

Annual Report

2024 – 2025

Acknowledgement of Traditional Owners

Omeo District Health acknowledges the traditional owners of the land on which the health service is located. We recognise and respect their cultural heritage, beliefs and relationships with the lands. We pay our respects to elders past and present, and thank them for their contribution to our health service.

Table of contents

Responsible body's declaration	2
2024-2025 year in review: A message from the Board Chair and Chief Executive Officer	3
General information.....	5
Board of Directors	7
Executive team.....	8
Organisation structure.....	10
Workforce	11
Occupational health, safety and wellbeing	12
General information.....	14
Financial information	18
Asset management accountability framework (AMAF).....	22
Environmental performance information	23
Statement of Priorities.....	27
Attestations	33
Disclosure index	34

Responsible body's declaration

In accordance with the *Financial Management Act 1994*, I am pleased to present the Report of Operations for Omeo District Health for the year ending 30 June 2025.



Simon Lawlor
Board Chair
Omeo District Health
22 October 2025

2024-2025 year in review: A message from the Board Chair and Chief Executive Officer

It is with great pride that we reflect on another year of strong performance, transformation and community partnership at Omeo District Health. The 2024-2025 financial year was marked by resilience, innovation and renewed purpose as we continued to deliver safe, high-quality, and compassionate care to the people of Omeo and its surrounding districts.

Leadership and direction

This year saw important leadership renewal with the appointment of **Daniel Cziperle** as **Chief Executive Officer** (CEO) following his interim tenure. Daniel's strategic clarity and operational strength have accelerated progress across governance, workforce and clinical improvement. The Board worked closely with the CEO and executive team to embed a culture of accountability, collaboration and continuous improvement across the organisation.

Delivering high-quality care

Our commitment to providing accessible and person-centred care remained unwavering.

- During 2024-2025, **Lewington House** achieved a **5-Star Rating** under the national *Aged Care Star Ratings system* – an uplift from the previous year – recognising excellence in compliance, quality measures, staffing and resident experience.
- **Lewington House Residential Aged Care** operated at over **95% occupancy for the entire year** – a reflection of the community's trust and the dedication of our staff. Resident wellbeing was strengthened through redesigned menus, enriched social programs and the continued benefits of the BestMed digital medication management system implemented in 2023-2024.
- **Kitchen staff completed the Maggie Beer Foundation training program for aged-care kitchen**, enhancing their skills in preparing nutritious, appealing meals that enrich the dining experience. Staff also visited other

regional facilities to exchange ideas on food quality, presentation and resident engagement.

- **Community Health and Support at Home** expanded its reach, helping older people and those with chronic illness remain safely and independently at home.
- The **nurse-led Urgent Care Centre** continued to provide timely, skilled care, supported by virtual consultations through the Victorian Virtual Emergency Department (VVED).
- **Strong partnerships** with the Royal Flying Doctor Service, Ambulance Victoria and local retrieval services ensured coordinated emergency responses for our rural community.

Building a skilled and sustainable workforce

People are at the heart of everything we do – our patients, residents and community members who place their trust in us each day. In 2024-2025, Omeo District Health strengthened its clinical capability through advanced life support, infection prevention, and plastering and suturing training delivered in partnership with regional health services.

We continued to invest in local and international recruitment and explored innovative models of care to meet future workforce needs, particularly in aged care and community services.

Infrastructure and system improvements

Several major infrastructure and digital initiatives progressed during the year, including:

- The **Omeo Key Worker Accommodation Project** (Crisp Street Project) commenced with support from the Victorian Government through Regional Development Victoria. This project will be completed in 2025-2026, providing quality housing to attract and retain key healthcare workers and their families.
- **Implementation of facility asset management and maintenance software** enhanced our compliance with the *Building Act 1993* and improved scheduling and reporting of maintenance activities.
- **New integrated systems** further strengthened governance, transparency and staff capability across all departments.

Cultural safety and community partnerships

Omeo District Health deepened its commitment to culturally safe care and genuine partnership with Aboriginal and Torres Strait Islander communities. During 2024-2025:

- 100% of staff completed **Aboriginal Cultural Sensitivity and Patient Care training**.
- We commenced development of the **Omeo District Health Cultural Safety Framework and Plan**, which will guide ongoing improvement in culturally responsive care.
- Omeo District Health joined the **Gippsland Partnerships for Culturally Safe Cancer Care**, a two-year collaboration endorsed by the Gippsland Regional Integrated Cancer Service (GRICS) Governance Group. The project unites regional health services and Aboriginal Community Controlled Health Organisations to co-design culturally safe, community-led approaches to cancer care for Aboriginal people. In 2025, the focus will be on engagement, relationship-building and employing Aboriginal people to lead this work.

Financial sustainability and governance

Despite ongoing pressures across the rural health sector, Omeo District Health maintained

a stable financial position, meeting all compliance obligations under the *Financial Management Act 1994*.

An internal audit of procurement under HealthShare Victoria's Health Purchasing Policies confirmed overall compliance, with only minor documentation improvements identified – reflecting the maturity of our governance systems.

Looking ahead

As we look to 2025-2026, Omeo District Health will continue to:

- prepare for the next NSQHS reassessment and embed continuous quality improvement across all services;
- strengthen our medical model to deliver more care closer to home;
- advance digital connectivity and virtual care partnerships to improve access for remote communities;
- deliver key capital projects to enhance fire safety and energy reliability; and
- finalise the Social Procurement Policy and Aboriginal Cultural Safety Plan, ensuring our growth is inclusive, ethical and community-centred.

We extend our deepest gratitude to our staff, volunteers, Visiting Medical Officers, Board Directors and community partners for their commitment to excellence and compassionate care. Together, we continue to build a resilient, connected and thriving health service for our region.



Simon Lawlor
Board Chair



Daniel Cziperle
Chief Executive Officer

General information

Establishment and relevant Ministers

Omeo District Health is a public health service established under the *Health Services Act 1988* (Vic). The responsible Minister(s) for the reporting period were:

Minister for Health	The Hon. Mary-Anne Thomas	1 July 2024 to 30 June 2025
Minister for Ambulance Services		
Minister for Health Infrastructure	The Hon. Mary-Anne Thomas	1 July 2024 to 19 December 2024
	The Hon. Melissa Horne	From 19 December 2024 to 30 June 2025
Minister for Mental Health	The Hon. Ingrid Stitt	1 July 2024 to 30 June 2025
Minister for Ageing		
Minister for Disability/Minister for Children	The Hon. Lizzie Blandthorn	1 July 2024 to 30 June 2025

Our vision, strategic focus and core values

Omeo District Health operates under a guiding Strategic Plan 2024 – 2027 which outlines a clear vision, mission statement, and set of strategic objectives.

Our vision: Omeo District Health delivers better outcomes for our rural community.

We deliver appropriate services that not only meet standards but improve health outcomes for our community ensuring that people **age well, keep well and are connected to care**.

Our purpose: To promote and enhance the health and wellbeing of the people of the East Gippsland High Country.

We are here to improve our community's health and wellbeing, to care for the sick and to ensure that our community can access appropriate healthcare.

Overview of services provided by Omeo District Health

Omeo District Health is a small rural health service that provides broad based health and support services to the towns of Benambra, Cobungra, Dinner Plan, Ensay, Omeo, Swifts Creek, and surrounding areas. Omeo and surrounding communities are in the heart of the Victorian High Country, in the East Gippsland Shire. The Shire is home to upward of 100 small communities and is Victoria's second largest municipality.

As a small rural health service, Omeo District Health is expected to provide a range of services that best meets its community's needs. The services we provide include:

Acute care

- Four acute beds for general medical care
- Urgent Care Centre (24/7)

• High Country Men's Shed

- Occupational therapy
- Physiotherapy
- Podiatry
- Speech pathology
- Youth program

Allied health & community services

- Community gym
- Dietetics
- Equipment loan program

Ancillary services

- Pathology
- Radiology
- Other diagnostic tests

Dental services

- Delivered on-site by the Royal Flying Doctor Service

Home based services

- Allied health
- Clinical care and district nursing
- Community transport
- Domestic assistance
- Home maintenance
- Home respite care
- Meals on wheels
- Personal care and support
- Post-acute support
- Social support group
- Transitional care program (community)

Medical services

- Chronic disease management
- Primary care consultation and referral
- Skin checks and lesions removal
- Visiting Paediatrician
- Women's Health
- Other infusions and other minor procedures

Residential aged care

- 14 beds as individual rooms with ensuites
- Allied health
- Aged care family liaison officer
- Lifestyle program
- Gentle exercise program for residents
- Respite care

Subacute care

- Rehabilitation
- Transitional care program (on-site)

Visiting services

- Bone densitometry
- Breast screening
- Diabetes education
- Palliative care
- Optometry

Additional referral services to:

- Counselling and social work
- Mental health



Board of Directors

Omeo District Health's Board of Directors (the Board) consists of up to nine independent, non-executive members. Each Director is appointed for a term of up to three years, with the possibility of reappointment for a maximum cumulative service of nine years.

The Board is accountable to the Minister for Health under the *Health Services Act 1988*. The Board's role is to provide strategic leadership, exercise sound governance, and oversee the provision of high-quality, safe care. The Board also fosters a supportive environment for staff and works to deliver on the health service's objectives outlined in the 2024-2027 Strategic Plan and the annual Statement of Priorities.

The following individuals served as members of the Board during the 2024-2025 financial year:

Mr Simon Lawlor Board Chair	Ms Penny Barry Board Director	Ms Marianne Shearer Board Director
Ms Melita Ryan Vice Chair	Mr Ryan Brown Board Director	Dr Jeremy Sternson Board Director
Ms Leecia Angus Treasurer	Ms Ann Ferguson Board Director	Mr Harry Thomas Board Director

Board Committees

In accordance with the *Health Services Act 1988 (Vic)* and the Victorian Government's *Public Entity Executive Remuneration Policy*, the Board has established several committees to strengthen governance and oversight. These committees provide advice and assurance to support the Board in fulfilling its responsibilities.

Committee	Role and responsibilities
Building, Land and Assets	Oversees the strategic and sustainable management of land, buildings, equipment, and digital infrastructure, and supports long-term capital works and master planning.
Clinical Governance	Provides assurance on the quality and safety of care, monitors accreditation readiness, clinical risk management, incidents, and consumer feedback, ensuring care is safe, high-quality, and respectful of dignity.
Community Advisory	Embeds consumer and community voices in governance, service planning, and improvement. Ensures decision-making reflects community perspectives and supports person-centred, inclusive, and culturally safe care.
Credentialing and Scope of Clinical Practice (including Appeals Committee)	Confirms the qualifications and scope of practice of medical, dental, and nurse practitioners (in partnership with Bairnsdale Regional Health Service and Orbost Regional Health), ensuring safe and high-quality clinical care.

Committee	Role and responsibilities
Finance, Risk and Audit	Supports oversight of financial governance, risk management, compliance, and audit. Reviews financial reporting, internal controls, and internal and external audit processes to maintain transparency and accountability.
Nomination and Remuneration	Oversees Board and CEO succession, recruitment, induction, performance, and remuneration. Promotes strong governance culture, diversity, inclusion, and alignment with Environmental, Social and Governance (ESG) principles.

