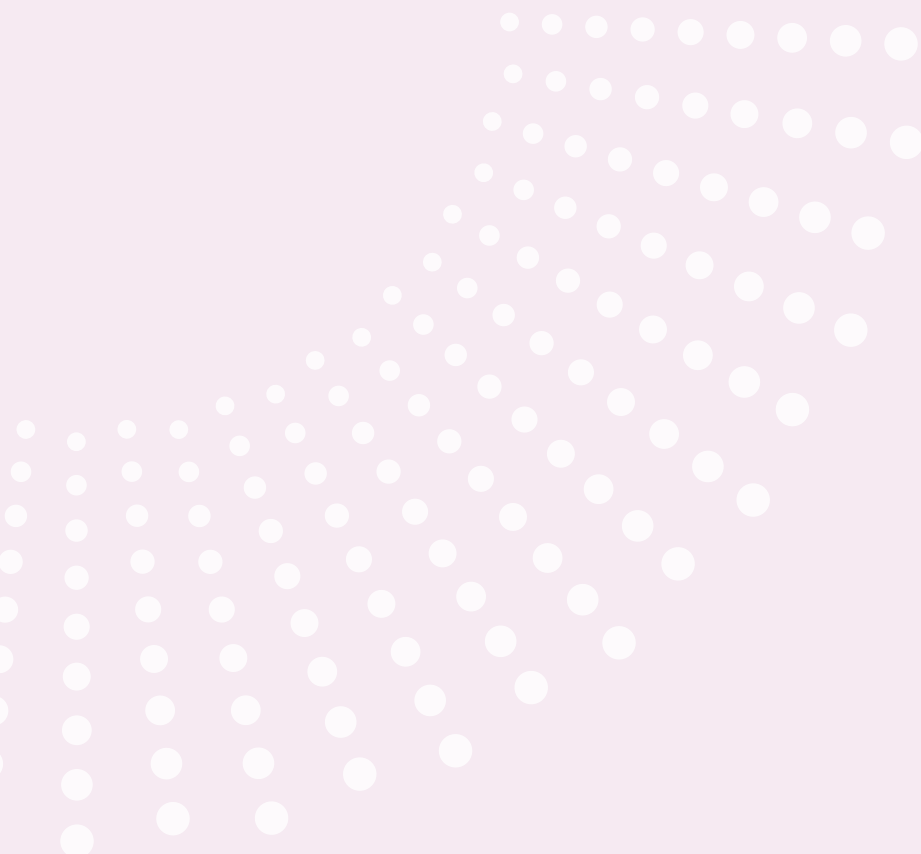




**The Women's
Annual Report
2025**



the women's
the royal women's hospital



Acknowledgement of Traditional Owners

The Royal Women's Hospital acknowledges and pays respect to the peoples of the Kulin Nations, the traditional owners of the country on which our hospital stands and we pay our respects to their Elders past and present.

The Women's is committed to improving health equity for Aboriginal and Torres Strait Islander women, children and families and we recognise the fundamental significance of cultural traditions, beliefs and connection to country for the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

We acknowledge the importance of kinship and family structures as a cohesive force that binds Aboriginal and Torres Strait Islander peoples and we recognise their cultures, community connection and self-determination as critical protective factors for wellbeing.

Our vision

Creating healthier futures
for women and babies

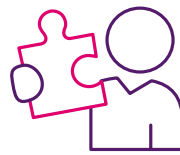
Our strategic directions



We provide
leading care
for women
and newborns



We partner to
create exceptional
experiences
every day



We are the best
place to work,
learn and
contribute



We lead
and partner
to influence
change

Our declaration

We are committed to the social model of health

We care for women from all walks of life

We recognise that sex and gender affect health and healthcare

We are a voice for women's health

We seek to achieve health equity

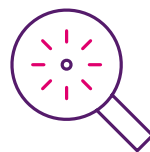
Our values



Courage



Passion



Discovery



Respect



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Report from the Board Chair and Chief Executive

Welcome to the Royal Women's Hospital 2025 Annual Report.

This past year has been one of extraordinary progress, collaboration, and impact as we strive to deliver our strategic goals. Amidst a complex operating environment, our team remained unwavering in their commitment to delivering exceptional care and outcomes for the women, families, and communities we serve. It is with pride that we reflect on a year shaped by innovation, compassion, and leadership.

At the heart of our achievements is our mission to provide world-class patient care, drive translational research, and improve health outcomes for women and babies. During 2024/25, we continued to lead statewide initiatives, strengthen strategic partnerships, and improve access to vital health services.

A standout milestone this year was the expansion of Public Fertility Care, with the Women's supporting Monash Health in joining nine other Victorian health services as a permanent partner. This has contributed to a more efficient and consistent experience for patients, giving more people, especially those in rural and regional areas, a chance to grow their family. The Egg and Sperm Donor Program also saw strong engagement, with hundreds of donors stepping forward to support others on their fertility journey.

We were honoured to welcome new philanthropic partners during 2024/25. In November, we celebrated the launch of the Moyna Fox Fertility Research Centre—a powerful example of philanthropy driving research and innovation. This was followed by a transformative initiative to support fertility preservation for children and young cancer patients, made possible through a generous philanthropic grant from the Children's Cancer Foundation and My Room Children's Cancer Charity.

Throughout the year, we deepened our collaboration with other partners too. Through the Western Metro Health Service Partnership and the Parkville Local Health Services Network, we joined forces to improve consistency and coordination of services and played a lead role in advocating for greater equity in health system design and delivery.

Our focus on patient-centred care remained firm. Over the past year, we introduced initiatives to improve the experiences of patients and families, particularly those facing trauma and hardship, and improve access to critical care. We also advanced our advocacy efforts to address stigma and bias in women's health, using research and data to influence public policy and promote system change.

Financial sustainability was a key focus across the sector. To ensure we remain sustainable while continuing to deliver outstanding care, the Women's responded with a bold budget action plan. Our strategies balanced fiscal responsibility with our commitment to safe, high-quality care—through revenue diversification, asset reviews, program consolidation, and securing significant philanthropic support.

As we look ahead, we remain committed to our mission and values. The achievements of the past year reflect the strength of our people, the power of partnership, and our shared vision for a healthier future for women and babies. We are sure you, like us, will enjoy reading our Annual Report for its inspiring stories, transparent insights, and the remarkable dedication shown in advancing women's healthcare.

Acknowledgements

We are immensely proud to lead a strong, vibrant and innovative organisation, which includes 2,609 individual staff and approximately 50 volunteers and auxiliary members. Together, we cared for over 48,960 patients who speak more than 90 different languages and come from approximately 207 different regions across the globe. A total of 7,323 babies were born at our hospital; we provided 22,497 inpatient services and recorded 237,478 outpatient visits, of which 45.6 per cent were for maternity services. The Women's Emergency Centre had 28,772 presentations. In total, we provided 288,747 episodes of care.

On behalf of the Women's board and leadership team, we thank each and every staff member and volunteer for their dedication and commitment to the vision and goals of the Women's.

We also extend our thanks to the many donors, charitable trusts, alumni, patients and families who generously supported our hospital during the year. Without their support, much of what we do would not be possible.

Financial results

For the year ending 30 June 2025, the Women's recorded an operating surplus of \$5.7 million, a movement of \$7.2 million on the \$1.5 million deficit recorded in 2023/24.

In accordance with the *Financial Management Act 1994*, we are pleased to present the Women's Annual Report for the year ending 30 June 2025.



Shelly Park
Chair, Board of Directors
The Royal Women's Hospital



Sue Matthews
Chief Executive Officer
The Royal Women's Hospital





Highlights this year

The Women's Strategic Plan 2022-2025 is our roadmap and guides our strategic and operational decisions and priorities.

Our four key strategic directions are:

- We provide leading care for women and newborns.
- We partner to create exceptional experiences every day.
- We are the best place to work, learn and contribute.
- We lead and partner to influence change.

Below is a short summary of our highlights for 2024/25.

Providing leading care to women and newborns

In 2024/25, the Women's strengthened and expanded evidence-based, person-centred models of care, with a clear focus on improving access to timely, high-quality, and safe services. Our commitment to continuous improvement was reflected in targeted clinical initiatives, including enhancements to induction of labour and postnatal care, and efforts to prevent and reduce rates of postpartum haemorrhage and preterm birth. We scoped opportunities to mitigate birth trauma and expanded our Birth Reflection Midwifery team - a group of experienced midwives who partner with women to listen and reflect after an unexpected birth outcome. We also participated in research studies, such as Group Education and Midwifery Care and the Magnolia caseload model for vulnerable women. Meanwhile, our Baggarrook midwifery program continued to provide culturally safe, continuous care for Aboriginal and Torres Strait Islander mothers and babies, strengthening trust and improving health outcomes.

In our Neonatal Intensive Care Unit, we introduced the Family Integrated Care model, in which parents of preterm or unwell babies are supported to be active partners in their baby's care. In Women's Health, we trained more nurses to perform colposcopies, with the aim of providing more services to women in rural and regional areas; and, in partnership with the Cancer Council, we developed colposcopy videos to explain clinical terminology to consumers. This included a specific video for Aboriginal and Torres Strait Islander women, who have higher rates of cervical cancer and disease.

During the year, the Women's redesigned the Victorian Perinatal Autopsy Service and implemented a new statewide coordination model. We enhanced clinical governance and organisational resilience through a revised Incident Management System and the implementation of our Business Resilience program.

Partnering to create exceptional experiences every day

In 2024/25, we deepened our commitment to consumer partnership by building capability and embedding consumer voices in decision-making, care redesign and program delivery. Patient feedback, surveys and storytelling continued to offer valuable insights into what we're doing well and where we can improve. Consumers helped to shape care delivery and strategy by co-designing tools, improving our systems, and driving practical supports for patients and families. Their input influenced program-level redesigns, including quiet spaces and family-centred care initiatives. At the governance level, consumers joined committees, helped recruit staff, and strengthened equity, health literacy, and compassionate care. Consumer partnership also extended into research with the establishment of the Lived Experience Co-design Project, which works with people who have experienced violence, abuse and trauma to strengthen our approach to trauma and violence-informed care.

In 2024/25, we launched our second Innovate Reconciliation Action Plan 2025-2027, reaffirming our commitment to action and accountability. We advanced our Cultural Learning Strategy—developed in partnership with First Nations staff and the Koorie Heritage Trust—with more than 140 staff attending Replanting the Birthing Trees training, and 79.4 per cent of all employees completing Aboriginal Cultural Awareness training. Staff also participated in Koorie Heritage Trust sessions and we continued to collaborate with Aboriginal Community Controlled Health Organisations to create a culturally safe, respectful and welcoming environment for Aboriginal women and families.



The best place to work, learn and contribute

In 2024/25, the Women's prioritised staff wellbeing and psychological safety, recognising that a valued, connected and supported workforce is essential to delivering safe, high-quality care.

We supported staff wellbeing through Mental Health First Aid training, access to counselling services, and our dedicated employee wellbeing program, Project Care. Our Schwartz Rounds continued to offer a powerful forum for staff to reflect on the emotional and social challenges of their work, fostering connection and empathy across teams. We celebrated individual and team achievements through our Staff Scholarship Program, Staff Excellence Awards, and the Nurse and Midwife Awards—recognising outstanding contributions to patient care, leadership, and collaboration. Staff connection was further strengthened through participation in events such as R U OK? Day, Crazy Socks 4 Docs Day, the Staff Benefits Expo, and a variety of staff lunches and social gatherings.

This year, we developed a new Equity, Inclusion and Belonging Policy and framework in consultation with consumers and staff from across the organisation. It provides clear principles for embedding and upholding these principles and outlines the continuous work needed to encourage and sustain equity, anti-racism and an intersectional approach. We also enhanced our inclusive recruitment practices to improve the candidate experience and to support our goal to increase workforce participation amongst people living with disability. Our commitment to equity, diversity and inclusion was also evident in the delivery of cultural awareness training and the acknowledgment of key dates including NAIDOC Week, Sorry Day, Pride Month, International Day of People with Disability, and Transgender Awareness Week. We continued to implement our Gender Equality Action Plan and conducted Gender Impact Assessments across programs and services. These initiatives help us identify and address barriers to equity and ensure fair and inclusive access for all staff and patients.

Leading and partnering to influence change

Over the past year, we made a significant contribution to addressing gender bias in the healthcare system. Through collaboration with other health services, policymakers and partners, we worked to improve access to essential services such as abortion and contraceptive care, fertility support, women's pain management, and specialist maternity care for women and babies at risk. Our sustained advocacy contributed to significant reforms to the Pharmaceutical Benefits Scheme and Medicare, resulting in the inclusion of additional oral and long-acting reversible contraceptives and menopausal therapies and health assessments. We also welcomed increased funding for women's health clinics and mobile services and supported the expansion of midwives' scope of practice to include prescribing of medications.

Our statewide Maternity Services Education Program partnered with rural and regional health services and others to deliver pregnancy care and maternity emergency education and training for hundreds of health professionals, including paramedics. These included collaborations with the Victorian Aboriginal Community Controlled Health Organisation, Koori Maternity Services and Red Nose. Our Clinical Champions Program partnered with services across Victoria to deliver education and training in medical abortion and long-acting reversible contraception.

Together with our philanthropic partners, we focused on improving outcomes for at-risk women by expanding research and specialist support services. Research and innovation remained central to our mission, with contributions to the evidence base in areas such as menopause treatment, gynaecological cancer, neonatal outcomes, infectious diseases affecting women, midwifery-led care, and maternal health.

Celebrating our achievements

The past year was one of progress, passion and purpose during which we:

Established a new national fertility preservation initiative at the Women's for children and young people affected by childhood cancers, thanks to the support of the Children's Cancer Foundation and My Room Children's Cancer Charity.

Expanded Victoria's Public Fertility Care program to include Monash Health. Led by the Women's, this program now provides eligible people across Victoria with free access to high-quality fertility care and support services.

Hosted an inspiring keynote address by Rosie Batty OAM at the Women's annual International Women's Day breakfast event, leaving a lasting impact on all who attended.

Opened the new Moyna Fox Fertility Research Centre, dedicated to investigating the causes of infertility and exploring innovative treatments and interventions.

Launched the Women's second Innovate Reconciliation Action Plan (2025-2027), reflecting our continued commitment to reconciliation and the collective efforts of many across the organisation.

Introduced the Hidden Disability Sunflower Program, designed to foster a more inclusive, positive, and cohesive experience for patients and staff across the hospital.

Celebrated staff-driven innovation through our annual Ideas Tank, where initiatives to enhance patient experience competed for small grants, generously supported by HESTA and Smartsalary.

Launched the First Thousand Days Clinic, offering comprehensive wrap-around care and support for babies at risk of developmental delays due to drug or alcohol use during pregnancy—made possible by generous donors.

Presented the Cool Topics in Neonatology conference, attended by over 250 clinicians from across Australia and New Zealand, sharing insights and advancing neonatal care.

