest over the relevant period.

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

	2025 $'000	2024 $'000
Cash donations and gifts	10	11
Plant and equipment	-	126
Other Services	1,521	1,011
Total fair value of assets and services received free of charge or for nominal consideration	**1,531**	**1,148**

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

Donations and bequests

Donations and bequests are generally recognised as income upon receipt (which is when Bass Coast Health obtains control of the asset) as they do not contain sufficiently specific and enforceable performance obligations. Where sufficiently specific and enforceable performance obligations exist, revenue is recorded as and when the performance obligation is satisfied.

Personal protective equipment

Under the State Supply Arrangement, Health Share Victoria supplies personal protective equipment to Bass Coast Health for nil consideration.

Contributions of resources

Bass Coast Health may receive resources for nil or nominal consideration to further its objectives. The resources are recognised at their fair value when Bass Coast 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 Bass Coast Health as a capital contribution transfer.

Non-cash contributions from the Department of Health

The DH makes some payments on behalf of Bass Coast Health as follows:

Supplier	Description
Victorian Managed Insurance Authority	The Department of Health purchases non-medical indemnity insurance for Bass Coast 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 Department of Health made payments to the Victorian Health Building Authority to fund capital works projects during the year ended 30 June 2025, on behalf of Bass Coast Health.
Department of Health	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

Key judgements and estimates	Description
Classifying employee benefit liabilities	Bass Coast Health applies material judgment when classifying its employee benefit liabilities. Employee benefit liabilities are classified as a current liability if Bass Coast Health does not have an unconditional right to defer payment beyond 12 months. Annual leave, accrued days off and long service leave entitlements (for staff who have exceeded the minimum vesting period) fall into this category. Employee benefit liabilities are classified as a non-current liability if Bass Coast Health has a conditional right to defer payment beyond 12 months. Long service leave entitlements (for staff who have not yet exceeded the minimum vesting period) fall into this category.
Measuring employee benefit liabilities	Bass Coast Health applies material judgment when measuring its employee benefit liabilities. The health service applies judgement to determine when it expects its employee entitlements to be paid. With reference to historical data, if the health service does not expect entitlements to be paid within 12 months, the entitlement is measured at its present value, being the expected future payments to employees. Expected future payments incorporate: • an inflation rate of 4.25%, reflecting the future wage and salary levels. • durations of service and employee departures, which are used to determine the estimated value of long service leave that will be taken in the future, for employees who have not yet reached the vesting period. The estimated rates are between 22% and 86%. • discounting at the rate of 4.203%, as determined with reference to market yields on government bonds at the end of the reporting period. All other entitlements are measured at their nominal value.

Note 3.1 Expenses incurred in the delivery of services

	Note	2025 $'000	2024 $'000
Employee expenses	3.1(a)	124,812	118,691
Other operating expenses	3.1(d)	45,988	40,542
Total expenses incurred in the delivery of services		**170,800**	**159,233**

Note 3.1(a) Employee expenses

	2025 $'000	2024 $'000
Salaries and wages	96,981	84,473
Oncosts	12,305	9,838
Agency expenses	12,421	22,086
Fee for service medical officer expenses	3,105	2,294
Total employee expenses	**124,812**	**118,691**

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. Bass Coast 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 Bass Coast 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.

Note 3.1(b) Employee related provisions

	2025 $'000	2024 $'000
Current employee benefits and related on-costs		
Accrued days off		
Unconditional and expected to be settled wholly within 12 months[i]	309	294
	309	294
Annual leave		
Unconditional and expected to be settled wholly within 12 months[i]	8,595	7,493
Unconditional and expected to be settled wholly after 12 months[ii]	1,381	1,307
	9,976	8,800
Long service leave		
Unconditional and expected to be settled wholly within 12 months[i]	1,404	1,205
Unconditional and expected to be settled wholly after 12 months[ii]	7,292	6,527
	8,696	7,732
Provisions related to employee benefit on-costs		
Unconditional and expected to be settled wholly within 12 months[i]	1,443	1,162
Unconditional and expected to be settled wholly after 12 months[ii]	1,289	1,121
	2,732	2,283
Total current employee benefits and related on-costs	**21,713**	**19,109**
Non-current employee benefits and related on-costs		
Conditional long service leave	2,796	2,198
Provisions related to employee benefit on-costs	421	319
Total non-current employee benefits and related on-costs	**3,217**	**2,517**
Total employee benefits and related on-costs	**24,930**	**21,626**

[i] The amounts disclosed are nominal amounts.

[ii] The amounts disclosed are discounted to present values.

Provision for related on-costs movement schedule

	2025 $'000	2024 $'000
Carrying amount at start of year	21,626	18,174
Additional provisions recognised	12,642	11,204
Amounts incurred during the year	(9,314)	(7,783)
Net gain/(loss) arising from revaluation of long service liability	(24)	31
Carrying amount at end of year	**24,930**	**21,626**

How we recognise employee benefits

Employee benefits 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 Bass Coast 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 Bass Coast Health expects to wholly settle within 12 months or
- present value – if Bass Coast Health does not expect to wholly settle within 12 months.

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 Bass Coast 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 Bass Coast Health expects to wholly settle within 12 months or
- present value – if Bass Coast 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
Bass Coast Health
For the Financial Year Ended 30 June 2025

Note 3.1(c) Superannuation

	Paid Contribution for the Year		Contribution Outstanding at Year End	
	2025 $'000	2024 $'000	2025 $'000	2024 $'000
Defined benefit plans:[i]				
Aware Super	8	14	-	1
Defined contribution plans:				
Aware Super	4,655	3,193	-	267
Hesta	2,774	2,248	-	175
Other	3,075	2,047	-	183
Total	**10,512**	**7,502**	**-**	**626**

[i] The basis for determining the level of contributions is determined by the various actuaries of the defined benefit superannuation plans.

How we recognise superannuation

Employees of Bass Coast Health are entitled to receive superannuation benefits and it contributes to both defined benefit and defined contribution plans.

Defined benefit superannuation plans

A defined benefit plan provides benefits based on years of service and final average salary. The amount charged to the Comprehensive Operating Statement in respect of defined benefit superannuation plans represents the contributions made by Bass Coast Health to the superannuation plans in respect of the services of current Bass Coast Health's staff during the reporting period. Superannuation contributions are made to the plans based on the relevant rules of each plan and are based upon actuarial advice.

Bass Coast Health does not recognise any unfunded defined benefit liability in respect of the plans because the health service has no legal or constructive obligation to pay future benefits relating to its employees; its only obligation is to pay superannuation contributions as they fall due.

The DTF discloses the State's defined benefits liabilities in its disclosure for administered items. Superannuation contributions paid or payable for the reporting period, however, are included as part of employee benefits in the Comprehensive Operating Statement of Bass Coast Health.

The name, details and amounts that have been expensed in relation to the major employee superannuation funds and contributions made by Bass Coast Health are disclosed above.

Defined contribution superannuation plans

Defined contribution (i.e. accumulation) superannuation plan expenditure is simply the employer contributions that are paid or payable in respect of employees who are members of these plans during the reporting period. Contributions to defined contribution superannuation plans are expensed when incurred.

The name, details and amounts that have been expensed in relation to the major employee superannuation funds and contributions made by Bass Coast Health are disclosed above.

Note 3.1(d) Other operating expenses

	2025 $'000	2024 $'000
Other operating expenses		
Drug supplies	7,410	7,863
Medical and surgical supplies (including Prostheses)	5,816	4,801
Diagnostic and radiology supplies	8,781	6,397
Other supplies and consumables	7,848	7,391
Expenses related to short term lease expenses	817	1,027
Fuel, light, power and water	1,231	1,381
Repairs and maintenance	1,108	862
Maintenance contracts	1,587	1,111
Medical indemnity insurance	1,294	1,033
Other administration expenses	10,096	8,676
Total other operating expenses	**45,988**	**40,542**

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.