Together, these committees ensure that Omeo District Health upholds high standards of accountability, transparency, and strategic leadership in delivering safe, person-centred care for the communities it services.

Committee membership 2024-2025

Building, Land and Assets Committee

- Dr Jeremy Sternson (Chair)
- Mr Ryan Brown
- Ms Ann Ferguson
- Mr Harry Thomas

Clinical Governance Committee

- Ms Marianne Shearer (Chair)
- Ms Penny Barry
- Dr Jeremy Sternson
- Mr Harry Thomas

Community Advisory Committee

- Ms Penny Barry (Chair)
- Ms Marianne Shearer

Credentialing and Scope of Clinical Practice Committee (including Appeals Committee)

- Ms Marianne Shearer
- Dr Jeremy Sternson
- *Note: The committee is chaired by Bairnsdale Regional Health Service*

Finance, Risk and Audit Committee

- Ms Leecia Angus (Chair)
- Mr Ryan Brown
- Mr Harry Thomas
- Ms Ann Ferguson

Nomination and Remuneration Committee

- Ms Melita Ryan (Chair)
- Mr Ryan Brown
- Ms Ann Ferguson
- Mr Simon Lawlor

Executive team

Chief Executive Officer (CEO)

Mr Daniel Cziperle MHA, MBA, AFCHSM (from November 2025)

Ms Mary Manescu (July 2024 – November 2025)

Leads Omeo District Health in partnership with the Board to deliver the organisation's vision, mission and strategic direction. The CEO provides overall leadership for the organisation, ensuring effective governance, resource allocation and financial stewardship, and overseeing delivery of safe, high-quality care aligned with community needs and the health service's Statement of Priorities. The position also performs the functions of Chief Procurement Officer for Omeo District Health.

Director of Corporate Services

Mr Michael Rowell

Leads the Corporate Services portfolio, encompassing financial and business performance, legislative compliance, procurement, infrastructure, and governance of quality, safety and risk systems. The role supports effective organisational performance and ensures compliance with statutory, regulatory and funding obligations.

Director of Health Services

Darren Fitzpatrick (from June 2025)

Leads the provision of high-quality, safe and person-centred care across acute, urgent care, allied health and community health centre services. The role provides strategic leadership, operational management and clinical governance oversight, ensuring effective workforce planning and alignment with the *National Safety and Quality Health Service (NSQHS) Standards*. The Director also co-leads organisational clinical governance and workforce development initiatives across the health service with the Director of Healthy Ageing.

Director of Healthy Ageing

Vacant (from June 2025)

Responsible for leadership and governance of residential aged care, transitional care, home-based services and community/district nursing. The position provides strategic oversight to ensure compliance with the *Aged Care Quality Standards*, *Home Care Common Standards* and *National Disability Insurance Scheme (NDIS) Standards*. The role promotes innovation in aged care models, workforce capability and continuous improvement to enhance consumer experience and outcomes. The Director also co-leads organisational clinical governance and workforce development initiatives across the health service with the Director of Health Services.

Director Clinical Operations

Darren Fitzpatrick (Acting arrangement, December 2024 – June 2025)

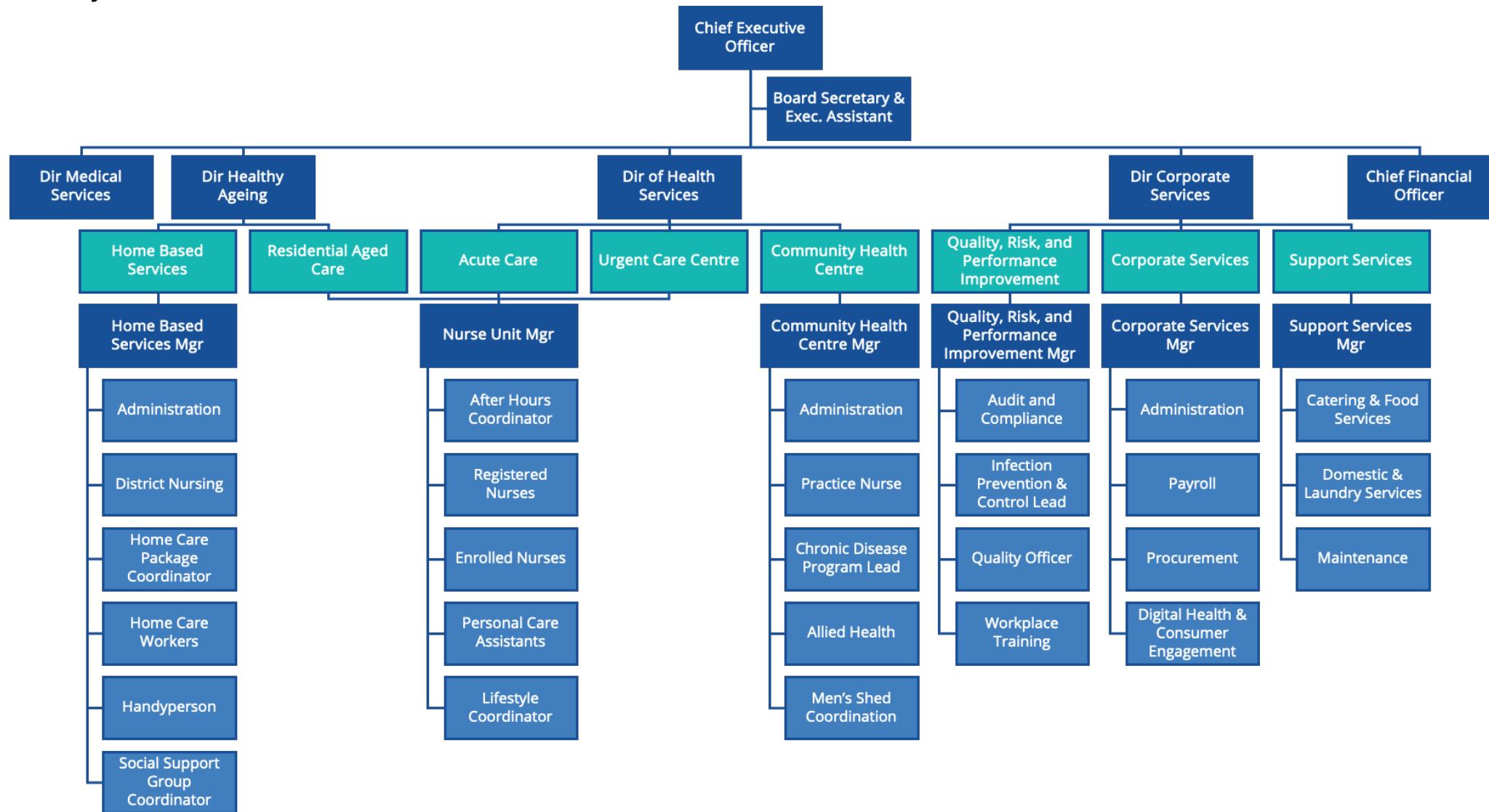
Michelle Evison-Rose (November 2024 – January 2025)

Pru Hart (December 2023 – November 2024)

Led the provision of optimal care through effective clinical leadership and management of staff, fostering collaborative professional relationships across the organisation, regional health sector, and broader community.

Organisation structure

As at 30 June 2025



Key

Dir – Director

Mgr – Manager

Workforce

Omeo District Health's goal is to support our staff to deliver great care by enabling better learning, growth and innovation opportunities.

In 2024-2025, Omeo District Health employed 69 staff across the Omeo and district region. The largest category of employees is nursing staff.

Hospitals labour category	June Current Month FTE		Average Monthly FTE	
	2024	2025	2023-2024	2024-2025
Nursing	11.52	16.22	12.87	17.90
Administration and Clerical	9.19	11.18	8.76	11.62
Medical Support	1.45	1.44	2.29	1.11
Hotel and Allied Services	9.20	6.62	9.70	7.50
Medical Officers	1.00	1.00	1.00	1.00
Hospital Medical Officers	N/A	N/A	N/A	N/A
Sessional Clinicians	N/A	N/A	N/A	N/A
Ancillary Staff (Allied Health)	12.53	10.66	10.64	10.15
Grand Total	44.89	47.12	45.26	49.28

Note: FTE stands for Full-Time Equivalent. These do not include overtime or contract staff (for example, agency nurses and fee-for-service visiting medical officers) who are not regarded as employees for this purpose.

Equal Employment Opportunity (EEO)

Omeo District Health is subject to the requirements of the *Equal Opportunity Act 1995* and applies appropriate merit and equity principles in its management of staff and takes responsibility for fair, non-discriminatory behaviour.

Workforce Inclusion Policy

Omeo District Health continues to uphold its obligations under the *Gender Equality Act 2020 (Vic)* as a defined public sector entity. In alignment with the Act, Omeo District Health has:

- Developed a Gender Equality Action Plan (GEAP) with measurable targets to improve gender equity across the organisation.
- Conducted a Workplace Gender Audit to assess current performance and inform strategic priorities.
- Submitted biennial progress reports to the Commission for Gender Equality in the Public Sector, detailing achievements and areas for improvement.
- Undertaken Gender Impact Assessments (GIAs) for relevant policies and programs.

As part of our Workforce Inclusion Policy, Omeo District Health is committed to:

- Setting and monitoring measurable inclusion targets.
- Reporting on progress and providing transparency where initiatives are delayed or not yet implemented.
- Tracking long-term trends to evaluate the effectiveness of our inclusion strategies.

These efforts reflect Omeo District Health's ongoing commitment to fostering a fair, inclusive, and equitable workplace for all staff.

Occupational health, safety and wellbeing

Omeo District Health is committed to maintaining a safe and healthy work environment for all staff, patients, and visitors.

Occupational health and safety (OH&S)

Approach

Omeo District Health adopts a proactive and continuously improving approach to occupational health and safety. Our framework prioritises the identification and management of risks in alignment with WorkSafe Victoria standards. This commitment drives our efforts to create a safe environment for all staff, patients, and visitors.

Monitoring and reporting

OH&S performance is routinely monitored and discussed at the Safe Environment and Sustainability Operational Committee meetings. Detailed minutes and reports from these meetings are then presented to the Quality, Safety and Risk Operational Committee and Clinical Governance Committee of the Board on a bi-monthly basis. Through this process, incidents, feedback, and identified risks are thoroughly reviewed, and appropriate actions are taken to address them.

Incident reporting system

To support these activities, Omeo District Health has implemented the electronic 'RiskMan' incident reporting system. This system enhances our ability to capture, track, and manage incidents efficiently across all areas of our organisation.

Staff engagement and escalation

Each work discipline within the organisation is empowered to voice concerns regarding OH&S matters. Staff members have the opportunity to escalate any issues to their elected Health and Safety Representatives (HSRs), ensuring that all concerns are appropriately addressed within the OH&S framework.