Celebrated the dedication of staff and volunteers at the annual Staff Excellence Awards, recognising outstanding contributions across the hospital.

Honoured the Women's nurses and midwives through the hospital's annual Nursing and Midwifery Awards, celebrating excellence in care and leadership.

Awarded ten scholarships to exceptional midwives, nurses, medical staff, allied health professionals, and volunteers, thanks to generous support from donors and sponsors.

Launched the Women's annual Research Report, showcasing the achievements and impact of our research program across clinical care, innovation, and policy.

Marked the first anniversary of the Women's homebirth program, celebrating a year of empowering choice and safe, supported births for families.

Our philanthropic supporters

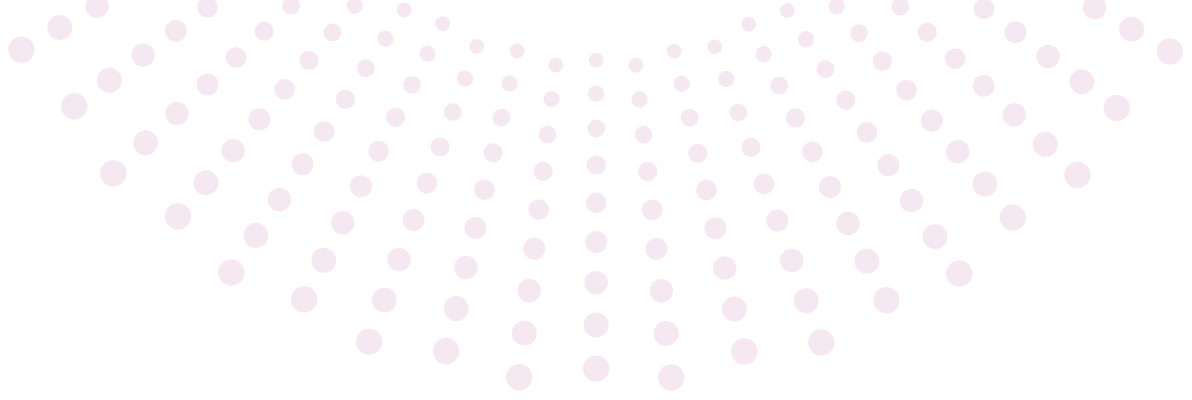
Philanthropy is integral to the achievement of our ambitious vision. Over the past 12 months, and with the support of philanthropy, we have delivered significant innovations in women's and newborn healthcare.

Some of the highlights are outlined below.

- Launch of the Family Integrated Care program, which empowers Neonatal Intensive Care Unit families to actively participate in their baby's care, a proven approach that improves outcomes for infants, their families, and supporting staff – with thanks to the Barr Family Foundation.
- Creation of the Moyna Fox Fertility Research Centre, marking a significant step towards understanding infertility, and developing innovative treatments and interventions – with thanks to the Stafford Fox Medical Research Foundation.
- Establishment of a national fertility preservation service, research and education initiative, giving children with cancer the opportunity to start a family later in life – with thanks to two visionary children's organisations: the Children's Cancer Foundation and My Room Children's Cancer Charity.
- Continuation of the Cornelia program, enabling additional wrap-around support to homeless pregnant women and their babies and access to accommodation, specialist maternity, neonatal, allied health, and personal wellbeing care – with thanks to a collective of philanthropic and corporate supporters.

We extend a very special thanks to all our major donors and sponsors during the 2024/25 financial year, without whom we could not have had such a positive impact on the lives of women and babies.

- Aaron and Laura Dillon
- Amber Australia Pty Ltd
- Andyinc Foundation, Kerry Gardner AM & Andrew Myer AM
- Australian Communities Foundation
- Baer Family
- Baker Foundation
- Barr Family Foundation
- BBGI Global Infrastructure
- Capricorn Foundation
- Children's Cancer Foundation
- Clair Shadbolt
- Clemenger Employee Giving Program, a sub-fund of Australian Communities Foundation
- Collier Charitable Fund
- Cushman and Wakefield
- Dan and Dani Reilly and the Billie's Besties community
- Danks Trust
- DECJUBA
- Drury Trust
- Emily Vera Winder Estate
- Equity Trustees Charitable Foundation - Margaret and John Crutch Bequest
- Estate of Henry Herbert Yoffa
- Estate of Jane Hannah Walker
- Estate of John Edward Doherty
- Estate of Mona Lee
- Gandel Foundation



- GFP Studios
- Greg Shalit and Mariam Faine
- Handbury Foundation
- HESTA
- Hotel Care Foundation (Vic)
- ISS Facility Services
- Jenkins Foundation
- JGJ Ripple Effect Fund, a sub-fund of Australian Communities Foundation
- Joe White Bequest
- John McBain AO and Penelope Foster
- Johnstaff
- Liptember Foundation
- Love Your Sister Foundation
- Mark Robertson OAM & Anne Robertson
- Mem Kirby OAM and Robert Kirby AO
- Michael Francois Boyt Bequest
- Mohamad Yunus Haqiqzai
- My Room Children's Cancer Charity
- Nelson Alexander Carlton and the Nelson Alexander Foundation
- Norman Beischer Medical Research Foundation
- North Western Melbourne Primary Health Network
- Paul Ramsay Foundation
- Phyllis Connor Memorial Trust, managed by Equity Trustees
- R M Ansett Trust, managed by Equity Trustees
- RACV
- Smartsalary Pty Limited
- Stafford Fox Medical Research Foundation
- Stephen Rodgers-Wilson
- Sylvia and Charles Viertel Charitable Foundation
- The Bunyip Hill Fund, a sub-fund of Australian Communities Foundation
- The Collie Foundation
- The Felton Bequest
- The Grangers Foundation
- The Jack & Ethel Goldin Foundation
- The Jack Brockhoff Foundation
- The Margaret J Bumpstead Estate
- The Margaret Lawrence Bequest
- The Mary Ann Edwards Estate
- The Richardson Foundation
- The State Trustees Australia Foundation
- The Victorian Nurses and Midwives Trust
- Thyne Reid Foundation
- Tom Price and the NICU Warriors Fund
- Wanless Family Fund, a sub-fund of Australian Communities Foundation

About our service

The Women's is one of Victoria's leading hospitals for women and newborns located in the heart of the Melbourne Biomedical Precinct. Through a range of clinical and support services, we provide specialist healthcare for newborns and women through all stages of life.

As a tertiary-level hospital and one of the state's major research and teaching hospitals, the Women's is committed to excellence and innovation. The hospital's work goes beyond acute care with the Women's playing a unique role in Victoria's healthcare system advancing research and practice and providing state-wide leadership, training and education.

The Women's has academic affiliations with several universities and tertiary educational institutions, notably the University of Melbourne and La Trobe University, and is internationally recognised for research in the areas of neonatal care, pregnancy and maternity care, gynaecological disorders and infertility.

The Women's clinical services are grouped broadly into five streams of care:

- **maternity** including pregnancy, birthing and postnatal care and specialist maternity services for high-risk women
- **cancer and pre-cancer** including breast, cervical dysplasia and gynae-oncology services in partnership with the Victorian Comprehensive Cancer Centre Alliance
- **gynaecology** including specialist gynaecology, reproductive, contraception and abortion services
- **neonatal** including newborn intensive and special care nurseries
- **social model of health services** including clinical, psychosocial and supportive care, Aboriginal health, sexual assault and domestic violence support, alcohol and drug dependence, and care for women from diverse and disadvantaged groups.

These streams are supported by Perioperative Services, the Pauline Gandel Women's Imaging Centre, Allied Health and Women's Emergency Care.

The Women's provides public health services in accordance with the principles established as guidelines for the delivery of public hospital services in Victoria, under section 17AA of the *Health Services Act 1988*. After nine years as part of Women's and Children's Health, the Victorian Parliament passed legislation establishing the Women's as an independent health service with its own Board of Directors from 1 July 2004.

The responsible Minister from 1 July 2024 to 30 June 2025 was the Hon. Mary-Anne Thomas, Minister for Health and Minister for Ambulance Services.

Summary of service statistics

	2025
Births (number of babies born)	7,323
Inpatient stays	22,497
Outpatient visits	237,478
Emergency services – attendances	28,772
Triage category 1-5 seen within recommended timeframes	84.0%
Percentage of emergency patients with a length of stay of less than four hours	73.4%
Number of patients with length of stay in the emergency department greater than 24 hours	0
Percentage of triage category 1 emergency patients seen immediately	100%
Ambulance transfers within 40 mins	98.2%

Governance

The Women's Board directors and members of various board committees have provided invaluable guidance, advice and support over the past year. They have kept us grounded and focused on quality care, responsible management and sustainable improvement, while always remaining cognisant of our commitment to high-quality services and the needs of our patients, consumers, staff and volunteers.

Board of directors

Cath Bowtell (Chair)

Rosie Batty AO
Marie Bismark
Jane Canaway
Naomi Johnston
Alan Lilly
Janine Mohamed
Glen Noonan
Ken Parsons
Marianne Walker

Governing committees

Finance and Information Technology Committee

Chair: Ken Parsons

Directors: Cath Bowtell, Jane Canaway,

Members: Peter Williams

In attendance: Sue Matthews, Sophie Dixon, George Cozaris, Lisa Lynch, Karen Barnett, Jane Lynch (until February 2025), Alison Smith (until February 2025), Clare Manning (from February 2025), Sofie Karamzalis (from February 2025).

Audit and Corporate Risk Management Committee

Chair: Glen Noonan

Directors: Naomi Johnston, Ken Parsons

In attendance: Sue Matthews, Sophie Dixon, Lisa Lynch, Karen Barnett, Frank Lo Monaco (until February 2025), Danielle Corden, Sally Brear (from February 2025).

Patient and Consumer Experience - Community Advisory Committee

Chair: Naomi Johnston

Directors: Marianne Walker, Rosie Batty AO

Members: Bronwyn Hogan*, Lauren Indiveri-Clarke*, Mary Salter* (until April 2025), Lisa Denney*, Michelle Le Roux*, Jolene Thorn*, Alice Levak*, Lambrini Kakogiannis*, India Weaver*, Krishanthi Liyanage*.

In attendance: Sherri Huckstep, Alix Candy, Sally Moss, Tania Kent, Louise Owen, Kathryn Cruickshanks, Beverley O'Sullivan, Nithya Dorairaj (until August 2024), Carol Wong (from March 2025).

Board Quality and Safety Committee

Chair: Alan Lilly

Directors: Cath Bowtell, Naomi Johnston, Marie Bismark

Members: Amelia Jalland*, Duchesne Markham*, Caroline Homer AO, Bernadette White

In attendance: Sue Matthews, Lisa Lynch, Mark Garwood (to November 2024), Sherri Huckstep, Laura Bignell, Damian Gibney, Donna Smith (from September 2024), Nicola Yuen (from February 2025).

People, Culture and Engagement Committee

Chair: Marianne Walker

Directors: Alan Lilly, Janine Mohamed

Members: Corrine Maunder*, Barbara Curzon-Siggers*

In attendance: Sue Matthews, Sherri Huckstep, Mark Garwood (until December 2024), Laura Bignell, Alix Candy, Robin Copeland, Nicola Yuen (from May 2025).

Primary Care and Population Health Committee

Members: Damian Gibney

Directors: Marie Bismark, Alan Lilly, Glen Noonan (until December 2025)

Remuneration Committee

Chair: Cath Bowtell

Directors: Marianne Walker, Ken Parsons

In attendance: Sue Matthews

* Denotes consumer representative

Senior officers

Chief Executive Officer: Sue Matthews

Chief Operating Officer: Lisa Lynch

Executive Director, Clinical Excellence and System Improvement: Damian Gibney

Chief Midwifery and Nursing Officer: Laura Bignell

Chief Medical Officer: Mark Garwood (to January 2025)

Chief Medical Officer: Nicola Yuen (from February 2025)

Chief Communications Officer: Tania Angelini

Chief Experience Officer: Sherri Huckstep

Executive Director, Digital Innovation: George Cozaris

General Counsel: Danielle Corden

Executive Director, Philanthropy and Community Investment: Jason Smith

Organisational chart

Chief Executive Officer Sue Matthews				
General Counsel Danielle Corden Medico-legal; Legal; Freedom of Information		Executive Director, Health Service Transformation Lisa Lynch (Dec 2024 – Jun 2025) Health Service Plan, Parkville Health Services Network		
Chief Operating Officer Lisa Lynch (to Nov 2024) Laura Bignell (Dec 2024–June 2025)	Chief Medical Officer Mark Garwood (to Jan 2025) Nicola Yuen (from Feb 2025)	Chief Financial Officer Sophie Dixon	Executive Director, Digital Innovation (Chief Information Officer) George Cozaris	
Women's Health Services; Maternity Services; Neonatal Services; Hospital Access; Allied Health and Clinical Support Services; Informatics; Social Model of Health; Allied Health Professional; Governance and Education	Research Program; University Relationships; Medical Workforce; Medico Legal; Medical Education; Leadership Development and Professional Practice; Gandel Simulation Service (with CMNO)	Budget Management; Business Development; Commercial Contracts; Financial Governance and Compliance; Enterprise Risk Management; Facility Management; Payroll Services; Public Private Partnerships; Revenue Management	Digital Innovation for the Royal Women's Hospital; Royal Melbourne Hospital and Peter MacCallum Cancer Centre; Biomedical Engineering	
Chief Midwifery and Nursing Officer Laura Bignell	Executive Director, Clinical Excellence and Systems Improvement Damian Gibney	Chief Communications Officer Tania Angelini	Chief Experience Officer Sherri Huckstep	Executive Director, Philanthropy and Community Investment Jason Smith
Nursing and Midwifery Education; Leadership Development and Professional Practice; Infection Prevention and Control; Clinical Education; Nursing and Midwifery Workforce Unit; Gandel Simulation Service (with CMO); Maternity Services Education Program; After Hours Management	Quality and Safety; Strategy, Planning and Performance; Systems Improvement; Women's Capital Development Program; COVID Response	External Communications; Internal Communications; Digital Communications; Reputation Management; Media and Public Affairs; Advocacy	Patient and Consumer Experience; Consumer Health Information; Consumer partnerships; Health Hub (patient portal); Patient and Visitor Services; Volunteer Program; Switchboard; Welcome Centre and Hospital Support; People Experience; Employee Relations; Health, Safety and Wellbeing; Organisational Development; Equity, Inclusion and Belonging	Philanthropic Campaign; Corporate Partnerships; Donor Acquisition; Stewardship; Gratitude Giving

Note: as at 30 June 2025

Workforce information

Full time equivalent employees

Labour category	Current Full Time Equivalent (FTE) Employees at June 2025		Average monthly FTE	
	2024	2025	2024	2025
Nursing and midwifery	819.4	783.4	789.9	780.6
Administration and clerical	420.1	388.6	403.4	399.4
Medical support	97.6	94.9	91.7	94.8
Hotel and allied health services	4.5	3.2	8.0	3.7
Medical officers	30.7	34.2	32.1	33.2
Hospital medical officers	149.6	146.5	140.2	148.2
Sessional clinicians	61.8	62.2	59.2	61.7
Ancillary staff (Allied health)	103.1	103.1	98.8	102.9
TOTAL	1686.8	1616.1	1623.3	1624.5

Note: The FTE figures in the table above exclude overtime and do not include contracted staff (e.g. Agency nurses, fee-for-service visiting medical officers) who are not regarded as employees for this purpose.

