Seymour Health
Caring for Our Community

ANNUAL REPORT AND FINANCIAL STATEMENTS 2024-25

Acknowledgement of Traditional Owners

Seymour Health acknowledges the Taungurung People as the Traditional Owners of the land on which we work and recognise their continuing connection to land, waters and community. Seymour Health pays respect to Elders past, present and into the future.

Our History

May 1920	Under a deed of trust, Seymour Soldier's Memorial Hospital opened. The hospital was funded by public subscription and leased to Matron L.C. Rutherford to treat ex-service personnel.
Jun 1951	The hospital became a public community facility and plans developed for a new building.
Nov 1959	The 28-bed facility was opened and officially named Seymour District Hospital.
Sep 1965	The hospital was renamed and gazetted as Seymour District Memorial Hospital.
Feb 1980	The 20 bed Nursing Home opened and operated as Seymour District Nursing Home Society Incorporated with a separate Board.
Sep 1990	The Nursing Home increased to 30 beds with an additional 10 nursing home beds officially opened.
Apr 1994	Hospital and Nursing Home services amalgamated. A Deed of Novation was signed and approval granted to operate both services as Seymour District Memorial Hospital.
Nov 1996	$3.5m hospital expansion including redevelopment of 1959 building opened.
Sep 2006	Official opening of the $5.1m purpose built residential aged care building, Barrabill House and the $1.8m Ambulatory Care Centre.
Feb 2007	Official opening of Community Services building.
Nov 2009	Renovations to improve access to the Emergency Department and Medical Records completed.
Mar 2011	Closing the Health Gap Lower Hume Project official opening of Goranwarrabul House.
Jul 2011	Governor in Council: Seymour District Memorial Hospital amended to Seymour Health.
May 2015	Official opening of the Cancer / Dialysis Services Unit by the Hon Jill Hennessy, MP – Minister for Health.
Dec 2019	Official opening of the Urgent Care Centre / Main Entrance Project.
May 2023	Barrabill House 10-bed extension wing opened.
Jun 2024	Callen Street car park upgrade completed.

Life Governors past and present

SEYMOUR SOLDIERS MEMORIAL HOSPITAL

Mr T. Tehan
Dr J.C. Morton
Mr E. Hayward
Mr J. Chittick
Mr A. Stewart
Mr H.V. Rose
Mr S.A.T. Finlay
Mr J.C. Howard
Mr J.B. Bullen
Mr H.A. McKenzie
Mr C. McKenzie
Mr J Chisholm
Mr R. Chisholm
Mr W. M. Angliss MLC
Mr J. O'Sullivan
Mr A.G. Hunter
Mr W. Gilbert
Mr J. McCormack
Mr. R. J. Clydesdale
Miss M. Guild
Miss E. Plummer
Miss M. Lette
Mrs McKeddie
Mrs Grace Adams
Mr E.G. Finlay
Archdeacon Carter
Miss E. O'Sullivan
Miss B. Moody
Miss D. Gronow
Mr D. A. Lawrie
Miss Gerard
Mr G. Mallet
Mrs Herkes
Mr J. Tobin
Mr T. Sheehan
Mr L. Carpenter
Mr E. Wilmott
Mr E.J. Corboy
Mr W. J. Grieg
Mr A. Smith
Mr H. Green
Mrs A. Collopy
Mr H.E. Clarey
Mr W.J. Osborne
Mr W.J. Elliott
Mrs A. Rae
The Rev. C.H. Partridge
Mr D. Chisholm

SEYMOUR MEMORIAL HOSPITAL

Rev. C.H. Partridge
D. Burns
V. Hall
G.W. Hall
E.J. Corboy
G. Diggle
R.J. Browne
G.P. Hare
J. Elliott
J.H. Roberts
N.L. Bell
Mrs A.B. Whiteman (Newlan)
J.R. Carroll
Hon Arthur Smith
C. Geoghegan
Mrs K.M. Pollard
R.H. Thompson
Mrs L.M. Baker
C.A. Brown
Miss E. Kemp
J.A. Ware
F.H. English
Mrs A.V. Ansett

SEYMOUR DISTRICT MEMORIAL HOSPITAL

C.V. Smith
Matron G. Stimson
F.H. Cribbes
L.H.T. Denton
L.N. Smethurst
Mrs D. Arundale
Mrs M. Howard
Sister M.L. Humphries
Mrs T. Hall
Mr G. Pope
Mr W. Neale
Mrs B. Quick
Mrs I. Sloane
Mrs M. Andrea
Mrs M. Walsh
Mr E. Moylan
Mr W.E. Ferris
Mrs E. Butt
Mrs D. Wright
Dr J.R. Bryce
Mrs F. Coulson
Mrs C. Lewis
Dr C.B. Officer
Dr R.C.I. Russell
Mrs H. Sapsford
Mrs J. Smith
Mr J. Tuckwell
Mr J. Davey
Mr R. Muller
Mrs V. Kelly
Mr M. Deason
Miss J. McCarthy ARRC
Ms N. Ley
Mr W. Keating
Mrs J. Martin

SEYMOUR HEALTH

Mr R. Webster
Dr R. Peterson
Mr T. Heinz
Mr T. Old
Mr. M. Molony
Ms. A. Fletcher-Nicholls
Mr I. Chadwick
Mrs L. Canobie

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Relevant Ministers

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

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

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

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

Annual reporting

This Annual Report fulfils the statutory reporting requirements regarding annual financial and performance reporting to the Government.

This document is presented to the Annual General Meeting and available to the community on the Seymour Health website at www.seymourhealth.org.au

Corporate Governance

The Governor-in-Council, upon the recommendation of the Minister for Health, appoints the Board of Seymour Health. The capacity of the Board is 10 Directors.

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

- To oversee and manage the organisation, and
- To ensure the services provided comply with the requirements of the Act and the aims of the organisation

Governance by the Board is achieved through:

- Strategic planning to ensure the strategic directions align with the organisational vision, mission and values
- Effective management by the Chief Executive Officer; the Board conducts an annual performance appraisal and sets realistic goals; the Chief Executive Officer is responsible for managing the organisation at an operational level
- Funding of service agreements; the Board endorses plans, strategies and budgets and ensures annual agreements reflect accurate, achievable and ethical outcomes and monitors the performance of the organisation through appropriate budgetary processes
- Effective and efficient Quality and Risk Management; the Board oversees the organisation's programs which ensure a safe working environment, adhering to Legislation, By-Laws and Operational Practices

Responsible bodies declaration

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

Helen Hull
Board Chair
Seymour Health
28 August 2025

Vision

To provide a trusted health service that contributes to the health and wellbeing of our community, through integrated clinical practice, education and partnerships.

Our Purpose

To enhance patient and family led health care within our community, so that people live healthier lives.

Our Values

Respect

Accountability and Responsibility

Honesty, Integrity and Trust

Support

Open and Transparent Communication

Our Strategic Pillars

Excellent person-centred healthcare experience

Equitable access to safe, quality and compassionate care

Positive culture through an engaged workforce and community

Viable and sustainable resources

Effective engagement, collaboration and partnerships

Service Profile

Clinical services

- Acute Ward – Medical/Surgical
- Cancer Services
- Renal Dialysis
- Operating Suite Services
- Infection Control Services
- Pre-Admission
- Residential Aged Care
- Urgent Care Centre
- Respiratory Protection Program
- Clinical Education
- Residential In Reach
- Rural Hospitalist Pilot Program

Community services

- Allied Health Services
- Ambulatory Care Centre
- Chronic Disease Service
- Diabetes Clinic
- Well Women's Clinic
- Cardiac Rehabilitation
- Community Health Checks
- Oral Health Services
- District Nursing Service
- Health Promotion
- Social Support Group
- Palliative Care Services
- Post-Acute Care Services
- Volunteer Programs
- Primary Mental Health Program

Support services

- Administration
- Environmental Services
- Facilities
- Finance and Payroll
- Hotel and Food Services
- People and Culture
- Procurement
- Health Information

Chief Executive Officer and Board Chair report

The Board was faced with many challenging decisions following the release of the Health Services Plan (the Plan) in August 2024. With the focus of the Plan firmly set on strengthening collaborative partnerships; the Seymour Health Board and Executive undertook an exhaustive analytical process to ensure the organisation was positioned to capitalise on the sector reforms and ensure the best outcomes for the community.

Partnerships have always been an essential component of delivering healthcare in the rural and regional setting. Seymour Health would not be able to deliver the breadth and depth of services it does for the community without strong partnerships.

The extensive analysis positioned the Seymour Health Board to act swiftly and make informed decisions when the establishment of the new Local Health Service Network (LHSN) from 1 July 2025 were announced by the Department of Health. The new LHSN represents significant change for Seymour Health, and with this change, significant opportunity for the health service and the community. The latter half of FY24-25 involved a huge amount of preliminary work to prepare for the shift from the Hume Health Service Partnership to the new North Metro and Mitchell LHSN.

The LHSN will, and is, resulting in more services being available in Seymour; it is a huge advantage for the Seymour community to receive care closer to home. One of the new initiatives being explored is a partnership with Austin Health's Olivia Newton John Cancer Centre to secure oncology consultations in Seymour. Plans for palliative care and paediatric specialist consultations locally are also progressing.

In addition, Seymour Health is assessing how the local General Practitioners can be better supported with a more sustainable medical model of care by increasing both capability and capacity in Seymour. Furthermore, Seymour Health is developing plans for increasing the volume of elective surgery activity and the possibility of introducing subacute rehabilitation services into the future. Referral pathways are under review to simplify and expediate inter-hospital transfers and maximise bed utilisation, making it easier for both staff and patients to navigate the health system.

Efficiencies have already been achieved through a transition of our outsourced payroll services to the new LHSN, and in coming months, we will go live with a new integrated human resource system that will eliminate many of the associated manual processes.

Seymour Health remains engaged with other key partners outside of the North Metro and Mitchell LHSN. During the year, Seymour Health introduced two new important service initiatives. The first, the 'Rural Hospitalist Program', is being run in partnership with Northeast Health Wangaratta and establishes doctor rotations at Seymour Health. We commenced the very first three-monthly doctor rotation to the hospital working Monday through Friday 8.30am – 4.30pm in May 2025. Prior to commencing the program, Seymour Health needed to achieve Post Graduate Medical Council of Victoria (PMCV) accreditation to run the program, a significant achievement of itself. The Rural Hospitalist Program is supported by our local General Practitioners who provide direct supervision for the junior doctors rotating through the hospital. This is the first step towards securing a long-term sustainable medical model of care for Seymour in the context of future population growth and increased healthcare demand.

The second significant service initiative was achieved in partnership with Yea and District Memorial Hospital, Alexandra District Health, Northern Health and Goulburn Valley Health. Together the consortia developed a funding proposal to address an identified gap in primary mental health services across the Mitchell and Murrindindi Shire catchment areas. The funding proposal to the Murray Primary Health Network (PHN) was successful and there are now dedicated mental health clinicians located at each of the health services in Kilmore, Seymour, Yea and Alexandra focused on level 1 – 4 mental health interventions for our community's. The benefits of strengthened collaboration and partnerships are real and delivering tangible benefits for our community.

The last twelve months have been very challenging from a financial perspective right across the whole of the healthcare sector and despite this we have managed to maintain high levels of activity to meet the ever-increasing demand as our population grows; however, it has come at a cost with Seymour Health experiencing a significant deficit for the first time in over a decade. Management had in place a Financial Management Improvement Plan that realised over a million dollars of savings and

efficiencies; however, we still finished the year with a $1.2m deficit, which was funded from cash reserves. Despite the loss Seymour Health remains on a firm financial footing having built up healthy reserves from surplus positions achieved over many years. The Department of Health continues to provide ongoing support for Seymour Health as the services are restructured to gain further efficiencies and we move back towards a balanced operating position.

Investment in capital infrastructure has continued despite the tight operating budget. The redevelopment of the Callen Street car park was completed during the year, complete with flood lighting and security CCTV cameras, making the area more secure and safer for both staff and consumers.

Seymour Health made excellent progress with the theatre redevelopment despite being delayed by the discovery of asbestos during the demolition phase of the works. Stage One of the theatre redevelopment, expected to be completed in early 2026, will deliver a brand-new Central Sterilisation Service Department and a second operating theatre built to shell stage. Stage two, when completed, will expand our capacity to two theatres facilitating a substantial uplift in local surgical activity.