Occupational health and safety statistics	2021-2022	2022-2023	2023-2024	2024-2025
The number of reported hazards/incidents for the year per 100 FTE	517.19	33.56	44.23	16.02
The number of 'lost time' standard WorkCover claims for the year per 100 FTE	5.17	2.23	1.43	0.00
The average cost per WorkCover claim for the year	\$15,343	\$48,661	\$40,529	\$0

Occupational violence

Omeo District Health is committed to ensuring a safe working environment for all staff. Occupational violence is recognised as a serious concern in healthcare settings. Omeo District Health continues to monitor, report and respond to incidents in accordance with Department of Health guidelines, and actively promotes a culture of safety and incident reporting.

In 2024-2025, seven occupational violence incidents were reported, compared to two incidents in the previous year. This increase reflects both consistent occupancy of all residential aged care beds and a continued focus on strengthening the reporting culture, encouraging staff to document and escalate incidents appropriately.

Occupational violence statistics	2024-2025
WorkCover accepted claims with an occupational violence cause per 100 FTE	0.00
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	7
Number of occupational violence incidents reported per 100 FTE	14.20
Percentage of occupational violence incidents resulting in a staff injury, illness, or condition	0.00%

Definitions

- **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 a planned or unplanned Code Grey, it must be included.
- **Accepted WorkCover claims:** Claims accepted and lodged in 2024-2025.
- **Lost time:** Defined as greater than one day.
- **Injury, illness, or condition:** Includes all reported harm as a result of the incident, regardless of whether the employee required time off work or submitted a claim.



General information

Freedom of Information Act 1982

The *Freedom of Information Act 1982 (Vic)* provides the public with a legally enforceable right of access to documents held by Omeo District Health, subject to limited exemptions. In accordance with section 7 of the Act, members of the public may request information and documents.

Applications can be made by:

- **Email:** reception@omeohs.com.au
- **Post:** Freedom of Information Officer, Omeo District Health, PO Box 42, Omeo VIC 3898
- **Telephone:** (03) 5159 0100

The application fee for 2024-2025 was \$32.70. Additional access or production charges may apply depending on the nature of the request.

Detailed instructions on making a request are available on Omeo District Health's website (<https://www.odh.net.au/health-services-a-z/freedom-of-information>).

Freedom of information (FOI) applications	2024-2025
Valid applications received	1
- from Members of Parliament	0
- from media	0
- from general public	1
FOI access decisions	1
- granted in full	1
- granted in part	0
- denied in full	0
Withdrawn/not proceeded with	0
No documents located	0
In progress at 30 June 2025	0

All FOI decisions (100%) were made within the statutory timeframe, with the single request finalised 12 days under the statutory timeframe.

During 2024-2025, there were no requests subject to a compliant/internal review by Office of the Victorian Information Commissioner and no matters referred to the Victorian Civil and Administrative Tribunal (VCAT).

Building Act 1993

In the year ending 30 June 2025, all buildings owned by Omeo District Health were fully compliant with the *Building Act 1993*. All reasonable steps were taken to ensure the building and maintenance provisions of the Act were met, including adherence to the processes outlined in Omeo District Health's Asset Management Plan and through scheduled preventative maintenance programs conducted monthly, quarterly and annually.

During 2024-2025, Omeo District Health implemented new facility asset management and maintenance software, strengthening mechanisms for inspection, reporting, scheduling and completion of maintenance works. A scheduled Fire Safety Audit was completed in August 2024 to confirm the currency of fire management systems. All fire safety measures were found to be fit for purpose, with appropriate processes in place and records of maintenance checks, servicing and repairs maintained.

Examples of major works undertaken during 2024-2025 include:

- commencement of exterior painting works (anticipated completion October 2025); and
- commencement of floor replacement works to enhance consumer experience and improve infection prevention and control (anticipated completion November 2025).

Public Interest Disclosure Act 2012

In accordance with the *Public Interest Disclosures Act 2012 (Vic)*, Omeo District Health is committed to ensuring that individuals who make protected disclosures, or who cooperate with investigations into protected disclosures, are afforded the protections available under the Act.

Omeo District Health's Public Interest Disclosure Policy and Procedure is available via the organisation's policy and procedure portal.

Omeo District Health was not required to disclose any issues under the *Public Interest Disclosures Act 2012 (Vic)* in the financial year 2024-2025. Information on how to access any disclosure under Part 9 of the Act can be found via the Independent Broad-based Anti-corruption Commission (IBAC) website (<https://www.ibac.vic.gov.au/>).

National Competition Policy

Omeo District Health continues to comply with the requirements of the *National Competition Policy*, including the *Competitive Neutrality Policy Victoria* and subsequent reforms.

In accordance with the national competition principles agreed by the Federal and State Governments, Omeo District Health maintains policies and procedures to ensure compliance, including tendering for the provision of goods and services in line with HealthShare Victoria (HSV) procurement policies.

During 2024-2025, Omeo District Health underwent an internal audit of its procurement systems against the HealthShare Victoria Health Purchasing Policies. The audit confirmed that Omeo District Health is generally meeting its obligations, with findings limited to documentation and procedural gaps. Management has addressed these findings through targeted improvement actions, further strengthening procurement governance and compliance.

In 2024-2025, Omeo District Health did not undertake any significant business activities subject to the *Competitive Neutrality Policy Victoria*.

Carers Recognition Act 2012

Omeo District Health recognises and values the vital role of carers in the community and is committed to supporting their rights in accordance with the *Carers Recognition Act 2012 (Vic)*. During 2024-2025, Omeo District Health has taken all practical measures to comply with its obligations under the Act. These include:

- promoting the principles of the Act to people in care relationships who receive our services and to the wider community (e.g., distributing printed materials about the Act at community events or service points; providing links to state government resource materials on our website);
- ensuring our staff have an awareness and understanding of the care relationship principles set out in the Act (e.g., induction and training programs offered by the organisation include discussion of the Act and the statement of principles therein);
- considering the care relationships principles set out in the Act when setting policies and providing services (e.g., reviewing our employment policies such as flexible working arrangements and leave provisions to ensure that these comply with the statement of principles in the Act, developing a satisfaction survey for distribution at assessment and review meetings between workers, carers and those receiving care); and
- implementing priority actions in Recognising and supporting Victoria's carers: Victorian carer strategy 2018-2022.

Local Jobs First Act 2003

The *Local Jobs First Act 2003 (Vic)* requires public health services to apply the Victorian Industry Participation Policy and the Major Projects Skills Guarantee to applicable projects above the threshold values. For rural health services, this applies to projects valued at \$1 million or more.

No projects undertaken by Omeo District Health during 2024-2025 met the threshold for Local Jobs First Policy application. As such, no Local Industry Development Plans were required or submitted. The Key Worker Accommodation Project, funded under the Regional Worker Accommodation Fund, was assessed by the Department of Jobs, Skills, Industry and Regions as not subject to the Local Jobs First Policy.

Safe Patient Care Act 2015

In accordance with section 40 of the *Safe Patient Care Act 2015 (Vic)*, Omeo District Health has no matters to report for the 2024-2025 financial year.

Gender Equality Act 2020

Omeo District Health is a defined entity under the *Gender Equality Act 2020 (Vic)* and is committed to promoting workplace gender equality. In accordance with the Act, Omeo District Health has developed a Gender Equality Action Plan and reports to the Commissioner for Gender Equality in the Public Sector on progress against workplace gender equality indicators.

For the 2024-2025 financial year, no reportable actions arose under the Act beyond the preparation and implementation of the Gender Equality Action Plan. Progress against these obligations is incorporated within the Workforce Inclusion Policy section of this report.

Car Parking Fees

Omeo District Health does not operate any fee-based car parking facilities and therefore has no disclosures to make under the requirements of FRD22.

Additional information available on request

In compliance with the requirements of the Standing Directions 2018 under the Financial Management Act 1994, details in respect of the items listed below have been retained by the health service and are available on request to the relevant Ministers, Members of Parliament and the public, subject to the provisions of the *Freedom of Information Act 1982*.

The following information must be retained and made available upon request:

- (a) a statement that declarations of pecuniary interests have been duly completed by all relevant officers;
- (b) details of shares held by a senior officer as nominee or held beneficially in a statutory authority or subsidiary;
- (c) details of publications produced by the entity about itself, and how these can be obtained;
- (d) details of changes in prices, fees, charges, rates, and levies charged by the entity;
- (e) details of any major external reviews carried out on the entity;
- (f) details of major research and development activities undertaken by the entity;
- (g) details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;
- (h) details of major promotional, public relations and marketing activities undertaken by the entity to develop community awareness of the entity and its services;
- (i) details of assessments and measures undertaken to improve the occupational health and safety of employees;

- (j) a general statement on industrial relations within the entity and details of time lost through industrial accidents and disputes;
- (k) a list of major committees sponsored by the entity, the purposes of each committee and the extent to which the purposes have been achieved; and
- (l) details of all consultancies and contractors including:
 - (i) consultants/contractors engaged;
 - (ii) services provided; and
 - (iii) expenditure committed to for each engagement.

This information is available on request by:

Phone: (03) 5159 0100

Email: reception@omeohs.com.au



Financial information

Financial summary

	2025 \$000	2024 \$000	2023 \$000	2022 \$000	2021 \$000
OPERATING RESULT*	118	(415)	21	0	8
Total revenue	10,297	8,806	8,604	8,911	6,803
Total expenses	10,735	9,922	8,990	9,215	7,244
Net result from transactions	(438)	(1,116)	(386)	(304)	(441)
Total other economic flows	31	10	(10)	86	61
Net result	(407)	(1,106)	(396)	(218)	(380)
Total assets	13,515	12,928	10,459	10,163	10,151
Total liabilities	5,197	4,203	3,269	2,577	3,248
Net assets/Total equity	8,318	8,725	7,190	7,586	6,903

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

Note: Years described in this table refer to financial years ended 30 June of the relevant year.

Omeo District Health's financial position remains stable and sustainable, underpinned by effective governance and sound financial stewardship.

For 2024-2025, Omeo District Health reported total revenue of \$10.3 million, an increase of \$1.5m (17%) compared to 2023-2024. The growth primarily reflects higher State and Commonwealth operating grants under the *National Health Reform Agreement* and aged care funding, together with modest growth in own-source income and activity.

Total expenses increased by 8% (\$0.8 million) to \$10.7 million, driven by higher employee costs associated with recruitment of critical staff, expanded service delivery, and inflationary pressures on supplies. Depreciation and amortisation also rose following capital investment in infrastructure and equipment.

The 2024-2025 operating result was a \$0.1 million surplus, compared to a \$0.4 million deficit in 2023-2024. After non-cash depreciation, the net result from transactions was a deficit of \$0.4 million, a marked improvement on the \$1.1 million deficit record in the prior year.

Cash holds strengthened to \$4.7 million (up from \$3.7 million), supported by improved operating performance and prudent management of working capital.

Significant changes in financial position

Total assets increased to \$13.5 million (up \$0.6 million) due to higher cash balances and work-in-progress associated with key maintenance and capital projects.

Liabilities rose by \$1.0 million to \$5.2 million, reflecting higher trade payables and employee benefit provisions linked to year-end timing of capital works, maintenance works, and workforce activity. Refundable Accommodation Deposits (RADs) reduced slightly to \$2.6 million because of normal resident movements within Lewington House.

Net assets decreased marginally to \$8.3 million, driven by the modest operating deficit and absence of asset revaluations in 2024-2025. No impairments were recorded, and Omeo District Health maintained a strong equity position with no long-term debt.