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 Bass Coast Health. These amounts have been brought to account in determining the operating result for the year, by recording them as revenue and recording a corresponding expense.

Note 4 Key assets to support service delivery

Bass Coast 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 Bass Coast Health to be utilised for delivery of services.

Structure

4.1 Property, plant & equipment
4.2 Depreciation and amortisation
4.3 Impairment of assets

Material judgements and estimates

This section contains the following material judgements and estimates:

Key judgements and estimates	Description
Estimating useful life of property, plant and equipment	Bass Coast Health assigns an estimated useful life to each item of property, plant and equipment. This is used to calculate depreciation of the asset. The health service reviews the useful life and depreciation rates of all assets at the end of each financial year and where necessary, records a change in accounting estimate.
Estimating useful life of right-of-use assets	The useful life of each right-of-use asset is typically the respective lease term, except where the health service is reasonably certain to exercise a purchase option contained within the lease, in which case the useful life reverts to the estimated useful life of the underlying asset. Bass Coast Health applies material judgement to determine whether or not it is reasonably certain to exercise such purchase options.
Estimating restoration costs at the end of a lease	Where a lease agreement requires Bass Coast Health to restore a right-of-use asset to its original condition at the end of a lease, the health service estimates the present value of such restoration costs. This cost is included in the measurement of the right-of-use asset, which is depreciated over the relevant lease term.
Estimating the useful life of intangible assets	Bass Coast Health assigns an estimated useful life to each intangible asset with a finite useful life, which is used to calculate amortisation of the asset.

Key judgements and estimates	Description
Identifying indicators of impairment	At the end of each year, Bass Coast Health assesses impairment by evaluating the conditions and events specific to the health service that may be indicative of impairment triggers. Where an indication exists, the health service tests the asset for impairment. The health service considers a range of information when performing its assessment, including considering: • If an asset's value has declined more than expected based on normal use • If a significant change in technological, market, economic or legal environment which adversely impacts the way the health service uses an asset • If an asset is obsolete or damaged • If the asset has become idle or if there are plans to discontinue or dispose of the asset before the end of its useful life • If the performance of the asset is or will be worse than initially expected. Where an impairment trigger exists, the health services applies material judgement and estimate to determine the recoverable amount of the asset.

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

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 - Freehold	12,815	12,815	-	-	12,815	12,815
Buildings at fair value	159,837	158,585	(13,411)	(5,381)	146,426	153,204
Works in progress at cost	3,309	3,325	-		3,309	3,325
Plant, equipment and vehicles at fair value	45,606	41,892	(24,486)	(21,539)	21,120	20,353
Total property, plant and equipment	**221,567**	**216,617**	**(37,897)**	**(26,920)**	**183,670**	**189,697**

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.

Further information regarding fair value measurement is disclosed in Note 7.4.

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 2023	**10,580**	**133,422**	**1,049**	**20,401**	**165,452**
Additions	-	2,666	3,274	3,369	9,309
Revaluation increments/(decrements)	2,235	23,213	-	-	25,448
Net transfers between classes	-	329	(998)	669	-
Depreciation	-	(6,426)	-	(4,086)	(10,512)
Balance at 30 June 2024	**12,815**	**153,204**	**3,325**	**20,353**	**189,697**
Additions	-	700	2,325	4,805	7,830
Transfer to operations	-	-	(1,316)	(224)	(1,540)
Net transfers between classes	-	550	(1,025)	475	-
Depreciation	-	(8,028)	-	(4,289)	(12,317)
Balance at 30 June 2025	**12,815**	**146,426**	**3,309**	**21,120**	**183,670**

Land and Buildings Carried at Valuation

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, Bass Coast 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 Bass Coast Health's revaluation cycle.

Notes to the Financial Statements
Bass Coast Health
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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 $'000	2024 $'000	2025 $'000	2024 $'000	2025 $'000	2024 $'000
Plant, equipment and vehicles at fair value	1,765	1,018	(278)	(306)	1,487	712
Total right-of-use assets	**1,765**	**1,018**	**(278)**	**(306)**	**1,487**	**712**

	Plant, equipment and vehicles $'000	Total $'000
Balance at 1 July 2023	**356**	**356**
Additions	473	473
Depreciation	(117)	(117)
Balance at 30 June 2024	**712**	**712**
Additions	1,053	1,053
Disposals	(102)	(102)
Depreciation	(176)	(176)
Balance at 30 June 2025	**1,487**	**1,487**

How we recognise right-of-use assets

Initial recognition

When Bass Coast Health enters a contract, which provides the health service 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 which is recognised at the lease commencement date.

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.

Bass Coast Health has applied the exemption permitted under FRD 104 Leases, consistent with the optional relief in AASB 16.Aus25.1. Under this exemption, Bass Coast 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 7.4.

Note 4.2 Depreciation and amortisation

	2025 $'000	2024 $'000
Depreciation		
Buildings at fair value	8,028	6,426
Plant, equipment and vehicles at fair value	4,289	4,086
Total depreciation	**12,317**	**10,512**
Total depreciation and amortisation	**12,317**	**10,512**

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		
-Structure shell building fabric	2 to 50 years	2 to 50 years
-Site engineering services and central plant	7 to 40 years	7 to 40 years
Central Plant		
-Fit out	7 to 25 years	7 to 25 years
-Trunk reticulated building system	7 to 30 years	7 to 30 years
Plant and equipment	1 to 13 years	1 to 13 years
Medical Equipment	1 to 10 years	1 to 10 years
Computer and communication	3 years	3 years
Furniture and fitting	8 to 10 years	8 to 10 years
Motor Vehicles	5 years	5 years

As part of the building valuation, building values are separated into components and each component assessed for its useful life which is represented above.

How we recognise impairment

At the end of each reporting period, Bass Coast Health reviews the carrying amount of its tangible and intangible assets that have a finite useful life, to determine whether there is any indication that an asset may be impaired. The assessment will include consideration of external sources of information and internal sources of information.

If such an indication exists, an impairment test is carried out. Assets with indefinite useful lives (and assets not yet available for use) are tested annually for impairment, in addition to where there is an indication that the asset may be impaired.

When performing an impairment test, Bass Coast Health compares the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised immediately in net result, unless the asset is carried at a revalued amount.

Where an impairment loss on a revalued asset is identified, this is recognised against the asset revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the cumulative balance recorded in the asset revaluation surplus for that class of asset.

Where it is not possible to estimate the recoverable amount of an individual asset, Bass Coast Health estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Bass Coast Health did not record any impairment losses for the year ended 30 June 2025 (30 June 2024: Nil).

Note 5 Other assets and liabilities

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

Structure

5.1 Receivables
5.2 Inventories
5.3 Payables
5.4 Contract liabilities
5.5 Other liabilities

Material judgements and estimates

This section contains the following material judgements and estimates:

Key judgements and estimates	Description
Estimating the provision for expected credit losses	Bass Coast Health uses a simplified approach to account for the expected credit loss provision. A provision matrix is used, which considers historical experience, external indicators and forward-looking information to determine expected credit loss rates.
Classifying a sub-lease arrangement as either an operating lease or finance lease	Bass Coast Health applies material judgement to determine if a sub-lease arrangement, where the health service is a lessor, meets the definition of an operating lease or finance lease. The health service considers a range of scenarios when classifying a sub-lease. A sub-lease typically meets the definition of a finance lease if: • the lease transfers ownership of the asset to the lessee at the end of the term • the lessee has an option to purchase the asset for a price that is significantly below fair value at the end of the lease term • the lease term is for the majority of the asset's useful life • the present value of lease payments amounts to the approximate fair value of the leased asset and • the leased asset is of a specialised nature that only the lessee can use without significant modification. All other sub-lease arrangements are classified as an operating lease.
Measuring deferred capital grant income	Where Bass Coast Health has received funding to construct an identifiable non-financial asset, such funding is recognised as deferred capital grant income until the underlying asset is constructed. Bass Coast Health applies material judgement when measuring the deferred capital grant income balance, which references the estimated the stage of completion at the end of each financial year.