Bretonneux Street works were also completed securing a much safer entrance to our forty-bed Residential Aged Care Service, Barrabill House. There is now designated parking for visitors to our Renal Dialysis Unit and Barrabill House. The works include a concrete pathway dividing Bretonneux Street into two distinct sections eliminating the through traffic that posed significant pedestrian risk.

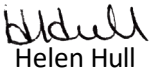
While workforce has remained a challenge right across the healthcare sector, Seymour Health has made significant inroads in addressing the workforce shortages of the last few years and have filled the majority of vacant positions, particularly in the very important roles of nursing. This has been especially important with demand in both the acute and urgent care areas steadily increasing.

Increasing demand not only impacts the doctors and nurses but the whole of the Seymour Health workforce including our Allied Health, community-based services and our support services. Everyone has banded together to meet the challenges, and we have continued to deliver high quality services meeting care needs and community expectation.

During the year, Seymour Health underwent both the National Disability Insurance Scheme (NDIS) and the National Safety and Quality Healthcare Standards (NSQHS) accreditation processes. The Board and the CEO are very proud to say that Seymour Health achieved full three-year term accreditation in both processes with zero non-compliances. This is a strong testimony to the robust systems in place at Seymour Health and evidence of the exceptional care we deliver to our community. The team at Seymour Health are to be acknowledged and commended for their hard work, dedication and their pursuit of excellence.

The Board, the CEO and the Executive would like to thank our staff, volunteers, partners, and the community for the ongoing support we have received. We also acknowledge the many funding bodies including the Murray PHN, the Commonwealth Department of Health and the Victorian Department of Health for their ongoing support. Seymour has been fortunate to have received numerous, generous donations from local community members and organisations, including Godolphin, the Rotary Club of Seymour, the Lions Club of Seymour Goulburn, as well as significant memorial bequests in memory of loved ones. Without this valuable ongoing community support we would not be able to provide the level of care that we do. We very much appreciate the continuing support we receive.

The Board Chair and the CEO recommend the Annual Report 2024-25 highlighting the accomplishments and achievements of our valued team.



Helen Hull
Board Chair

Ward Steet
Chief Executive Officer

Director of Business Services report

Seymour Health provides a range of health services to Seymour and surrounding communities from primary care through to residential care and acute services. Service areas include; acute inpatient, elective surgery, urgent care, dialysis, residential aged care, oral health services, ambulatory care, palliative care and community health.

The operating financial result before capital and specific items for 2024-25 was a deficit of $1,343,000. The deficit has been covered utilising a portion of Seymour Health's untied cash reserves, and increases in current liabilities. Services managed within the available funding and were adequately resourced during the year. Growth in the utilisation of the Urgent Care Centre posed workforce challenges with it proving difficult to recruit specialised staff.

Historically, Seymour Health has had annual surpluses which have enabled the allocation of funds to future capital projects while continuing to invest in replacement and new assets and equipment. The deficits incurred in FY 2025 and prior year has the potential to limit investment in replacing ageing infrastructure at the end of its useful life.

The net result for the entity was a deficit of $2,879,000 after capital and specific items and a deficit of $2,729,000 after changes in property, plant and equipment revaluations. This result includes capital income of $1,794,000 capital expenditure of $400,000 and depreciation expense of $3,057,000. The comprehensive result for the year including revaluations was a deficit of $2,729,000.

The 2025 Statement of Priorities operating budget target was to achieve an operating break-even position. Exponential demand for Urgent Care Services required additional staffing to ensure ongoing safe emergency care. Financial Management Improvement Plan (FMIP) initiatives were implemented to underwrite this financial cost to avoid an even more significant deficit position for the year. Although the savings were achieved the Health Service was impacted by unanticipated changes in funding and cost escalations.

Overall income from operating activities (including capital) increased by 0.4% compared with the previous year with operational and capital funding both increasing by 2.9%. Operating expenditure increased by 8.3% including salary expenses which increased by 9.9%. This increase in salary expenses related to Award increases and additional staff to support the Safe Patient Care Act.

The Board of Seymour Health made a strategic decision to purchase a property adjacent to the Barrabill House Residential Aged Care. The property will be utilised for housing doctors rotating to Seymour Health on a three-monthly basis as part of the Rural Hospitalist program being initiated at Seymour Health in partnership with Northeast Health Wangaratta and the Hume Health Service Partnership. This is a strategic investment in a town with a rental vacancy rate of less than 1% and reflects the Board's longer-term strategic vision to secure and retain a skilled workforce for Seymour Health. The first rotation of rural hospitalist doctors commenced May 2025.

The Seymour Community's support of Seymour Health is greatly appreciated. Total donations and fund raising received in 2024-25 was $33,083. Including $23,753 from "Remember Me" supporting Palliative Care. Donations will enable funding of new and/or replacement of essential medical equipment.

Effective financial management leading to surplus positions over prior years has resulted in Seymour Health building up a healthy untied cash reserve putting the organisation in a very strong financial position. Working Capital (Adjusted Current Asset Ratio) is now 86.9% (2024- 102%). Cash and investments of $13,335,000 includes tied funds for capital funded projects and residential aged care deposits. The reserves assist with funding of replacement of ageing infrastructure and equipment. Reserves also supports opportunities for future capital development and enhanced service provision.

Purchase of capital items during 2024-25 included:

- Medical equipment including:
  - EarlyVue Vital Signs Monitor
  - Task Trainer: enema/catheter
  - Treadmill
  - Emergency cart
  - Aspire active air Acute mattress
  - BD bodyguard T syringe pump
  - Hovermatt Air Supply
  - Covercool (cuddle blanket) unit
- Renewal of Infrastructure (including Plant, equipment, FF&E & ICT) including:
  - Hot water systems
  - Hand basin and sensor tap

- Air conditioner
- Duplex floor scrubber & trolley
- Pressure washer
- High low desks
- Princess Chair

– Other capital projects, all Department of Health funded, completed, commenced or in progress:
  - Callen Street carpark
  - Air ventilation infrastructure replace heating & cooling systems - main building
  - Fire Safety Services upgrade

Self-funded capital works completed during FY 2025 include the upgrade of Bretonneux Street to address occupational health and safety concern by changing traffic flow along this carriageway.

* The Net operating result is the result with the health service is monitored against in its Statement of Priorities

	2025	2024	2023	2022	2021
	$'000	$'000	$'000	$'000	$'000
Operating Result*	(1,343)	(32)	(15)	100	161
Total revenue	30,783	30,687	26,987	27,887	23,767
Total expenses	33,789	30,729	28,897	27,258	24,620
Net result from transactions	(3,006)	(61)	(1,910)	629	(853)
Total other economic flows	126	(48)	(16)	177	337
Net result	(2,880)	(109)	(1,926)	806	(516)
Total assets	57,437	57,562	40,585	42,635	37,524
Total liabilities	17,678	14,948	12,903	13,027	11,187
Net assets/ Total equity	39,759	42,614	27,682	29,609	26,337

	2025
	$'000
Operating result *	(1,343)
Capital purpose income	1,753
Specific income	
COVID-19 State supply arrangements Assets received free of charge or for nil consideration under the State supply	43
State supply items consumed up to 30 June 2025	(19)
Expenditure for capital purpose	(381)
Depreciation and amortisation	(3,059)
Impairment of non-financial assets	0
Financial costs (other)	0
Net result from transactions	**(3,006)**

Social Procurement Activity	2024-25	2023-24	2022-23
Total number of suppliers	419	453	448
Total spend with all suppliers	8,596,230	8,066,034	6,526,188
Social Benefit suppliers	0	0	2
Total spent with social benefit suppliers	0	0	24,087
Number of Aboriginal businesses engaged	0	0	2
Total expenditure with Victorian Aboriginal businesses (excl. GST)	0	0	24,087

Seymour Health applies Social Procurement Strategy 2025-27 to utilise HSV suppliers to identify and prioritise, where appropriate, social benefit and Aboriginal organisations.

Colin James
Director Business Services

Achievements

Business/Corporate Services

- **Capital**
  - ✓ Theatre redevelopment Stage One progressing on time within budget with practical completion due quarter 2 FY25-26
  - ✓ Callen Street car park redevelopment completed including flood lighting and security CCTV
  - ✓ Bretonneux Street redevelopment works completed
  - ✓ Doctor accommodation purchased to support medical workforce
  - ✓ Fire Safety Project (EIRP 21/22) completed
  - ✓ Mechanical Ventilation (EIRP 20/21) near completion; finalisation dependency on operating theatre redevelopment
  - ✓ New anaesthetic machine purchased
  - ✓ Infrastructure investment organisation-wide: plant, clinical and non-clinical equipment, information and communication technology (ICT)

- **Facilities**
  - ✓ Fleet vehicle pool renewal with hybrid electric vehicles

- **Finance**
  - ✓ Internal and external audits completed
  - ✓ Compliance requirements met

- **Food and Environmental Services**
  - ✓ Shift restructure to gain efficiencies

- **Health Information Services**
  - ✓ Successful implementation of a new Patient Administration System; iPM
  - ✓ Implementation of electronic medical record in Ambulatory Care

- **Information Technology**
  - ✓ Successful disaster recovery testing
  - ✓ Uplift of digital maturity and cybersecurity
  - ✓ Transition to Cloud-based M365
  - ✓ Implementation of MIYA Access and Flow platform

Clinical Services

- **Aged Care**
  - ✓ Aged Care Employee Day recognised and supported
  - ✓ Barrabill House Residential Aged Care Service maintained a '4 Star' rating
  - ✓ Expansion of the Residential In Reach program
  - ✓ Establishment of Day Spa facilities in Barrabill House

- **Acute Clinical & Urgent Care**
  - ✓ 100% of respondents to the Victorian Hospital Experience Survey reported positive experiences of their hospital stay

- **Operating Suite Services**
  - ✓ New anaesthetic machine purchased to secure ongoing surgical activity
  - ✓ Strengthened collaboration with Northern Health; staff provided surgical support to Northern Health during Seymour Health theatre downtime during capital works

Community Services & Ambulatory Care

- **Ambulatory Care**
  - ✓ Successful Consortia submission to establish a primary mental health service (Level 1-4) across Mitchell and Murrindindi Shires; full-time mental health clinician delivering services from Seymour Health
- **Community Dental**
  - ✓ Capital works completed
- **Palliative Care**
  - ✓ Remember Me Charity Group acknowledged SH with a generous donation fostering additional community engagement

Governance

- ✓ Strategic Planning process commenced to develop the next Strategic Plan 2026-2028
- ✓ Board strategic decision to support transition across to the new North Metro & Mitchell Local Health Service Network
- ✓ Strengthened collaboration between South Hume health services

Medical Services

- **Medical workforce**
  - ✓ Received Postgraduate Medical Council in Victoria accreditation and commenced the Rural Hospitalist Pilot Program with rotating junior doctors at Seymour Health in partnership with Northeast Health Wangaratta
- **Nurse Practitioner (NP) workforce**
  - ✓ One new NP Candidate position established
  - ✓ Employed an additional NP in the Urgent Care Centre

People & Culture

- **Staff**
  - ✓ Annual Staff Excellence Awards and staff recognition events
  - ✓ Implementation of monthly 'Superstar' recognition program
  - ✓ New wellbeing initiatives implemented including a new Pilates staff program
  - ✓ Regular 'Leadership Listens' forums
- **Volunteers**
  - ✓ Volunteer luncheon held during National Volunteers Week
  - ✓ Volunteer of the Year award at the Annual General Meeting
  - ✓ Installation of a new Honorary Life Governorship awards recognition board
- **Consumers**
  - ✓ Community Reference Committee consultation and coordination
  - ✓ Partnering with consumers singled out by ACHS surveyors as a particular strength of Seymour Health
  - ✓ Restructure of the Barrabill House Residents and Families meeting to have it chaired and driven by the consumers
- **Communications**
  - ✓ New Intranet platform established
  - ✓ New Staff and Consumer newsletter platform introduced
  - ✓ Expansion of the social media platforms
  - ✓ Regular Leadership Listens all staff forums

- **Gender Equality**
  - ✓ Gender Equality Action Plan progressed
  - ✓ Gender Equality impact policy review undertaken

- **Safety**
  - ✓ Full integration of the emergency and EWIS overhead paging system across all areas of the organisation
  - ✓ Emergency management drills throughout the organisation

Quality, Risk & Safety

- **Accreditation**
  - ✓ Received full three-year NDIS accreditation with zero non-compliances
  - ✓ Received full three-year NSQHS Standards accreditation with zero non-compliances

- **Education**
  - ✓ A total of 1770 staff attendances at 304 education sessions during 2024-25

- **Infection Prevention & Control**
  - ✓ Achieved 95% compliance rate with Hand Hygiene requirements
  - ✓ Achieved 99% staff vaccination rate for Influenza, the remaining one percent had valid medical exemptions

- **Quality**
  - ✓ Completed 443 audits, reviews and quality reports and 82 improvement activities; ensuring a culture of continuous improvement, safe practice and compliance to the NSQHS Standards, Aged Care Quality Standards, NDIS Practise Standards, Quality Indicators and Child Safe Standards

- **Aboriginal Health**
  - ✓ Aboriginal art purchased and placed strategically throughout the organisation to signal that Seymour Health is a culturally safe and sensitive health service
  - ✓ Development of an Aboriginal Employment Strategy and Plan
  - ✓ Participation in National Close the Gap Day activities
  - ✓ Significant staff participation in the NAIDOC week Welcome to Country, smoking ceremony and parade to Kings Park

Recognition of service

10 years	20 years	30 years
Cindy Newman	Lynette Rieniets	Susan Bain
Jessie Hustler	Jillian Macreadie	Leesa Neilson
Kathryn Rea		

15 years	25 years	35 years
Pauline White	Norma Forrester	Melissa Gray
Karen Weatherill	Vicki Dudley	
Georgina Lowerson		
Jodie Wyatt		

Executive staff

Chief Executive Officer

Ward Steet
B. App Sc (Physiotherapy), Grad. Dip (Bus. Admin), MBA (Strategic Operations), GAICD

The Chief Executive Officer (CEO) is responsible to the Board for the efficient and effective management of Seymour Health.