Employment and conduct principles

The Women's is committed to the public sector values and workplace equity principles. This includes equal opportunity, creating and maintaining a work environment where all employees are treated with dignity and respect, where there is freedom from all forms of discrimination, and where diversity and human rights are valued.

It is the hospital's objective to ensure that its procedures and approach to dealing with workplace grievances on the grounds of discrimination, sexual harassment, bullying and harassment is consistent, fair and equitable. The Women's continues to evaluate and develop its policy and procedures in relation to Respectful Workplace Behaviours.

Summary of financial results

For the year ending 30 June 2025, the Women's recorded a net result from transactions as a surplus of \$0.83 million after considering the impact of capital and depreciation.

Subsequent events

No other matters or circumstances have arisen since the end of the financial year which significantly affected or may affect the operations of the Women's, the results of the operations or the state of affairs of the Women's in future financial years.

Financial information

Comparative results for the preceding four financial years are provided below.

Operating result	2025 \$000	2024 \$000	2023 \$000	2022 \$000	2021 \$000
Total revenue	443,625	419,922	398,447	362,282	350,021
Total expenses	(442,796)	(420,742)	(385,250)	(367,681)	(348,658)
Net result from transactions	829	(820)	13,197	(5,399)	1,363
Total other economic flows	(1,875)	(906)	(7,410)	4,725	8,553
Net result	(1,046)	(1,726)	5,787	(674)	9,916
Total assets	651,052	658,625	614,773	543,606	545,494
Total liabilities	(275,819)	(282,346)	(314,922)	(279,253)	(280,467)
Net assets / Total equity	375,233	376,279	299,851	264,353	265,027

*Note: The operating result is the result for which the health service is monitored in its Statement of Priorities

Reconciliation of Net Result from Transactions and Operating Result

	2025 \$000
Operating Result	5,681
Capital purpose income	23,231
COVID 19 State Supply Arrangements	
- State Supply items received free of charge or for nil consideration under the State Supply Arrangements	71
- State supply items consumed up to 30 June 2025	(71)
Expenditure for capital purpose	(3,670)
Depreciation and amortisation	(24,356)
Finance costs (other)	(57)
Net result from transactions	829

Note: The net operating result is the result for which the Royal Women's Hospital is monitored in its Statement of Priorities.

Consultancies (under \$10,000)

In 2024/25 there were two consultancies where the total fees payable to the consultants were less than \$10,000. The total expenditure incurred during 2024/25 in relation to these consultancies is \$9,520 GST exclusive.

Consultancies (\$10,000 or greater)

In 2024/25 there were four consultancies where the total fees payable to the consultants were \$10,000 or greater. The total expenditure incurred during 2024/25 in relation to these consultancies is \$132,403 GST exclusive.

Details of individual consultancies can be viewed at www.thewomens.org.au

Consultant	Purpose	Start date	End date	Total approved project fee \$'000 (excluding GST)	Expenditure 2024-25 \$'000 (excluding GST)	Future expenditure \$'000 (excluding GST)
Blackhall & Pearl Board Services Pty Ltd	Board performance review	Sep-24	Nov-24	25	25	0
Engage Squared	Victorian Perinatal Autopsy Service review	Apr-24	Jan-25	78	78	0
Open Advisory Pty Ltd	Parkville redevelopment service utilisation, forecasting and strategic review	Jan-24	Jul-24	57	11	0
Launch Housing Ltd	Cornelia program economic review	Jun-25	Jun-25	18	18	0

Information and communication technology expenditure

The total ICT expenditure incurred during 2024/25 is \$39.86 million (excluding GST) with the details shown below.

Business as usual (BAU) ICT Expenditure	Non-Business as usual (Non-BAU) ICT expenditure		
Total excluding GST	Total = Operational expenditure and Capital expenditure (excluding GST) (a) + (b)	Operational expenditure (excluding GST) (a)	Capital expenditure (excluding GST) (b)
36.75	3.11	0	3.11

Grants and transfer payments

The Women's did not administer any grants or transfer payments or Commercial-in-Confidence grants in 2024-25.

Disclosure of major contracts

Nil to report for 2024/25.

Disclosure of government advertising expenditure

Nil to report for 2024/25.

Disclosure of review and study expenses

Nil to report for 2024/25.

Occupational health and safety

This report provides an overview of the Women's Safety Management System, which follows a continuous improvement model encompassing planning, implementing, monitoring, and the review of health, safety and wellbeing initiatives. The Women's is committed to providing a safe and healthy workplace and takes a holistic approach to health and safety, considering both physical and psychosocial hazards in the workplace.

Workplace health and safety

During 2024/25, the Women's focused on addressing key risks such as manual handling, slips, trips and falls, and occupational violence and aggression. A number of initiatives outlined below were also undertaken to strengthen psychological health and safety, improve systems capability, and support organisational resilience.

Workplace health and safety audit

Between November 2024 and March 2025, an internal audit was conducted in partnership with Protiviti to assess the design and effectiveness of workplace health and safety controls. The audit commended the proactive completion of the Organisational Psychosocial Risk Assessment ahead of upcoming *Occupational Health and Safety Act 2004* reforms and recognised the workplace health and safety team's leadership in maintaining procedures and supporting implementation. Overall, the audit concluded that workplace health and safety controls are generally effective. There was one opportunity for improvement, which has since been actioned, followed by three risks rated as low. There were no risks rated as medium or high.

Risk reviews and design support

This year, a range of risk assessments and safety reviews were undertaken in response to hazards, incidents, and infrastructure changes. Focus areas included manual handling (particularly for patients with high body mass index), ergonomic assessments, and environmental reviews across clinical and office settings. These informed targeted mitigation strategies, equipment upgrades, and infrastructure design improvements. The workplace health and safety team also provided specialist advice to ensure health and safety requirements were embedded in key infrastructure projects. Contributions focused on meeting *Occupational Health and Safety Act 2004* consultation obligations, improving manual handling safety, and ensuring physical security for staff and patients.

National Safe Work Month

In October 2024, the Women's hosted events under the theme "safety is everyone's business". This included a seminar on trauma-informed care, an ergonomics expo, and a session on "connecting with compassion", promoting shared responsibility for workplace safety.

Workforce safety planning and training

Occupational health and safety training initiatives supported workforce capability through leadership development, committee updates, and practical training in manual handling, emergency management, and occupational violence and aggression. Training combined technical instruction with scenario-based learning. Individualised safety plans were implemented to address complex risks, such as patient mobility, staff exposure to aggressive behaviours, and support for those affected by family violence. Incident reviews resulted in actions including risk assessments, procurement of safety equipment, enhanced training, and ongoing monitoring.

Psychological health and safety

A whole-of-organisation psychosocial risk assessment was completed during 2024/25, with local level assessments commenced across priority areas. Tools such as the occupational violence and aggression audit were digitised to improve usability and data capture. Psychological health and safety governance was further strengthened through hospital board training and staff education, reinforcing a systemic approach to mental health at work.

Resilience and emergency preparedness

The Business Resilience Uplift project progressed in line with recommendations from a previous internal audit. A business impact assessment process was rolled out across all departments, with additional resourcing provided to support teams to complete their assessments. This work is critical to organisational preparedness, compliance, and continuity. Emergency response capability was also strengthened through training for Area Wardens and Emergency Controllers. More than 30 evacuation drills were completed, and the executive team participated in a cyber incident exercise to test and refine the Women's Incident Command System procedures.

Continuous improvement and data capability

In May 2025, a new Victorian Health Incident Management System reporting dashboard was introduced to enhance visibility of incident trends and support proactive safety management. The workplace health and safety team contributed to the implementation and use of the tool. Progress also continued toward transitioning the hospital's fit testing data (a process which checks whether a respirator properly fits the face of a user) to a new data management platform, supporting improved data capture, reporting, and oversight.

Occupational health and safety data

	2025	2024	2023
The number of reported hazards/incidents for the year per 100 FTE	25.7	21.2	18.7
The number of 'lost time' (over ten days) standard WorkCover claims for the year per 100 FTE	0.24	0.37	0.60
The average cost per WorkCover claim for the year ('000)	\$99,704	\$73,680	\$54,391

Note: As at 30 June 2025.

Occupational violence and aggression

The Women's Occupational Violence and Aggression Program comprises various preventative and responsive hazard controls to ensure the safety and wellbeing of its staff. As a specialist hospital, the Women's experiences a significantly lower frequency of occupational violence and aggression related incidents than general public hospitals.

The key components of the program include code grey and code black procedures, behavioural emergency procedures, safety inspection checklists, behavioural notification and contracts, controlled access and signage, fixed and portable duress alarms, education and training, and a multi-disciplinary occupational violence and aggression working group.

Occupational violence and aggression data

	2025	2024	2023
Number of accepted WorkCover claims with an occupational violence cause per 100 FTE	0.12	0	0
Number of accepted WorkCover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	0.54	0	0
Number of occupational violence incidents reported	115	84	26
Number of occupational violence incidents reported per 100 FTE	7.1	5.19	1.7
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	5.2% (N=6/115)	0	11.5% (N=3/27)

Note: As at 30 June 2025.

Focus for 2025/26

In 2025/26, the Women's will continue to advance its commitment to workplace health, safety, and wellbeing through strategic initiatives aligned with the hospital's Safety Management System and broader organisational goals. Building on the progress of recent years, efforts will focus on strengthening preventative systems, embedding regulatory changes, and enhancing staff capability and support.

A key priority will be ensuring organisational readiness for Victoria's new *Occupational Health and Safety (Psychological Health) Regulations*, which will put psychosocial hazards, such as bullying, sexual harassment, aggression or violence and exposure to traumatic events, on the same footing as physical hazards. The Women's plans to expand local risk assessments in high-risk areas to include psychosocial hazards and will continue the delivery of targeted training in incident investigation, trauma-informed care, and Mental Health First Aid. In parallel, oversight mechanisms will be strengthened, with refined reporting structures to support consistent governance at Board and executive levels.

The prevention and management of occupational violence and aggression will remain a focus, with the introduction of a targeted audit to assess compliance with environmental and behavioural controls across patient-facing areas. Enhanced staff training will build confidence and capability in de-escalation and conflict resolution, while stronger collaboration with precinct partners will improve behavioural monitoring and escalation pathways.

Reducing physical harm remains a key goal. In 2025/26, the Women's will improve manual handling safety through updated procedures, refined training, and proactive engagement with high-risk teams. Initiatives to reduce needlestick injuries and blood/body fluid exposures will continue, with the ongoing implementation of safety-engineered devices and alignment with ACORN standards. Slips, trips and falls will be addressed through strengthened collaboration with the hospital's facilities and cleaning services teams, improved incident analysis, and updated environmental protocols.

The Women's will also continue to advance an inclusive, respectful, and mentally healthy workplace. This includes the continuation of the Peer Support Program, expansion of Schwartz Rounds, and leadership development with a focus on psychological safety, communication, and cultural capability. Work will begin on the next Gender Equality Action Plan (2026–2030), offering an opportunity to align broader equity and inclusion strategies. This includes strengthening the use of gender impact assessments, improving resolution pathways for respectful workplace behaviour concerns, and supporting workplace adjustments that reflect the diverse needs of the workforce.

Definitions

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

Incident – an event or circumstance that could have resulted in, or did result in, harm to an employee.

Accepted Workcover claims – accepted Workcover claims that were lodged in 2023-2024.

Lost time – is defined as greater than one day.

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

Legislation and compliance

Compliance with *Freedom of Information Act 1982 (Vic)*

The *Freedom of Information Act 1982 (Vic)* (the Act) gives members of the public the right to apply for access to information held by the Women's.

The Women's has obstetrics and gynaecology records from 1960 onwards. Prior to 1960, minimal birth details (for example, time of birth, weight and length) are available from the hospital's birth registers.

During 2024/25, the Women's received 502 Freedom of Information (FOI) applications. Of these, there was one request from a Member of Parliament and none from the media; the remainder were from the general public. Twenty-three of these requests were processed as Administrative/Informal Releases outside of the Act.

There were 489 FOI decisions made within the statutory time periods where access to documents was granted in full, granted in part or denied in full. Of the decisions made outside the statutory time of 30 days, 12 were made within the additional 45-day period and one decision was made after the additional 45-day period. The 13 decisions that were made outside of the 30-day legislated timeframe were made after extensions had been applied or extensions were agreed upon by the applicant. Of requests finalised, the average number of days over / under the statutory time (including extended timeframes) to decide requests was 30 days.

During 2024/25, one request was subject to a complaint/ internal review by the Office of the Victorian Information Commissioner. One request progressed to the Victorian Civil and Administrative Tribunal (VCAT).

FOI requests received	2025	2024	2023	2022
Total	502	464	497	365
FOI request outcomes				
Access (includes partial)	452	420	458	319
No information available	6	4	6	6
Withdrawn	5	9	4	6
Denied in full	1	2	1	1
Incomplete /outstanding	38	29	28	33

Requests for adoption records

Adoption records (excluding obstetric information) are not held by the Women's. This information was transferred in 1987 to what was then called, Community Services Victoria when the Women's formally closed its adoption agency. Information relating to adoptions can be accessed through the Department of Justice and Community Services at this website www.justice.vic.gov.au/your-rights/adoption/past-adoption.

Access to hospital information about birth mothers will depend on the type of information recorded in the patient medical record. Individuals who do not have the consent of their birth mother, or the birth mother's next of kin, may seek assistance from the Women's Freedom of Information team. Applications for medical records relating to adoption are available at www.thewomens.org.au/patients-visitors/patient-record-requests

There is no cost for FOI requests from people seeking to access medical records related to historical adoptions.

Information on accessing adoption records in Victoria can also be found on the Birth Deaths and Marriages Victoria website: www.bdm.vic.gov.au

Making FOI requests

The majority of applications under Freedom of Information are requests by patients for access to their own personal medical records. These may include requests for:

- copies of medical records
- summaries of medical records
- time of birth
- a review and amendment to a medical record.

To be considered, a request for information must be made by completing a Freedom of Information application form available on the Women's website www.thewomens.org.au/patients-visitors/patient-record-requests. The application must include appropriate identification and supporting documentation.

In line with the Women's commitment to protecting patient privacy, all care is taken to ensure information is released only to the individual to whom it pertains or to a recognised guardian. Signed patient consent and appropriate patient identification must be included along with applications from those who are not the patient for example, spouse, family member or third parties.