Key judgements and estimates	Description
Measuring contract liabilities	Bass Coast Health applies material judgement to measure its progress towards satisfying a performance obligation as detailed in Note 2. Where a performance obligation is yet to be satisfied, the health service assigns funds to the outstanding obligation and records this as a contract liability until the promised good or service is transferred to the customer.
Recognition of other provisions	Other provisions include Bass Coast Health's obligation to restore leased assets to their original condition at the end of a lease term. The health service applies material judgement and estimate to determine the present value of such restoration costs.

Note 5.1 Receivables

	Note	2025 $'000	2024 $'000
Current receivables			
Contractual			
Inter hospital debtors		65	35
Trade receivables		1,873	221
Patient fees		21	77
Accrued revenue		589	910
Amounts receivable from governments and agencies		1,621	583
Total contractual receivables		**4,169**	**1,826**
Statutory			
GST receivable		480	651
Total statutory receivables		**480**	**651**
Total current receivables		**4,649**	**2,477**
Non-current receivables			
Contractual			
Long service leave - Department of Health		3,972	2,983
Total contractual receivables		**3,972**	**2,983**
Total non-current receivables		**3,972**	**2,983**
Total receivables		**8,621**	**5,460**
(i) Financial assets classified as receivables			
Total receivables		8,621	5,460
GST receivable		(480)	(651)
Total financial assets classified as receivables	7.1	**8,141**	**4,809**

How we recognise receivables

Receivables consist of:

- **Contractual receivables**, include debtors that relate to the provision of 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**, include 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.

Note 5.1(a) Movement in the allowance for impairment losses of contractual receivables

	2025 $'000	2024 $'000
Balance at the beginning of the year	80	-
Increase/(Decrease) in allowance	20	179
Amounts written off during the year	-	(99)
Reversal of allowance written off during the year as uncollectable	(80)	-
Balance at the end of the year	**20**	**80**

Impairment losses of contractual receivables

Refer to Note 7.2(a) for Bass Coast Health's contractual impairment losses.

Note 5.2 Inventories

	2025 $'000	2024 $'000
Current inventories		
Pharmacy supplies at cost	149	153
General stores at cost	185	160
Total inventories	**334**	**313**

How we recognise inventories

Inventories include goods held either for sale, consumption or for distribution at no or nominal cost in the ordinary course of business operations. It excludes depreciable assets.

Inventories are measured at the lower of cost and net realisable value.

Note 5.3 Payables

	Note	2025 $'000	2024 $'000
Current payables			
Contractual			
Payables		1,128	1,409
Accrued salaries and wages		2,491	1,949
Accrued expenses		4,855	3,279
Deferred capital grant income	5.3(a)	-	199
Inter hospital creditors		2,337	2,057
Amounts payable to governments and agencies		-	82
Other		38	682
Total contractual payables		**10,849**	**9,657**
Total current payables		**10,849**	**9,657**
Total payables		**10,849**	**9,657**
(i) Financial liabilities classified as payables			
Total payables		10,849	9,657
Deferred grant income		-	(199)
Total financial liabilities classified as payables	7.1	**10,849**	**9,458**

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 Bass Coast 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.

Note 5.3(a) Movement in deferred capital grant income

	2025 $'000	2024 $'000
Opening balance of deferred capital grant income	199	983
Grant consideration for capital works received during the year	-	622
Deferred capital grant income recognised as income due to completion of capital works	(199)	(1,406)
Closing balance of deferred capital grant income	**-**	**199**

How we recognise deferred capital grant income

Capital grant income is recognised progressively as the asset is constructed, since this is the time when Bass Coast Health satisfies its obligations. The progressive percentage of costs incurred is used to recognise income because this most closely reflects the percentage of completion of the building works. As a result, Bass Coast Health deferred recognition of a portion of the grant consideration received as a liability for the outstanding obligations in the 2024 financial year.

Note 5.4 Contract liabilities

	2025 $'000	2024 $'000
Current		
Contract liabilities	1,395	1,665
Total current contract liabilities	**1,395**	**1,665**
Total contract liabilities	**1,395**	**1,665**

Note 5.4(a) Movement in contract liabilities

	2025 $'000	2024 $'000
Opening balance of contract liabilities	1,665	3,680
Add: grant consideration for sufficiently specific performance obligations received during the year	143,404	98,851
Less: revenue recognised in the reporting period for the completion of a performance obligation	(143,674)	(100,866)
Total contract liabilities	**1,395**	**1,665**

How we recognise contract liabilities

Contract liabilities include consideration received in advance from customers in respect of activity based services. The balance of contract liabilities was significantly lower than the previous reporting period due to reduced funding recalls implemented by the Department of Health.

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

Maturity analysis of payables

Please refer to Note 7.2(b) for the maturity analysis of payables.

Note 5.5 Other liabilities

	Note	2025 $'000	2024 $'000
Current monies held in trust			
Patient monies		5	18
Refundable accommodation deposits		5,783	5,512
Other monies		169	317
Total current monies held in trust		**5,957**	**5,847**
Total other liabilities		**5,957**	**5,847**
*** Represented by:**			
- Cash assets	6.2	5,957	5,847
		5,957	**5,847**

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 Bass Coast 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* .

Note 6 How we finance our operations

This section provides information on the sources of finance utilised by Bass Coast Health during its operations, along with interest expenses (the cost of borrowings) and other information related to financing activities of Bass Coast 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
6.4 Non-cash financing and investing activities

Material judgements and estimates

This section contains the following material judgements and estimates:

Key judgements and estimates	Description
Determining if a contract is or contains a lease	Bass Coast Health applies material judgement to determine if a contract is or contains a lease by considering if the health service: • has the right-to-use an identified asset • has the right to obtain substantially all economic benefits from the use of the leased asset and • can decide how and for what purpose the asset is used throughout the lease.
Determining if a lease meets the short-term or low value asset lease exemption	Bass Coast Health applies material judgement when determining if a lease meets the short-term or low value lease exemption criteria. The health service estimates the fair value of leased assets when new. Where the estimated fair value is less than $10,000, the health service applies the low-value lease exemption. The health service also estimates the lease term with reference to remaining lease term and period that the lease remains enforceable. Where the enforceable lease period is less than 12 months the health service applies the short-term lease exemption.
Discount rate applied to future lease payments	Bass Coast Health discounts its lease payments using the interest rate implicit in the lease. If this rate cannot be readily determined, which is generally the case for the health service's lease arrangements, Bass Coast Health uses its incremental borrowing rate, which is the amount the health service would have to pay to borrow funds necessary to obtain an asset of similar value to the right-of-use asset in a similar economic environment with similar terms, security and conditions. For leased plant, equipment, furniture, fittings and vehicles, the implicit interest rate is between 0.76% and 5.32%.

Key judgements and estimates	Description
Assessing the lease term	The lease term represents the non-cancellable period of a lease, combined with periods covered by an option to extend or terminate the lease if Bass Coast Health is reasonably certain to exercise such options. Bass Coast Health determines the likelihood of exercising such options on a lease-by-lease basis through consideration of various factors including: • If there are significant penalties to terminate (or not extend), the health service is typically reasonably certain to extend (or not terminate) the lease. • If any leasehold improvements are expected to have a significant remaining value, the health service is typically reasonably certain to extend (or not terminate) the lease. • The health service considers historical lease durations and the costs and business disruption to replace such leased assets.

Note 6.1 Borrowings

	Note	2025 $'000	2024 $'000
Current borrowings			
Lease liability[ii]	6.1(a)	309	242
Total current borrowings		**309**	**242**
Non-current borrowings			
Lease liability[ii]	6.1(a)	1,190	468
Total non-current borrowings		**1,190**	**468**
Total borrowings	7.1	**1,499**	**710**

[i] These are secured/unsecured loans with a weighted average interest rate of 8.77% (2024: 4.38%).
[ii] Secured by the assets leased.
[iii] These are secured/unsecured loans which bear no interest.