Director Clinical Services

Anne Daley
RN, Grad. Dip. App. Science (Critical Care Nursing)

The Director of Clinical Services has professional responsibility for all clinical staff and operational responsibility for all clinical services across the organisation. The role involves community engagement.

Director Quality, Risk & Safety

Vickie Callaghan
RN, B. App. Science, Cert. Critical Care

The Director Quality, Risk and Safety has responsibility for quality activities, management of accreditation processes, safety and quality of patient care, organisational improvement, risk management, consumer feedback, legislative compliance and policy development and review.

Director Business Services

Colin James
CA, B.FA

The Director of Business Services has overall responsibility for the effective delivery of corporate and operational support services. The role includes Chief Finance Officer and Chief Procurement Officer responsibilities.

Director People & Culture

Jason King
BA (Law & Legal Studies), CAHRI FIML

The Director People & Culture and Communications oversees People & Culture (HR), Administration and Communications. This includes employee and industrial relations, talent management, staff safety and wellbeing, and fostering a culture of engagement so Seymour Health is an employer of choice. The Administrative and Communications functions are integrated into the Directorate to support Clinical Services across the breadth of health service delivery.

Director Medical Services

Dr. Dean Pritchard
MBBS (Hons.) FACEM AFRACMA CCPU CEDE

The Director of Medical Services has professional responsibility for the credentialing and management of Visiting Medical Officers and oversight of clinical governance.

Seymour Health Board of Directors

The Board of Seymour Health has overall responsibility for the strategic direction and operational efficiency of the organisation. Board Directors are appointed by the Governor in Council upon recommendation from the State Minister for Health.

The Board provides guidance and direction to the (Board appointed) Chief Executive Officer and senior hospital management staff. The Board meets on the last Thursday of the month, in addition to attending other nominated sub-committee meetings, community meetings and training, development and business activities.

Helen Hull – Chair Appointment 2020 | Term expiry 30 June 2026

BBus

Nomination & Remuneration Committee |Credentialing Committee

Helen is a senior consultant that specialises in governance and information technology management. Helen has extensive experience with state government in corporate roles including information technology, risk and audit, governance, and strategy. She utilises this expertise for the Seymour community through her Board participation. Helen is keen to ensure the hospital's patients receive the highest possible service, and the staff are acknowledged for their dedicated service.

Russell Harrison – Deputy Chair Appointment 2019 | Term expiry 30 June 2027

Clinical Governance Committee | Credentialing Committee | Nomination & Remuneration

BVSc DipPracMgt, GradCertHSM, GAICD

Dr. Russell Harrison is currently the GM Dog and Vision Services at Guide Dogs Victoria. With experience in disability support services, Russell has a passion for improving systems and supporting staff to ensure that consumers are at the centre of everything we do. Russell has held non-executive and committee positions in the aged care, disability and animal health sector.

Laura Jeffery Appointment 2021 | Term expiry 30 June 2027

B.Comm, CPA, GAICD

Finance Risk & Audit Committee – Chair

Laura is a Certified Practising Accountant who has used her 15+ years' experience in the Mining Industry to build her company, providing asset management, financial modelling, project management and acquisition and divestment services to the Resources industry. Laura has held Non-Executive Director and committee positions for a number of organisations, including the peak body of a federated organisation in the early childhood industry.

Sue van Buuren Appointment 2019| Term expiry 30 June 2027

ANZIIF (snr Assoc) CIP

Nomination & Remuneration Committee |Finance Risk & Audit Committee

Sue is an experienced risk management and compliance specialist, with a background in general insurance and health insurance. Sue has strong skills in influencing, communication and stakeholder engagement. Sue holds a Diploma in Integrated Risk Management and a Certificate IV in Workplace Training and Assessment.

Julie Paul, OAM Appointment 2020 | Term expiry 30 June 2026

Clinical Governance Committee - Chair

RN, BaAppSc., MPHC, GradCertHlth, GradDipHlthSc.

Julie has a nursing background with extensive experience in clinical, education and management roles. She has worked in the public, private and not-for-profit health sectors. Julie is passionate about providing best practice health care which meets the needs of the local community and has a strong interest in communities partnering with services to achieve this.

Ewan McDonald Appointment 2021 | Term expiry 30 June 2026

Nomination & Remuneration Committee | Community Reference Committee Chair

Ewan has a background in public safety and emergency management. His interests are centred upon the importance of building resilient communities and the relevance of social justice indicators in measuring performance of public sector agencies.

Andrew Jaworski Appointment 2022 | Term expiry 30 June 2025

Finance, Risk & Audit Committee | Credentialing Committee

LLB(Hons) BScOptom GradDipLaw(Comm) GradCert TMLP AFCHSM CHM MAICD CIPT CIPM FGIA

Andrew is a solicitor with almost 20 years' experience in corporate and commercial law and a focus on health and technology. Admitted in Australia and England and Wales, Andrew has worked in top tier private practice, consulting firms and in senior in-house roles in the UK, throughout APAC and ASEAN. He holds non-executive and committee positions on several Boards in the NFP/health sectors. Andrew has a strong interest in public health, with a clinical and research background prior to studying law.

Maree Feery Appointment 2023 | Term expiry 30 June 2026

Clinical Governance | Nomination & Remuneration Committee

BHlthSci, GradDipHlthAdmin, GradDipBusMgt, MBusL'ship, MAICD

Maree has over 25 year's extensive senior executive experience in public, private and not for profit healthcare. She brings to the Board her broad expertise in culture, strategy, governance, leadership and workforce development, people experience, diversity and inclusion and health, safety and wellbeing across various strategic horizons. Maree's passion lies with continually improving the consumer healthcare experience and the employee experience and overall performance and outcomes for the community.

Katherine Reeves Appointment 2023 | Term expiry 30 June 2026

Finance Risk & Audit Committee | Community Reference Committee

BSc, CA, GAICD

Katherine is a chartered accountant with over 25 years of strategic and leadership experience across three countries (UK, New Zealand and Australia). Initially working for KPMG (one of the big four global accountancy practices) in transaction services for over 14 years focusing on due diligence and capital raising processes, she has subsequently focused on education and health. Katherine has significant experience in public sector governance, audit processes and risk management frameworks and has first-hand experience with rural and remote organisations. Katherine has a strong focus on maximising services to the community whilst ensuring long term financial viability of the entity.

Gemma Russell Appointment 2024 | Resigned 30 June 2025

Clinical Governance |Credentialing Committee

DClinPsy, BSci(hons)

Dr. Gemma Russell is a registered Clinical Psychologist with significant experience in operational environments and clinical settings. She has held executive positions within State Government, and consults with the Commonwealth around NDIS and Defence. Gemma lives locally within the Mitchell Shire and is invested in ensuring that Seymour Health provides clinical care that meets the needs of the community.

Organisational Chart

Statutory statements

Employment and conduct principles

Seymour Health ensures a fair and transparent process for recruitment, selection, transfer and promotion of staff. It bases its employment selection on merit and complies with the relevant employment law and anti-discrimination legislation. Policies and procedures are in place to ensure staff are treated fairly and respected; to provide avenues to raise a workplace grievance or complaint, and for the organisation to investigate complaints and act where appropriate.

Seymour Health is committed to the application of the employment and conduct principles and all employees have been correctly classified in workforce data collections.

Workforce data

Labour Category	JUNE Current Month FTE		AVERAGE MONTHLY FTE	
	2024	2025	2024	2025
Nursing	102.19	107.38	100.15	103.25
Administration and Clerical	32.63	30.46	29.87	30.85
Medical Support	5.18	4.88	5.01	4.79
Hotel and Allied Services	29.18	27.76	29.07	27.80
Sessional Clinicians	0.25	0.25	0.25	0.25
Ancillary Staff (Allied Health)	13.94	15.31	13.55	14.77
Total	**183.37**	**186.04**	**177.90**	**181.71**

The FTE figures in this table exclude overtime and do not include contracted staff who are not regarded as employees for this purpose (i.e. agency nurses, Nurse Practitioners, Visiting Medical Officers).

Occupational Health and Safety (OHS)

Seymour Health is committed to supporting a strong safety culture that proactively works to improve on practices and comply with the legislation. This is achieved through monitoring safety management systems and by regular consultation with employees, management, contractors, visitors and consumers to identify, assess and reduce risks, with the aim to prevent injuries within the workplace.
The OHS Committee evaluate all safety matters and provide recommendations for improvements in practices to the Executive team via the Chair or Management representatives on the Committee.

The OHS Committee is comprised of two Directors (as Executive representatives of the Persons Conducing a Business or Undertaking (PCBU)), the Safety and Wellbeing Coordinator, the Chief Warden, and the Health and Safety Representatives (HSRs). HSRs represent all departments within the organisation. HSRs are elected by their peers. All new HSRs undertake the initial five day legislated OHS training and internal Manual Handling Assessor training is conducted to provide valuable knowledge and skills in supporting staff to assist with facilitating training and prevent risks within the workplace.

Projects completed during the past twelve months to improve safety include:

- Consulted on wide range of OHS issues; including the built environment, safety and duress response systems
- Refresh de-escalation skills and practice with training to enhance capability and capacity in safety management practices
- Prevention initiatives including risk assessments and manual handling assessments
- Ongoing reviews and updates to relevant policies and procedures as a continuous improvement cycle
- Expert support by the continued engagement of an external firm who specialise in end-to-end workers compensation reviews and OHS advice; aiding Seymour Health to fulfil its obligations and effectively manage workers compensation obligations and costs

Occupational violence

Occupational violence statistics	2024-25
WorkCover accepted claims with an occupational violence cause per 100 FTE	1.29
Number of accepted WorkCover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	0.71
Number of occupational violence incidents reported	25
Number of occupational violence incidents reported per 100 FTE	13.76
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	12%

Definitions of occupation violence

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

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

Accepted WorkCover claims: claims accepted and lodged in 2024-25.

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.

WorkCover

Seymour Health's WorkCover claims have been well managed through prompt intervention following an injury with engagement of the injured worker, managers, treating practitioners and WorkCover Agent working collaboratively for successful rehabilitation. Seymour Health have had four standard claims and nil minor claims with minimal time lost and minimal claims costs, which is a marginal increase from the previous year.

	2022-23	2023-24	2024-25
The number of reported hazards/incidents for the year per 100 full-time equivalent staff members	52	63.94	42.23
The number of 'lost time' standard WorkCover claims for the year per 100 full-time equivalent staff members	3.3	1.64	1.29
The average cost per WorkCover claim for the year ('000)	$903	$79	$106

Consultancies

Details of consultancies (under $10,000)

In 2024-25, Seymour Health did not engage any consultancies where the total fees payable to the consultants were less than $10,000.