FOI request fees

There may be fees associated with retrieving, handling, processing and posting of FOI requests: a fee estimation will be provided after receiving an application and a deposit may be payable before proceeding.

There is no fee for FOI requests from people seeking to access medical records related to historical adoptions.

During 2024/25, fees associated with FOI requests were:

- Standard Application Fee (non-refundable) – \$32.60
- Search Fee – \$24.50
- USB (digital copy of record/radiology and scans) – \$10.00 per USB
- Paper files (copies and scanned) – 20 cents per page
- Copy of record (including Electronic Medical Record pages) – 20 cents per double sided page

Fee waiver

The Standard Application Fee will be waived for applicants who can provide a photocopy of their Commonwealth Department of Social Services card (Pensioner Concession Card or Health Care Card). This is not applicable for time of birth requests.

There is no fee for FOI requests from people seeking to access medical records related to historical adoptions.

FOI timing of responses

In compliance with the *Freedom of Information Act 1982*, FOI requests will receive attention as soon as possible but no later than 30 days upon acceptance of a valid application. In some cases, this time may be extended if third party consultation is required as part of a request or if a deposit is required to access information.

The Women's FOI application form is available from the Women's website: www.thewomens.org.au/patients-visitors/patient-record-requests

Other information can be found at the Office of the Victorian Information Commissioner's website: www.ovic.vic.gov.au

The *Freedom of Information Act 1982* can be found at: <https://www.legislation.vic.gov.au/in-force/acts/freedom-information-act-1982/111>

FOI officer

The Women's Privacy Officer is Leonie Dodds and the Freedom of Information Coordinator is Michelle Schonrock. They can be contacted as follows:

Freedom of Information Department
Health Information Services
The Royal Women's Hospital
Locked Bag 300 Parkville VIC 3052
P: (+61 3) 8345 2610 F: (+61 3) 8345 2642
E: foi@thewomens.org.au

Compliance with *Building Act 1993*

The Occupancy Permit for the hospital's Parkville building was issued in March 2008 and commissioned for use in June 2008. The hospital was built under the Victorian Government's 'Partnership Victoria' policy with the contract requiring the State's private sector partner, the Royal Women's Health Partnership (RWHP), to design, build and maintain the new building to the commissioning standards for a period of 25 years. Ongoing maintenance is the responsibility of Cushman and Wakefield (formerly DTZ), through its contractual obligations with RWHP.

As the Women's does not own or control the Parkville building, it is exempt from notifying compliance with the building and maintenance provisions of the *Building Act 1993*.

Performance is monitored via a suite of extensive key performance indicators, regular meeting updates as well as organised hospital inspections. An annual written report is required under the contract to confirm the following information:

- i. The facility complies with the minimum requirements of all relevant building and emergency services legislation relating to fire safety.
- ii. Procedures, including emergency procedures and contingency plans, (as these relate to the fire safety policies in the Emergency Procedures Manual), comply with the minimum requirements of all relevant building and emergency services legislation relating to fire safety.
- iii. Current status of fire certification - The Royal Women's Hospital has been inspected, tested and maintained in accordance with the Building Act 1993 and the Building Regulations 2018. The required inspections and tests are completed as per the occupancy permit as outlined by the building surveyor.

During 2018/19, the original building owner replaced external cladding at the Women's Parkville building. The building is now compliant with the National Construction Code of Australia.

Compliance with *Public Interest Disclosure Act 2012*

A public interest disclosure is a disclosure made in line with the *Public Interest Disclosures Act 2012* (this act replaced the *Protected Disclosures Act 2012*). The Women's is not prescribed under the *Public Interest Disclosure Act* to receive a public interest disclosure.

Information about the procedures established by the Women's under Part 9 of the *Public Interest Disclosure Act 2012* can be found on the Women's website at www.thewomens.org.au

National Competition Policy

The Women's complies with the Victorian government's competitive neutrality policy and complies with the National Competition Policy in relevant business activities.

Compliance with *Carers Recognition Act 2012*

The *Carers Recognition Act 2012* recognises, promotes and values the role of carers. The Act formally acknowledges the important contribution that people in care relationships make to the community and the unique knowledge that carers hold about the person in their care.

The Women's understands that patients and consumers, their families and carers, all play an important and active role in their own healthcare, and in helping the Women's improve the quality and safety of its services.

The Women's takes all practicable measures to ensure its employees and agents have an awareness and understanding of care relationship principles, and this is reflected in its commitment to a patient-centric model of care, as outlined in *The Women's Patient and Consumer Experience Strategy*.

Compliance with *Local Jobs First Act 2003*

No projects undertaken by the Women's during 2024/25 met the threshold for Local Jobs First Policy application. As such, no Local Industry Development Plans were required or submitted.

Compliance with *Gender Equality Act 2020*

A large proportion of the Women's employees identify as women and a significant number hold leadership roles. The hospital's workforce composition reflects a deep understanding of gender-based issues and strengthens the organisation's commitment to gender equality.

The *Gender Equality Act 2020* requires the Victorian Public Sector to take positive action towards achieving workplace gender equality. There are three main streams of work that organisations are obliged to undertake as part of the Act:

- Gender Impact Assessments
- Workplace Gender Audits
- Gender Equality Action Plans

Gender Equality Action Plan

The Women's Gender Equality Action Plan 2022-2026 is structured around seven indicators to improve gender equality. These include pay equity, recruitment and promotion, leave and flexibility, and gendered segregation. Informed by a workplace gender audit and staff consultation, the action plan includes focus areas of intersectionality, gender diversity, including non-binary and transgender people, Aboriginality, disability, age, ethnicity, religion, sexual orientation, and other attributes. The plan includes strategies, such as staff education programs, improved data collection, internal audits and policy and process reviews.

To date, progress against the Women's Gender Equality Action Plan has focused on:

- promoting the importance of gender equality across the organisation;
- improving data collection, systems and processes for measuring gender equality, to understand the needs of priority population groups;
- promoting a positive workplace culture where it is safe to speak up;
- inclusive revisions to planned leave guidelines, including Aboriginal and Torres Strait islander Cultural and Ceremonial Leave and Gender Affirmation leave;
- developing resources to support flexible work arrangements;
- implementation of inclusive recruitment policies and process; and
- investing in professional development and career progression opportunities for staff.

Gender Equality Progress Report

The Women's first Gender Equality Progress Report was submitted to the Commission for Gender Equality in the Public Sector in February 2024. High-level feedback from the Commission in October 2024 was consistent with that received by other hospitals and health care organisations across the state. It included recommendations relating to strengthening respectful behaviour, reducing and preventing workplace harassment and bullying, and improving access to flexible ways of working.

Following this feedback, the hospital has commenced planning for the next four-year cycle of reporting under the *Gender Equality Act 2020*. The first core component due is the Workplace Gender Audit, which compiles key

qualitative and quantitative data as per the prescribed workplace gender equality indicators, as well as staff experiential data gathered through the Victorian People Matter Survey, which will be conducted in September 2025.

The next Workplace Gender Audit will provide the Women's with a snapshot of the hospital's current state against key gender equality indicators. It will also identify what is going well and what requires more intensive focus. The audit must be submitted to the Commission by 1 December 2025 and will provide the key insights needed to develop the Women's second Gender Equality Action Plan 2026-2030. This is due to the Commission, alongside the second Progress Report (which provides a retrospective analysis and evaluation of the final two years of our current plan) on 1 May 2026.

Compliance with *Safe Patient Care Act 2015*

The Women's has no matters to report in relation to its obligations under Section 40 of the *Safe Patient Care Act 2015*.

Car parking fee compliance

The Royal Women's Hospital complies with the Department of Health hospital circular on car parking fees and details of car parking fees and concession benefits can be viewed at: www.thewomens.org.au/patients-visitors/parking-fees-parkville-car-park

Social procurement reporting

The Women's is in the process of developing a Social Procurement Framework and aims to have this completed during 2025/26.

Overall social procurement activities	2024-25
Number of social benefit suppliers engaged during the reporting period	21
Total amount spent with social benefit suppliers (direct spend) during the reporting period (\$ GST exclusive)	\$395,119

Environmental performance

Environmental performance data

During 2024/25, an independent audit of the Women's Environmental Management Plan and reporting framework found some data and other discrepancies over a period of three years. In response, the Women's is engaging in a thorough review of the hospital's environmental goals, initiatives and oversight with a view to developing a new environmental management plan and reporting framework.

This new plan will consider the interdependencies of the hospital's environmental targets, as well as the measurement of reported data and the alignment of hospital processes within the plan.

Despite this, year on year comparisons can be made across some areas. For example:

- **Electricity consumption:** Total electricity consumption has decreased from 10,119 MWh in 2023/2024 to 9326 MWh in 2024/2025.
- **Natural gas usage:** There has been an increase in natural gas usage from 1,202,090 MJ in 2023/2024 to 2,060,750 MJ in 2024/2025. This increase is due to the data set being changed to include all hospital owned and operated assets as recorded within our environmental data management system at the Department of Health, as required by Climate Victoria. Previous years' data has not included all buildings.
- **Water consumption:** Total water consumption has increased from 68,555kL in 2023/2024 to 73,730kL in 2024/2025. However, a known issue with water metering existed in 2023/2024 so the reported data cannot be verified. When compared to consumption in 2022/23, there has been a decrease in water consumption of 10,216kL in 2024/2025.
- **Waste management:** While there has been a slight increase of 3,287kg in general waste in the past 12 months, our recycling efforts have increased in the areas of cardboard, blister packs and PVC, which have contributed to an overall decrease of 14,886kg in our total waste disposal totals for 2024/2025.
- **Comprehensive waste auditing:** Implementation of quarterly waste auditing to foster improved waste stream segregation. Auditing will include staff consultation and be actioned directly with managers to improve waste streams.
- **Coffee cup recycling program:** A coffee cup recycling program will be introduced into all staff break spaces by June 2026.
- **Battery recycling program:** A change-over lithium battery bin was added to the hospital's battery recycling program, specifically to manage the changeout of workstations-on-wheels batteries.
- **Clinical product recycling programs:** Pressure care garments from Arjo and Medslav are now collected and recycled in addition to programs for Kinguard sterilisation wraps, polyvinyl chloride (PVC) products, blister packs and silicone milk teats.
- **Medication waste bins:** The implementation of pharmaceutical waste bins was expanded to include all clinical departments and wards across the organisation.
- **N2O Project:** The Women's is working with its facility manager, Cushman and Wakefield, on a project to identify and eliminate any possible leakage of nitrous oxide (N2O) across the Parkville site.
- **Hard waste recycling:** During 2024/25, the Women's engaged Green Collect to redirect residual office furnishings from hard waste to Green Collect for refurbishment and re-use.

NABERS ratings

The Women's has received a NABERS Energy Rating of 4.0 and a NABERS Water Rating of 3.5 in 2024/25. The hospital aims to reduce this by 0.5 in each field in the coming 12 months.

The Women's remains dedicated to continuous improvement in environmental performance and sustainability, working diligently towards net zero carbon emissions. The hospital's achievements over the past year demonstrate clear progress and the hospital looks forward to building on this momentum over the next year with exciting projects and initiatives being pursued.

Environmental initiatives

Throughout 2024/25, the Women's explored several environmental initiatives that are currently being implemented or will be implemented over the next 12 months:

- **Bin scale implementation:** The addition of a bin scale into the waste room at our Parkville site to allow for consistent measurement and reporting of waste volumes, ensuring the Women's accurately reflects waste data.

Reporting of office-based environmental impacts

ELECTRICITY USE		2024/25
EL1 Total electricity consumption segmented by source [MWh]		
Purchased		6,827
Self-generated		2,499
EL1 Total electricity consumption [MWh]		9,326
EL2 On site-electricity generated [MWh] segmented by:		
Consumption behind-the-meter		
Cogeneration Electricity		2,499
Total Consumption behind-the-meter [MWh]		2,499
Exports		
EL2 Total On site-electricity generated [MWh]		2,499
EL3 On-site installed generation capacity [kW converted to MW] segmented by:		
Diesel Generator		2.50
EL3 Total On-site installed generation capacity [MW]		2.50
EL4 Total electricity offsets segmented by offset type [MWh]		
RPP (Renewable Power Percentage in the grid)		1,223
EL4 Total electricity offsets [MWh]		1,223
STATIONARY ENERGY		2024/25
F1 Total fuels used in buildings and machinery segmented by fuel type [MJ]		
Natural gas		2,060,750
F1 Total fuels used in buildings [MJ]		2,060,750
F2 Greenhouse gas emissions from stationary fuel consumption segmented by fuel type [Tonnes CO2-e]		
Natural gas		106.19
F2 Greenhouse gas emissions from stationary fuel consumption [Tonnes CO2-e]		106.19
TRANSPORTATION ENERGY		2024/25
T1 Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type [MJ]		
Non-executive fleet - Gasoline		161,508
Petrol		161,508
Total energy used in transportation (vehicle fleet) [MJ]		161,508
T3 Greenhouse gas emissions from transportation (vehicle fleet) segmented by fuel type [tonnes CO2-e]		
Non-executive fleet - Gasoline		10.92
Petrol		10.92
Total Greenhouse gas emissions from transportation (vehicle fleet) [tonnes CO2-e]		10.92

TOTAL ENERGY USE		2024/25
E1 Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) [MJ]		
Total energy usage from stationary fuels (F1) [MJ]		2,060,750
Total energy usage from transport (T1) [MJ]		161,508
Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) [MJ]		2,222,258
E2 Total energy usage from electricity [MJ]		
Total energy usage from electricity [MJ]		33,573,600
E3 Total energy usage segmented by renewable and non-renewable sources [MJ]		
Renewable		4,401,777
Non-renewable (E1 + E2 - E3 Renewable)		31,394,081
E4 Units of Stationary Energy used normalised: (F1+E2)/normaliser		
Energy per unit of LOS [MJ/LOS]		484
Energy per unit of bed-day (LOS+Aged Care OBD) [MJ/OBD]		484
Energy per unit of Separations [MJ/Separations]		1,203
Energy per unit of floor space [MJ/m ²]		336
SUSTAINABLE BUILDINGS AND INFRASTRUCTURE		2024/25
B1 Discuss how environmentally sustainable design (ESD) is incorporated into newly completed entity-owned buildings		
NABERS Energy Rating - Royal Women's Hospital, Parkville		4.0
NABERS Water Rating - Royal Women's Hospital, Parkville		3.5
WATER USE		2024/25
W1 Total units of metered water consumed by water source (kl)		
Potable water [kL]		73,730
Total units of water consumed [kl]		73,730
W2 Units of metered water consumed normalised by FTE, headcount, floor area, or other entity or sector specific quantity		
Water per unit of LOS [kL/LOS]		1.00
Water per unit of bed-day (LOS+Aged Care OBD) [kL/OBD]		1.00
Water per unit of Separations [kL/Separations]		2.49
Water per unit of floor space [kL/m ²]		0.69