How we recognise borrowings

Borrowings refer to interest bearing liabilities raised through lease liabilities via transactions with VicFleet.

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.

Maturity analysis
Please refer to Note 7.2(b) for the maturity analysis of borrowings.

Interest expense

	2025 $'000	2024 $'000
Interest on lease liabilities	60	9
Total interest expense	**60**	**9**

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.

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

Defaults and breaches
During the current and prior year, there were no defaults and breaches of any of the loans.

Note 6.1(a) Lease liabilities

	2025 $'000	2024 $'000
Current lease liabilities		
Lease liability	309	242
Total current lease liabilities	**309**	**242**
Non-current lease liabilities		
Lease liability	1,190	468
Total non-current lease liabilities	**1,190**	**468**
Total lease liabilities	**1,499**	**710**

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

	2025 $'000	2024 $'000
Not longer than one year	336	252
Longer than one year but not longer than five years	1,294	487
Longer than five years	-	-
Minimum future lease liability	**1,630**	**739**
Less unexpired finance expenses	(131)	(29)
Present value of lease liability	**1,499**	**710**

How we recognise lease liabilities

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

To apply this definition, Bass Coast 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 Bass Coast Health and for which the supplier does not have substantive substitution rights
- Bass Coast 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 Bass Coast Health has the right to direct the use of the identified asset throughout the period of use and
- Bass Coast Health has the right to take decisions in respect of 'how and for what purpose' the asset is used throughout the period of use.

Bass Coast Health's lease arrangements consist of the following:

Leased vehicles	2 to 5 years

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 Bass Coast Health's incremental borrowing rate. Our lease liability has been discounted by rates of between 0.76% 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 and
- payments arising from purchase and termination options reasonably certain to be exercised.

In determining the lease term, management considers all facts and circumstances that create an economic incentive to exercise an extension option, or not exercise a termination option. Extension options (or periods after termination options) are only included in the lease term and lease liability if the lease is reasonably certain to be extended (or not terminated).

The assessment is reviewed if a significant event or a significant change in circumstances occurs which affects this assessment and that is within the control of the lessee.

During the current financial year, the financial effect of revising lease terms to reflect the effect of exercising extension and termination options was an increase in recognised lease liabilities and right-of-use assets of Nil.

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.

Note 6.2 Cash and Cash Equivalents

	Note	2025 $'000	2024 $'000
Cash on hand (excluding monies held in trust)		1	1
Cash at bank (excluding monies held in trust)		656	2,786
Cash at bank - CBS (excluding monies held in trust)		20,862	18,432
Total cash held for operations		**21,519**	**21,219**
Cash at bank - CBS (monies held in trust)		5,957	5,847
Total cash held as monies in trust		**5,957**	**5,847**
Cash at bank (GHA IT Alliance)		1,784	1,514
Total cash and cash equivalents	7.1	**29,260**	**28,580**

Note 6.3 Commitments for expenditure

30 June 2025	Less than 1 year $'000	1-5 Years $'000	Over 5 years $'000	Total $'000
Capital expenditure commitments	617	-	-	617
Non-cancellable short term and low value lease commitments	428	-	-	428
Total commitments (inclusive of GST)	**1,045**	**-**	**-**	**1,045**
Less GST recoverable	(95)	-	-	(95)
Total commitments (exclusive of GST)	**950**	**-**	**-**	**950**

30 June 2024	Less than 1 year $'000	1-5 Years $'000	Over 5 years $'000	Total $'000
Capital expenditure commitments	1,041	-	-	1,041
Non-cancellable short term and low value lease commitments	395	-	-	395
Total commitments (inclusive of GST)	**1,436**	**-**	**-**	**1,436**
Less GST recoverable	(131)	-	-	(131)
Total commitments (exclusive of GST)	**1,305**	**-**	**-**	**1,305**

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

Bass Coast 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.

Note 7 Risks, contingencies and valuation judgements

Bass Coast 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 Financial risk management objectives and policies
7.3 Contingent assets and contingent liabilities
7.4 Fair value determination

Material judgements and estimates

This section contains the following material judgements and estimates:

Key judgements and estimates	Description
Measuring fair value of non-financial assets	Fair value is measured with reference to highest and best use, that is, the use of the asset by a market participant that is physically possible, legally permissible, financially feasible, and which results in the highest value, or to sell it to another market participant that would use the same asset in its highest and best use. In determining the highest and best use, Bass Coast Health has assumed the current use is its highest and best use. Accordingly, characteristics of the health service's assets are considered, including condition, location and any restrictions on the use and disposal of such assets. Bass Coast Health uses a range of valuation techniques to estimate fair value, which include the following: • Market approach, which uses prices and other relevant information generated by market transactions involving identical or comparable assets and liabilities. The fair value of Bass Coast Health's [specialised land, non-specialised land, non-specialised buildings and investment properties] are measured using this approach. Where assets are held to meet Community Service Obligations (CSOs), such as the delivery of public health services, adjustments may be made to reflect the reduced marketability or alternative use of these assets, in recognition of the operational restrictions and obligations attached to them. • Cost approach, which reflects the amount that would be required to replace the service capacity of the asset (referred to as current replacement cost). The fair value of Bass Coast Health's [specialised buildings, furniture, fittings, plant, equipment and vehicles] are measured using this approach.

Key judgements and estimates	Description
Measuring fair value of non-financial assets	• Income approach, which converts future cash flows or income and expenses to a single undiscounted amount. Bass Coast Health does not use this approach to measure fair value. The health service selects a valuation technique which is considered most appropriate, and for which there is sufficient data available to measure fair value, maximising the use of relevant observable inputs and minimising the use of unobservable inputs. Subsequently, the health service applies material judgement to categorise and disclose such assets within a fair value hierarchy, which includes: • Level 1, using quoted prices (unadjusted) in active markets for identical assets that the health service can access at measurement date. Bass Coast Health does not categorise any fair values within this level. • Level 2, inputs other than quoted prices included within Level 1 that are observable for the asset, either directly or indirectly. Bass Coast Health categorises non-specialised land and right-of-use concessionary land in this level. • Level 3, where inputs are unobservable. Bass Coast Health categorises specialised land, non-specialised buildings, specialised buildings, plant, equipment, furniture, fittings, vehicles, right-of-use buildings and right-of-use plant, equipment, furniture and fittings in this level.

Notes to the Financial Statements
Bass Coast Health
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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 Bass Coast 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.*

Financial instruments: Categorisation

30 June 2025	Note	Financial Assets at Amortised Cost $'000	Financial Assets at Fair Value Through Net Result $'000	Financial Assets at Fair Value Through Other Comprehensive Income $'000	Financial Liabilities at Amortised Cost $'000	Total $'000
Contractual financial assets						
Cash and cash equivalents	6.2	29,260	-	-	-	29,260
Receivables and contract assets	5.1	8,141	-	-	-	8,141
Total financial assets [i]		**37,401**	**-**	**-**	**-**	**37,401**
Financial liabilities at amortised cost						
Payables	5.3	-	-	-	10,849	10,849
Borrowings	6.1	-	-	-	1,499	1,499
Other financial liabilities - Refundable Accommodation Deposits	5.5	-	-	-	5,783	5,783
Other financial liabilities - patient monies held in trust	5.5	-	-	-	5	5
Total financial liabilities [i]		**-**	**-**	**-**	**18,136**	**18,136**

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

30 June 2024	Note	Financial Assets at Amortised Cost $'000	Financial Assets at Fair Value Through Net Result $'000	Financial Assets at Fair Value Through Other Comprehensive Income $'000	Financial Liabilities at Amortised Cost $'000	Total $'000
Financial assets at amortised cost						
Cash and cash equivalents	6.2	28,580	-	-	-	28,580
Receivables and contract assets	5.1	4,809	-	-	-	4,809
Total financial assets [i]		**33,389**	**-**	**-**	**-**	**33,389**
Financial liabilities at amortised cost						
Payables	5.3	-	-	-	9,458	9,458
Borrowings	6.1	-	-	-	710	710
Other financial liabilities - Refundable Accommodation Deposits	5.5	-	-	-	5,512	5,512
Other financial liabilities - patient monies held in trust	5.5	-	-	-	18	18
Total financial liabilities [i]		**-**	**-**	**-**	**15,698**	**15,698**

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

Notes to the Financial Statements
Bass Coast Health
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How we categorise financial instruments

Categories of financial assets

Financial assets are recognised when Bass Coast Health becomes party to the contractual provisions to the instrument. For financial assets, this is at the date Bass Coast Health commits itself to either the purchase or sale of the asset (i.e. trade date accounting is adopted).