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

In 2024–25, one consultant was engaged where the total fees payable to the consultants were $10,000 or greater. The total expenditure incurred in relation to these consultancies was $8,500 (excl. GST).

Consultant	Purpose of consultancy	Start date	End date	Total approved project fee (excluding GST)	Expenditure 2024-25 (excluding GST)	Future expenditure (excluding GST)
Beattie Vass Design PYT LTD	Wayfinding and Signage Consultancy	May-24	Oct-25	$50,000	$8,500	$6,000

Information and Communication Technology (ICT) expenditure

The total ICT expenditure incurred during 2024-25 was $844,804 (excl. GST) with the details shown below:

Business as Usual (BAU) ICT expenditure	Non-Business as Usual (non-BAU) ICT expenditure		
Total (excluding GST)	Total=Operational expenditure and Capital Expenditure (excluding GST) (a) + (b)	Operational expenditure (excluding GST) (a)	Capital expenditure (excluding GST) (b)
$844,804	Nil	Nil	Nil

Carers Recognition Act 2012

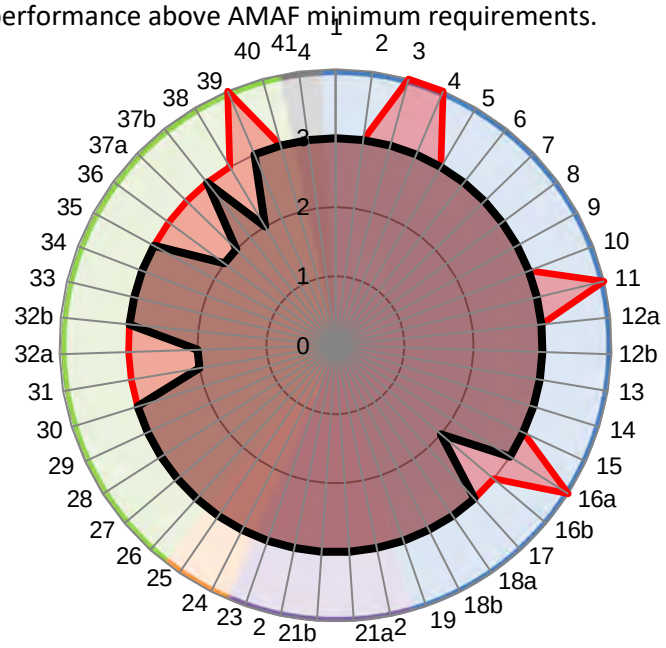
The *Carers Recognition Act 2012* provides a framework for transparency between the hospital and carers as defined in the Act, to ensure open communication at all times and improve healthcare outcomes for the community. Seymour Health has taken all practical measures to comply with its obligations under the Act. These include:

- Promoting the principles of the Act to people in care relationships who receive our services and to the wider community
- Ensuring our staff have an awareness and understanding of the care relationship principles set out in the Act
- Considering the care relationship principles set out in the Act when setting policies and providing services

Asset Management Accountability Framework

Asset Management Accountability Framework (AMAF) maturity assessment conducted in 2024. The following sections summarise Seymour Health's assessment of maturity against the requirements of the 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 website. https://www.dtf.vic.gov.au/infrastructure-investment/asset-management-accountability-framework

Seymour Health's target maturity rating is 'competence'; meaning systems and processes are in place, consistently applied and systematically meeting the AMAF requirement. This includes a continuous improvement process to expand system performance above AMAF minimum requirements.



Leadership and Accountability (requirements 1-19)
Seymour Health has met or exceeded its target maturity level under most requirements within this category.

Planning (requirements 20-23)
Seymour Health has met or exceeded its target maturity level in this category.

Acquisition (requirements 24 and 25)
Seymour Health has met or exceeded its target maturity level in this category.

Operation (requirements 26-40)
Seymour Health has met or exceeded its target maturity level under most requirements within this category. This is an area of improvement with further investment required in the automated Asset Management System with manual processes and systems continuing to be utilised.

Disposal (requirement 41)
Seymour Health has met its target maturity level in this category.

Asset Maintenance Management

Improve health service and Department Asset Management Accountability Framework (AMAF) compliance by collaborating with Health Infrastructure to develop policy and processes to review the effectiveness of asset maintenance and its impact on service delivery

Outcomes

- Annual Asset Management Plans in place, aligned to the AMAF
- Asset register in place
- Implementation of electronic asset management software, MEX, to inform asset maintenance and replacement

Review and study expenses

Seymour Health conducted zero reviews or studies in relation to service provision and patient care during the reporting period.

Freedom of Information Act 1982

The *Freedom of Information Act 1982* provides for members of the public to access their medical records for the purpose of viewing, amending incorrect notations or copying parts of the record. In accordance with the Act an application fee is payable upon request and administration charges apply.

During 2024-25, Seymour Health received 38 applications. All requests were from the general public.
Seymour Health made 38 Freedom of Information decisions during the 12 months ended 30 June 2025.
There were 38 decisions made within the statutory time periods and zero decisions made outside the statutory time periods. A total of 38 FOI access decisions were made where access to documents was granted in full and zero that were granted in part.
Of requests finalised, the average number of days over/under the statutory time (including extended timeframes) to decide the request was 11 days.
During 2024-25, zero requests were subject to a complaint/internal review by Office of the Victorian Information Commissioner.

Building Act 1993

All renovations and maintenance to existing buildings conform to the *Buildings Act 1993*. All existing buildings comply with regulations in force at the time of construction. There are no orders to cease occupancy or to undertake urgent works. The site is subject to a Fire Safety Audit and Risk Assessment according to revised standards as directed by the Department of Health.

- Mechanisms to ensure that buildings conform with building standards are managed via regular inspections, audits and continual monitoring of the Essential Safety Measures Maintenance Requirements as required by the National Construction Code and other relevant standards
- There are a total of nine Building Permits and associated Occupancy Permits for Seymour Health
- There are zero emergency orders and building orders issued in relation to buildings
- There are zero buildings that have been brought into conformity with building standards during the reporting period

Public Interest Disclosures Act 2012

Seymour Health is an agency subject to the *Public Interest Disclosures Act 2012,* which enables people to make disclosures about improper conduct within the public sector without fear of reprisal. The Act aims to ensure openness and accountability by encouraging people to make disclosures and protecting them when they do. Policies and guidelines are in place to protect people against actions that might be taken against them if they choose to make a protected disclosure. Complaints regarding improper conduct and corruption in the Victorian public sector can be reported to the Independent Broad-based Anticorruption Commission (IBAC); www.ibac.vic.gov.au

There were no disclosures to IBAC under section 21(2) during 2024-25.

National Competition Policy Reform Act 1995

Seymour Health complied with the National Competition Policy, including compliance with the requirements of the policy statement 'Competitive Neutrality Policy Victoria', and any subsequent reforms. No complaints or issues were received regarding Competitive Neutrality.

Safe Patient Care Act 2015

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

Local Jobs First Act 2003

Seymour Health complies with the regulations of the *Local Jobs First Act 2003.* In 2024-25, there were no contracts entered into to which Local Jobs First (previously VIPP) plan was required. Seymour Health continues to engage with local contractors to support the local community.

Workforce Inclusion Policy

Seymour Health has a *Cultural and Physical Diversity* Policy which provides broad operating principles with respect to inclusion, and extends to relevant services for individuals and families in our diverse community, however this policy lacked the necessary workforce inclusion focus and did not include a measurable target.

Therefore, a Workforce Inclusion Policy has been developed as a stand-alone policy, with a measurable target, consistent with the *Gender Equality Act 2020 (Vic)*.

Due to the new Policy implementation, it is not yet possible to report on the initiative with inclusion of progress towards the targets. This will be the subject of a longer-term progress review where Seymour Health can analysis and illustrate trends over time.

The *Gender Equality Act 2020 (Vic)* ('the Act') came into effect in March 2021, bringing with it a requirement for Victorian health services to conduct workplace gender audits, translate the findings into a five-year Gender Equality Action Plan (GEAP) and submit progress reports every two years.

The Seymour Health Gender Equality Action Plan 2021-2025 is publicly available on the Seymour Health website. In February 2024, Seymour Health was required to:

- Complete a progress audit to collect, compare, and submit information about workplace gender equality in your organisation
- Submit a progress report, drawing on your audit data and other information, to demonstrate whether your actions are achieving positive change towards workplace gender equality, and in your public programs, policies and services

The Commission for Gender Equality in the Public Sector ('the Commission') provided an 'Outcome of Your Progress Report Compliance Assessment' in October 2024.

The Commission assessed Seymour Health's progress report and progress audit, and it was confirmed that Seymour Health's progress audit was assessed as compliant under the Act. However, the progress report did not demonstrate compliance across one or more requirements.

The feedback identified data anomalies due to the complexity of extracting data from payroll systems and undertaking necessary data cleansing and manipulation for submission to the Commission.

As Seymour Health is moving to a new payroll provider in FY25-26 Q1 and with the introduction of new software, it is anticipated these data integrity issues will be resolved in future years.

The Commission observed that many organisations were not yet able to demonstrate quantitative progress against the workplace gender equality indicators, and Gender Impact Assessments (GIAs) were not consistently reported. The Commission will look to address these areas through enhanced guidance and templates to better support defined entities to meet their compliance requirements in future reporting periods.

Key financial and service performance reporting

Service and Activity data	2024-25	2023-24	2022-23
Admitted patient separations			
Acute			
Same day	2,930	2,759	2,416
Overnight stay	338	338	374
Palliative care	31	45	37
Total separated patients	**3,268**	**3,142**	**2,827**
Admitted patient days			
Acute	5,406	4,562	5,818
Palliative care	250	582	488
Total patient days	**5,656**	**5,144**	**6,306**
Total Acute NWAU	1,148.38	1,033.8	1,086.4
Separation per available bed	130.7	103.2	101.5
ALOS of admitted patient (days)	2.8	4.37	1.9
Occupancy rate; admitted patients – acute beds	15	24.1	59.57
Organisation data			
Inpatients treated	3,268	3,089	3,045
Daily average occupancy (acute beds)	15	24.1	17.28
Average stay in days	2.8	4.37	1.9
Urgent Care Centre attendances	8,072	7,409	7,835
Surgical procedures	1,062	1,151	1,178
District Nursing			
Occasions of service	5,782	7,158	7,053
Hours of service	5,617	6,372	6,018
Number of clients seen	251	259	223
Residential Aged Care			
Bed days – nursing home resident (inc. respite)	13,499	12,967	11,365
Residential In Reach occasions of service	424	-	-
Residential In Reach clients seen	118	-	-
Food services			
Meals prepared	57,483	56,805	55,511
Social Support Group			
Attendances	3,371	2,999	2,719
Hours of service	12,825	12,603	10,780
Number of clients seen	58	60	48
Health Independent Programs			
Sub-Acute Ambulatory (SACS)			
Client contacts	4,157	3,912	5,202
Group sessions	518	426	228
Home-based rehabilitation	147	112	111
HARP (Hospital Admission Risk Program) contacts	1,980	1,864	1,721
HARP new referrals	160	182	153
Post-Acute Care completed episodes	792	761	595
Post-Acute Care client contacts	4,356	5,566	4,286
Lower Hume services			
Palliative Care contacts	7,313	6,501	6,681
Dental services			
Attendances	2,872	2,592	3,311
Treatments	9,730	8,705	12,013
Emergency treatments and vouchers	871	1,015	1,139
Smile Squad contacts	477	1,174	717
Smile Squad treatments	742	3,115	2,120
Community Health			
Referrals	241	153	86
Attendances	661	599	468

Environmental Performance

Seymour Health reports on environmental performance on a regular basis to the Department of Health through the Department's Environmental Data Management System. We recognise that conserving and protecting the environment for future generations is critical. We are focused on the key challenges of climate change, reducing greenhouse gas emissions, energy and water use and resources.