WASTE AND RECYCLING		2024/25
WR1 Total units of waste disposed of by waste stream and disposal method [kg]		
Landfill (total)		
General waste - compactors		388,733
Offsite treatment		
Clinical waste - incinerated		6,805
Clinical waste - sharps		6,242
Clinical waste - treated		111,945
Recycling/recovery (disposal) Total of 111+112+113		124,992
Blister Packs		39
Cardboard		55,485
Commingled		17,028
Paper (confidential)		18,027
PVC		1,467
Total units of waste disposed [kg]		605,771
WR4 Recycling rate [%]		
Weight of recyclable and organic materials [kg]		92,046
Weight of total waste [kg]		605,771
Recycling rate [%]		15.19%
WR5 Greenhouse gas emissions associated with waste disposal [tonnes CO2-e]		
tonnes CO2-e		665
GREENHOUSE GAS EMISSIONS		2024/25
G1 Total scope 1 (direct) greenhouse gas emissions [tonnes CO2e]		
Carbon Dioxide		116.81
Methane		0.21
Nitrous Oxide		0.09
Total		117.11
Scope 1 GHG emissions from stationary fuel (F2 Scope 1) [tonnes CO2-e]		106.19
Scope 1 GHG emissions from vehicle fleet (T3 Scope 1) [tonnes CO2-e]		10.92
Total scope 1 (direct) greenhouse gas emissions [tonnes CO2e]		117.11
G2 Total scope 2 (indirect electricity) greenhouse gas emissions [tonnes CO2e]		
Electricity		5,257
Total scope 2 (indirect electricity) greenhouse gas emissions [tonnes CO2e]		5,257

GREENHOUSE GAS EMISSIONS (continued)		2024/25
G3 Total scope 3 (other indirect) greenhouse gas emissions associated with waste disposal (tonnes CO2e)		
Waste emissions (WR5)		664.98
Indirect emissions from Stationary Energy		622.67
Indirect emissions from Transport Energy		2.78
Any other Scope 3 emissions		121
Total scope 3 greenhouse gas emissions [tonnes CO2e]		1,411
G(Opt) Net greenhouse gas emissions (tonnes CO2e)		
Gross greenhouse gas emissions (G1 + G2 + G3) [tonnes CO2e]		6,785
Net greenhouse gas emissions [tonnes CO2e]		6,785
NORMALISATION FACTORS		2024/25
ED Departures		28,766
FTE		1,616
LOS		73,569
OBD		73,569
Separations		29,621
TotalAreaM2		106,206

Procurement

The Women's has incorporated the following environmental considerations into procurement decision making:

- Enhancements to the Women's procurement policies, encouraging the purchase of goods and services that are sustainable.
- Incorporated sustainability criteria into new tender and contract submissions.
- Improved staff awareness of green products, through targeted procurement communications.
- Developed and socialised cost benefit analyses, identifying when / where "green" products are a viable choice.



Additional information

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

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

- a statement that declarations of pecuniary interests have been duly completed by all relevant officers;
- details of shares held by a senior officer as nominee or held beneficially in a statutory authority or subsidiary;
- details of publications produced by the entity about itself, and how these can be obtained;
- details of changes in prices, fees, charges, rates, and levies charged by the entity;
- details of any major external reviews carried out on the entity;
- details of major research and development activities undertaken by the entity;
- details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;
- details of major promotional, public relations and marketing activities undertaken by the entity to

develop community awareness of the entity and its services;

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

This information is available on request by calling the Women's on 8345 2000 or emailing consumer.liaison@thewomens.org.au



Key financial and service performance reporting

Reporting against the Statement of Priorities - Part A

The Statement of Priorities is the key accountability agreement between the Women's and the Minister for Health. The deliverables required as part of the agreement are aligned with *The Department of Health Strategic Plan 2023-2027*. This annual agreement ensures delivery of, or substantial progress towards, the key shared objectives of financial viability, improved access, and quality of service provision.

Priorities	Goals	Deliverables	Progress
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.	• Develop strong and effective relationships with consumer and clinical partners to drive service improvements as per the Partnering in healthcare framework. • 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. • Maintain a commitment to delivering equitable access to planned surgery and drive reform in alignment with the Planned Surgery Reform Blueprint.	• Lived Experience Collective - This project draws on the lived experience of family violence survivors to co-design support services which can assist them at the Women's. The project explores all aspects of hospital service to introduce models that are survivor-led. • Improve paediatric patient outcomes by implementing the "ViCTOR track and trigger" observation chart and escalation system whenever children have observations taken.	• Achieved: The Lived Experience Collective was launched and is now working with survivors of domestic, family and sexual violence to enhance trauma and violence-informed care at the Women's. Work included several co-design workshops with victim/survivors and the development of a trauma informed framework. Trauma and Violence Informed Care videos and e-learning package were launched during the 16 Days of Activism in November 2024. Next steps focus on integrating lived experience and workforce wellbeing, ensuring both patients and staff feel, deliver, and embody trauma-and-violence informed care in alignment with the Women's values and everyday practice. • Ongoing: The Women's continued to utilise the ViCTOR framework for all neonatal observations. Appropriate use and escalation were monitored through case review, audit and incident monitoring. The ViCTOR observation chart is built into the hospital's electronic medical record system, allowing clinicians to visualise the observations once entered. In 2025/26, the Women's will explore how to incorporate a new observation, 'parental concern', which will help to flag and escalate additional issues requiring a response.

Priorities	Goals	Deliverables	Progress
Excellence in clinical governance (continued)		Implementation of theatre optimisation recommendations – continuation of work undertaken in 2023/24, implementation of recommendations to enhance optimisation of theatres to proactively manage preparations lists and support patients into optimal care pathways.	- Ongoing: During 2024/25, the Women's continued to implement changes aligned with the government's Planned Surgery Reform Blueprint. This included: - Expansion of same-day models of care, such as the commencement of a same-day total laparoscopic hysterectomy program. - Increasing the availability of non-surgical pathways with evidence-based alternatives to surgery and the development of a multidisciplinary early intervention Pelvic Pain Clinic. - Optimisation pathways for surgery including improvements to theatre utilisation processes and actionable insights and goals to better coordinate resources and maximise utilisation. - Improvements to the booking horizon for planned gynaecological surgery to improve utilisation. - Introduction of a planned lower uterine segment cesarean section pathway, supported through cross-divisional collaboration to enable better forecasting of maternity demand, reduce impact on other patients and increase efficiency. - Consolidation of administrative processes to improve patient access to surgery. - Expansion of virtual care delivery through the provision of patient education and surgical preparation videos.
Operate within budget Ensure prudent and responsible use of available resources to achieve optimum outcomes.	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.	- Deliver on the key initiatives as outlined in the Budget Action Plan. - 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: The Women's successfully developed and implemented its 2024/25 Budget Action Plan using strategies and initiatives that support the achievement of financial sustainability, while continuing to provide high quality, safe and effective care.

Priorities	Goals	Deliverables	Progress
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.	- Address service access issues and equity of health outcomes for priority communities, including LGBTIQ+ communities, multicultural communities, people with disability and rural and regional people, including more support for primary, community, home-based and virtual care, and addiction services. - 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. - 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.	- Lead the delivery of Public Fertility Care statewide, including the public egg and sperm bank, to increase access to a range of fertility supports and treatment for people underserved by existing private options. This includes lower income Victorians, people with a disability, multicultural communities, Aboriginal Victorians, people with serious genetic conditions, those who require donor services such as LGBTIQ+ and single people and those who require fertility preservation for medical reasons. Access will also be increased for rural and regional Victorians through partner sites at other health services across the state. - Submission and endorsement of second Women's Innovate Reconciliation Action Plan - The Women's second Innovate Reconciliation Action Plan (RAP) builds on the foundational work of the Women's Reflect RAP and first Innovate RAP. - Baggarrook maternity case load model - Continued implementation of Baggarrook midwifery care, where one midwife is assigned to care for Aboriginal and or Torres Strait mothers and or babies throughout the pregnancy, including birth ensuring culturally safe practice and better health outcomes for mother and baby.	- Achieved: In 2024/25, Monash Health joined the Women's as a partner site of Public Fertility Care, expanding the network membership to 11 Victorian health services - offering more people access to high quality fertility care. During 2024/25, Public Fertility Care accepted 2,331 patient referrals with 1,260 of them accessing treatment through their local health service; 204 babies were born and there were 502 clinical pregnancies. The Egg and Sperm Donor program had expressions of interest from 473 egg donors and 410 sperm donors. - Achieved: The Women's second Innovate Reconciliation Action Plan 2025-2027 was officially endorsed by Reconciliation Australia in March 2025. It encapsulates the hospital's commitment to action and accountability and reflects the collective efforts of many across the Women's. - In addition the hospital continued to enhance its spaces to make them culturally safe and welcoming including through the use of local Woi-wurrung language names, in consultation with the Wurundjeri Cultural Heritage Centre; the creation of new volunteer uniforms designed and purchased from a First Nations supplier; the creation of culturally safe cot cards commissioned for First Nations babies; the promotion of the Aboriginal Workforce Plan and revision of planned leave guidelines to provide consistent entitlement to, and easier access to, Aboriginal and Torres Strait Islander Cultural and Ceremonial leave. - Ongoing: The award-winning Baggarrook program continued to provide culturally sensitive midwifery-led care to Aboriginal women and babies. This model of care is continuing to contribute to progress against the National Agreement on Closing the Gap.

Priorities	Goals	Deliverables	Progress
Improving equitable access to healthcare and wellbeing (continued)		Implement mandatory cultural safety training and assessment for all staff in alignment with the Aboriginal and Torres Strait Islander cultural safety framework, and developed and/or delivered by independent, expert, and community-controlled organisations, Kinaway or Supply Nation certified Aboriginal businesses.	Ongoing: As at the end of June 2025, the Women's Aboriginal Cultural Awareness mandatory competency has been completed by 79.4 per cent of all employees. The Women's continued to deliver the Women's Cultural Learning Strategy, which was developed in consultation with First Nations staff and the Koorie Heritage Trust. 141 staff attended Replanting the Birthing Trees training, and 97 staff attended Koorie Heritage Trust training in the reporting period.
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.	Improve employee experience across four initial focus areas to assure safe, high quality care: leadership, health and safety, flexibility, and career development and agility.	- Deliver programs to improve employee experience across four initial focus areas: leadership, safety and wellbeing, flexibility, and career development and agility, through the Creating Exceptional Experiences with Our People program. - Pilot, implement or evaluate new and contemporary models of care and practice, including future roles and building capability for multidisciplinary practice.	- Achieved: During 2024/25, the Women's: - Implemented its leadership program, which included formal leadership training sessions, leadership forums, mentoring and training on inclusive recruitment practices. - Implemented a survey providing all staff with the opportunity to inform the hospital's wellbeing program and distributed a regular newsletter for managers on ways to support the wellbeing of their teams. - Held a number of staff wellbeing and social events including health expos, free lunches, and treats, as well as staff health information sessions and free skin checks. - Facilitated Schwartz Rounds, providing a safe space for staff to reflect on their experiences and thoughts as healthcare professionals. - Implemented a number of formal reward and recognition programs including the Staff Excellence Awards, scholarship program, nurse and midwives awards, and long service recognition. - Continued to prioritise psychological health and safety with a risk assessment completed for the organisation, regular cross-functional working groups, and training. - Continued to progress its work in strategic workforce planning. - Ongoing: During 2024/25, the Women's implemented new and contemporary models of care and practice, including: - Expansion of the Late Career Program to include allied health professionals, in addition to more nurses and midwives. - Delivery of child protection training for all staff (not just social workers).

Priorities	Goals	Deliverables	Progress
A stronger workforce (continued)			– Implementation of the First Thousand Days, a program designed to offer comprehensive wrap-around care and support for babies at risk of future developmental delays due to drug or alcohol exposure during pregnancy. – Introduction of the Family Integrated Care model in the Neonatal Intensive Care Unit; this program sees parents of preterm and unwell babies empowered to become active partners in the care of their baby. – Increased work across the hospital to raise awareness amongst multi-disciplinary teams of the incidence and impact of birth trauma and the need for informed care, shared decision-making and the creation of a psychologically safe environment.
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.	• Partner with other organisations (e.g., community health, ACCHOs, PHNs, General Practice, and private health) to drive further collaboration and build a more integrated system. • 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.	• Work with the relevant PHN and community health providers to develop integrated service models that will provide earlier care to patients and support patients following hospital discharge. • Precinct collaboration to plan and integrate services in preparation for the Health Services Plan changes - Collaborate with precinct partners to undertake integrated planning for implementation of the Health Services Plan and transition to Local Health Service Networks.	• Ongoing: During 2024/25, the Women's worked with the North Western Melbourne Primary Health Network, community health providers and other organisations to improve patient outcomes. Projects included: – Collaboration with Mercy Hospital and the Victorian Aboriginal Child and Community Agency to develop a maternity hospital training program to reduce the number of Aboriginal and Torres Strait Islander children in Out-Of-Home-Care in Victoria. – Delivery of a culturally safe and welcoming environment for Aboriginal women and families, in collaboration with Aboriginal Community Controlled Health Organisations. – Provision of additional support for pregnant homeless women in the Cornelia Program, through group activities and programs being provided by Queen Elizabeth Centre, Anglicare Parenting Solutions and also First Aid training through Ambulance Victoria. Further supports were put in place for women when leaving the program, through collaboration with partners Launch Housing, Housing First, and a large number of organisations, for example the City of Port Phillip, African Family Support Services, Orange Door and Inner Melbourne Community Legal Services. • Ongoing: Over the past 12 months, the Women's actively contributed to the establishment of the Parkville Local Health Service Network, collaborating to determine the design, establishment, operation and oversight of the network with a view to developing the network strategy by the end of the 2025 calendar year. • Collaborative work was undertaken to review the Parkville Shared Breast Service and to develop the Parkville Precinct Cancer Service Plan. • Work also continued on the establishment a centralised pathology service network, including the implementation of a shared digital pathology records system.

Reporting against the Statement of Priorities - Part B

High quality and safe care

Key performance measure	Target	2024/25 Result
Infection prevention and control		
Percentage of healthcare workers immunised for influenza (April 2024 to August 2025)	94%	94%
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%
Patient experience		
Percentage of patients who reported positive experiences of their hospital stay	95%	96%
Aboriginal Health		
The gap between the percentage of Aboriginal patients who discharged against medical advice ¹ compared to non-Aboriginal patients	0%	3%
The gap between the percentage of Aboriginal patients who 'did not wait' presenting to hospital emergency departments non-Aboriginal patients	0%	3%

Strong governance, leadership and culture

Key performance measure	Target	2024/25 Result
Organisational culture		
People matter survey – Percentage of staff with an overall positive response to safety culture survey questions.	80%	74%

Timely access to care

Key performance measure	Target	2024/25 Result
Planned surgery		
Percentage of urgency category 1 planned surgery patients admitted within 30 days.	100%	100%
Percentage of planned surgery patients admitted within the clinically recommended time	94%	88.3%
Number of patients admitted from the planned surgery waiting list	4,127	4,284
Percentage of patients on the waiting list who have waited longer than the clinically recommended time for their respective triage category	15%	12.1%
Optimisation of surgical inpatient length of stay including through the use of virtual and home-based pre- and post-operative models of care	1.25	1.27

¹ Further work will be undertaken on leave event measures terminology that better captures patient experience and Aboriginal community's holistic understanding of health and wellbeing.