Performance against operational and budgetary objectives

Omeo District Health achieved the majority of its 2024-2025 Statement of Priorities (SoP) financial and operational deliverables and maintained strong governance and accountability throughout the year.

- The operating result exceeded budget expectations, reflecting effective cost control and higher-than-forecast revenue.
- Liquidity and current ratios remained above Department of Health benchmarks, confirming short-term financial resilience.

However, the SoP indicator measuring variance between forecast and actual Net Result from Transactions (NRFT) within 5% was not achieved. The variance was primarily due to timing of revenue receipts and higher-than-anticipated employee expenses associated with essential clinical recruitment.

Financial sustainability continued to be supported by robust internal controls, proactive oversight from the Finance, Risk and Audit Committee (FRAC), and ongoing collaboration with the Department of Health to align funding and capital priorities with statewide objectives.

Significant events occurring after balance date

At the date of this report, the Board and Accountable Officer are not aware of any matter or circumstance that has arisen since 30 June 2025 that has significantly affected, or may significantly affect, the operations, financial position or results of Omeo District Health.

Reconciliation of net results from transactions and operating result

	2025 \$000
OPERATING RESULT*	118
Capital purpose income	445
Depreciation and amortisation	(1,001)
Net result from transactions	(438)

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

Note: Years described in this table refer to financial years ended 30 June of the relevant year.

Consultancies information

All consultancies in 2024-2025 were conducted in compliance with the procurement policies of Omeo District Health and the Victorian Government.

Consultancies less than \$10,000

In 2024-2025 financial year, there were 4 consultancies where the total fees payable to the consultants were less than \$10,000. The total expenditure incurred during 2024-2025 in relation to these consultancies is \$13,040 (excluding GST).

Consultancies \$10,000 or greater

In 2024-2025, there was one consultancy in which the total fees payable to the consultant was \$10,000 or greater. The total expenditure incurred during 2024-2025 in relation to this consultant is \$10,000 (excluding GST). Details of this consultancy can be viewed in the table below.

Consultant	Purpose of consultancy	Total approved project fee (\$ excl. GST)	Expenditure 2024-2025 (\$ excl. GST)	Future expenditure (\$ excl. GST)
Health Generation	Aged Care AN-ACC Assessment / Consultancy	\$10,000.00	\$10,000.00	\$0.00

Information and communication technology (ICT) expenditure

For the 2024-2025 reporting period, Omeo District Health had a total ICT expenditure of \$0.968 million (excluding GST), with the details shown below.

Business as usual (BAU) ICT expenditure	Non-business as usual (non-BAU) ICT expenditure		
Total	Total = Operational expenditure and capital expenditure	Operational expenditure	Capital expenditure
\$0.368 million	\$0.600 million	\$0.519 million	\$0.081 million

Social procurement activities

Omeo District Health acknowledges the Victorian Government's *Social Procurement Framework* and its role in promoting inclusive, sustainable, and value-driven procurement practices across the public sector.

While Omeo District Health is not required to develop a formal Social Procurement Strategy under the *Social Procurement Framework* — due to our annual procurement spend being below the \$10 million threshold — we remain committed to integrating social procurement principles into our procurement activities.

Key activities in 2024-2025

- Consideration of local economic participation and support for regional suppliers, in line with the Victorian Industry Participation Policy (VIPP).
- Inclusion of environmental sustainability and ethical sourcing principles in procurement decisions, consistent with our Procurement Framework and Environmental Management Plan.
- Ongoing development of internal procurement capability, including planning for a future Social Procurement Policy aligned with *Social Procurement Framework* objectives.

Key achievements

- Engagement with local and regional suppliers across construction, maintenance, and health service delivery, contributing to community resilience and economic development.
- Social procurement principles embedded in the planning and delivery of capital projects, including the Crisp Street accommodation project, which prioritised modular construction and local trades.

Omeo District Health will continue to build on these foundations, with a view to formalising our Social Procurement Policy and enhancing our contribution to social and sustainable outcomes in future reporting periods.

Government advertising campaign expenditure

Not applicable – Omeo District Health did not undertake any government advertising campaigns with a total media spend of \$100,000 or greater during the 2024-2025 financial year.

Reviews and studies expenditure

During the 2024-2025 financial year, there was one review / study undertaken with the total cost of \$9,450 excluding GST. Details of the review / study are outlined below.

Name of the review (agency responsible)	Reasons for review / study	Terms of reference / scope	Anticipated outcomes	Estimated cost for the year (excl. GST)	Final cost if completed (excl. GST)	Publicly available
Fire Safety Audit (Omeo District Health)	Mandatory requirement to comply with the Capital Development Guidelines – Series 7, Department of Families, Fairness and Housing (DFFH).	On-site building audit and review of Omeo District Health.	Current five-year re-audit report completed by a DFFH accredited practitioner (Lake Young and Associates).	\$9,450	\$9,450	No

Note: Table does not include reviews or studies that may be Commercial-in-Confident or commercially sensitive, or where the release may be detrimental to Government operations (e.g., by pre-empting the finalisation of policy decisions prior to their announcement by Government).

Grants and transfer payments

Not applicable – Omeo District Health did not administer any grants, transfer payments or Commercial-in-Confidence grants in 2024-2025 financial year.

Asset management accountability framework

The following section summarises Omeo District Health's assessment of maturity against the requirements of the Asset Management Accountability Framework (AMAF). The AMAF is a non-prescriptive, devolved accountability model of asset management that requires compliance with 41 mandatory requirements. These requirements can be found on the Department of Treasury and Finance (DTF) website (<https://dtf.vic.gov.au>).

The overall Omeo District Health target maturity rating is 'competence,' meaning systems and processes are fully in place, consistently applied and systematically meeting AMAF requirements, including a continuous improvement process to expand system performance above AMAF minimum requirements. Omeo District Health has met its target maturity against most requirements, with no material compliance deficiencies noted. Work is ongoing to ensure 'competence' rating and to move towards an 'optimising' rating in our pursuit of best practice asset management.

Leadership and accountability (requirements 1-19)

Omeo District Health has met its target maturity level against most of the requirements in this category. While not classified as material, a partial compliance has been identified against one requirement related to monitoring asset performance. Action is underway to address this deficiency with resolution expected in the 2025-2026 financial year.

Asset planning (requirements 20-23)

Omeo District Health has met its target maturity level against all requirements in this category.

Asset acquisition (requirements 24-25)

Omeo District Health has met its target maturity level against all requirements in this category.

Asset operation (requirements 26-40)

Omeo District Health has met its target maturity level against all requirements in this category.

Asset disposal (requirement 41)

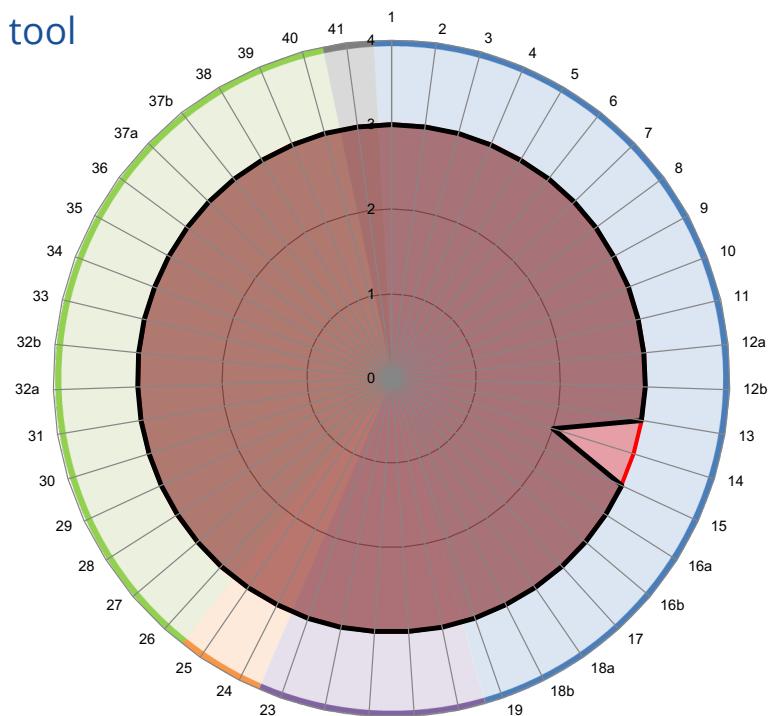
Omeo District Health has met its target maturity level against all requirements in this category.

Compliance and maturity rating tool

Asset management maturity

Legend

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



Environmental performance information

For the purpose of this environmental performance reporting, the organisational boundary is the main Omeo District Health facility located at 12 Easton St, Omeo, Victoria. This includes Lewington House (our residential aged care facility) and Omeo Community Health Centre.

Electricity use	2024-2025	Notes
EL1. Electricity consumption segmented by source (MWh)		
Purchased electricity	141	
Not directly purchased but from outside the organisation	-	
Self-generated	13	
EL1. Total electricity consumption	154	
EL2. On-site electricity generated segmented by usage and source (MWh)		
Consumption behind-the-meter		
Solar photovoltaic (PV)	13	
Total consumption behind-the-meter	13	
Exports	-	
For use outside the facility other than for supply to the grid	-	
EL2. Total on-site electricity generated	13	
EL3. On-site installed generation capacity segmented by source (MW)		
EL3. Total on-site installed generation capacity	-	
EL4. Electricity offsets segmented by offset type (MWh)		
EL4. Total electricity offsets	-	
Stationary fuel use	2024-2025	Notes
F1. Fuels used in buildings and machinery (MJ)		
Buildings		
Liquefied petroleum gas (LPG)	1,223,420	
Diesel	11,580	
Total fuels used in buildings	1,235,000	
Fuels used in machinery	-	
F1. Total fuels used in buildings and machinery	1,235,000	
F2. Greenhouse gas emissions from stationary fuel consumption segmented by fuel type (Tonnes CO₂-e)		
LPG	74.1	
Diesel	0.8	
F2. Total greenhouse gas emissions from stationary fuel consumption	74.9	

Transportation

2024-2025

Notes

T1. Energy used in transportation within the entity segmented by fuel type and vehicle category (MWh)

Road Vehicles

Petrol	82,764
Diesel	70,985
T1. Total energy used in transportation	153,749

T2. Number and proportion of vehicles in the organisational boundary segmented by vehicle category and engine / fuel type

Road vehicles: Passenger vehicles

Internal combustion engines		
Petrol	5	62.5%
Diesel/biodiesel	3	37.5%
LPG	0	0%
Total internal combustion engine road passenger vehicles	8	100%
Hybrid	0	0%
Electric propulsion	0	0%
Total number of vehicles	8	

T3. Greenhouse gas emissions (Tonnes CO₂-e)

Road Vehicles

Petrol	27,068
Diesel	8,430

T4. Total greenhouse gas emissions

T4. Distance travelled by commercial air travel (passenger km)

T4. Total distance travelled by commercial air travel

-

Total energy use

2024-2025

Notes

E1. Energy usage from fuels (MJ)

E1. Total energy usage from fuels

1,388,749

E2. Energy usage from electricity (MJ)