Efficiencies during 2024-25 include:

- Replacement of combustion engine fleet vehicles with hybrid vehicles
- Implementation of Chef-Max Food Management System
- Strategy of better segregating recyclables

Greenhouse Gas Emissions	2024-25	2023-24	2022-23
G1 Total Scope 1 (direct) greenhouse gas emissions (CO2-e(t))			
Carbon Dioxide	209.79	271.68	292.39
Methane	0.37	0.47	0.54
Nitrous Oxide	0.18	0.24	0.22
Total	**210.34**	**272.39**	**293.15**
Scope 1 GHG emissions from stationary fuel (F2 Scope 1) (CO2-e(t))	**186.84**	**238.48**	**273.14**
Scope 1 GHG emissions from vehicle fleet (T3 Scope 1) (CO2-e(t))	**23.51**	**33.92**	**20.01**
Medical/Refrigerant gases			
Total Scope 1 (direct) greenhouse gas emissions (CO2-e(t))	**210.34**	**272.39**	**293.15**
G2 Total Scope 2 (indirect electricity) greenhouse gas emissions (CO2-e(t))			
Electricity	893.69	879.11	852.18
Total Scope 2 (indirect electricity) greenhouse gas emissions (CO2-e(t))	**893.69**	**879.11**	**852.18**
G3 Total Scope 3 (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (CO2-e(t))			
Commercial air travel			
Waste emissions (WR5)	73.31	73.33	96.81
Indirect emissions from Stationary Energy	135.87	127.04	131.00
Indirect emissions from Transport Energy	5.98	8.63	5.09
Paper emissions		7.82	3.62
Water emissions	21.46	21.40	20.85
Any other Scope 3 emissions			
Total Scope 3 greenhouse gas emissions (CO2-e(t))	**236.61**	**238.22**	**257.37**
G(Opt) Net greenhouse gas emissions (CO2-e(t))			
Gross greenhouse gas emissions (G1 + G2 + G3) (CO2-e(t))	**1,340.65**	**1,389.73**	**1,402.70**
Total gross reported greenhouse gas emissions per bed-day (CO2-e(t)/OBD)	0.07	0.08	0.08
Any Reduction Measures Offsets purchased (EL4-related)			
Any Offsets purchased			
Net greenhouse gas emissions (CO2-e(t))	**1,340.65**	**1,389.73**	**1,402.70**

Electricity Use	2024-25	2023-24	2022-23
EL1 Total electricity consumption segmented by source (MWh)			
Purchased	1,354.96	1,336.61	1,240.52
Self-generated	169.87	170.50	75.97
EL1 Total electricity consumption (MWh)	**1,524.83**	**1,507.11**	**1,316.50**
EL2 On site-electricity generated (MWh) segmented by:			
Consumption behind-the-meter			

Solar Electricity	169.87	170.50	75.97
Total Consumption behind-the-meter (MWh)	**169.87**	**170.50**	**75.97**
Exports			
EL2 Total On site-electricity generated (MWh)	**169.87**	**170.50**	**75.97**
EL3 On-site installed generation capacity (kW converted to MW) segmented by:			
Diesel Generator	0.55	0.55	0.55
Solar System	0.15	0.15	0.15
EL3 Total On-site installed generation capacity (MW)	**0.70**	**0.70**	**0.70**
EL4 Total electricity offsets segmented by offset type (MWh)			
RPP (Renewable Power Percentage in the grid)	248.29	250.75	233.22
EL4 Total electricity offsets (MWh)	**248.29**	**250.75**	**233.22**

Stationary Energy	2024-25	2023-24	2022-23
F1 Total fuels used in buildings and machinery segmented by fuel type (MJ)			
Natural gas	3,625,784.20	4,627,935.00	5,300,554.80
F1 Total fuels used in buildings (MJ)	**3,625,784.20**	**4,627,935.00**	**5,300,554.80**
F2 Greenhouse gas emissions from stationary fuel consumption segmented by fuel type (CO2-e(t))			
Natural gas	186.84	238.48	273.14
F2 Greenhouse gas emissions from stationary fuel consumption (CO2-e(t))	**186.84**	**238.48**	**273.14**

Transportation Energy	2024-25	2023-24	2022-23
T1 Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type (MJ)			
Non-executive fleet - Gasoline	335,085.00	488,988.20	295,929.20
Petrol	**335,085.00**	**488,988.20**	**295,929.20**
Non-executive fleet - E10	13,927.30	13,967.00	-
Petrol (E10)	**13,927.30**	**13,967.00**	**-**
Total energy used in transportation (vehicle fleet) (MJ)	**349,012.30**	**502,955.20**	**295,929.20**
T3 Greenhouse gas emissions from transportation (vehicle fleet) segmented by fuel type (CO2-e(t))			
Non-executive fleet - Gasoline	22.66	33.07	20.01
Petrol	**22.66**	**33.07**	**20.01**
Non-executive fleet - E10	0.85	0.85	-
Petrol (E10)	**0.85**	**0.85**	**-**
Total Greenhouse gas emissions from transportation (vehicle fleet) (CO2-e(t))	**23.51**	**33.92**	**20.01**

Total Energy Use	2024-25	2023-24	2022-23
E1 Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)			
Total energy usage from stationary fuels (F1) (MJ)	3,625,784.20	4,627,935.00	5,300,554.80
Total energy usage from transport (T1) (MJ)	349,012.30	502,955.20	295,929.20
Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)	**3,974,796.50**	**5,130,890.20**	**5,596,484.00**
E2 Total energy usage from electricity (MJ)			
Total energy usage from electricity (MJ)	5,489,383.26	5,425,586.93	4,739,384.29
E3 Total energy usage segmented by renewable and non-renewable sources (MJ)			
Renewable	1,506,770.97	1,517,900.36	1,113,086.55
Non-renewable (E1 + E2 - E3 Renewable)	7,957,408.79	9,038,576.78	9,222,781.73
E4 Units of Stationary Energy used normalised: (F1+E2)/normaliser			
Energy per unit of Aged Care OBD (MJ/Aged Care OBD)	679.68	760.59	933.34
Energy per unit of LOS (MJ/LOS)	1,684.25	1,960.13	1,731.92

Energy per unit of bed-day (LOS+Aged Care OBD) (MJ/OBD)	484.26	547.97	606.50
Energy per unit of Separations (MJ/Separations)	2,784.96	3,254.62	3,298.27
Energy per unit of floor space (MJ/m2)	1,289.82	1,422.60	1,420.68

Water Use	**2024-25**	**2023-24**	**2022-23**
W1 Total units of metered water consumed by water source (kL)			
Potable water (kL)	13,116.58	12,750.47	12,309.03
Total units of water consumed (kL)	**13,116.58**	**12,750.47**	**12,309.03**
W2 Units of metered water consumed normalised by FTE, headcount, floor area, or other entity or sector specific quantity			
Water per unit of Aged Care OBD (kL/Aged Care OBD)	0.98	0.96	1.14
Water per unit of LOS (kL/LOS)	2.42	2.49	2.12
Water per unit of bed-day (LOS+Aged Care OBD) (kL/OBD)	0.70	0.69	0.74
Water per unit of Separations (kL/Separations)	4.01	4.13	4.04
Water per unit of floor space (kL/m2)	1.86	1.80	1.74

Waste and Recycling	**2024-25**	**2023-24**	**2022-23**
WR1 Total units of waste disposed of by waste stream and disposal method (kg)			
Landfill (total)			
General waste - skips	52,200.00	52,200.00	68,643.00
Offsite treatment			
Clinical waste - incinerated		7.49	
Clinical waste - sharps	402.85	404.24	439.85
Clinical waste - treated	3,786.53	3,800.00	5,388.50
Recycling/recovery (disposal)			
Cardboard		22,404.60	30,294.36
Paper (confidential)			426.81
PVC	60.00	465.00	124.00
Total units of waste disposed (kg)	**56,449.38**	**79,281.33**	**105,316.52**
WR1 Total units of waste disposed of by waste stream and disposal method (%)			
Landfill (total)			
General waste	92.47%	65.84%	65.18%
Offsite treatment			
Clinical waste - incinerated		0.01%	
Clinical waste - sharps	0.71%	0.51%	0.42%
Clinical waste - treated	6.71%	4.79%	5.12%
Recycling/recovery (disposal)			
Cardboard		28.26%	28.77%
Paper (confidential)			0.41%
PVC	0.11%	0.59%	0.12%
WR3 Total units of waste disposed normalised by FTE, headcount, floor area, or other entity or sector specific quantity, by disposal method			
Total waste to landfill per patient treated ((kg general waste)/PPT)	2.36	2.44	3.50
Total waste to offsite treatment per patient treated ((kg offsite treatment)/PPT)	0.19	0.20	0.30
Total waste recycled and reused per patient treated ((kg recycled and reused)/PPT)	0.00	1.07	1.57
WR4 Recycling rate (%)			
Weight of recyclable and organic materials (kg)	60.00	22,869.60	30,845.17
Weight of total waste (kg)	56,449.38	79,281.33	105,316.52

Recycling rate (%)	**0.11%**	**28.85%**	**29.29%**
WR5 Greenhouse gas emissions associated with waste disposal (CO2-e(t))			
CO2-e(t)	73.31	73.33	96.81

Normalisation Factors	2024-25	2023-24	2022-23
Aged Care OBD	13,411.00	13,218.00	10,757.00
FTE	186.00	183.00	176.00
LOS	5,412.00	5,129.00	5,797.00
OBD	18,823.00	18,347.00	16,554.00
PPT	22,096.00	21,436.00	19,598.00
Separations	3,273.00	3,089.00	3,044.00
TotalAreaM2	7,067.00	7,067.00	7,067.00

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:

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

This information is available on request from:
Director of Business Services
Colin James
Phone: (03) 57936100
Email: info@seymourhealth.org.au

Strategic Priorities

In 2024-25 Seymour Health contributed to the achievement of the Victorian Government's commitments by:

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 Strengthen clinical governance systems that support safe care, including clear recognition, escalation, and addressing clinical risk and preventable harm.	**Achieved** Commentary: The Seymour Health Clinical Governance Framework was reviewed and revised to ensure alignment with the new Safer Care Victoria (SCV) Framework. The clinical governance indicators and meeting format were also reviewed and amended. The deteriorating patient policy and protocols were reviewed and enhanced to ensure alignment and compliance with SCV policy and NSQHS Standards.
MA2 Improve paediatric patient outcomes by implementing the "ViCTOR track and trigger" observation chart and escalation system whenever children have observations taken.	**Achieved** Commentary: ViCTOR implementation in both the Acute Ward and the Urgent Care Centre was undertaken and staff trained in the system.
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
MB1 Deliver on the key initiatives as outlined in the Budget Action Plan (BAP).	**Achieved** Commentary: Mid-year, quarter three, and final year end reports against the BAP were submitted to Department of Health. Our savings were favourable to target in both the Financial Management Improvement Plan and BAP.
MB1 Utilise data analytics and performance metrics to identify areas of inefficiency and waste and make evidence-based decisions to improve financial sustainability and operational performance.	**Achieved** Commentary: Data analytics were utilised to inform a restructure of staffing profile and contracted EFT in the Acute Ward to better align staff rosters to bed occupancy. We also achieved reduced use of agency staff for coverage through redeployment based on bed occupancy and Safe Patient Care Act compliance data. Board strategic decision-making processes related to health system reform were underpinned by population health data, patient separation and patient flow data. Seymour Health signed up as a member of *Global Green and Healthy Hospitals* and we established an Environment & Sustainability Committee that was tasked with reviewing clinical

	waste audit data. This data was utilised to develop an action plan to reduce waste and reduce our environmental footprint. Some of our initiatives included: 1. Printing reduction through implementation of M365 Forms 2. Establishment of a number of recycling programs: – General waste – Blister pack – Printer ink cartridge – Battery
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	
– **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.** – **MC4 Expand the delivery of high-quality cultural safety training for all staff to align with the Aboriginal and Torres Strait Islander cultural safety framework. This training should be delivered by independent, expert, community-controlled organisations or a Kinaway or Supply Nation certified Aboriginal business.**	
Health Service Deliverables	Achievements/Outcome
MC3 Promote a culturally safe welcoming environment with Aboriginal cultural symbols and spaces demonstrating, recognising, celebrating and respecting Aboriginal communities and culture.	**Achieved/Ongoing** Commentary: A signed Agreement is in place between Seymour Health and Taungurung Land and Waters Council supporting Goranwarrabul House. The Seymour Health Community Reference Committee membership includes two First Nations community members, one of which is the Chair of the Lower Hume Aboriginal Network (LHAN). We fly the Aboriginal and Torres Strait Islander flags in accordance with the Australian Flag Flying Protocol and we have Aboriginal artwork placed in strategic locations throughout the organisation to signal cultural safety and encourage access to our services by the Aboriginal population. The Seymour Health admissions documentation includes questions and fields to capture all required Aboriginal and Torres Strait Islander information and staff are trained to ensure the information is captured in a culturally sensitive manner. All staff and volunteers at Seymour Health undergo annual mandatory on-line cultural safety training. Seymour Health actively supports NAIDOC week, participating in celebrations and events. The Executive, Leadership group and staff participated in the Smoking Ceremony held at Goranwarrabul House and the NAIDOC week parade to Kings Park following the Ceremony. Seymour Health also participated in a Close the Gap morning tea event and has agreed to host the event in 2026.
MC4 Implement mandatory cultural safety training and assessment for all staff in alignment with the Aboriginal and	**Part Achieved/Ongoing** Commentary: The online cultural safety training package, developed by First Nations people, used by Seymour Health was