Timely access to care (continued)

Key performance measure	Target	2024/25 Result
Emergency care		
Percentage of patients transferred from ambulance to the emergency department (ED) within 40 minutes	80%	98%
Number of emergency patients with a length of stay in the ED greater than 24 hours	0	0
Mean ED length of stay (admitted) in minutes	306	155
Mean ED length of stay (non-admitted) in minutes	240	183
Average inpatient length of stay in minutes	2,941	2,958
Specialist clinics		
Percentage of patients referred by a GP or external specialist who attended a first appointment within the recommended timeframe	95%	94.6%
Home based care		
Percentage of admitted bed days delivered at home	2.5%	2.8%

Effective financial management

Key performance indicator	Target	2024/25 Result
Operating result (\$M)	0.00	\$5.68
Adjusted current asset ratio	0.7 or 3% improvement from base target	0.82%
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	Achieved

Asset Management Accountability Framework maturity assessment

The Asset Management Accountability Framework (AMAF) assists Victorian Public Sector agencies to manage their asset portfolios and provide better services for Victorians. 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 DTF website - <https://www.dtf.vic.gov.au/asset-management-accountability-framework>

The Women's conducted an assessment of maturity against the requirements of the framework in 2024/25. This resulted in a combination of 'competence' and 'developing'. Systems and processes are fully in place, consistently applied and systematically meet the AMAF requirement. Some areas require continuous improvement to fully establish the processes and to expand system performance above AMAF minimum requirements.

The diagram below summarises the Women's 2024/25 assessment of maturity.

Leadership and accountability

The Women's has partially met its target maturity level under all requirements in this category.

Asset planning

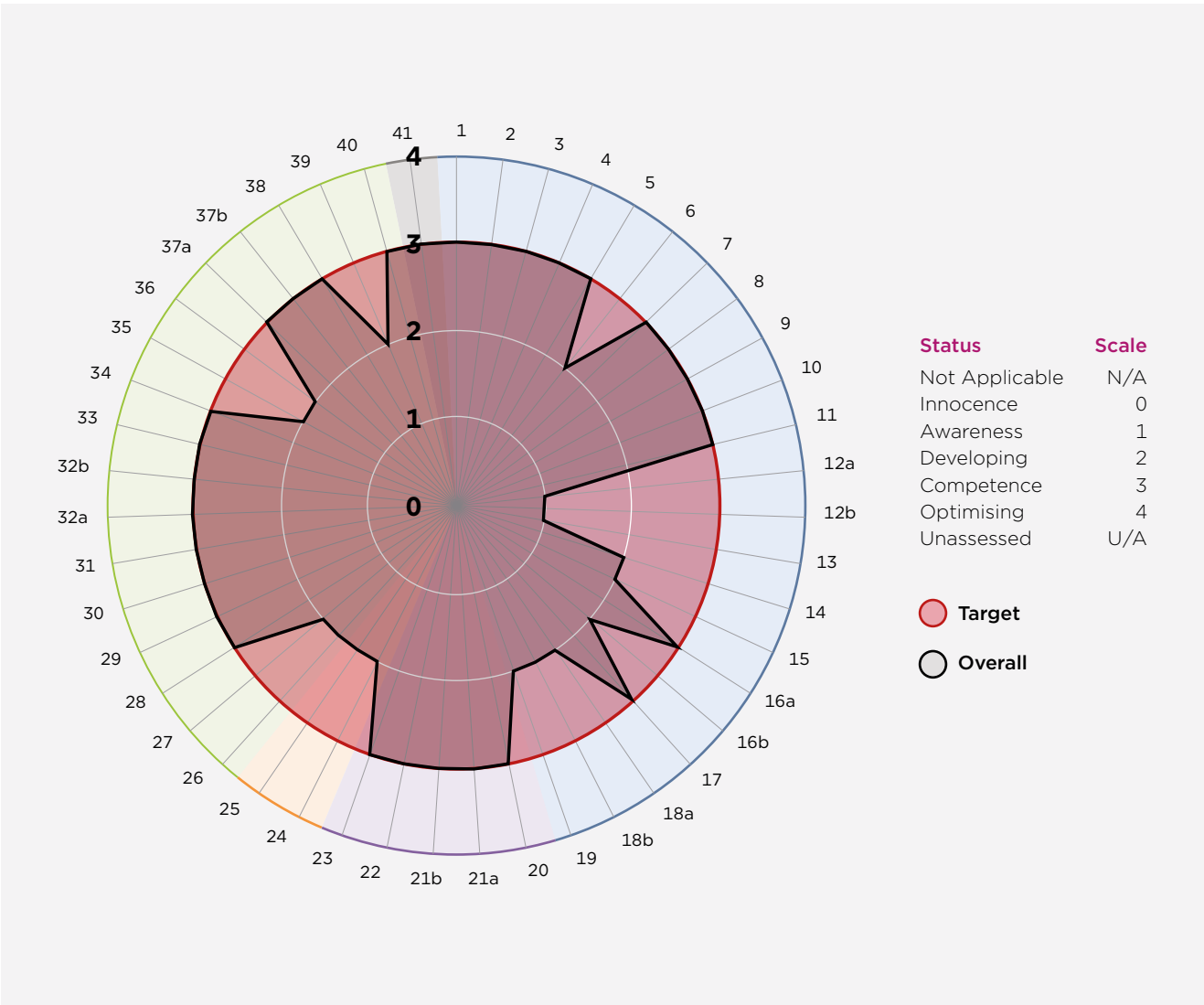
The Women's has met its target maturity level under all requirements in this category.

Asset acquisition

The Women's has partially met its target maturity level under all requirements in this category.

Asset disposal

The Women's has met its target maturity level under all requirements in this category.



Reporting against the Statement of Priorities - Part C:

Activity and funding

The Women’s funding summary for 2024/25

Funding Type	2025 Activity Achievement*
Consolidated activity funding	
Acute admitted, subacute admitted, emergency services, non-admitted NWAU	43,357
Acute admitted TAC	-

Note: As at 30 June 2025.

Attestations and declarations

Financial management compliance attestation

I, Shelly Park, on behalf of the Responsible Body, certify that the Royal Women's Hospital has no Material Compliance Deficiency with respect to the applicable Standing Directions under the *Financial Management Act 1994* and Instructions.



Shelly Park
Chair, Board of Directors
The Royal Women's Hospital

11 September 2025

Asset Management Accountability Framework

I, Shelly Park, on behalf of the Responsible Body, certify that the Royal Women's Hospital complies with the mandatory requirements of the Asset Management Accountability Framework (AMAF).



Shelly Park
Chair, Board of Directors
The Royal Women's Hospital

11 September 2025

Data integrity declaration

I, Sue Matthews, certify that the Royal Women's Hospital has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance. The Royal Women's Hospital has critically reviewed these controls and processes during the year.



Sue Matthews
Chief Executive Officer
The Royal Women's Hospital

11 September 2025

Conflict of interest declaration

I, Sue Matthews, certify that the Royal Women's Hospital has put in place appropriate internal controls and processes to ensure that it has complied with the requirements of hospital circular 07/2017 Compliance reporting in health portfolio entities (Revised) and has implemented a 'Conflict of Interest' policy consistent with the minimum accountabilities required by the VPSC. Declaration of private interest forms have been completed by all executive staff within the Women's 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.



Sue Matthews
Chief Executive Officer
The Royal Women's Hospital

11 September 2025

Integrity, fraud and corruption declaration

I, Sue Matthews, certify that the Royal Women's Hospital has put in place appropriate internal controls and processes to ensure that Integrity, fraud and corruption risks have been reviewed and addressed at the Women's during the year.



Sue Matthews
Chief Executive Officer
The Royal Women's Hospital

11 September 2025

Health Share Victoria purchasing policies

I, Sue Matthews, certify that the Royal Women's Hospital 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.



Sue Matthews
Chief Executive Officer
The Royal Women's Hospital

11 September 2025

Disclosure index

The annual report of the Royal Women's Hospital 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.

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The Royal Women's Hospital

Financial Statements

30 June 2025

How this report is structured

The Royal Women's Hospital 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 the information about The Royal Women's Hospital's stewardship of the resources entrusted to it.

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Board Member's, Chief Executive Officer's and Chief Financial Officer's Declaration

The attached financial statements for The Royal Women's Hospital 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 The Royal Women's Hospital at 30 June 2025.

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

We authorise the attached financial statements for issue on 11 September 2025.



Ms Shelly Park
Chair, Board of Directors

The Royal Women's Hospital
Melbourne

11 September 2025



Professor Sue Matthews
Chief Executive Officer

The Royal Women's Hospital
Melbourne

11 September 2025



Mrs Sophie Dixon
Chief Financial Officer

The Royal Women's Hospital
Melbourne

11 September 2025

Victorian Auditor-General's Report



Independent Auditor's Report

To the Board of The Royal Women's Hospital

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

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

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

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

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

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

MELBOURNE
15 September 2025



Simone Bohan
as delegate for the Auditor-General of Victoria

The Royal Women's Hospital

Comprehensive Operating Statement

For the financial year ended 30 June 2025

	Note	Total 2025 \$'000	Total 2024 \$'000
Revenue and income from transactions			
Revenue from contracts with customers	2.1	316,004	235,655
Other sources of income	2.1	122,704	180,003
Non-operating activities		4,917	4,264
Total revenue and income from transactions		443,625	419,922
Expenses from transactions			
Employee expenses	3.1	(277,108)	(265,351)
Finance costs	6.1	(11,439)	(12,402)
Depreciation and amortisation	4.1(a), 4.2	(24,356)	(21,385)
Other operating expenses	3.1	(129,893)	(121,604)
Total expenses from transactions		(442,796)	(420,742)
Net result from transactions - net operating balance		829	(820)
Other economic flows included in net result			
Net loss on non-financial assets		(2,558)	(750)
Net gain on financial instruments		752	563
Other gain/(loss) from other economic flows		(69)	17
Net assets derecognised for discontinued joint arrangement		-	(736)
Total other economic flows included in net result		(1,875)	(906)
Net result for the year		(1,046)	(1,726)
Other economic flows - other comprehensive income			
Items that will not be reclassified to net result			
Changes in property, plant and equipment revaluation surplus		-	78,154
Total other comprehensive income		-	78,154
Comprehensive result for the year		(1,046)	76,428

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

The Royal Women's Hospital

Balance Sheet

As at 30 June 2025

	Note	Total 2025 \$'000	Total 2024 \$'000
Financial assets			
Cash and cash equivalents	6.2	22,865	9,965
Receivables	5.1	24,297	26,949
Contract assets		1,394	1,363
Investments and other financial assets	5.2	19,969	18,000
Total financial assets		68,525	56,277
Non-financial assets			
Prepayments		6,863	6,449
Inventories		207	271
Non-financial physical assets held for sale	5.4	24,206	20
Property, plant and equipment	4.1	437,402	451,753
Intangible assets	4.2	21,577	25,783
Investment properties	4.4	92,272	118,072
Total non-financial assets		582,527	602,348
Total assets		651,052	658,625
Liabilities			
Payables	5.5	34,014	32,919
Contract liabilities	5.6	12,891	9,936
Borrowings	6.1	149,053	162,532
Employee-related provisions	3.1(b)	79,658	76,704
Other provisions		203	255
Total liabilities		275,819	282,346
Net assets		375,233	376,279
Equity			
Reserves		293,821	291,201
Contributed capital		67,423	67,423
Accumulated surplus/(deficit)		13,989	17,655
Total equity		375,233	376,279

This Balance Sheet should be read in conjunction with the accompanying notes.

The Royal Women's Hospital

Cash Flow Statement

For the financial year ended 30 June 2025

	Note	Total 2025 \$'000	Total 2024 \$'000
Cash flows from operating activities			
Operating grants from State Government		318,710	283,887
Operating grants from Commonwealth Government		1,018	2,634
Capital grants from State Government		4,975	13,042
Patient fees received		17,423	11,473
Commercial activities revenue received		18,578	18,032
Donations and bequests received		1,695	1,386
GST received from ATO		9,450	10,031
Interest and investment income received		2,087	2,040
Other receipts received		29,928	22,473
Total receipts		403,864	364,998
Payments to employees		(272,287)	(257,992)
Payments for supplies and consumables		(37,843)	(38,997)
Payments for medical indemnity insurance		(16,133)	(17,781)
Payments for repairs and maintenance		(19,090)	(16,985)
Disbursement of State Government grants for projects to other Victorian Government Agencies		(4,146)	(19,884)
Finance costs		(959)	(1,038)
GST paid to ATO		(4,395)	(3,682)
Other payments		(26,949)	(32,527)
Total payments		(381,802)	(388,886)
Net cash flows from/(used in) operating activities		22,062	(23,888)
Cash flows from investing activities			
Proceeds from sale of non-financial assets		137	75
Purchase of non-financial assets		(7,223)	(15,102)
Purchase of intangible assets		(65)	(316)
Proceeds from sale of financial assets		-	1,538
Purchase of financial assets		-	(30)
Net cash flows used in investing activities		(7,151)	(13,835)
Cash flows from financing activities			
Repayment of borrowings and principal portion of lease liabilities		(2,011)	(1,855)
Net cash flows used in financing activities		(2,011)	(1,855)
Net increase/(decrease) in cash and cash equivalents held		12,900	(39,578)
Cash and cash equivalents at beginning of year		9,965	49,543
Cash and cash equivalents at end of year	6.2	22,865	9,965

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

The Royal Women's Hospital

Statement of Changes in Equity

For the financial year ended 30 June 2025

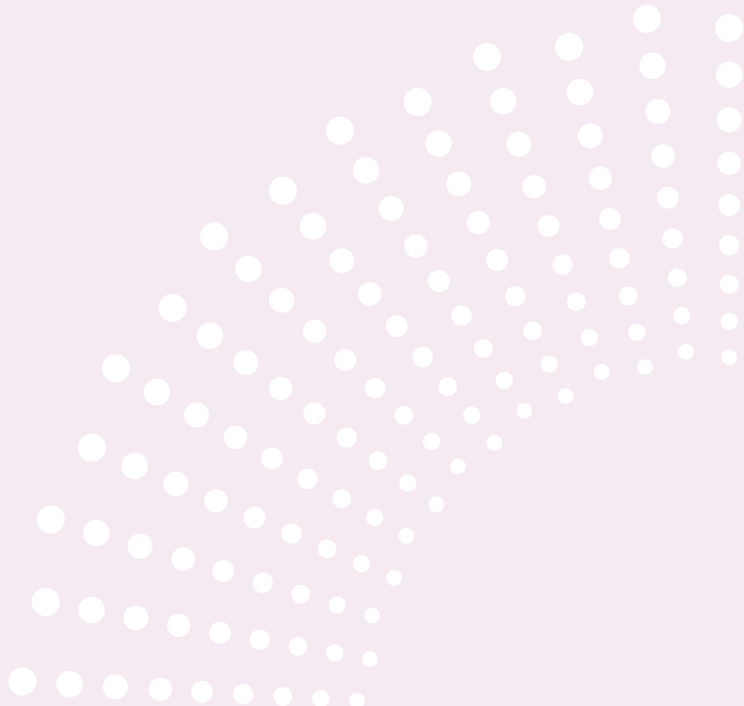
	Property, plant and equipment revaluation surplus \$'000	Restricted specific purpose surplus \$'000	Contributed capital \$'000	Accumulated surplus / (deficit) \$'000	Total \$'000
Balance at 1 July 2023	207,826	6,077	67,423	18,525	299,851
Net result for the year	-	-	-	(1,726)	(1,726)
Other comprehensive income for the year	78,154	-	-	-	78,154
Transfer (from)/to accumulated surplus/(deficit)	-	(856)	-	856	-
Balance at 30 June 2024	285,980	5,221	67,423	17,655	376,279
Net result for the year	-	-	-	(1,046)	(1,046)
Transfer (from)/to accumulated surplus/(deficit)	-	2,620	-	(2,620)	-
Balance at 30 June 2025	285,980	7,841	67,423	13,989	375,233

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

Note 1 About this report

Structure

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Note 1.4	Economic dependency	57



Note 1 About this report

These financial statements represent the financial statements of The Royal Women's Hospital for the year ended 30 June 2025.