E2. Total energy usage from electricity

555,718

E3. Energy usage segmented by renewable and non-renewable sources (MJ)

Renewable

142,286

Non-renewable

1,802,181

E3. Total energy usage

1,944,467

E4. Units of energy used normalised by floor area (m²)

E4. Total units of energy used normalised by floor area

430

Sustainable buildings and infrastructure

2024-2025

Notes

B3. NABERS energy ratings of newly completed/occupied entity-owned office buildings and substantial tenancy fit-outs

Not applicable N/A

B4. Environmental performance ratings of newly completed entity-owned non-office building or infrastructure projects or upgrades with a value over \$1 million

Not applicable N/A

B5. Environmental performance ratings achieved for entity-owned assets portfolio segmented by rating scheme and building, where these ratings have been conducted

NABERS Energy¹

Omeo District Health hospital facility	3.5
--	-----

Water use

2024-2025

Notes

W1. Water consumption by Omeo District Health (kilolitres)

Potable water consumption (town water supply)	2,219
---	-------

Metered rainwater collection consumption	-
--	---

Metered alternate supply consumption (e.g., river, stream, aquifer)	-
---	---

Metered reused water consumption (e.g., grey or black water)	-
--	---

W1. Total water consumption	2,219
------------------------------------	--------------

W2. Units of metered water consumed normalised by floor area (m²)

W2. Total units of metered water consumed normalised by floor area	0
---	----------

Waste and recycling

2024-2025

Notes

WR1. Units of waste disposed of by waste stream (kg)

Landfill (disposal)	25,740	100%
Recycling/recovery (disposal)	-	0%
Other	-	0%

WR1. Total units of waste disposed	25,740
---	---------------

WR2. Percentage of office sites covered by dedicated collection services for each waste stream

Printer cartridges	-
Batteries	-
e-waste	-
Soft plastics	-

WR2. Total percentage of office sites covered by dedicated collection services	-
---	----------

WR3. Units of waste disposed of normalised by floor area (kg/m²)

WR3. Total units of waste disposed of normalised by floor area	5.686
---	--------------

¹The National Australian Built Environment Rating System (NABERS), evaluates the environmental performance of public buildings by measuring energy and water consumption. It compares these buildings to similar public hospitals using a star rating system, with six stars indicating superior performance. For more information, visit the Victorian Health Building Authority website (<https://www.vhba.vic.gov.au/news/victorian-hospital-rating-energy-and-water-efficiency-released>).

	2024-2025	Notes
Waste and recycling		
WR4. Recycling Rate (%)		
WR4. Recycling Rate	-	
WR5. Greenhouse gas emissions associated with waste disposal (tonnes CO₂-e)		
Landfill	33.462	
Other	-	
WR5. Total greenhouse gas emissions associated with waste disposal	33.462	
Greenhouse gas emissions	2024-2025	Notes
G1. Scope 1 (direct) greenhouse gas emissions (tonnes CO₂-e)		
Total carbon dioxide (CO ₂)	85	
Total methane (CH ₄)	0	
Total nitrous oxide (N ₂ O)	0	
Total other	0	
G1. Total Scope 1 (direct) greenhouse gas emissions	86	
F2. Greenhouse gas emissions from stationary fuel consumption segmented by fuel type	75	
T3. Greenhouse gas emissions from vehicle fleet segmented by fuel type and vehicle category	11	
G2. Scope 2 (indirect electricity) greenhouse gas emissions (tonnes CO₂-e)		
G2. Total Scope 2 (indirect electricity) greenhouse gas emissions	93	
G3. Total Scope 3 (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (tonnes CO₂-e)		
Waste disposal	33	
Commercial air travel	-	
G4. Total Scope 3 (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal	33	

Statement of Priorities

The Statement of Priorities is an annual accountability agreement between Victorian public healthcare services and the Minister for Health. They outline the key performance expectations, targets, and funding for the year, as well as government service priorities.

The Omeo District Health Statement of Priorities 2024-2025 is comprised of three sections:

- Part A: Strategic Priorities
- Part B: Performance Priorities
- Part C: Activity and Funding

Year-end results reflect the available data at the time of writing.

Part A: Strategic Priorities

The Statement of Priorities Part A deliverables reflect the government's current core priorities and are aligned with the *Department of Health Strategic Plan 2023-2027*.

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.

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 deliverables	Achievements / Outcome
MA2 Improve paediatric patient outcomes by implementing the "ViCTOR track and trigger" observation chart and escalation system whenever children have observations taken.	Achieved <ul style="list-style-type: none">• ViCTOR track and trigger observation charts and escalation system have been implemented across Omeo District Health.• Emphasis placed on 24/7 Urgent Care during implementation.

Goal

MA4 Identify and develop clinical service models where face to face consultations can be substituted by virtual care wherever possible (using telehealth, remote monitoring), while ensuring strong clinical governance, safety surveillance and patient choice.

Health service deliverables	Achievements / Outcome
MA4 Building on similar models developed elsewhere in Victoria, implement a secondary consultation model to maximise access to specialist medical services closer to home whilst ensuring safe practice within ODH's service capability.	Achieved <ul style="list-style-type: none">• Established telehealth specialist medical services through Victorian Virtual Specialist Consults (VSC).• Expanded General Practitioner medical services to include additional availability for telehealth appointments.

Operate within budget

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

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 deliverables

Achievements / Outcome

Achieved

- 231% achieved against Service Efficiencies Target.
- 481% achieved against Existing Non-Patient Facing Financial Management Improvement Plan (FMIP).
- Significant reduction in reliance on agency nursing (6% of nursing hours vs 16% in 2023-2024) resulting in a 40% decrease in agency nursing expenditure.

Not achieved

- Capability remains limited.
- During 2024-2025, several systems were implemented (e.g., new asset management software) to enable collection of accurate data to analyse, monitor, and inform evidence-based decision to improve financial sustainability and operational performance.

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.

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.

Goal

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

Health service deliverables

Achievements / Outcome

Achieved

- Grew home-based services to deliver more services, increasing clients in our catchment by over 25%.
- An investment into new home-based services software will enable Omeo District Health to continue scaling capacity efficiently.

MC1 Building on similar models developed interstate, trial the implementation of virtual models of care to complement local allied health capacity, ensuring equitable access and continuity of service.

Ongoing

- Implemented model of care utilising on-site Allied Health Assistant supported by virtual allied health practitioners.
- Goal is ongoing into 2024-2025 as we continue to adopt additional virtual models of care.

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 deliverables	Achievements / Outcome
MC3 Advance staff training opportunities to increase awareness and competency that supports better identification of Aboriginal and Torres Strait Islander clients and support implementation of tailored and culturally appropriate, comprehensive care by Omeo District Health.	<p>Ongoing</p> <ul style="list-style-type: none"> • Completed analysis of Aboriginal and Torres Strait Islander Peoples in our catchment. • Implemented new admission and intake forms to implement culturally appropriate means for individuals to identify. • Both efforts will assist in better informing Omeo District Health to engage with local Aboriginal and Torres Strait Islander Peoples and advance staff training opportunities.

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 businesses.

Health service deliverables	Achievements / Outcome
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.	<p>Achieved</p> <ul style="list-style-type: none"> • Mandatory cultural safety training and assessment implemented for all staff. • 100% compliance as at 30 June 2025. • Acknowledge the ongoing efforts to advance cultural safety training and assessment, including delivery by an independent, expert and community-controlled organisation.

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.

Goal

MD2 Explore new and contemporary models of care and practice, including future roles and capabilities.

Health service deliverables	Achievements / Outcome
MD2 Pilot, implement or evaluate new and contemporary models of care and practice, including future roles and building capability for multidisciplinary practice. For example Imaging, suturing and/or plastering skills for registered nurses supporting urgent care.	Achieved <ul style="list-style-type: none">• All Registered Nurses completed on-site suturing and plastering training program.• Sourced grant funding to register additional Registered Nurses to attend x-ray training courses during first half of 2025-2026.
MD2 Explore international recruitment opportunities for short and long-term engagement.	Achieved <ul style="list-style-type: none">• Recruited multiple nurses and support staff from overseas, including Brazil, India, Japan, and the United States.• Supported decreased reliance on agency nursing.

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.

Goal

ME1 Partner with other organisations (e.g., community health, ACCHOs, PHNs, General Practice, and private health) to drive further collaboration and build a more integrated system.

Health service deliverables

Achievements / Outcome

ME1 Implement Allied Health arrangements with other Community organisations from across the region.

Achieved

- Collaborated with community organisations to establish visiting physiotherapy and podiatry arrangements.

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 deliverables

Achievements / Outcome

ME2 As a priority consider engagement with other home-based services providers to benchmark and enhance service operation and consideration of future opportunities. (for example establishing a Hospital in the Home arrangement with Bairnsdale Regional Health, or other similar opportunities).

Achieved

- Engaged with Gippsland home-based services providers to enhance service operations, including to inform implementation of new home-based services software to enhance staff productivity and client service.



Part B: Performance Priorities

Key performance measure	Target	Actual
High quality and safe care		
Infection prevention and control		
Percentage of healthcare workers immunised for influenza	94%	100%
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	100%	No sentinel events occurred.
Aged care		
Public sector residential aged care services overall star rating	Minimum rating of 3 stars	100%
Patient experience		
Percentage of patients who reported positive experiences of their hospital stay	95%	⁻²
Aboriginal Health		
The gap between the number of Aboriginal patients who discharged against medical advice compared to non-Aboriginal patients	0%	⁻³
Strong governance, leadership, and culture		
Organisational culture		
People matter survey – Percentage of staff with an overall positive response to safety culture survey questions	80%	62%
Effective financial management		
Operating result (\$M)	0.00	0.12
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	1.10
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.

Part C: Activity and Funding

Funding Type	2024-2025 Activity Achievement
Small rural primary health & HACC	5,457 visits
Small rural residential care	4,955 bed days

Note: 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.

² Less than 10 responses were received for the period due to the relative size of the Health Service.

³ No Aboriginal patients during the reporting period, or the numerator was less than two or denominator less than ten.

Attestations

Omeo District Health Financial Management Compliance Attestation Statement

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



Simon Lawlor
Board Chair (Responsible Officer)
Omeo District Health
22 October 2025

Data Integrity Declaration

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



Daniel Cziperle
Chief Executive Officer (Accountable Officer)
Omeo District Health
22 October 2025

Conflict of Interest Declaration

I, Daniel Cziperle, certify that Omeo District Health has put in place appropriate internal controls and processes to ensure that it 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 Omeo District 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.



Daniel Cziperle
Chief Executive Officer (Accountable Officer)
Omeo District Health
22 October 2025

Integrity, Fraud and Corruption Declaration

I, Daniel Cziperle, certify that Omeo District Health has put in place appropriate internal controls and processes to ensure that integrity, fraud, and corruption risks have been reviewed and addressed at Omeo District Health during the year.



Daniel Cziperle
Chief Executive Officer (Accountable Officer)
Omeo District Health
22 October 2025

Compliance with HealthShare Victoria (HSV) Purchasing Policies

I, Daniel Cziperle, certify that Omeo District 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.