Torres Strait Islander (TSI) cultural safety framework, and developed and/or delivered by independent, expert, and community-controlled organisations, Kinaway or Supply Nation certified Aboriginal businesses.	assessed by the Department of Health (DH) as being compliant with the Aboriginal and Torres Strait Islander cultural safety framework and the requirements of the SoP. Approval was received from DH to continue using the package for our cultural safety training. The on-line cultural safety training is included in annual mandatory competencies for all staff, volunteers and Board Directors.
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	
MD1 Improve employee experience across four initial focus areas to assure safe, high- quality care: leadership, health and safety, flexibility, and career development and agility.	
Health Service Deliverables	Achievements/Outcome
MD1 Develop a Workforce Plan that includes staff safety and wellbeing, leadership development, career development, recruitment and retention strategies, flexible work arrangements, diversity and inclusiveness, gender equity, training and development, and succession planning.	**Achieved/Ongoing** Commentary: Workforce Plan completed and approved by the Board. Aboriginal Employment Plan completed and approved by the Board.
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	
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 Undertake joint clinical service plans with an agreed approach to coordinating the delivery of health services at a regional level as opposed to individual health service planning.	**Achieved** Commentary: The Seymour Health Board endorsed the Hume Health Service Partnership Strategic Service Plan. The establishment of the new North Metro & Mitchell Local Health Service Network (NM&M LHSN) that Seymour Health is now a member of requires the development of a new strategic service plan. The four members of the NM&M LHSN agreed on developing a joint regional strategic clinical service plan with the first step to undertake a mapping exercise to inform the Plan.
ME2 Actively engage and collaborate with Northern Health (NH) and the South Hume health services, Alexandra district Health (ADH) & Yea District Memorial Hospital (YDMH), Goulburn Valley Health (GVH) and other health services in the Hume Health Service Partnership as applicable, to improve self-sufficiency in	**Achieved** Commentary: Regular meetings are held between the CEOs of the three South Hume health services; Seymour Health (SH) Yea and District Memorial Hospital (YDMH) and Alexandra District Health (ADH). A number of joint Board Chair and CEO meetings have also been held.

South Hume region with the aim of providing improved access to a sustainable medical workforce, specialist care, and subacute services for the local community.	Seymour Health is delivering Residential In Reach to the YDMH residential aged care service. A consortium was formed between SH, ADH, YDMH, Goulburn Valley Health (GVH) and Northern Health (NH) and a submission for funding to establish a primary mental health service across the Mitchell and Murrindindi catchment areas was submitted to the Murray Primary Health Network. The submission was successful and the program has commenced across the region. CEO and board director meetings with NH and Austin Health (AH) have explored initiatives that have potential mutual benefits for the organisations. A number of key services have been prioritised for rapid implementation. Transition of payroll services across to NH has occurred and implementation of an integrated Human Resource platform is pending. Paediatric and Palliative care specialists' consultations delivered locally by NH in Seymour are being explored. A partnership with the AH Olivia Newton John Cancer Centre is in discussion that has potential to deliver oncology consultations locally. Discussions identifying key initiatives to increase Network catchment self-sufficiency have commenced and agreement reached to commence a service mapping exercise. Sustainable medical workforce, access to specialist consultations, the provision of subacute services from SH and the need for an Electronic Medical Record (EMR), among other priorities, have been raised as priorities.

Performance Priorities

High quality and safe care

Key performance indicator	Target	Actual Achievement
Infection prevention and control		
Percentage of healthcare workers immunised for influenza	94%	99%
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%	100%
Aged Care		
Public sector residential aged care services overall star rating	Minimum rating 3 stars	Achieved
Patient experience		
Victorian Healthcare Experience Survey – percentage of positive patient experience responses	95%	100%
Aboriginal Health		
Percentage of Aboriginal admitted patients who left against medical advice	0%	1%

**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.*

Strong governance, leadership and culture

Key performance indicator	Target	Actual Achievement
Organisational culture		
People matter survey – Percentage of staff with an overall positive response to safety culture survey questions	80%	73%

Effective financial management

Key performance indicator	Target	Actual Achievement
Operating result ($M)	0.00	(1.343)
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	1.02
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

Activity and Funding

Funding Type	2024-25 Activity Achievement
Small Rural	
Small rural acute	177.63
Small rural primary health & HACC	1,944
Small rural residential care	13,499
Small rural health workforce	0
Small rural Health Independence Program	10,615
Small rural other specified funding	N/A

**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.*

Attestations and declarations

Data integrity declaration

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

Ward Steet
Chief Executive Officer
Seymour Health
28 August 2025

Conflict of interest declaration

I, Ward Steet, certify that Seymour 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 Seymour 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.

Ward Steet
Chief Executive Officer
Seymour Health
28 August 2025

Compliance with Health Share Victoria (HSV) Purchasing Policies

I, Ward Steet, certify that Seymour 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.

Ward Steet
Chief Executive Officer
Seymour Health
28 August 2025

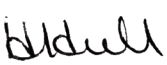
Integrity, fraud and corruption declaration

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

Ward Steet
Chief Executive Officer
Seymour Health
28 August 2025

Financial Management Compliance Attestation

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



Helen Hull
Board Chair
Seymour Health
28 August 2025

Disclosure Index

The Annual Report of Seymour 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	1, 4
FRD 22	Purpose, functions, powers and duties	4, 5
FRD 22	Nature and range of services provided	5
FRD 22	Activities, programs and achievements for the reporting period	11 - 13
FRD 22	Significant changes in key initiatives and expectations for the future	6 - 7
Management and structure		
FRD 22	Organisational structure	17
FRD 22	Workforce data / employment and conduct principles	18
FDR 22	Workforce inclusion policy	23
FRD 22	Occupational Health and Safety	18
Financial and other information		
FRD 22	Summary of the financial results for the year	8 - 10
FRD 22	Significant changes in financial position during the year	8 - 10
FRD 22	Operational and budgetary objectives and performance against objectives	8 - 10
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FRD 22	Details of consultancies under $10,000	20
FRD 22	Details of consultancies over $10,000	20
FRD 22	Disclosure of ICT expenditure	20
FRD 22	Asset Management Accountability Framework	21
FDR 22	Disclosure of social procurement activities under the Social Procurement Framework	10
FRD 22	Disclosure of reviews and study expenses	22
FRD 22	Application and operation of *Freedom of Information Act 1982*	22
FRD 22	Compliance with building and maintenance provisions of *Building Act 1993*	22
FRD 22	Application and operation of *Public Interest Disclosures Act 2012*	22
FRD 22	Statement on National Competition Policy	22
FRD 22	Application and operation of *Carers Recognition Act 2012*	20
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FRD 25	*Local Jobs First Act 2003* disclosures	23
Attestations		
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SD 5.2.3	Declaration in Report of Operations	4
Attestation on Data Integrity		35
Attestation on managing Conflicts of Interest		35
Attestation on Integrity, Fraud and Corruption		35
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Occupational Violence reporting		19
Reporting obligations under the *Safe Patient Care Act 2015*		23
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Declaration		

SD 5.2.2	Declaration in financial statements	Refer to Financial Statements
Other requirements under Standing Directions 5.2		
SD 5.2.1(a)	Compliance with Australian accounting standards and other authoritative pronouncements	Refer to Financial Statements
SD 5.2.1(a)	Compliance with Standing Directions	Refer to Financial Statements
SD 5.2.1(b)	Compliance with Model Financial Report	Refer to Financial Statements
Other disclosures as required by FRDs in notes to the financial statements (a)(b)		
FRD 11	Disclosure of Ex gratia Expenses	Refer to Financial Statements
FRD 103	Non-Financial Physical Assets	Refer to Financial Statements
FRD 110	Cash Flow Statements	Refer to Financial Statements
FRD 112	Defined Benefit Superannuation Obligations	Refer to Financial Statements
FRD 114	Financial Instruments – general government entities and public non-financial corporations	Refer to Financial Statements

Legislation	
Freedom of Information Act 1982 (Vic) (FOI Act)	22
Building Act 1993	22
Public Interest Disclosures Act 2012	22
Carers Recognition Act 2012	20
Local Jobs Act 2003	23
Financial Management Act 1994 **(b)**	4

FINANCIAL STATEMENTS 2024-25

Seymour Health
Financial Report

How this report is structured

Seymour Health presents its audited Tier 2 general-purpose financial statements for the financial year ended 30 June 2025 in the following structure to provide users with information about Seymour Health's stewardship of the resources entrusted to it.

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

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2025 and the financial position of Seymour 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 15 September 2025.

Board member	**Accountable Officer**	**Chief Finance & Accounting Officer**
Helen Hull	Ward Steet	Colin James
Board Chair	Chief Executive Officer	Chief Finance and Accounting Officer
Seymour Health	Seymour Health	Seymour Health
15 September 2025	15 September 2025	15 September 2025

Independent Auditor's Report

Victorian Auditor-General's Office

To the Board of Seymour Health

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

Auditor's responsibilities for the audit of the financial report

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

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

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

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

MELBOURNE
19 September 2025

Simone Bohan
as delegate for the Auditor-General of Victoria

Comprehensive Operating Statement

Seymour 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	9,574	9,329
Other sources of income	2.1	20,607	20,728
Non-operating activities		602	569
Total revenue and income from transactions		**30,783**	**30,626**
Expenses from transactions			
Employee expenses	3.1	(23,759)	(21,658)
Depreciation and amortisation	4.1(a), 4.1(b)	(3,057)	(2,285)
Other operating expenses	3.1	(6,973)	(6,744)
Total Expenses from transactions		**(33,789)**	**(30,687)**
Net result from transactions - net operating balance		**(3,006)**	**(61)**
Other economic flows included in net result			
Net gain/(loss) on sale of non-financial assets		107	6
Net gain/(loss) on financial instruments		10	(48)
Other gain/(loss) from other economic flows		9	(6)
Total other economic flows included in net result		**126**	**(48)**
Net result		**(2,880)**	**(109)**
Other economic flows - other comprehensive income			
Items that will not be reclassified to net result			
Changes in property, plant and equipment revaluation surplus	4.1(a)	150	14,957
Total other comprehensive income		**150**	**14,957**
Comprehensive result		**(2,730)**	**14,848**

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

Balance Sheet

Seymour Health
As at 30 June 2025

	Note	2025 $'000	2024 $'000
Financial assets			
Cash and cash equivalents	6.2	13,335	13,372
Receivables	5.1	2,279	1,835
Total financial assets		**15,614**	**15,207**
Non-financial assets			
Other non financial assets		309	480
Property, plant and equipment	4.1	41,081	41,645
Right of use assets	4.1(b)	433	230
Total non-financial assets		**41,823**	**42,355**
Total assets		**57,437**	**57,562**
Liabilities			
Payables	5.3	4,992	4,431
Contract liabilities		6	35
Borrowings	6.1	499	328
Employee benefits	3.1(b)	6,164	5,384
Other liabilities	5.4	6,017	4,770
Total liabilities		**17,678**	**14,948**
Net assets		**39,759**	**42,614**
Equity			
Reserves		36,542	36,392
Contributed capital		6,832	6,832
Accumulated deficit		(3,574)	(694)
Total equity		**39,800**	**42,530**