The Royal Women's Hospital is a not-for-profit entity established as a public agency on 1 July 2004 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).

The Royal Women's Hospital 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. The Royal Women's Hospital's prior year financial statements were general purpose financial statements prepared in accordance with Australian Accounting Standards (Tier 1). As The Royal Women's Hospital is not a 'significant entity' as defined in FRD 101, it was required to change from Tier 1 to Tier 2 reporting effective from 1 July 2024.

These general purpose financial statements have been prepared in accordance with the *Financial Management Act 1994 (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 The Royal Women's Hospital.

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

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 The Royal Women's Hospital on 11 September 2025.

Note 1.2 Material accounting estimates and judgements

Management make estimates and judgements when preparing the financial statements.

These estimates and judgements are based on historical knowledge and 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 The Royal Women's Hospital.

The Royal Women's Hospital's principal address is:

Cnr Grattan Street and Flemington Road
Parkville, Victoria 3052

Note 1.4 Economic dependency

The Royal Women's Hospital 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. The Royal Women's Hospital provides essential services and is predominately 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 The Royal Women's Hospital operations and on that basis, the financial statements have been prepared on a going concern basis.

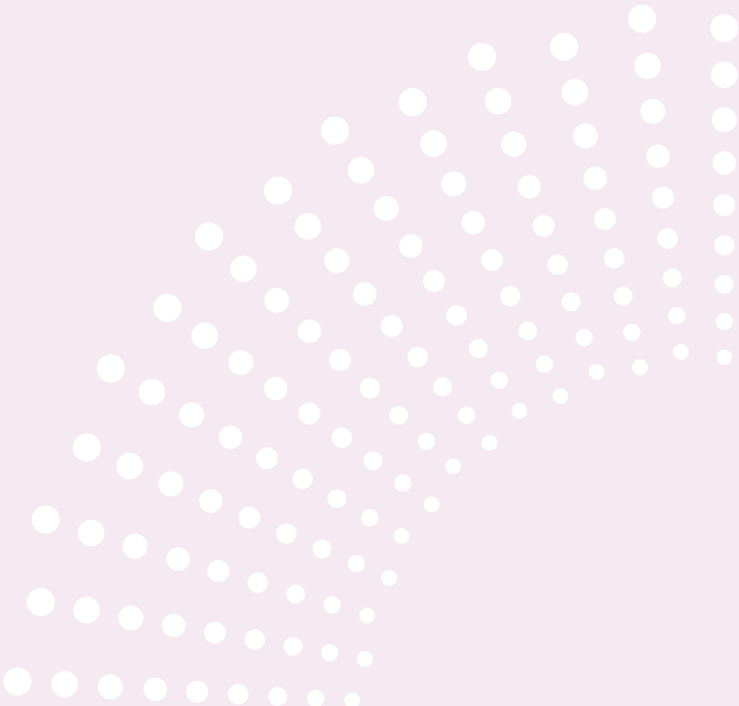
Note 2 Funding delivery of our services

The Royal Women’s Hospital’s overall objective is to provide quality health services that meet the needs of women and newborn babies, especially those requiring specialist care.

The Royal Women’s Hospital is predominately funded by grant funding for the provision of outputs and also receives income from the supply of services.

Structure

Note 2.1	Revenue and income from transactions	59
Note 2.2	Commitments for operating lease income	62



Note 2.1 Revenue and income from transactions

	Note	Total 2025 \$'000	Total 2024 \$'000
Revenue from contracts with customers	2.1(a)	316,004	235,655
Other sources of income	2.1(b)	122,704	180,003
Total revenue and income from transactions		438,708	415,658

Note 2.1(a) Revenue from contracts with customers

	Total 2025 \$'000	Total 2024 \$'000
Government grants (State) - Operating	280,987	201,822
Government grants (Commonwealth) - Operating	1,018	2,634
Patient fees	16,956	13,103
Commercial activities	17,043	18,096
Total revenue from contracts with customers	316,004	235,655

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 *Revenue from Contracts with Customers*.

In contracts with customers, the 'customer' is typically a funding body, who is the party that promises funding in exchange for The Royal Women's Hospital's goods or services. The Royal Women's Hospital'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 The Royal Women's Hospital's revenue streams, with information detailed below relating to The Royal Women's Hospital's significant 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.

Patient fees

Patient fees are charges incurred by patients for services they receive. Patient fees are recognised under AASB 15 at a point in time when the performance obligation, the provision of services, is satisfied.

Private practice fees are recognised at the point in time when the performance obligation, and the provision of facilities, is provided to customers.

Commercial activities

Revenue from commercial activities includes items such as car park income, pharmacy income and childcare fees. Commercial activity revenue is recognised at a point in time, upon provision of the goods or service to the customer. Rental income is recognised over time as the customer simultaneously receives and consumes the benefit as it is provided. Research income is recognised over time as the performance obligations are met.

Note 2.1 Revenue and income from transactions (continued)**Note 2.1(b) Other sources of income**

	Note	Total 2025 \$'000	Total 2024 \$'000
Government grants (State) - Operating		38,005	88,382
Government grants (State) - Capital		8,547	18,727
Other capital purpose income		159	56
Fair value of assets and services received free of charge or for nominal consideration	2.1(c)	55,443	52,724
Salary and wages recoveries		12,480	12,096
Other income from operating activities		8,070	8,018
Total other sources of income		122,704	180,003

How we recognise other sources of income**Government grants**

The Royal Women's Hospital recognises income of not-for-profit entities under AASB 1058 *Income of Not-for-Profit Entities* 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 The Royal Women's Hospital has an unconditional right to receive cash which usually coincides with receipt of cash. On initial recognition of the asset, The Royal Women's Hospital 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 *Revenue from Contracts with Customers*;
- Lease liability in accordance with AASB 16 *Leases*;
- A financial instrument, in accordance with AASB 9 *Financial Instruments* and;
- A provision, in accordance with AASB 137 *Provisions, Contingent Liabilities and Contingent Assets*.

Capital grants

Where The Royal Women's Hospital 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 The Royal Women's Hospital'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.

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

	Total 2025 \$'000	Total 2024 \$'000
Cash donations and gifts	1,695	1,386
Plant and equipment	-	41
Personal protective equipment and other consumables	79	179
Non-cash contributions from the Department of Health		
Government grants (State) - Operating	1,079	3,032
Government grants (State) - Operating PPP ⁱ	40,565	36,758
Government grants (State) - Capital	31	218
Government grants (State) - Capital PPP ⁱ	11,994	11,110
Total fair value of assets and services received free of charge or for nominal consideration	55,443	52,724

ⁱ Public Private Partnership (PPP).

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

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

Contributions of resources

The Royal Women's Hospital may receive resources for nil or nominal consideration to further its objectives. The resources are recognised at their fair value when The Royal Women's Hospital obtains control over the resources, irrespective of whether restrictions or conditions are imposed over the use of the contributions.

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

Voluntary services

The Royal Women's Hospital receives volunteer services from members of the community. The Royal Women's Hospital greatly values the services contributed by volunteers but it does not depend on volunteers to deliver its services, therefore no income is recognised.

Non-cash contributions from the Department of Health

The Department of Health make payments on behalf of The Royal Women's Hospital as follows:

Supplier	Description
Victorian Managed Insurance Authority	The Department of Health purchases non-medical indemnity insurance for The Royal Women's Hospital 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 the LSL liability in line with the long service leave funding arrangements with the Department of Health.
RW Health Partnership Pty Ltd	The Department of Health enters into lease arrangements and services which are paid directly to RW Health Partnership Pty Ltd. To record this contribution, such payments are recognised as income offset by operating expenses and interest expense in the net result from transactions, in accordance with the nature and timing of the monthly payment.

Note 2.2 Commitments for operating lease income

The following table discloses the maturity analysis of lease receivables, showing the undiscounted lease payments to be received after the reporting date.

	Total 2025 \$'000	Total 2024 \$'000
Non-cancellable operating lease receivablesⁱ		
Within one year	5,373	5,264
Within one to two years	5,027	3,780
Within two to three years	4,459	3,886
Within three to four years	4,052	3,995
Within four to five years	4,165	4,064
After five years	35,608	39,890
Total non-cancellable operating lease receivables (inclusive of GST)	58,684	60,879

ⁱ Operating lease receivables include rental income from owned and investment properties.

Lease contracts vary from one to twenty years with some leases containing an option to renew the lease after the current lease period has expired.

Note 3 The cost of delivering our services

This section provides an account of the expenses incurred by The Royal Women's Hospital in delivering services and outputs. In Note 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

Note 3.1 Expenses incurred in the delivery of services

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Note 3.1 Expenses incurred in the delivery of services

	Note	Total 2025 \$'000	Total 2024 \$'000
Employee expenses	3.1(a)	277,108	265,351
Other operating expenses	3.1(c)	129,893	121,604
Total expenses incurred in the delivery of services		407,001	386,955

Note 3.1(a) Employee expenses

	Total 2025 \$'000	Total 2024 \$'000
Salaries and wages	246,720	236,343
Defined contribution and defined benefit superannuation expense	25,792	23,718
Agency and external contractor expenses	4,447	5,093
Fee for service medical officer expenses	149	197
Total employee expenses	277,108	265,351

How we recognise expenses from transactions

Employee expenses include salaries and wages, leave entitlements, termination payments, workcover payments, agency and external contractor 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. The Royal Women's Hospital does not recognise any defined benefit liabilities because it has no legal or constructive obligation to pay future benefits relating to its employees. Instead The Royal Women's Hospital 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 Expenses incurred in the delivery of services (continued)**Note 3.1(b) Employee-related provisions**

	Total 2025 \$'000	Total 2024 \$'000
Current provisions for employee benefits		
Accrued days off	841	925
Annual leave	26,298	24,161
Long service leave	37,680	35,740
Provision for on-costs	8,443	7,811
Provision for employee entitlement EBA estimates	-	126
Total current provisions for employee benefits	73,262	68,763
Non-current provisions for employee benefits		
Long service leave	5,645	7,179
Provision for on-costs	751	762
Total non-current provisions for employee benefits	6,396	7,941
Total provisions for employee benefits	79,658	76,704

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. 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 Comprehensive Operating Statement as sick leave is taken.

Annual leave and accrued days off

Liabilities for annual leave and accrued days off are all recognised in the provision for employee benefits as 'current liabilities' because The Royal Women's Hospital does not have an unconditional right to defer settlements 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 The Royal Women's Hospital expects to wholly settle within 12 months; or
- Present value – if The Royal Women's Hospital 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 Royal Women's Hospital 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 the current LSL liability are measured at:

- Nominal value – if The Royal Women's Hospital expects to wholly settle within 12 months; or
- Present value – if The Royal Women's Hospital 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 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

	Total 2025 \$'000	Total 2024 \$'000
Other operating expenses		
Drug supplies	3,829	5,459
Medical and surgical supplies	11,877	10,453
Diagnostic and radiology supplies	11,752	11,112
Other supplies and consumables	7,169	7,319
Low value lease expenses	368	350
Fuel, light, power and water	5,063	4,674
Repairs and maintenance	3,706	2,182
Maintenance contracts	13,619	10,569
Medical indemnity insurance	14,302	13,309
Public private partnership operating expenses	30,085	25,394
Other administrative expenses	22,077	21,449
Other operating expenses	2,376	1,415
Expenditure for capital purposes	3,670	7,919
Total other operating expenses	129,893	121,604

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.

Lease payments

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. The variable lease payments for The Royal Women's Hospital during the year ended 30 June 2025 was \$13k (2024: \$14k).

Other operating expenses

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

The Department of Health also makes certain payments on behalf of The Royal Women's Hospital. These amounts have been brought to account in determining the operating result for the year, by recording them as revenue (refer to Note 2.1(c)) and a corresponding expense.

Note 4 Key assets to support service delivery

The Royal Women’s Hospital 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 The Royal Women’s Hospital to be utilised for delivery of services.

Structure

Note 4.1	Property, plant and equipment	69
Note 4.2	Intangible assets	73
Note 4.3	Depreciation and amortisation	74
Note 4.4	Investment properties	75

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 - Crown	13,300	13,300	-	-	13,300	13,300
Land at fair value - Freehold	3,050	3,050	-	-	3,050	3,050
Concessionary land at fair value	68,956	68,956	(3,963)	(3,170)	64,993	65,786
Total land at fair value	85,306	85,306	(3,963)	(3,170)	81,343	82,136
Buildings at fair value	356,983	348,719	(17,375)	(654)	339,608	348,065
Buildings work in progress at cost	-	3,109	-	-	-	3,109
Plant, equipment and vehicles at fair value	44,916	43,872	(29,224)	(26,004)	15,692	17,868
Cultural assets at fair value	167	167	-	-	167	167
Assets work in progress at cost	592	408	-	-	592	408
Total property, plant and equipment	487,964	481,581	(50,562)	(29,828)	437,402	451,753

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.

The cost of a leasehold improvement is capitalised as an asset and depreciated over the shorter of the remaining term of the lease or the estimated useful life of the improvements.