Daniel Cziperle
Chief Executive Officer (Accountable Officer)
Omeo District Health
22 October 2025

Disclosure index

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

Legislation	Requirement	Page reference
Standing Directions and Financial Reporting Directions		
Report of operations		
Charter and purpose		
FRD 22	Manner of establishment and the relevant Ministers	5
FRD 22	Purpose, functions, powers, and duties	5
FRD 22	Nature and range of services provided	5 – 6
FRD 22	Activities, programs, and achievements for the reporting period	3 – 4
FRD 22	Significant changes in key initiatives and expectations for the future	3 – 4
Management and structure		
FRD 22	Organisational structure	8 – 10
FRD 22	Workforce data/employment and conduct principles	11
FRD 22	Workforce inclusion policy	11
FRD 22	Occupational Health and Safety	12 – 13
Financial and other information		
FRD 22	Summary of the financial results for the year	18
FRD 22	Significant changes in financial position during the year	18 – 19
FRD 22	Operational and budgetary objectives and performance against objectives	19
FRD 22	Subsequent events	19
FRD 22	Details of consultancies under \$10,000	19
FRD 22	Details of consultancies over \$10,000	20
FRD 22	Disclosure of government advertising expenditure	21
FRD 22	Disclosure of ICT expenditure	20
FRD 22	Asset Management Accountability Framework	22
FRD 22	Disclosure of emergency procurement	N/A
FRD 22	Disclosure of social procurement activities under the Social Procurement Framework	20 – 21
FRD 22	Disclosure of procurement complaints	N/A
FRD 22	Disclosure of reviews and study expenses	21
FRD 22	Disclosure of grants and transfer payments	21
FRD 22	Application and operation of <i>Freedom of Information Act 1982</i>	14
FRD 22	Compliance with building and maintenance provisions of <i>Building Act 1993</i>	14
FRD 22	Application and operation of <i>Public Interest Disclosure Act 2012</i>	15
FRD 22	Statement on National Competition Policy	15
FRD 22	Application and operation of <i>Carers Recognition Act 2012</i>	15

Legislation	Requirement	Page reference
FRD 22	Additional information available on request	16 – 17
FRD 24	Environmental data reporting	23 – 26
FRD 25	<i>Local Jobs First Act 2003</i> disclosures	16
Compliance attestation and declaration		
SD 5.1.4	Financial Management Compliance attestation	33
SD 5.2.3	Declaration in Report of Operations	2
	Attestation on Data Integrity	33
	Attestation on managing Conflicts of Interest	33
	Attestation on Integrity, Fraud and Corruption	33
	Compliance with HealthShare Victoria (HSV) Purchasing Policies	33
Other reporting requirements		
	Reporting of outcomes from Statement of Priorities 2024-2025	27 – 32
	Occupational Violence reporting	12 – 13
	Reporting obligations under the <i>Safe Patient Care Act 2015</i>	16
	Reporting of compliance regarding Car Parking Fees	16
Financial statements		
Declaration		
SD 5.2.2	Declaration in financial statements	38
Other requirements under Standing Directions 5.2		
SD 5.2.1(a)	Compliance with Australian accounting standards and other authoritative pronouncements	36
SD 5.2.1(a)	Compliance with Standing Directions	33 & 38
SD 5.2.1(b)	Compliance with Model Financial Report	38
Other disclosures as required by FRDs in notes to the financial statements ^{(a)(b)}		
FRD 11	Disclosure of Ex gratia Expenses	N/A
FRD 103	Non-Financial Physical Assets	53
FRD 110	Cash Flow Statements	41
FRD 112	Defined Benefit Superannuation Obligations	49
FRD 114	Financial Instruments – general government entities and public non-financial corporations	66 – 69
Legislation		
<i>Freedom of Information Act 1982 (Vic) (FOI Act)</i>		14
<i>Building Act 1993</i>		14
<i>Public Interest Disclosures Act 2012</i>		15
<i>Carers Recognition Act 2012</i>		15
<i>Local Jobs Act 2003</i>		16
<i>Financial Management Act 1994^(b)</i>		2 & 33

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.

Independent Auditor's Report

To the Board of Omeo District Hospital

Opinion	<p>I have audited the financial report of Omeo District Hospital (the health service) which comprises the:</p> <ul style="list-style-type: none">balance sheet as at 30 June 2025comprehensive operating statement for the year then endedstatement of changes in equity for the year then endedcash flow statement for the year then endednotes to the financial statements, including material accounting policy informationboard member's, accountable officer's and chief finance & accounting officer's declaration. <p>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 its financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the <i>Financial Management Act 1994</i> and Australian Accounting Standards – Simplified Disclosures.</p>
Basis for Opinion	<p>I have conducted my audit in accordance with the <i>Audit Act 1994</i> which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the <i>Auditor's Responsibilities for the Audit of the Financial Report</i> section of my report.</p> <p>My independence is established by the <i>Constitution Act 1975</i>. My staff and I are independent of the health service in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 <i>Code of Ethics for Professional Accountants (including Independence Standards)</i> (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code.</p> <p>I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.</p>
Board's responsibilities for the financial report	<p>The Board of the health service is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards – Simplified Disclosures and the <i>Financial Management Act 1994</i>, and for such internal control as the Board determines is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error.</p> <p>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.</p>

Auditor's responsibilities for the audit of the financial report	<p>As required by the <i>Audit Act 1994</i>, 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.</p>
	<p>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:</p>
	<ul style="list-style-type: none"> • 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.
	<p>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.</p>



MELBOURNE
24 October 2024

Simone Bohan
as delegate for the Auditor-General of Victoria

Financial Statements

Financial Year ended 30 June 2025

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

The attached financial statements for Omeo District 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 Omeo District 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 22nd October, 2025.

Board Member



Simon Lawlor

Board Chair

Omeo
22nd October, 2025

Accountable Officer



Daniel Cziperle

Chief Executive Officer

Omeo
22nd October, 2025

Chief Finance & Accounting Officer



Steven Jackel

Chief Financial and Accounting Officer

Omeo
22nd October, 2025

Comprehensive Operating Statement
Omeo District 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	4,323	3,772
Other sources of income	2.1	5,754	4,890
Non-operating activities		220	144
Total revenue and income from transactions		10,297	8,806
Expenses from transactions			
Employee expenses	3.1	(6,874)	(6,606)
Finance costs		(8)	(6)
Depreciation and amortisation	4.1(a)	(1,001)	(729)
Other operating expenses	3.1	(2,852)	(2,581)
Total expenses from transactions		(10,735)	(9,922)
Net result from transactions - net operating balance		(438)	(1,116)
Other economic flows included in net result			
Net gain/(loss) on sale of non-financial assets		16	3
Other gain/(loss) from other economic flows		15	7
Total other economic flows included in net result		31	10
Net result		(407)	(1,106)
Other economic flows - other comprehensive income			
Items that will not be reclassified to net result			
Changes in property, plant and equipment revaluation surplus		-	2,641
Total other comprehensive income		-	2,641
Comprehensive result		(407)	1,535

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

Balance Sheet
Omeo District Health
As at 30 June 2025

		2025	2024
	Note	\$'000	\$'000
Financial assets			
Cash and cash equivalents	6.2	4,681	3,698
Receivables		342	455
Total financial assets		5,023	4,153
Non-financial assets			
Prepayments		147	264
Property, plant and equipment	4.1	8,345	8,549
Total non-financial assets		8,492	8,813
Total assets		13,515	12,966
Liabilities			
Payables	5.1	1,259	458
Contract liabilities		190	9
Borrowings	6.1	257	249
Employee benefits	3.1(b)	905	794
Other liabilities	5.2	2,586	2,731
Total liabilities		5,197	4,241
Net assets		8,318	8,725
Equity			
Reserves		8,756	8,756
Contributed capital		1,793	1,793
Accumulated surplus/(deficit)		(2,231)	(1,824)
Total equity		8,318	8,725

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

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

	Note	2025 \$'000	2024 \$'000
Cash flows from operating activities			
Operating grants from State Government		5,444	4,037
Operating grants from Commonwealth Government		2,616	1,861
Capital grants from State Government		49	11
Donations and bequests received		7	17
GST received from ATO		199	207
Interest and investment income received		220	144
Other receipts		2,615	1,727
Total receipts		11,150	8,004
Payments to employees		(6,655)	(5,849)
Payments to suppliers and consumables		(72)	(426)
Finance costs		(8)	(6)
GST paid to ATO		(270)	(257)
Other payments		(2,280)	(2,841)
Total payments		(9,285)	(9,379)
Net cash flows from/(used in) operating activities		1,865	(1,375)
Cash flows from investing activities			
Proceeds from sale of non-financial assets		16	36
Purchase of non-financial assets		(745)	(243)
Net cash flows from/(used in) investing activities		(729)	(207)
Cash flows from financing activities			
Repayment of borrowings and principal portion of lease liabilities		(44)	(39)
Repayment of accommodation deposits		(1,184)	(35)
Receipt of accommodation deposits		1,075	1,700
Net cash flows from/(used in) financing activities		(153)	1,626
Net increase/(decrease) in cash and cash equivalents held		983	44
Cash and cash equivalents at beginning of year		3,698	3,654
Cash and cash equivalents at end of year	6.2	4,681	3,698

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

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

	Property, Plant and Equipment	Restricted Purpose	Contributed Capital	Accumulated Surplus/(Deficit)	
	Revaluation Surplus	Specific Reserve	\$'000	\$'000	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Balance at 1 July 2023	6,009	106	1,793	(718)	7,190
Net result for the year	-	-	-	(1,106)	(1,106)
Other comprehensive income for the year	2,641	-	-	-	2,641
Balance at 30 June 2024	8,650	106	1,793	(1,824)	8,725
Net result for the year	-	-	-	(407)	(407)
Other comprehensive income for the year	-	-	-	-	-
Balance at 30 June 2025	8,650	106	1,793	(2,231)	8,318

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

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

Structure

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

Note 1 About this Report

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

Omeo District Health is a not-for-profit entity established as a public agency under the Health Services Act 1998 (Vic). A description of the nature of its operations and its principal activities is included in the Report of Operations, which does not form part of these financial statements.

This section explains the basis of preparing the financial statements.

Note 1.1 Basis of preparation

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

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

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

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

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

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

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

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

The financial statements are presented in Australian dollars.

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

The annual financial statements were authorised for issue by the Board of Omeo District Health on 22nd October 2025.

Note 1.2 Material accounting estimates and judgements

Management makes estimates and judgements when preparing the financial statements.

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

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

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

Note 1.3 Reporting Entity

The financial statements include all the controlled activities of Omeo District Health.

Omeo District Health's principal address is:

12 Easton Street
Omeo, Victoria 3898

Note 1.4 Economic dependency

Omeo District 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. Omeo District 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). The State of Victoria plans to continue Omeo District Health's operations and on that basis, the financial statements have been prepared on a going concern basis.