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

Cash Flow Statement

Seymour Health
For the Financial Year Ended 30 June 2025

	Note	2025 $'000	2024 $'000
Cash Flows from operating activities			
Operating grants from State Government		19,693	19,337
Operating grants from Commonwealth Government		5,422	4,909
Capital grants from State Government		2,073	2,604
Patient fees received		1,562	1,855
Donations and bequests received		33	9
Interest and investment income received		602	569
Other receipts		1,485	1,050
Total receipts		**30,870**	**30,333**
Payments to employees		(21,341)	(19,827)
Payments to VMOs		(1,463)	(1,350)
Payments to suppliers and consumables		(2,774)	(2,457)
Other payments		(4,291)	(4,527)
Total payments		**(29,869)**	**(28,161)**
Net cash flows from/(used in) operating activities		**1,001**	**2,172**
Cash Flows from investing activities			
Purchase of non-financial assets		(2,617)	(1,612)
Proceeds from sale of financial assets		169	75
Net cash flows from/(used in) investing activities		**(2,448)**	**(1,537)**
Cash flows from financing activities			
Repayment of borrowings and principal portion of lease liabilities		170	(66)
Repayment of accommodation deposits		(1,070)	(470)
Receipt of accommodation deposits		2,310	2,210
Net cash flows from/(used in) financing activities		**1,410**	**1,674**
Net (decrease)/increase in cash and cash equivalents held		**(37)**	**2,309**
Cash and cash equivalents at beginning of year		13,372	11,063
Cash and cash equivalents at end of year	6.2	**13,335**	**13,372**

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

Statement of Changes in Equity

Seymour Health
For the Financial Year Ended 30 June 2025

	Property, Plant and Equipment Revaluation Surplus $'000	Contributed Capital $'000	Accumulated Deficit $'000	Total $'000
Balance at 1 July 2023	**21,435**	**6,832**	**(585)**	**27,682**
Net result for the year	-	-	(109)	(109)
Other comprehensive income for the year	14,957	-	-	14,957
Balance at 30 June 2024	**36,392**	**6,832**	**(694)**	**42,530**
Net result for the year	-	-	(2,880)	(2,880)
Other comprehensive income for the year	150	-	-	150
Balance at 30 June 2025	**36,542**	**6,832**	**(3,574)**	**39,800**

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

Notes to the Financial Statements

Seymour 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 Seymour Health for the year ended 30 June 2025.

Seymour 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).

Seymour 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. Seymour Health's prior year financial statements were general purpose financial statements prepared in accordance with Australian Accounting Standards (Tier 1). As Seymour 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 FMA and applicable Australian Accounting Standards (AASs), which include interpretations, issued by the Australian Accounting Standards Board (AASB).

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

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

Consistent with the requirements of AASB 1004 *Contributions,* contributions by owners (that is, contributed capital and its repayment) are treated as equity transactions and, therefore, do not form part of the income and expenses of Seymour 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 Seymour Health on 15 September 2025.

Note 1.2 Material accounting estimates and judgements

Management makes estimates and judgements when preparing the financial statements.

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

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

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

Note 1.3 Reporting Entity

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

Seymour Health's principal address is:
1 Bretonneux Street
Seymour, Victoria 3660

Note 1.4 Economic dependency

Seymour 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. Seymour 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 Seymour Health's operations and on that basis, the financial statements have been prepared on a going concern basis.

Note 2 Funding delivery of our services

Seymour Health's overall objective is to provide quality health service that support and enhance the wellbeing of the community. Seymour Health is predominantly funded by grant funding for the provision of outputs. Seymour 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)	9,574	9,329
Other sources of income	2.1(b)	20,607	20,728
Total revenue and income from transactions		**30,181**	**30,057**

Note 2.1(a) Revenue from contracts with customers

	2025 $'000	2024 $'000
Government grants (State) - Operating	2,452	2,452
Government grants (Commonwealth) - Operating	5,278	4,889
Patient and resident fees	1,705	1,870
Commercial activities	139	118
Total revenue from contracts with customers	**9,574**	**9,329**

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 Seymour Health's goods or services. Seymour 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 Seymour Health's revenue streams, with information detailed below relating to Seymour Health's material revenue streams:

Government grant	Performance obligation
Activity Based Funding (ABF) paid as National Weighted Activity Unit (NWAU)	NWAU is a measure of health service activity expressed as a common unit against which the national efficient price (NEP) is paid. The performance obligations for NWAU are the number and mix of admissions, emergency department presentations and outpatient episodes, and is weighted for clinical complexity. Revenue is recognised at point in time, which is when a patient is discharged.
Dental Health Services Activity paid as Dental Weighted Activity Units (DWAUs)	The dental funding is to provide public dental health services to children and adults. Seymour Health is required to provide a set number of dental services measured in DWAUs. Revenue is recognised over time, as and when the services are delivered

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.

Note 2.1(b) Other sources of income

	Note	2025 $'000	2024 $'000
Government grants (State) - Operating		17,664	17,248
Government grants (State) - Capital		1,582	2,275
Other capital purpose income		171	149
Assets received free of charge or for nominal consideration	2.1(c)	43	156
Other income from operating activities		1,147	900
Total other sources of income		**20,607**	**20,728**

How we recognise other sources of income

Government grants

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

Non-cash contributions from the Department of Health

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

Supplier	Description
Victorian Managed Insurance Authority	The Department of Health purchases non-medical indemnity insurance for Seymour 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.
Department of Health	Long Service Leave (LSL) revenue is recognised upon finalisation of movements in LSL liability in line with the long service leave funding arrangements with the DH.

Note 3 The cost of delivering our services

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

Structure

3.1 Expenses incurred in the delivery of services

Note 3.1 Expenses incurred in the delivery of services

	Note	2025 $'000	2024 $'000
Employee expenses	3.1(a)	23,759	21,658
Other operating expenses	3.1(c)	6,973	6,744
Total expenses incurred in the delivery of services		**30,732**	**28,402**

Note 3.1(a) Employee expenses

	2025 $'000	2024 $'000
Salaries and wages	20,069	18,215
Defined contribution superannuation expense	-	13
Defined benefit superannuation expense	2,134	1,904
Agency expenses	81	151
Fee for service medical officer expenses	1,475	1,375
Total employee expenses	**23,759**	**21,658**

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

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

Note 3.1(b) Employee-related provisions

	2025 $'000	2024 $'000
Current provisions for employee benefits		
Accrued days off	65	44
Annual leave	2,184	1,937
Long service leave	2,726	2,392
Provision for on-costs	675	517
Total current provisions for employee benefits	**5,650**	**4,890**
Non-current provisions for employee benefits		
Long service leave	449	439
Provision for on-costs	65	55
Total non-current provisions for employee benefits	**514**	**494**
Total provisions for employee benefits	**6,164**	**5,384**

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

Long service leave

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

Unconditional LSL is disclosed in the notes to the financial statements as a current liability even where the Seymour 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 Seymour Health expects to wholly settle within 12 months or
- present value – if Seymour 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.

Note 3.1(c) Other operating expenses

	2025 $'000	2024 $'000
Other operating expenses		
Drug supplies	81	75
Medical and surgical supplies (including Prostheses)	708	773
Diagnostic and radiology supplies	311	285
Purchased Medical Services	1,001	901
Other supplies and consumables	1,164	1,123
Low value lease expenses	101	96
Fuel, light, power and water	425	424
Repairs and maintenance	162	358
Maintenance contracts	219	199
Medical indemnity insurance	141	218
Equipment purchases	77	184
HRHA expenses	960	380
Information Technology expenses	643	548
Other administration expenses	980	1,180
Total other operating expenses	**6,973**	**6,744**

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

Note 4 Key assets to support service delivery

Seymour 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 Seymour 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 $'000	2024 $'000	2025 $'000	2024 $'000	2025 $'000	2024 $'000
Land at fair value	3,385	3,149	-	-	3,385	3,149
Buildings at fair value	35,954	35,534	(2,594)	-	33,360	35,534
Works in progress at cost	2,096	1,088	-	-	2,096	1,088
Plant, equipment and vehicles at fair value	5,056	4,398	(2,816)	(2,524)	2,240	1,874
Total property, plant and equipment	**46,491**	**44,169**	**(5,410)**	**(2,524)**	**41,081**	**41,645**

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.

4.1(a) Reconciliation of the carrying amount 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	**3,149**	**35,534**	**1,088**	**1,874**	**41,645**
Additions	151	355	1,683	81	2,270
Disposals	-	-	-	(11)	(11)
Revaluation increments/(decrements)	85	65	-	-	150
Net transfers between classes	-	-	(675)	675	-
Depreciation	-	(2,594)	-	(379)	(2,973)
Balance at 30 June 2025	**3,385**	**33,360**	**2,096**	**2,240**	**41,081**

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 FRD103, Seymour 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 full revaluation or next scheduled independent revaluation, which is planned to be undertaken in 2029, in accordance with Seymour Health's revaluation cycle.

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

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

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2025 $'000	2024 $'000	2025 $'000	2024 $'000	2025 $'000	2024 $'000
Plant, equipment and vehicles at fair value	521	446	(88)	(216)	433	230
Total right-of-use assets	**521**	**446**	**(88)**	**(216)**	**433**	**230**

	Plant, equipment and vehicles $'000	Total $'000
Balance at 1 July 2024	**230**	**230**
Additions	348	348
Disposals	(61)	(61)
Revaluation increments/(decrements)		-
Net transfers between classes		-
Depreciation	(84)	(84)
Balance at 30 June 2025	**433**	**433**

How we recognise right-of-use assets

Initial recognition

When Seymour 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.

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.

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

Note 4.2 Depreciation and amortisation

How we recognise depreciation

All buildings, plant and equipment and other non-financial physical assets (excluding items under assets held for sale, land and investment properties) 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	10 - 50 years	10 - 50 years
Plant, equipment and vehicles (including leased assets)	3 - 25 years	3 - 25 years

Note 5 Other assets and liabilities

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

Structure

5.1 Receivables
5.2 Impairment of financial assets
5.3 Payables
5.4 Other liabilities

Note 5.1 Receivables

How we recognise receivables

	Note	2025 $'000	2024 $'000
Current receivables			
Contractual			
Debtors		299	308
Allowance for impairment losses	5.2	(20)	(49)
HRHA receivables		180	126
Accrued revenue		264	215
Total contractual receivables		**723**	**600**
Statutory			
GST receivable		230	277
Total statutory receivables		**230**	**277**
Total current receivables		**953**	**877**
Non-current receivables			
Long service leave - Department of Health		1,326	958
Total non-current receivables		**1,326**	**958**
Total receivables		**2,279**	**1,835**

Receivables consist of:

- **Contractual receivables**, including debtors that relate to goods and services. These receivables are classified as financial instruments and are categorised as 'financial assets at amortised cost'. They are initially recognised at fair value plus any directly attributable transaction costs. The health service holds contractual receivables with the objective to collect the contractual cash flows and therefore they are subsequently measured at amortised cost using the effective interest method, less any impairment.

- **Statutory receivables**, including Goods and Services Tax (GST) input tax credits that are recoverable. Statutory receivables do not arise from contracts and are recognised and measured similarly to contractual receivables (except for impairment) but are not classified as financial instruments for disclosure purposes. The health service applies AASB 9 for initial measurement of the statutory receivables and as a result, statutory receivables are initially recognised at fair value plus any directly attributable transaction cost.

Note 5.2 Impairment of financial assets

	Note	2025 $'000	2024 $'000
Impairment loss on contractual receivables			
From transactions	5.1	(20)	(49)
		(20)	**(49)**

How we recognise impairment of financial assets

Seymour Health records the allowance for expected credit loss for the relevant financial instruments applying AASB 9's expected credit loss approach. Seymour Health's contractual receivables and

statutory receivables are subject to this impairment assessment. Contract assets recognised are also subject to the impairment requirement of AASB 9, however contract assets are immaterial.

Seymour Health applies the simplified approach, which requires the loss allowances to always be measured at an amount equal to lifetime expected credit losses. The loss allowance is based on assumptions about risk of default and expected loss rates.

Contractual receivables at amortised cost

Seymour Health has grouped contractual receivables on shared credit risk characteristics and days past due and has selected the expected credit loss rate based on Seymour Health's past history, existing market conditions, as well as forward looking estimates at the end of the financial year.

The expected credit loss rates applied at 30 June 2025 vary from 0.0% for contractual receivables that are current to 38.9% for contractual receivables that are more than 90 days past due (30 June 2024: from 0.0% to 56.4%).