Financial instruments (except for trade receivables) are initially measured at fair value plus transaction costs, except where the instrument is classified at fair value through net result, in which case transaction costs are expensed to profit or loss immediately.

Where available, quoted prices in an active market are used to determine the fair value. In other circumstances, valuation techniques are adopted.

Trade receivables are initially measured at the transaction price if the trade receivables do not contain a significant financing component or if the practical expedient was applied as specified in AASB 15 para 63.

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 Bass Coast 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.

Bass Coast Health recognises the following assets in this category:

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

Financial assets at fair value through other comprehensive income
A financial asset that meets the following conditions is subsequently measured at fair value through other comprehensive income:

- the assets are held by Bass Coast Health to achieve its objective both by collecting the contractual cash flows and by selling the financial assets, and
- the assets' contractual terms give rise to cash flows that are solely payments of principal and interest.

Equity investments are measured at fair value through other comprehensive income if the assets are not held for trading and Bass Coast Health has irrevocably elected at initial recognition to recognise in this category.

Bass Coast Health recognises investments in equity instruments in this category.

Financial assets at fair value through net result
Bass Coast Health initially designates a financial instrument as measured at fair value through net result if:

- it eliminates or significantly reduces a measurement or recognition inconsistency (often referred to as an "accounting mismatch") that would otherwise arise from measuring assets or recognising the gains and losses on them, on a different basis
- it is in accordance with the documented risk management or investment strategy and information about the groupings was documented appropriately, so the performance of the financial asset can be managed and evaluated consistently on a fair value basis, or
- it is a hybrid contract that contains an embedded derivative that significantly modifies the cash flows otherwise required by the contract.

The initial designation of the financial instruments to measure at fair value through net result is a one-time option on initial classification and is irrevocable until the financial asset is derecognised.

Bass Coast Health recognises listed equity securities as mandatorily measured at fair value through net result and has designated all managed investment schemes as well as certain 5-year government bonds as fair value through net result.

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

Categories of financial liabilities

Financial liabilities are recognised when Bass Coast Health becomes a party to the contractual provisions to the instrument. Financial instruments are initially measured at fair value plus transaction costs, except where the instrument is classified at fair value through profit or loss, in which case transaction costs are expensed to profit or loss immediately.

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.

Bass Coast Health recognises the following liabilities in this category:

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

Financial liabilities at fair value through net result

A financial liability is measured at fair value through net result if the financial liability is:

- held for trading or
- initially designated as at fair value through net result.

Changes in fair value are recognised in the net results as other economic flows, unless the changes in fair value relate to changes in Bass Coast Health's own credit risk. In this case, the portion of the change attributable to changes in Bass Coast Health's own credit risk is recognised in other comprehensive income with no subsequent recycling to net result when the financial liability is derecognised.

Offsetting financial instruments

Financial instrument assets and liabilities are offset and the net amount presented in the consolidated balance sheet when, and only when, Bass Coast Health has a legal right to offset the amounts and intend either to settle on a net basis or to realise the asset and settle the liability simultaneously.

Some master netting arrangements do not result in an offset of balance sheet assets and liabilities. Where Bass Coast Health does not have a legally enforceable right to offset recognised amounts, because the right to offset is enforceable only on the occurrence of future events such as default, insolvency or bankruptcy, they are reported on a gross basis.

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
- Bass Coast 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
- Bass Coast 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 Bass Coast Health has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of Bass Coast 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.

The difference in the respective carrying amounts is recognised as an 'other economic flow' in the comprehensive operating statement.

Notes to the Financial Statements
Bass Coast Health
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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, Bass Coast 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.

Note 7.2 Financial risk management objectives and policies

As a whole, Bass Coast Health's financial risk management program seeks to manage the risks and the associated volatility of its financial performance.

Details of the significant accounting policies and methods adopted, included the criteria for recognition, the basis of measurement, and the basis on which income and expenses are recognised, with respect to each class of financial asset, financial liability and equity instrument above are disclosed throughout the financial statements.

Bass Coast Health's main financial risks include credit risk, liquidity risk, interest rate risk, foreign currency risk and equity price risk. Bass Coast Health manages these financial risks in accordance with its financial risk management policy.

Primary responsibility for the identification and management of financial risks rests with the Accountable Officer.

Note 7.2(a) Credit risk

Credit risk refers to the possibility that a borrower will default on its financial obligations as and when they fall due. Bass Coast Health's exposure to credit risk arises from the potential default of a counterparty on their contractual obligations resulting in financial loss to Bass Coast Health. Credit risk is measured at fair value and is monitored on a regular basis.

Credit risk associated with Bass Coast Health's contractual financial assets is minimal because the main debtor is the Victorian Government. For debtors other than the Government, the health service is exposed to credit risk.

In addition, Bass Coast Health does not engage in hedging for its contractual financial assets and mainly obtains contractual financial assets that are on fixed interest, except for cash and deposits, which are mainly cash at bank. As with the policy for debtors, Bass Coast Health's policy is to only deal with banks with high credit ratings.

Provision of impairment for contractual financial assets is recognised when there is objective evidence that Bass Coast Health will not be able to collect a receivable. Objective evidence includes financial difficulties of the debtor, default payments, debtors that are more than 60 days overdue, and changes in debtor credit ratings.

Contractual financial assets are written off against the carrying amount when there is no reasonable expectation of recovery. Bad debt written off by mutual consent is classified as a transaction expense. Bad debt written off following a unilateral decision is recognised as other economic flows in the net result.

Except as otherwise detailed in the following table, the carrying amount of contractual financial assets recorded in the financial statements, net of any allowances for losses, represents Bass Coast Health's maximum exposure to credit risk without taking account of the value of any collateral obtained.

There has been no material change to Bass Coast Health's credit risk profile in 2024-25.

Impairment of financial assets under AASB 9
Bass Coast Health records the allowance for expected credit losses for the relevant financial instruments by applying AASB 9's Expected Credit Loss approach. Subject to AASB 9, the impairment assessment includes the health service's contractual receivables and its investment in debt instruments.

Equity instruments are not subject to impairment under AASB 9. Other financial assets mandatorily measured or designated at fair value through net result are not subject to an impairment assessment under AASB 9.

The credit loss allowance is classified as an other economic flow in the net result.

Contractual receivables at amortised cost
Bass Coast Health applies AASB 9's simplified approach for all contractual receivables to measure expected credit losses using a lifetime expected loss allowance based on the assumptions about risk of default and expected loss rates. Bass Coast Health has grouped contractual receivables on shared credit risk characteristics and days past due and select the expected credit loss rate based on Bass Coast Health's past history, existing market conditions, as well as forward looking estimates at the end of the financial year.