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

Note 2 Funding delivery of our services

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

Structure

2.1 Revenue and income from transactions

Note 2.1 Revenue and income from transactions

	Note	2025 \$'000	2024 \$'000
Revenue from contracts with customers	2.1(a)	4,323	3,772
Other sources of income	2.1(b)	5,754	4,890
Total revenue and income from transactions		10,077	8,662

Note 2.1(a) Revenue from contracts with customers

	2025 \$'000	2024 \$'000
Government grants (Commonwealth) - Operating	2,481	2,259
Patient and resident fees	1,375	1,068
Commercial activities	467	445
Total revenue from contracts with customers	4,323	3,772

How we recognise revenue from contracts with customers

Government grants

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

In contracts with customers, the 'customer' is the funding body, who is the party that promises funding in exchange for Omeo District Health's goods or services. Omeo District 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 Omeo District Health's revenue streams, with information detailed below relating to Omeo District Health's material revenue streams:

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

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

Patient and resident fees

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

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

Note 2.1(b) Other sources of income

	Note	2025 \$'000	2024 \$'000
Government grants (State) - Operating		4,858	3,997
Government grants (State) - Capital		49	11
Assets received free of charge or for nominal consideration	2.1(c)	7	17
Other income from operating activities		840	865
Total other sources of income		5,754	4,890

How we recognise other sources of income

Government grants

Omeo District 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 Omeo District Health has an unconditional right to receive cash which usually coincides with receipt of cash. On initial recognition of the asset, Omeo District 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 Omeo District 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 Omeo District Health's obligation to construct the asset. The progressive percentage of costs incurred is used to recognise income, as this most accurately reflects the stage of completion.

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

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

	2025 \$'000	2024 \$'000
Cash donations and gifts	7	2
Total fair value of assets and services received free of charge or for nominal consideration	7	2

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

Contributions of assets received free of charge or for nominal consideration are recognised at their fair value when Omeo District 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 Omeo District Health as a capital contribution transfer.

Non-cash contributions from the Department of Health

The DH makes some payments on behalf of Omeo District Health as follows:

Supplier	Description
Victorian Managed Insurance Authority	The Department of Health purchases non-medical indemnity insurance for Omeo District 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 Omeo District 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.

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

Note 3 The cost of delivering our services

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

Structure

3.1 Expenses incurred in the delivery of services

Note 3.1 Expenses incurred in the delivery of services

Employee expenses
Other operating expenses
Total expenses incurred in the delivery of services

	2025 \$'000	2024 \$'000
Note		
3.1(a)	6,874	6,606
3.1(c)	2,852	2,581
	9,726	9,187

Note 3.1(a) Employee expenses

Salaries and wages
Defined contribution superannuation expense
Agency expenses
Fee for service medical officer expenses
Total employee expenses

	2025 \$'000	2024 \$'000
Salaries and wages	5,153	4,539
Defined contribution superannuation expense	504	470
Agency expenses	600	1,019
Fee for service medical officer expenses	617	578
	6,874	6,606

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. Omeo District 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 Omeo District Health accounts for contributions to these plans as if they were defined contribution plans.

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

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

Note 3.1(b) Employee related provisions

	2025 \$'000	2024 \$'000
Current provisions for employee benefits		
Accrued days off	51	27
Annual leave	449	370
Long service leave	272	264
Provision for on-costs	40	39
Total current provisions for employee benefits	812	700
Non-current provisions for employee benefits		
Long service leave	81	82
Provision for on-costs	12	12
Total non-current provisions for employee benefits	93	94
Total provisions for employee benefits	905	794

How we recognise employee-related provisions

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

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

Annual leave and accrued days off

Liabilities for annual leave and accrued days off are recognised in the provision for employee benefits as current liabilities because Omeo District 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 Omeo District Health expects to wholly settle within 12 months or
- present value – if Omeo District Health does not expect to wholly settle within 12 months.

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

Long service leave

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

Unconditional LSL is disclosed in the notes to the financial statements as a current liability even where the Omeo District 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 Omeo District Health expects to wholly settle within 12 months or
- present value – if Omeo District 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
Omeo District Health
For the Financial Year Ended 30 June 2025

Note 3.1(c) Other expenses

	2025 \$'000	2024 \$'000
Other operating expenses		
Drug supplies	12	15
Medical and surgical supplies (including Prostheses)	115	74
Other supplies and consumables	215	212
Fuel, light, power and water	113	103
Repairs and maintenance	276	122
Medical indemnity insurance	83	74
Information technology expense	938	946
Other administration expenses	1,100	1,035
Total other operating expenses	2,852	2,581

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. Omeo District Health's variable lease payments during the year ended 30 June 2025 was nil.

Other operating expenses

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

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

Notes to the Financial Statements

Omeo District Health

For the Financial Year Ended 30 June 2025

Note 4 Key assets to support service delivery

Omeo District 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 Omeo District Health to be utilised for delivery of services.

Structure

4.1 Property, plant and equipment

4.2 Depreciation and amortisation

Note 4.1 Property, plant and equipment

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2025	2024	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Land at fair value - Crown	140	140	-	-	140	140
Land at fair value - Freehold	597	597	-	-	597	597
Buildings at fair value	6,463	6,463	(743)	-	5,720	6,463
Works in progress at cost	266	-	-	-	266	-
Plant, equipment and vehicles at fair value	3,820	3,333	(2,198)	(1,984)	1,622	1,349
Total property, plant and equipment	11,286	10,533	(2,941)	(1,984)	8,345	8,549

How we recognise property, plant and equipment

Items of property, plant and equipment are initially measured at cost, and are subsequently measured at fair value less accumulated depreciation and impairment.

Where an asset is acquired for no or nominal cost, being far below the fair value of the asset, the deemed cost is its fair value at the date of acquisition. Assets transferred as part of an amalgamation/machinery of government change are transferred at their carrying amounts.

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

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

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

	Land \$'000	Buildings \$'000	Works in progress \$'000	Plant, equipment and vehicles \$'000	Total \$'000
Balance at 1 July 2024	597	6,463	-	1,349	8,409
Additions	-	-	266	559	825
Disposals	-	-	-	(28)	(28)
Depreciation	-	(743)	-	(258)	(1,001)
Balance at 30 June 2025	597	5,720	266	1,622	8,205

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, Omeo District 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 Omeo District Health's revaluation cycle.

Notes to the Financial Statements

Omeo District Health

For the Financial Year Ended 30 June 2025

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

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

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2025	2024	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Plant, equipment and vehicles at fair value	315	303	(64)	(62)	251	241
Total right-of-use assets	315	303	(64)	(62)	251	241
<hr/>						
Plant, equipment and vehicles						
			Total			
		\$'000	\$'000			
Balance at 1 July 2024	241		241			
Additions	79		79			
Disposals	(28)		(28)			
Depreciation	(41)		(41)			
Balance at 30 June 2025	251		251			

How we recognise right-of-use assets

Initial recognition

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

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

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

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

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

Subsequent measurement

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

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

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

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

4.1(c) Impairment of property, plant and equipment

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

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

Note 4.2 Depreciation and amortisation

How we recognise depreciation

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

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

How we recognise amortisation

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

Useful lives of non-current assets

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

	2025	2024
Buildings	20 - 100 years	20 - 100 years
Leasehold buildings	2 - 60 years	2 - 60 years
Plant, equipment and vehicles (including leased assets)	3 - 10 years	3 - 10 years

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

Note 5 Other assets and liabilities

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

Structure

5.1 Payables

5.2 Other liabilities

Note 5.1 Payables

	Note	2025 \$'000	2024 \$'000
Current payables			
Contractual			
Trade creditors		584	137
Accrued salaries and wages		249	151
Accrued expenses		399	73
Inter hospital creditors		27	22
Total contractual payables		1,259	383
Statutory			
GST Payable		-	75
Total statutory payables		-	75
Total current payables		1,259	458
Total payables		1,259	458
<i>(i) Financial liabilities classified as payables</i>			
Total payables		1,259	458
GST payable		-	(75)
Total financial liabilities classified as payables	7.1	1,259	383

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 Omeo District Health prior to the end of the financial year that are unpaid.
- **Statutory payables**, including Goods and Services Tax (GST) payable are recognised and measured similarly to contractual payables but are not classified as financial instruments and not included in the category of financial liabilities at amortised cost, because they do not arise from contracts.

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

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

Note 5.2 Other liabilities

	Note	2025 \$'000	2024 \$'000
Current monies held in trust			
Refundable accommodation deposits		2,586	2,731
Total current monies held in trust		2,586	2,731
Total other liabilities		2,586	2,731
* Represented by:			
- Cash assets	6.2	2,586	2,731
		2,586	2,731

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 Omeo District Health upon admission. These deposits are liabilities which fall due and payable when the resident leaves the home.

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

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

Note 6 How we finance our operations

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

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

Structure

6.1 Borrowings

6.2 Cash and cash equivalents

6.3 Commitments for expenditure

Note 6.1 Borrowings

		2025 \$'000	2024 \$'000
	Note		
Current borrowings			
Lease liability	6.1(a)	52	78
Total current borrowings		52	78
Non-current borrowings			
Lease liability	6.1(a)	205	171
Total non-current borrowings		205	171
Total borrowings	7.1	257	249

How we recognise borrowings

Borrowings refer to interest bearing liabilities raised through lease liabilities arrangements.

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

Notes to the Financial Statements

Omeo District Health

For the Financial Year Ended 30 June 2025

Terms and conditions of borrowings

	30 June 2025	Note	Weighted average interest rate (%)	Maturity Dates					
				Carrying Amount \$'000	Nominal Amount \$'000	3 months - 1			
						Less than 1 Month \$'000	1-3 Months \$'000	Year \$'000	Over 5 years \$'000
Lease liabilities	6.1	3.87%		257	-	-	-	-	-
Total Financial Liabilities				257	-	-	-	-	-

	30 June 2024	Note	Weighted average interest rate (%)	Maturity Dates					
				Carrying Amount \$'000	Nominal Amount \$'000	3 months - 1			
						Less than 1 Month \$'000	1-3 Months \$'000	Year \$'000	Over 5 years \$'000
Lease liabilities	6.1	3.71%		249	249	2	5	71	171
Total Financial Liabilities				249	249	2	5	71	171

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

Note 6.1 Lease liabilities

	2025 \$'000	2024 \$'000
Current lease liabilities		
Lease liability	52	78
Total current lease liabilities	52	78
Non-current lease liabilities		
Lease liability	205	171
Total non-current lease liabilities	205	171
Total lease liabilities	257	249

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	62	83
Longer than one year but not longer than five years	209	177
Minimum future lease liability	271	260
Less unexpired finance expenses	(14)	(11)
Present value of lease liability	257	249

How we recognise lease liabilities

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

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

Omeo District Health's lease arrangements consist of the following:

Leased vehicles	2 to 5 years
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Notes to the Financial Statements
Omeo District Health
For the Financial Year Ended 30 June 2025

All leases are recognised on the balance sheet, with the exception of low value leases (less than \$10,000 AUD) and short-term leases of less than 12 months. Omeo District Health has elected to apply the practical expedients for short-term leases and leases of low-value assets. As a result, no right-of-use asset or lease liability is recognised for these leases; rather, lease payments are recognised as an expense on a straight-line basis over the lease term, within "other operating expenses" (refer to Note 3.3).

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 Omeo District Health's incremental borrowing rate. Our lease liability has been discounted by rates of between 1.27% to 5.32%.