Statutory receivables at amortised cost

The statutory receivables are considered to have low credit risk, taking into account the counterparty's credit rating, risk of default and capacity to meet contractual cash flow obligations in the near term. As a result, the loss allowance recognised for these financial assets during the period was limited to 12 months of expected credit losses. No loss allowance has been recognised.

Note 5.3 Payables

	Note	2025 $'000	2024 $'000
Current payables			
Contractual			
Trade creditors		178	674
Accrued salaries and wages		847	772
Accrued expenses		496	479
Deferred capital grant income	5.3(a)	2,333	1,841
Department of Health		288	172
HRHA payables		700	428
Amounts payable to governments and agencies		128	45
Total contractual payables		**4,970**	**4,411**
Statutory			
GST payable		11	9
FBT payable		11	11
Total statutory payables		**22**	**20**
Total current payables		**4,992**	**4,431**
Total payables		**4,992**	**4,431**

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 Seymour 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 30 days.

Note 5.3(a) Movement in deferred capital grant income

	2025 $'000	2024 $'000
Opening balance of deferred capital grant income	1,841	1,513
Grant consideration for capital works received during the year	1,970	1,459
Deferred capital grant income recognised as income due to completion of capital works	(1,478)	(1,131)
Closing balance of deferred capital grant income	**2,333**	**1,841**

How we recognise deferred capital grant income

Grant consideration was received from Department of Health to support the construction of

- Theatre redevelopment
- Asphalt car park
- Fire safety
- Mechanical Plant – air conditioning replacement

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

Note 5.4 Other liabilities

	Note	2025 $'000	2024 $'000
Current monies held in trust			
Refundable accommodation deposits		6,010	4,770
Other monies		7	-
Total current monies held in trust		**6,017**	**4,770**
Total other liabilities		**6,017**	**4,770**
*** Represented by:**			
- Cash assets	6.2	6,017	4,770
		6,017	**4,770**

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

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

Note 6 How we finance our operations

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

	Note	2025 $'000	2024 $'000
Current borrowings			
Loan - Department of Health		45	45
Lease liability	6.1(a)	90	164
Total current borrowings		**135**	**209**
Non-current borrowings			
Loan - Department of Health		-	42
Lease liability	6.1(a)	364	77
Total non-current borrowings		**364**	**119**
Total borrowings		**499**	**328**

How we recognise borrowings

Borrowings include an interest free loan through the Department of Health and other funds raised through lease liabilities.

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.

Terms and conditions of borrowings

					Maturity Dates			
30 June 2025	Note	Weighted average interest rate (%)	Carrying Amount $'000	Nominal Amount $'000	Less than 1 Month $'000	1-3 Months $'000	3 months - 1 Year $'000	1-5 Years $'000
Loan - Department of Health	6.1	0.00%	45	45			45	
Lease liabilities	6.1	8.50%	454	496	7	15	86	388
Total Financial Liabilities			**499**	**541**	**7**	**15**	**131**	**388**

					Maturity Dates			
30 June 2024	Note	Weighted average interest rate (%)	Carrying Amount $'000	Nominal Amount $'000	Less than 1 Month $'000	1-3 Months $'000	3 months - 1 Year $'000	1-5 Years $'000
Loan - Department of Health	6.1	0.00%	87	87			45	42
Lease liabilities	6.1	1.30%	241	244	14	26	125	79
Total Financial Liabilities			**328**	**331**	**14**	**26**	**170**	**121**

Note 6.1(a) Lease liabilities

Seymour Health's lease liabilities are summarised below:

	2025 $'000	2024 $'000
Current lease liabilities		
Lease liability	90	164
Total current lease liabilities	**90**	**164**
Non-current lease liabilities		
Lease liability	364	77
Total non-current lease liabilities	**364**	**77**
Total lease liabilities	**454**	**241**

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	108	165
Longer than one year but not longer than five years	388	79
Minimum future lease liability	**496**	**244**
Less unexpired finance expenses	(42)	(3)
Present value of lease liability	**454**	**241**

How we recognise lease liabilities

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

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

Seymour Health's lease arrangements consist of the following:

Type of asset leased	Lease term
Leased plant, equipment, furniture, fittings and vehicles	2 to 5 years

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. Seymour 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).

The following low value and short-term lease payments are recognised in profit or loss:

	2025 $'000	2024 $'000
Expenses relating to leases of low-value assets	102	96
Total amounts recognised as expense	**102**	**96**

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 Seymour Health's incremental borrowing rate. Our lease liability has been discounted by rates of between 4.4% to 10.3%.

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

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

Subsequent measurement

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

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

Note 6.2 Cash and cash equivalents

	Note	2025 $'000	2024 $'000
Cash on hand (excluding monies held in trust)		2	2
Cash at bank (excluding monies held in trust)		6,611	7,986
Cash at bank - HRHA Alliance		705	614
Total cash held for operations		**7,318**	**8,602**
Cash at bank (monies held in trust)		6,017	4,770
Total cash held as monies in trust		**6,017**	**4,770**
Total cash and cash equivalents	7.1	**13,335**	**13,372**

Note 6.3 Commitments for expenditure

30 June 2025	**Less than 1 year $'000**	**1-5 Years $'000**	**Total $'000**
Capital expenditure commitments	2,890	-	2,890
Non-cancellable short term and low value lease commitments	93	81	174
Total commitments (inclusive of GST)	**2,983**	**81**	**3,064**

30 June 2024	**Less than 1 year $'000**	**1-5 Years $'000**	**Total $'000**
Capital expenditure commitments	24	-	24
Non-cancellable short term and low value lease commitments	56	36	92
Total commitments (inclusive of GST)	**80**	**36**	**116**

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

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

Note 7 Financial instruments, contingencies and valuation judgements

Seymour 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

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 Seymour 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*.

The classes of financial assets held at cost are

- cash and
- receivables.

The classes of financial liabilities held at cost are

- payables
- borrowings
- refundable accommodation deposits

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 Seymour 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.

Seymour 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.

Seymour Health recognises the following liabilities in this category:
- payables (excluding statutory payables and contract liabilities)
- borrowings and
- other liabilities (including monies held in trust).

Note 7.2 Contingent assets and contingent liabilities

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

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:

- Financial assets and liabilities at fair value through net result
- Financial assets and liabilities at fair value through other comprehensive income
- Property, plant and equipment and
- Right-of-use assets

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.

Seymour 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.

Seymour 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 Seymour 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).

The last scheduled full independent valuation of all of Seymour 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, Seymour 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, Seymour Health considers the current use as its highest and best use.

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

Non-specialised land, non-specialised buildings, investment properties and cultural assets 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, Seymour 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 Seymour Health, the current replacement cost method is used for the majority of specialised buildings, adjusting for the associated depreciation.

Vehicles

Vehicles are valued using the current replacement cost method. Seymour Health acquires new vehicles and at times disposes of them before completion of their economic life. The process of acquisition, use and disposal in the market is managed by experienced fleet managers in Seymour 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

Description of significant assumptions applied to fair value measurement:

Asset class	Valuation technique	Significant assumption	Range (weighted average)[(i)]
Land	Market approach	Community Service Obligations adjustment	25% [(ii)]
Buildings	Current replacement cost approach	Cost per square metre Useful life	$2,100 - $11,200/m2 ($5,900) 15 - 45 years (30 years)
Vehicles	Current replacement cost approach	Cost per unit Useful life	$25,000 - $65,000 ($32,000 per unit) 3 - 5 years (3 years)
Plant, equipment, furniture and fittings	Current replacement cost approach	Cost per unit Useful life	$1,000 - $130,000 ($6,600 per unit) 3 - 25 years (7 years)

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

[(ii)] CSO adjustments of 25% were applied to reduce the market approach value for Seymour Health's specialised land.

Note 8 Other disclosures

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

Structure

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

Note 8.1 Ex-gratia expenses

Seymour Health did not make any ex-gratia payments.

Note 8.2 Responsible persons disclosures

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

	Period
The Honourable Mary-Anne Thomas MP:	
Minister for Health	1 Jul 2024 - 30 Jun 2025
Minister for Ambulance Services	1 Jul 2024 - 30 Jun 2025
Minister for Health Infrastructure	1 Jul 2024 - 19 Dec 2024
The Honourable Melissa Horne MP:	
Minister for Health Infrastructure	19 Dec 2024 - 30 Jun 2025
The Honourable Ingrid Stitt MP:	
Minister for Mental Health	2 Oct 2023 - 30 Jun 2025
Minister for Ageing	2 Oct 2023 - 30 Jun 2025
Minister for Multicultural Affairs	2 Oct 2023 - 30 Jun 2025
The Honourable Lizzy Blandthorn MP:	
Minister for Children	2 Oct 2023 - 30 Jun 2025
Minister for Disability	2 Oct 2023 - 30 Jun 2025
Governing Boards	
H. Hull (Chair)	1 Jul 2024 - 30 Jun 2025
R. Harrison	1 Jul 2024 - 30 Jun 2025
S. van Buuren	1 Jul 2024 - 30 Jun 2025
L. Jeffery	1 Jul 2024 - 30 Jun 2025
E. McDonald	1 Jul 2024 - 30 Jun 2025
M. Feery	1 Jul 2024 - 30 Jun 2025
J. Paul	1 Jul 2024 - 30 Jun 2025
K. Reeves	1 Jul 2024 - 30 Jun 2025
G. Russell	1 Jul 2024 - 30 Jun 2025
A. Jaworski	1 Jul 2024 - 30 Jun 2025
Accountable Officers	
W. Steet (Chief Executive Officer)	1 Jul 2024 - 30 Jun 2025

Remuneration of Responsible Persons

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

Income Band	2025 No	2024 No
$0 - $9,999	10	10
$250,000 - $259,999	1	1
Total Numbers	**11**	**11**

	2025 $'000	2024 $'000
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	**309**	**265**

Amounts relating to the Governing Board Members and Accountable Officer of Seymour Health's controlled entities are disclosed in their own financial statements. Amounts relating to Responsible Ministers are reported within the State's Annual Financial Report.

Note 8.3 Remuneration of executives

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

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

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

	Total Remuneration	
	2025 $'000	2024 $'000
Total remuneration [i]	808	695
Total number of executives	5	5
Total annualised employee equivalent [ii]	4.3	4.3

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

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

Note 8.4 Related parties

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

- all key management personnel (KMP) and their close family members and personal business interests
- cabinet ministers (where applicable) and their close family members

- jointly controlled operations –A member of the Hume Region Health Alliance (HRHA) 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 Seymour Health received funding from the DH of $20.6m (2024: $20.7m) and indirect contributions of $0.5m (2024: $-0.01m).

Expenses incurred by Seymour 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 Seymour 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 Seymour Health and its controlled entities, directly or indirectly.

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

KMPs	Position Title
H. Hull	Board Chair
R. Harrison	Deputy Board Chair
S. van Buuren	Board Member
A. Jaworski	Board Member
L. Jeffery	Board Member
E. McDonald	Board Member
J. Paul	Board Member
M. Feery	Board Member
K. Reeves	Board Member
G. Russell	Board Member
W. Steet	Chief Executive Officer
Dr D. Pritchard	Director Medical Services
C. James	Director Business Services/CFO
A. Daley	Director Clinical Services
V. Callaghan	Director Quality, Risk & Safety
J. King	Director People & Culture

Remuneration of key management personnel

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

	2025 $'000	2024 $'000
Total compensation - KMPs [i]	1,117	958

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

Note 8.5 Remuneration of auditors

	2025 $'000	2024 $'000
Victorian Auditor-General's Office		
Audit of the financial statements	27	26
Total remuneration of auditors	**27**	**26**

Note 8.6 Events occurring after the balance sheet date

There are no events occurring after the Balance Sheet date.

Note 8.7 Joint arrangements

	Principal Activity	Ownership Interest 2025 %	Ownership Interest 2024 %
Hume Rural Health Alliance	Information Communications	5.364	5.364

For the year ended 30 June 2025, Seymour Health's share of the joint operations financials was:

	2025 $'000	2024 $'000
Total revenue and income	687	439
Total expenses	(810)	(426)
Total net result	(123)	13
Total other economic flows	(1)	-
Comprehensive result for the year	(124)	13
Total assets	935	786
Total liabilities	(712)	(443)
Total equity	(223)	(343)

Contingent liabilities and capital commitments

There are no known contingent liabilities or capital commitments held by the jointly controlled operations at balance date. Seymour Health is involved in joint arrangements where control and decision-making are shared with other parties. Seymour 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.