On this basis, Bass Coast Health determines the closing loss allowance at the end of the financial year as follows:

Note 7.2(a) Expected credit losses

30 June 2025	Note	Current	Less than 1 month	1–3 months	3 months –1 year	1–5 years	Total
Expected loss rate		0.0%	0.0%	0.0%	0.2%	0.5%	
Gross carrying amount of contractual receivables	5.1	2,303	54	257	1,459	3,618	**7,691**
Loss allowance		-	-	-	**(3)**	**(17)**	**(20)**

30 June 2024	Note	Current	Less than 1 month	1–3 months	3 months –1 year	1–5 years	Total
Expected loss rate		0.0%	0.0%	0.0%	14.3%	0.6%	
Gross carrying amount of contractual receivables	5.1	1,024	32	270	426	3,004	**4,756**
Loss allowance		-	-	-	**(61)**	**(19)**	**(80)**

Statutory receivables and debt investments at amortised cost
Bass Coast Health's non-contractual receivables arising from statutory requirements are not financial instruments. However, they are nevertheless recognised and measured in accordance with AASB 9 requirements as if those receivables are financial instruments.

Both the statutory receivables and investments in debt instruments are considered to have low credit risk, considering the counterparty's credit rating, risk of default and capacity to meet contractual cash flow obligations in the near term. As a result, no loss allowance has been recognised.

Note 7.2(b) Liquidity risk

Liquidity risk arises from being unable to meet financial obligations as they fall due.

Bass Coast Health is exposed to liquidity risk mainly through the financial liabilities as disclosed in the balance sheet and the amounts related to financial guarantees. The health service manages its liquidity risk by:

- close monitoring of its short-term and long-term borrowings by senior management, including monthly reviews on current and future borrowing levels and requirements
- maintaining an adequate level of uncommitted funds that can be drawn at short notice to meet its short-term obligations
- holding investments and other contractual financial assets that are readily tradeable in the financial markets, and
- careful maturity planning of its financial obligations based on forecasts of future cash flows.

Bass Coast Health's exposure to liquidity risk is deemed insignificant based on prior period data and the current assessment of risk. Cash for unexpected events is generally sourced from liquidation of investments and other financial assets.

The following table discloses the contractual maturity analysis for Bass Coast Health's financial liabilities. For interest rates applicable to each class of liability refer to individual notes to the financial statements.

Notes to the Financial Statements
Bass Coast Health
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				Maturity Dates				
30 June 2025	**Note**	**Carrying Amount $'000**	**Nominal Amount $'000**	**Less than 1 Month $'000**	**1-3 Months $'000**	**3 Months - 1 Year $'000**	**1 - 5 Years $'000**	**Over 5 Years $'000**
Financial liabilities at amortised cost								
Payables	5.3	10,849	10,849	-	-	-	-	-
Borrowings	6.1	1,499	-	25	75	209	1,190	-
Other financial liabilities - Refundable Accommodation Deposits	5.5	5,783	-	-	-	5,783	-	-
Other financial liabilities - patient monies held in trust	5.5	5	-	-	5	-	-	-
Total financial liabilities [i]		**18,136**	**10,849**	**25**	**80**	**5,992**	**1,190**	**-**
30 June 2024								
Financial liabilities at amortised cost								
Payables	5.3	9,458	9,458	-	-	-	-	-
Borrowings	6.1	710	-	20	60	162	468	-
Other financial liabilities - Refundable Accommodation Deposits	5.5	5,512	-	-	-	5,512	-	-
Other financial liabilities - patient monies held in trust	5.5	18	-	-	18	-	-	-
Total financial liabilities [i]		**15,698**	**9,458**	**20**	**78**	**5,674**	**468**	**-**

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

Note 7.2(c) Market risk

Bass Coast Health's exposures to market risk are primarily through interest rate risk and equity price risk. Objectives, policies and processes used to manage each of these risks are disclosed below.

Sensitivity disclosure analysis and assumptions

Bass Coast Health's sensitivity to market risk is determined based on the observed range of actual historical data for the preceding five-year period. Bass Coast Health's fund managers cannot be expected to predict movements in market rates and prices. The following movements are reasonably possible over the next 12 months:

- a change in interest rates of 1% up or down.

Interest rate risk

Fair value interest rate risk is the risk that the fair value of a financial instrument will fluctuate because of changes in market interest rates. Bass Coast Health does not hold any interest-bearing financial instruments that are measured at fair value, and therefore has no exposure to fair value interest rate risk.

Cash flow interest rate risk is the risk that the future cash flows of a financial instrument will fluctuate because of changes in market interest rates. Bass Coast Health has minimal exposure to cash flow interest rate risks through cash and deposits, term deposits and bank overdrafts that are at floating rate.

Note 7.3 Contingent assets and contingent liabilities

At balance date, the Board are 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.

Note 7.4 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.

Bass Coast 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.

Bass Coast 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 Bass Coast Health's independent valuation agency for property, plant and equipment.

Identifying unobservable inputs (level 3) fair value measurements

Level 3 fair value inputs are unobservable valuation inputs for an asset or liability. These inputs require significant judgement and assumptions in deriving fair value for both financial and non-financial assets.

Unobservable inputs are used to measure fair value to the extent that relevant observable inputs are not available, thereby allowing for situations in which there is little, if any, market activity for the asset or liability at the measurement date. However, the fair value measurement objective remains the same, i.e., an exit price at the measurement date from the perspective of a market participant that holds the asset or owes the liability. Therefore, unobservable inputs shall reflect the assumptions that market participants would use when pricing the asset or liability, including assumptions about risk.

Note 7.4(b) Fair value determination of non-financial physical assets

	Note	Consolidated carrying amount 30 June 2025 $'000	Fair value measurement at end of reporting period using: Level 1 $'000	Level 2 $'000	Level 3 $'000
Specialised land at fair value		12,815	-	6,080	6,735
Total land at fair value	4.1	**12,815**	**-**	**6,080**	**6,735**
Specialised buildings at fair value		146,426	-	-	146,426
Total buildings at fair value	4.1	**146,426**	**-**	**-**	**146,426**
Plant, equipment and vehicles at fair value	4.1	21,120	-	-	21,120
Total plant, equipment and vehicles at fair value		**21,120**	**-**	**-**	**21,120**
Total non-financial physical assets at fair value		**180,361**	**-**	**6,080**	**174,281**

	Note	Consolidated carrying amount 30 June 2024 $'000	Fair value measurement at end of reporting period using: Level 1 $'000	Level 2 $'000	Level 3 $'000
Specialised land		12,815	-	6,080	6,735
Total land at fair value	4.1	**12,815**	**-**	**6,080**	**6,735**
Specialised buildings		153,204	-	-	153,204
Total buildings at fair value	4.1	**153,204**	**-**	**-**	**153,204**
Plant, equipment and vehicles at fair value	4.1	20,353	-	-	20,353
Total plant, equipment and vehicles at fair value		**20,353**	**-**	**-**	**20,353**
Total non-financial physical assets at fair value		**186,372**	**-**	**6,080**	**180,292**

[i] Classified in accordance with the fair value hierarchy.

How we measure fair value of non-financial physical assets

The fair value of non-financial physical assets reflects their highest and best use, considering whether market participants would use the asset similarly or sell it for that purpose. This assessment takes into account the asset's characteristics and any physical, legal, or contractual restrictions.

Bass Coast Health assumes the current use reflects highest and best use unless market or other factors indicate otherwise. Potential alternative uses are only considered when it is virtually certain that restrictions will no longer apply.

Fair value is based on periodic valuations by independent valuers, which normally occur once every five years, based upon the asset's Government Purpose Classification, but may occur more frequently if fair value assessments indicate a material change in fair value has occurred.

Where an independent valuation has not been undertaken at balance date, Bass Coast Health perform a fair value assessment to estimate possible changes in value since the date of the last independent valuation with reference to Valuer-General of Victoria (VGV) indices.

An adjustment is recognised if the assessment concludes that the fair value of non-financial physical assets has changed by 10% or more since the last revaluation (whether that be the most recent independent valuation or fair value assessment). Any estimated change in fair value of less than 10% is deemed immaterial to the financial statements and no adjustment is recorded. Where the assessment indicates there has been an exceptionally material movement in the fair value since the last independent valuation, being equal to or in excess of 40%, Bass Coast Health would obtain an interim independent valuation prior to the next scheduled independent valuation.