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

- fixed payments (including in-substance fixed payments) less any lease incentive receivable
- variable payments based on an index or rate, initially measured using the index or rate as at the commencement date
- amounts expected to be payable under a residual value guarantee,
- the exercise price of the purchase option for [details of lease], which the health service is reasonably certain to exercise at the completion or the lease and
- payments arising from purchase and termination options reasonably certain to be exercised.

Subsequent measurement

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

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

Note 6.2 Cash and Cash Equivalents

	Note	2025 \$'000	2024 \$'000
Cash at bank (excluding monies held in trust)		2,095	967
Total cash held for operations		2,095	967
 Cash at bank (monies held in trust)		2,586	2,731
Total cash held as monies in trust		2,586	2,731
 Total cash and cash equivalents	7.1	4,681	3,698

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

Note 6.3 Commitments for expenditure

	Less than 1			
	year	1-5 Years	Over 5 years	Total
30 June 2025	\$'000	\$'000	\$'000	\$'000
Capital expenditure commitments	650	-	-	650
Operating expenditure commitments	-	-	-	-
Non-cancellable short term and low value lease commitments	-	-	-	-
Total commitments (inclusive of GST)	650	-	-	650
Less GST recoverable	(59)	-	-	(59)
Total commitments (exclusive of GST)	591	-	-	591

There were no capital or operating commitments at 30 June 2024.

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

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

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

Note 7 Financial instruments, contingencies and valuation judgements

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

Structure

7.1 Financial instruments

7.2 Contingent assets and contingent liabilities

7.3 Fair value determination

Notes to the Financial Statements

Omeo District Health

For the Financial Year Ended 30 June 2025

Note 7.1 Financial instruments

Financial instruments arise out of contractual agreements that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Due to the nature of Omeo District 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.

30 June 2025	Note	Total interest income/ (expense)		
		Carrying amount \$'000	\$'000	
Financial assets at amortised cost				
Cash and cash equivalents				
	6.2	4,681	220	
Receivables		248	-	
Total financial assetsⁱ		4,929	220	
Financial liabilities at amortised cost				
Payables	5.1	1,259		
Borrowings	6.1	257	(8)	
Other financial liabilities - Refundable Accommodation Deposits	5.2	2,586	-	
Total financial liabilitiesⁱ		4,102	(8)	

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

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

	Note	Total interest income/ (expense)		
		Carrying amount \$'000	\$'000	
30 June 2024				
Financial assets at amortised cost				
Cash and cash equivalents	6.2	3,698	144	
Receivables		432	-	
Total financial assetsⁱ		4,130	144	
Financial liabilities at amortised cost				
Payables	5.1	383	-	
Borrowings	6.1	249	(6)	
Other financial liabilities - Refundable Accommodation Deposits	5.2	2,731	-	
Total financial liabilitiesⁱ		3,363	(6)	

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

Notes to the Financial Statements

Omeo District Health

For the Financial Year Ended 30 June 2025

How we categorise financial instruments

Financial assets at amortised cost

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

- the assets are held by Omeo District 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.

Omeo District Health recognises the following assets in this category:

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

Categories of financial liabilities

Financial liabilities at amortised cost

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

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

Omeo District Health recognises the following liabilities in this category:

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

Notes to the Financial Statements

Omeo District Health

For the Financial Year Ended 30 June 2025

Derecognition of financial assets

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

- the rights to receive cash flows from the asset have expired, or
- Omeo District 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
- Omeo District 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 Omeo District Health has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of Omeo District Health's continuing involvement in the asset.

Derecognition of financial liabilities

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

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

Reclassification of financial instruments

A financial asset is required to be reclassified between amortised cost, fair value through net result and fair value through other comprehensive income when, and only when, Omeo District 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 Contingent assets and contingent liabilities

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

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

Note 7.3 Fair value determination

How we measure fair value

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

The following assets and liabilities are carried at fair value:

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

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

Valuation hierarchy

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

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

Omeo District 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.

Omeo District 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 Omeo District Health's independent valuation agency for property, plant and equipment.

Fair value determination: non-financial physical assets

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

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, Omeo District 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 apply if there is a full revaluation before the next scheduled independent revaluation, which is planned to be undertaken in 2029, in accordance with Omeo District Health's revaluation cycle.

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

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

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

Non-specialised land and non-specialised buildings

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

Specialised land and specialised buildings

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

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

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

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

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

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

Vehicles

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

Furniture, fittings, plant and equipment

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

Significant assumptions

Asset class	Valuation technique	Significant assumption	Range (weighted average) ⁽ⁱ⁾
Specialised land	Market approach	Community Service Obligations adjustment	50-70% (60%) ⁽ⁱⁱ⁾
Specialised buildings	Current replacement cost approach	Cost per square metre Useful life	\$1,000 - \$1,500/m ² (\$1,300) 30 - 60 years (45 years)
Vehicles	Current replacement cost approach	Cost per unit Useful life	\$9,000 - \$10,000 (\$9,500 per unit) 3 - 5 years (3 years)
Plant, equipment, furniture and fittings	Current replacement cost approach	Cost per unit Useful life	\$3,000 - \$4,000 (\$3,500 per unit) 5 - 10 years (7 years)

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

⁽ⁱⁱ⁾ CSO adjustments ranging from 50% to 70% were applied to reduce the market approach value for Omeo District Health's specialised land, with the weighted average 60% reduction applied.

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

Note 8 Other disclosures

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

Structure

- 8.1 Responsible persons disclosures***
- 8.2 Remuneration of executives***
- 8.3 Related parties***
- 8.4 Remuneration of auditors***
- 8.5 Events occurring after the balance date***
- 8.6 Joint arrangements***

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

Note 8.1 Responsible persons disclosures

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

	Period
The Honourable Mary-Anne Thomas MP:	
Minister for Health	1 July 2024 - 30 June 2025
Minister for Ambulance Services	1 July 2024 - 19 December 2024
Minister for Health Infrastructure	1 July 2024 - 30 June 2025
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	1 July 2024 - 30 June 2025
Governing Boards	
Mr. S. Lawlor	1 Jul 2024 - 30 Jun 2025
Mrs. M. Ferguson	1 Jul 2024 - 30 Jun 2025
Mr. J. Sternson	1 Jul 2024 - 30 Jun 2025
Mrs. J.M. Shearer	1 Jul 2024 - 30 Jun 2025
Mrs. P. Barry	1 Jul 2024 - 30 Jun 2025
Mr H. Thomas	1 Jul 2024 - 30 Jun 2025
Mrs. L. Angus	1 Jul 2024 - 30 Jun 2025
Ms. M. Ryan	1 Jul 2024 - 30 Jun 2025
Mr. R. Brown	1 Jul 2024 - 30 Jun 2025
Accountable Officers	
Mrs Mary Manescu (Chief Executive Officer)	1 Jul 2024 - 7 Nov 2024
Mr Michael Rowell (Acting Chief Executive Officer)	8 Nov 2024 - 13 Nov 2024
Mr Daniel Cziperle (Chief Executive Officer)	14 Nov 2024 - 30 Jun 2025

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

Remuneration of Responsible Persons

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

Income Band	2025 No	2024 No
\$0 - \$9,999	9	9
\$40,000 - \$49,999	-	-
\$80,000 - \$89,999	-	-
\$130,000 - \$139,999	1	-
\$140,000 - \$149,999	1	-
\$230,000 - \$239,999	-	1
Total Numbers	11	10
<hr/>		
	2025 \$'000	2024 \$'000
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	326	264

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

Note 8.2 Remuneration of executives

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

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

Several factors affected total remuneration payable to executives over the year. A number of employment contracts were completed and renegotiated, and a number of executive officers retired, resigned or were retrenched in the past year. This has had a significant impact on remuneration figures for the termination benefits category.

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

	Total Remuneration	
	2025 \$'000	2024 \$'000
Total remuneration ⁱ	314	379
Total number of executives	4	4
Total annualised employee equivalent ⁱⁱ	3.0	2.0

ⁱ The total number of executive officers includes persons who meet the definition of Key Management Personnel (KMP) of Omeo District Health under AASB 124 Related Party Disclosures and are also reported within Note 8.3 Related Parties.

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

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

Note 8.3 Related parties

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

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

Significant transactions with government related entities

The Omeo District Health received funding from the Department of Health of \$4.8 m (2024: \$3.9m) and indirect contributions of \$0.1m (2024: \$0.1m).

Expenses incurred by Omeo District 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 Omeo District Health to hold cash (in excess of working capital) in accordance with the State of Victoria's centralised banking arrangements. All borrowings are required to be sourced from Treasury Corporation Victoria unless an exemption has been approved by the Minister for Health and the Treasurer.

Key management personnel

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

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

Entity	KMPs	Position Title
Omeo District Health	Mr. S. Lawlor	Board Chair
Omeo District Health	Mrs. M. Ferguson	Board Member
Omeo District Health	Mr. J. Sternson	Board Member
Omeo District Health	Mrs. J. M. Shearer	Board Member
Omeo District Health	Mrs. P. Barry	Board Member
Omeo District Health	Mr H. Thomas	Board Member
Omeo District Health	Mrs. L. Angus	Board Member (resigned 30 June 2025)
Omeo District Health	Ms. M. Ryan	Board Member
Omeo District Health	Mr R. Brown	Board Member
Omeo District Health	Mrs Mary Manescu	Chief Executive Officer (resigned 7 November 2024)
Omeo District Health	Mr Daniel Cziperle	Chief Executive Officer (appointed 14 November 2024)
Omeo District Health	Mr Michael Rowell	Acting Chief Executive Officer (8 November - 13 November 2024)
Omeo District Health	Mr Michael Rowell	Director of Corporate Services
Omeo District Health	Mrs Prudence Hart	Director of Clinical Operations (resigned 8 November 2024)
Omeo District Health	Ms Michelle Evison-Rose	Director of Clinical Operations (7 November 2024 - 31 January 2025)
Omeo District Health	Mr Darren Fitzpatrick	Director of Clinical Operations (11 January - 1 June 2025)
Omeo District Health	Mr Darren Fitzpatrick	Director of Health Services (appointed 2 June 2025)

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

Remuneration of key management personnel

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

	2025	2024
	\$'000	\$'000
Total compensation - KMPs ⁱ	641	644

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

Transactions with KMPs and other related parties

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

Outside of normal citizen type transactions with the Omeo District 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 Omeo District Health Board of Directors, Chief Executive Officer and Executive Directors in 2025 (2024: none).

Note 8.4 Remuneration of Auditors

	2025	2024
	\$'000	\$'000
Victorian Auditor-General's Office		
Audit of the financial statements	20	20
Total remuneration of auditors	20	20

Note 8.5 Events occurring after the balance sheet date

There are no events occurring after the Balance Sheet date.

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

Note 8.6 Joint arrangements

	Principal Activity	Ownership Interest	
		2025 %	2024 %
Gippsland Health Alliance	Information Technology	2.24	2.17
		2025 \$'000	2024 \$'000
Total revenue and income		548	597
Total expenses		(525)	(506)
Total net result		23	91
Total other economic flows		-	-
Comprehensive result for the year		23	91
Total assets		486	430
Total liabilities		87	54
Total equity		399	376

Contingent liabilities and capital commitments

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