AASB 2022-10 *Amendments to Australian Accounting Standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities* amended AASB 13 by adding Appendix F *Australian implementation guidance for not-for-profit public sector entities.* Appendix F explains and illustrates the application of the principles 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 (whichever is earlier).

An independent valuation of Bass Coast Health's non-financial physical assets was performed by the VGV on 30 June 2024. Fair value assessments have therefore been performed for all classes of assets in this purpose group at 30 June 2025 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, Bass Coast Health will apply Appendix F of AASB 13 prospectively in its next scheduled formal revaluation in 2029 or interim revaluation process (whichever is earlier). Bass Coast Health does not expect the impact to be material to the financial statements.

There were no changes in valuation techniques throughout the period to 30 June 2025.

Non-specialised land, non-specialised buildings and investment properties

Non-specialised land, non-specialised buildings and investment properties 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.

For non-specialised land and non-specialised buildings and investment properties, an independent valuation was performed by the Valuer-General Victoria to determine the fair value using the market approach. Valuation of the assets was determined by analysing comparable sales and allowing for share, size, topography, location and other relevant factors specific to the asset being valued. An appropriate rate per square metre has been applied to the subject asset. The effective date of the valuation is 30 June 2024.

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, Bass Coast 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. Specialised assets contain significant, unobservable adjustments; therefore, these assets are classified as Level 3 under the market based direct comparison approach.

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. As adjustments of CSO are considered as significant unobservable inputs, specialised land would be classified as Level 3 assets.

For Bass Coast Health, the current replacement cost method is used for the majority of specialised buildings, adjusting for the associated depreciation. As depreciation adjustments are considered as significant and unobservable inputs in nature, specialised buildings are classified as Level 3 for fair value measurements.

An independent valuation of Bass Coast Health's specialised land and specialised buildings was performed by the Valuer-General Victoria. The effective date of the valuation is 30 June 2024.

Vehicles
The Bass Coast 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 the health service who set relevant depreciation rates during use to reflect the consumption of the vehicles. As a result, the fair value of vehicles does not differ materially from the carrying amount (depreciated cost).

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 other than as part of a going concern, the current replacement cost is used to estimate the fair value.

Reconciliation of level 3 fair value measurement

Consolidated	Note	Land $'000	Buildings $'000	Plant, equipment and vehicles $'000
Balance at 1 July 2023		**4,500**	**133,422**	**20,401**
Additions/(Disposals)		-	1,946	4,038
Net Transfers between classes		-	1,049	-
Gains/(Losses) recognised in net result				
- Depreciation and amortisation		-	(6,426)	(4,086)
Items recognised in other comprehensive income				
- Revaluation		2,235	23,213	-
Balance at 30 June 2024	7.4(b)	**6,735**	**153,204**	**20,353**
Additions/(Disposals)		-	1,250	5,056
Gains/(Losses) recognised in net result				
- Depreciation and Amortisation		-	(8,028)	(4,289)
Balance at 30 June 2025	7.4(b)	**6,735**	**146,426**	**21,120**

Fair value determination of level 3 fair value measurement

Asset class	Likely valuation approach	Significant inputs (Level 3 only)
Specialised land	Market approach	Community Service Obligations Adjustments [(i)]
Specialised buildings	Current replacement cost approach	- Cost per square metre - Useful life
Non-specialised buildings	Current replacement cost approach	- Cost per square metre - Useful life
Plant, equipment, furniture, fittings and vehicles	Current replacement cost approach	- Cost per unit - Useful life

[(i)] A community service obligation (CSO) of 20% was applied to the Bass Coast 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

Note 8.1 Reconciliation of net result for the year to net cash flows from operating activities

	Note	2025 $'000	2024 $'000
Net result		(7,198)	(4,785)
Non-cash movements:			
(Gain)/Loss on sale or disposal of non-financial assets		(197)	(93)
Depreciation of non-current assets	4.2	12,317	10,471
Assets and services received free of charge		-	(126)
Loss allowance for receivables		(38)	80
(Gain)/Loss on revaluation of long service leave liability		(97)	(31)
Capital donations received		(1,457)	(713)
Movements in Assets and Liabilities:			
(Increase)/Decrease in receivables and contract assets		(3,123)	(1,736)
(Increase)/Decrease in inventories		(21)	(61)
(Increase)/Decrease in prepaid expenses		(92)	(1)
Increase/(Decrease) in payables and contract liabilities		922	1,705
Increase/(Decrease) in monies in trust		(161)	(2)
Increase/(Decrease) in employee benefits		3,401	3,451
Net cash inflow from operating activities		**4,256**	**8,159**

Notes to the Financial Statements
Bass Coast Health
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Note 8.2 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	
Ian Thompson	1 Jul 2024 - 30 Jun 2025
Elizabeth Camilleri	1 Jul 2024 - 30 Jun 2025
Nicky Chung	1 Jul 2024 - 5 Feb 2025
Simon Jemmett	1 Jul 2024 - 30 Jun 2025
Kate Jungwirth	1 Jul 2024 - 30 Jun 2025
Ian Leong	1 Jul 2024 - 30 Jun 2025
Harvey Newnham	1 Jul 2024 - 12 Feb 2025
Angelo Saridis	1 Jul 2024 - 30 Jun 2025
Mary Sayers	1 Jul 2024 - 30 Jun 2025
Julia Oxley	1 Jul 2024 - 30 Jun 2025
Accountable Officers	
Jan Child (Chief Executive Officer)	1 Jul 2024 - 18 Oct 2024
Shaun Brooks (Acting Executive Officer)	18 Oct 2024 - 1 Dec 2024
Simone Alexander (Interim Chief Executive Officer)	2 Dec 2024 - 30 Jun 2025

Remuneration of Responsible Persons

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

Income Band	2025 No	2024 No
$0 - $9,999	2	-
$10,000 - $19,999	7	8
$20,000 - $29,999	2	1
$150,000 - $159,999	2	-
$430,000 - $439,999	-	1
Total Numbers	**13**	**10**

	2025 $'000	2024 $'000
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	**454**	**577**

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

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

Note 8.3 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 of executives officers
(including Key Management Personnel disclosed in Note 8.4)

	Total Remuneration	
	2025 $'000	2024 $'000
Short-term benefits	1,366	1,342
Post-employment benefits	132	120
Other long-term benefits	35	38
Total remuneration [i]	1,533	1,500
Total number of executives	6	6
Total annualised employee equivalent [ii]	5.0	5.0

[i] The total number of executive officers includes persons who meet the definition of Key Management Personnel (KMP) of Bass Coast 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.

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.

Short-term employee benefits
Salaries and wages, annual leave or sick leave that is usually paid or payable on a regular basis, as well as non-monetary benefits such as allowances and free or subsidised goods or services.

Post-employment benefits
Pensions and other retirement benefits (such as superannuation guarantee contributions) paid or payable on a discrete basis when employment has ceased.

Other long-term benefits
Long service leave, other long-service benefit or deferred compensation.

Termination benefits
Termination of employment payments, such as severance packages.

Notes to the Financial Statements
Bass Coast Health
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Note 8.4 Related parties

The Bass Coast 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 –a member of the Gippsland Health Alliance and
- all health services and public sector entities that are controlled and consolidated into the State of Victoria financial statements.

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

Key management personnel

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

Entity	KMPs	Position Title
Bass Coast Health	Ian Thompson	Chair of the Board
Bass Coast Health	Elizabeth Camilleri	Board Member
Bass Coast Health	Nicky Chung	Board Member
Bass Coast Health	Simon Jemmett	Board Member
Bass Coast Health	Kate Jungwirth	Board Member
Bass Coast Health	Ian Leong	Board Member
Bass Coast Health	Harvey Newnham	Board Member
Bass Coast Health	Angelo Saridis	Board Member
Bass Coast Health	Mary Sayers	Board Member
Bass Coast Health	Julia Oxley	Board Member
Bass Coast Health	Jan Child	Chief Executive Officer
Bass Coast Health	Simone Alexander	Interim Chief Executive Officer
Bass Coast Health	Shaun Brooks	Acting Chief Executive Officer
Bass Coast Health	Shaun Brooks	Chief Financial Officer
Bass Coast Health	Christine Henderson	Executive Director
Bass Coast Health	Sue Hunt	Executive Director
Bass Coast Health	Renee Kelsall	Chief Medical Officer
Bass Coast Health	Emilia Pezzi	Executive Director
Bass Coast Health	Kirsten Weinzierl	Executive Director

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
Short-term benefits	1,796	1,866
Post-employment benefits	157	161
Other long-term benefits	35	50
Total[i]	1,988	2,077

[i] KMPs are also reported in Note 8.2 Responsible Persons or Note 8.3 Remuneration of Executives.

Significant transactions with government related entities

The Bass Coast Health received funding from the DH of $134.3 m (2024: $125.3 m) and indirect contributions of $1.1 m (2024: $2.4 m). Balances outstanding as at 30 June 2025 are $1.5 m (2024: $0.3 m).

Expenses incurred by Bass Coast 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 Bass Coast 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.

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 Bass Coast 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 Bass Coast Health Board of Directors, Chief Executive Officer and Executive Directors in 2025 (2024: none).

Except for the transaction listed below, there were no other related party transactions required to be disclosed for the Bass Coast Health Foundation Board of Directors in 2025 (2024: none).

Note 8.5 Remuneration of Auditors

	2025 $'000	2024 $'000
Victorian Auditor-General's Office		
Audit of the financial statements	47	46
Total remuneration of auditors	**47**	**46**

Note 8.6 Events occurring after the balance sheet date

The Boards of Alfred Health, Peninsula Health, Bass Coast Health, Gippsland Southern Health Service and Kooweerup Regional Health Service have agreed to a voluntary merger to form a new health service, Bayside Health. The public services currently being delivered by each of the merging health services will continue to be delivered in the new merged entity of Bayside Health. Consequently, the financial statements of each health service have been prepared on a going concern basis at 30 June 2025.

The Secretary of the Victorian Department of Health provided in principal support for the merger on 14 February 2025. On 28 June 2025, as required by the Health Services Act 1988, The Victorian Minister for Health sent her draft Ministerial Report, outlining a proposal for the voluntary merger, to the Boards for consideration. The Boards jointly responded on 22 July 2025, supporting the Ministerial Report.

The proposed effective date for the merger is 1 January 2026.

Note 8.7 Joint arrangements

	Principal Activity	Ownership Interest 2025 %	Ownership Interest 2024 %
Gippsland Health Alliance	Information Technology Services	11.78	11.08

Bass Coast Health's interest in assets and liabilities of the above joint arrangements are detailed below. The amounts are included in the consolidated financial statements under their respective categories:

	2025 $'000	2024 $'000
Current assets		
Cash and cash equivalents	1,783	1,514
Receivables	113	130
Prepaid expenses	508	496
Total current assets	**2,404**	**2,140**
Non-current assets		
Property, plant and equipment	154	53
Total non-current assets	**154**	**53**
Total assets	**2,558**	**2,193**
Current liabilities		
Payables	401	170
Other current liabilities	950	941
Lease liabilities	15	22
Total current liabilities	**1,366**	**1,133**
Non-current liabilities		
Lease liabilities	8	21
Total non-current liabilities	**8**	**21**
Total liabilities	**1,374**	**1,154**
Net assets	**1,184**	**1,039**
Equity		
Accumulated surplus	1,184	1,039
Total equity	**1,184**	**1,039**

Notes to the Financial Statements
Bass Coast Health
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Note 8.7 Joint arrangements

Bass Coast Health's interest in revenues and expenses resulting from joint arrangements are detailed below. The amounts are included in the consolidated financial statements under their respective categories:

	2025 $'000	2024 $'000
Revenue and income from transactions		
Operating activities	2,507	2,673
Non-operating activities	88	-
Total revenue and income from transactions	**2,595**	**2,673**
Expenses from transactions		
Operating expenses	(2,418)	(2,392)
Non-operating expenses	(32)	(41)
Total expenses from transactions	**(2,450)**	**(2,433)**
Net result from transactions	**145**	**240**
Other economic flows included in the net result		
Revaluation of long service leave	-	-
Total other economic flows included in the net result	**-**	**-**
Comprehensive result for the year	**145**	**240**

Figures obtained from the (un)audited Gippsland Health Alliance annual report

Contingent liabilities and capital commitments

There are no known contingent liabilities or capital commitments held by the jointly controlled operations at balance date.

Notes to the Financial Statements
Bass Coast Health
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Note 8.8 Equity

Contributed capital

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 the Bass Coast Health.

Transfers of net assets arising from administrative restructurings are treated as distributions to or contributions by owners. Transfers of net liabilities arising from administrative restructurings are treated as distributions to owners.

Other transfers that are in the nature of contributions or distributions or that have been designated as contributed capital are also treated as contributed capital.

General purpose reserve

The general purpose reserve represents funds set aside by Bass Coast Health for specific purpose, where the funds have been internally generated.

Property, plant and equipment revaluation surplus

The property, plant and equipment revaluation surplus arises on the revaluation of infrastructure, land and buildings. The revaluation surplus is not normally transferred to the accumulated surpluses/(deficits) on derecognise of the relevant asset.

Financial assets at fair value through comprehensive income revaluation reserve

The financial assets at fair value through other comprehensive income revaluation reserve arises on the revaluation of financial assets (such as equity instruments) measured at fair value through other comprehensive income. Where such a financial asset is sold, that portion of the reserve which relates to that financial asset may be transferred to accumulated surplus/deficit.

Restricted specific purpose reserve

Restricted specific purpose reserves are funds where Bass Coast Health have possession or title to the funds but have no discretion to amend or vary the restriction and/or condition underlying the funds.

BCH Site Map

Main Site

1. Wonthaggi Hospital
   235 Graham Street, Wonthaggi Vic. 3995
   Phone: 03 5671 3333

Satellite Sites

2. San Remo
   1 Back Beach Road, San Remo Vic. 3925
   Phone: 03 5671 9200
3. Phillip Island Community Hospital
   50-56 Church Street, Cowes Vic. 3922
   Phone: 03 5951 2100

Outreach Sites

4. Grantville
   Grantville Transaction Centre
   Cnr. Bass Highway & Pier Road, Grantville Vic. 3984
   Phone: 03 5671 3333
5. Corinella
   Corinella & District Community Centre
   48 Smythe Street, Corinella Vic. 3984
   Phone: 03 5671 3333

Residential Aged Care Facilities

6. Kirrak House
   Baillieu Street, Wonthaggi Vic. 3995
   Phone: 03 5671 3250
7. Griffiths Point Lodge
   Davis Point Road,
   San Remo Vic. 3925
   Phone: 03 5678 5311

Maternal and Child Health Sites

8. Wonthaggi
   Wonthaggi Drysdale Street Kindergarten
   27 Drysdale Street, Wonthaggi Vic. 3995
   Phone: 03 5671 4275
9. Inverloch
   Inverloch Community Hub
   16 A'Beckett Street, Inverloch Vic. 3996
   Phone: 03 5671 4275
10. San Remo
    San Remo Kindergarten
    23 Back Beach Road, San Remo Vic. 3925
    Phone: 03 5671 4275
11. Cowes
    Phillip Island Early Learning Centre
    161 Settlement Road, Cowes Vic. 3922
    Phone: 03 5671 4275
12. Bass Valley
    Bass Valley Children's Centre
    60 Corinella Road, Corinella, Vic. 3984
    Phone: 03 5671 4275
13. Grantville
    Grantville Transaction Centre
    Corner Bass Highway and Pier Road, Grantville, Vic. 3984
    Phone: 03 5671 4275