Note 4.1 Property, plant and equipment (continued)**Note 4.1(a) Reconciliation of the carrying amount of each class of asset**

	Land \$'000	Buildings \$'000	Buildings work in progress \$'000	Plant, equipment and vehicles \$'000	Cultural assets \$'000	Assets work in progress \$'000	Total \$'000
Balance at 1 July 2024	82,136	348,065	3,109	17,868	167	408	451,753
Additions	-	5,163	-	1,072	-	592	6,827
Disposals	-	(8)	-	(46)	-	(10)	(64)
Net transfers between classes	-	3,109	(3,109)	398	-	(398)	-
Depreciation	(793)	(16,721)	-	(3,600)	-	-	(21,114)
Balance at 30 June 2025	81,343	339,608	-	15,692	167	592	437,402

Fair value assessments have been performed for land and building asset classes 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 *Non-Financial Physical Assets*.

In accordance with FRD103, The Royal Women's Hospital has elected to apply the practical expedient in FRD 103 and has therefore not applied the amendments to AASB 13 *Fair Value Measurement*. The amendments to AASB 13 will be applied at the next scheduled independent revaluation, which is planned to be undertaken in 2029, in accordance with The Royal Women's Hospital's revaluation cycle.

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

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

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2025 \$'000	2024 \$'000	2025 \$'000	2024 \$'000	2025 \$'000	2024 \$'000
Concessionary land at fair value	68,956	68,956	(3,963)	(3,170)	64,993	65,786
PPP building at fair value	348,774	340,590	(15,702)	-	333,072	340,590
Buildings at fair value	1,647	1,567	(945)	(608)	702	959
Total buildings	350,421	342,157	(16,647)	(608)	333,774	341,549
PPP building work in progress at cost	-	3,109	-	-	-	3,109
PPP plant and equipment at fair value	5,513	5,513	(3,139)	(2,955)	2,374	2,558
Plant, equipment and vehicles at fair value	2,625	2,259	(1,768)	(1,314)	857	945
Total plant, equipment and vehicles	8,138	7,772	(4,907)	(4,269)	3,231	3,503
Total right-of-use assets	427,515	421,994	(25,517)	(8,047)	401,998	413,947

Reconciliation of the carrying amount of each class of asset

	Land \$'000	Buildings \$'000	Buildings work in progress \$'000	Plant, equipment and vehicles \$'000	Total \$'000
Balance at 1 July 2024	65,786	341,549	3,109	3,503	413,947
Additions	-	5,163	-	445	5,608
Disposals	-	(8)	-	(46)	(54)
Net transfers between classes	-	3,109	(3,109)	-	-
Depreciation	(793)	(16,039)	-	(671)	(17,503)
Balance at 30 June 2025	64,993	333,774	-	3,231	401,998

Note 4.1 Property, plant and equipment (continued)

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

How we recognise right-of-use assets

Initial recognition

When The Royal Women's Hospital enters a contract, which provides the hospital 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(a)), 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.

The Royal Women's Hospital has applied the exemption permitted under FRD 104 *Leases*, consistent with the optional relief in AASB 16 par. 25.1. Under this exemption, The Royal Women's Hospital 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 hospital to further its objectives.

Right-of-use assets are also adjusted for certain re-measurements 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 4.1(c) Impairment of Property, plant and equipment

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

Note 4.2 Intangible assets

	Gross carrying amount		Accumulated amortisation and impairment		Net carrying amount	
	2025 \$'000	2024 \$'000	2025 \$'000	2024 \$'000	2025 \$'000	2024 \$'000
Software	38,454	38,225	(24,714)	(21,578)	13,740	16,647
Software work in progress	-	320	-	-	-	320
Revenue rights Parkville car park ⁱ	24,490	24,490	(16,653)	(15,674)	7,837	8,816
Total intangible assets	62,944	63,035	(41,367)	(37,252)	21,577	25,783

ⁱ The revenue rights represent the right of the hospital to receive future payments for car parking fees generated by the car park.

Reconciliation of the carrying amount of each class of asset

	Software \$'000	Software work in progress \$'000	Revenue rights Parkville car park \$'000	Total \$'000
Balance at 1 July 2024	16,647	320	8,816	25,783
Additions	59	-	-	59
Disposals	-	(44)	-	(44)
Net transfers between classes	276	(276)	-	-
Amortisation	(3,242)	-	(979)	(4,221)
Balance at 30 June 2025	13,740	-	7,837	21,577

How we recognise intangible assets

Initial recognition

Purchased intangible assets are initially recognised at cost.

An internally generated intangible asset arising from development (or from the development phase of an internal project) is also recognised at cost if, and only if, all of the following are demonstrated:

- The technical feasibility of completing the intangible asset so that it will be available for use or sale;
- An intention to complete the intangible asset and use or sell it;
- The ability to use or sell the intangible asset;
- The intangible asset will generate probable future economic benefits;
- The availability of adequate technical, financial and other resources to complete the development and to use or sell the intangible asset; and
- The ability to measure reliably the expenditure attributable to the intangible asset during its development.

Expenditure on research activities is recognised as an expense in the period on which it is incurred.

Subsequent measurement

Intangible assets with finite useful lives are carried at cost less accumulated amortisation and accumulated impairment losses.

Impairment

Intangible assets with finite useful lives are tested for impairment whenever an indication of impairment is identified.

Note 4.3 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 a rate that allocates the asset 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 hospital anticipates to exercise a purchase option, the specific right-of-use asset is depreciated over the useful life of the underlying asset.

The leased assets under the PPP arrangement are accounted for as a non-financial physical asset and are depreciated over the term of the lease plus five years as per the contract except for, the building. The building is depreciated using the useful life of each component of the building on a straight line basis.

How we recognise amortisation

Amortisation is the systematic allocation of the depreciable amount of an intangible 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
Concessionary land	87 Years	87 Years
Buildings (includes leased buildings but excludes PPP building)	2 to 10 Years	2 to 6 Years
PPP building		
Structure, shell building fabric	44 Years	45 Years
Site engineering services and central plant	24 Years	25 Years
PPP central plant		
Fit out	9 Years	10 Years
Trunk reticulated building systems	14 Years	15 Years
Plant, equipment and vehicles (includes leased assets)	2 to 30 Years	2 to 30 Years
Software	3 to 10 Years	3 to 10 Years
Revenue rights Parkville car park	25 Years	25 Years

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

Note 4.4 Investment properties

	Total 2025 \$'000	Total 2024 \$'000
Investment property at fair value	92,272	118,072

Reconciliation of the carrying amount

	Note	Total 2025 \$'000	Total 2024 \$'000
Balance at beginning of year		118,072	117,796
Additions		-	29
Transfer to held for sale	5.4	(24,206)	-
Net gain/(loss) from fair value adjustment		(1,594)	247
Balance at end of year		92,272	118,072

How we recognise investment properties

Investment properties represent properties held to earn rentals, for capital appreciation or both. Investment properties exclude properties held to meet service delivery objectives of The Royal Women's Hospital.

Initial recognition

Investment properties are initially recognised at cost. Costs incurred subsequent to initial acquisition are capitalised when it is probable that future economic benefits in excess of the originally assessed performance of the asset will flow to The Royal Women's Hospital.

Subsequent measurement

Subsequent to initial recognition at cost, investment properties are revalued to fair value with changes in the fair value recognised as other economic flows in the period that they arise. Investment properties are neither depreciated nor tested for impairment.

Independent valuations are carried out on a regular basis, or if there are indications that the fair value differs significantly from carrying amount. The last independent valuations were carried out by the Valuer-General Victoria as at 30 June 2024. The valuations were determined with reference to market evidence of properties including location and condition, except for, two buildings where the cost approach was applied.

For the year ended 30 June 2025, The Royal Women's Hospital's management conducted an annual assessment of the fair value of investment properties. To facilitate this, management obtained the Valuer General Victoria indices for the financial year ended 30 June 2025 and applied these cumulative indices to the individual assets' 2024 valuation. The indexed value was then compared to the individual assets fair value as at 30 June 2025 to determine the change in their fair values.

For investment properties measured at fair value, the current use of the asset is considered the highest and best use.

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

Note 5 Other assets and liabilities

This section sets out those assets and liabilities that arose from The Royal Women's Hospital's operations.

Structure

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Note 5.1 Receivables

	Note	Total 2025 \$'000	Total 2024 \$'000
Current receivables			
Contractual			
Inter hospital debtors		387	1,244
Trade debtors		1,613	2,047
Patient fees		1,679	2,875
Allowance for impairment losses	5.3	(541)	(663)
Amounts receivable from governments and agencies		14	84
Accrued revenue		1,916	2,474
Total contractual receivables		5,068	8,061
Statutory			
GST receivable		947	1,089
Total statutory receivables		947	1,089
Total current receivables		6,015	9,150
Non-current receivables			
Contractual			
Other receivables		33	27
Long service leave - Department of Health		18,249	17,772
Total contractual receivables		18,282	17,799
Total non-current receivables		18,282	17,799
Total receivables		24,297	26,949
Financial assets classified as receivables			
Total receivables		24,297	26,949
GST receivable		(947)	(1,089)
Total financial assets classified as receivables	7.1	23,350	25,860

How we recognise receivables

Receivables consist of:

- Contractual receivables, including debtors that relate to goods and services. These receivables are classified as financial instruments and are categorised as financial assets at amortised cost. They are initially recognised at fair value plus any directly attributable transactions costs. The Royal Women's Hospital holds the contractual receivables with the objective to collect the contractual cash flows and are subsequently measured at amortised cost using the effective interest method, less any impairment; and
- 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 Royal Women's Hospital applies AASB 9 *Financial Instruments* 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 Investments and other financial assets

	Note	Total 2025 \$'000	Total 2024 \$'000
Non-current			
Financial assets at fair value through net result			
Managed investment schemes		19,969	18,000
Total non-current financial assets		19,969	18,000
Total investments and other financial assets		19,969	18,000
Represented by:			
Health service investments		19,969	18,000
Total investments and other financial assets	7.1	19,969	18,000

How we recognise investments and other financial assets

The Royal Women's Hospital's investments and other financial assets are made in accordance with Standing Direction 3.7.2 - Treasury Management, including the Central Banking System.

The Royal Women's Hospital manages its investments and other financial assets in accordance with an investment policy approved by the Board.

Investments are recognised when The Royal Women's Hospital enters into a contract to either purchase or sell the investment (i.e. when it becomes a party to the contractual provisions to the investment). Investments are initially measured at fair value, net of transaction costs.

The Royal Women's Hospital classifies its other financial assets between current and non-current assets based on the Board's intention at balance date with respect to the timing of disposal of each asset.

All financial assets, except for those measured at fair value through the Comprehensive Operating Statement, are subject to annual review for impairment, in accordance with Note 5.3.

Note 5.3 Impairment of financial assets

	Note	Total 2025 \$'000	Total 2024 \$'000
Impairment loss on contractual receivables			
From transactions	5.1	(541)	(663)
Total impairment loss on contractual receivables		(541)	(663)

How we recognise impairment of financial assets

The Royal Women's Hospital records the allowance for expected credit loss for the relevant financial instruments by applying AASB 9's expected credit loss approach. The Royal Women's Hospital's contractual receivables and statutory receivables are subject to this impairment assessment.

The Royal Women's Hospital applies AASB 9's simplified approach for all contractual receivables to measure expected credit losses using a lifetime expected loss allowance based on the assumptions about risk of default and expected loss rates.

Contractual receivables at amortised cost

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

On this basis, The Royal Women's Hospital determines the closing loss allowance at end of the financial year as follows:

	2025 %	2024 %
Contractual receivables		
Expected loss rate		
Current	1.3 to 2.5	1.2 to 4.0
30 days	2.6 to 4.6	1.6 to 2.8
60 days	3.6 to 47.3	5.4 to 9.1
90 days	13.1 to 44.6	5.4 to 10.0
120 days	11.1 to 30.0	7.7 to 30.0
150 days	50 to 60	50 to 60
365+ days	100	100

Statutory receivables at amortised cost

Statutory receivables are considered to have low credit risk, considering the government's credit rating, risk of default and its capacity to meet contractual cash flow obligations in the near term. As a result, no credit loss allowance has been provided in the current financial year (2024: Nil).

Note 5.4 Non-financial physical assets held for sale

	Total 2025 \$'000	Total 2024 \$'000
Motor vehicles	-	20
Freehold land and buildings	24,206	-
Total non-financial physical assets held for sale	24,206	20

How we recognise non-financial physical assets classified as held for sale

Non-financial physical assets are treated as current and are classified as held for sale if their carrying amount will be recovered through a sale transaction rather than through continuing use. This condition is regarded as met only when the sale is highly probable, the asset's sale is expected to be completed within 12 months from the date of classification, and the asset is available for immediate use in the current condition.

Non-financial physical assets classified as held for sale are treated as current and are measured at the lower of carrying amount and fair value less costs of disposal and are not subject to depreciation or amortisation.

To deliver on the Victorian Government's commitments under the Victorian Housing Statement, the Government has determined that a parcel of freehold land and buildings were deemed surplus to The Royal Women's Hospital needs and are to be sold. The freehold land and buildings were previously classified as investment properties.

The Department of Transport and Planning's (DTP) will facilitate the land sales in accordance with the Victorian Government Land Transactions Policy within the next 12 months.

The Royal Women's Hospital will transfer the freehold land and buildings to the Department of Health upon settlement of the sale, through a reduction in contributed capital. From the sale proceeds, the Hospital will be reimbursed for the purchase price of the laneway between the two properties. The laneway was originally purchased by the Hospital in December 2021 for \$885k.

Note 5.5 Payables

	Note	Total 2025 \$'000	Total 2024 \$'000
Current payables			
Contractual			
Trade creditors		4,034	3,199
Inter hospital creditors		2,438	2,160
Amounts payable to governments and agencies		25	13
Accrued salaries and wages		10,961	7,703
Accrued expenses		11,525	10,679
Salary packaging		477	491
Deferred capital grant income	5.5(a)	4,554	8,674
Total contractual payables		34,014	32,919
Total current payables		34,014	32,919
Financial liabilities classified as payables			
Total payables		34,014	32,919
Deferred capital grant income		(4,554)	(8,674)
Total financial liabilities classified as payables	7.1	29,460	24,245

How we recognise payables

Contractual payables include payables that relate to the purchase of goods and services. These payables are classified as financial instruments and are measured at amortised cost. Accounts payable and salaries and wages payable represent liabilities for goods and

services provided to The Royal Women's Hospital prior to the end of the financial year that are unpaid.

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

Note 5.5(a) Movement in deferred capital grant income

	Total 2025 \$'000	Total 2024 \$'000
Balance at beginning of year	8,674	14,846
Grant consideration for capital works received during the year	4,509	11,870
Grant consideration recalled during the year	(55)	-
Deferred capital grant income recognised as income due to completion of capital works	(8,574)	(18,042)
Balance at end of year	4,554	8,674

How we recognise deferred capital grant income

Grant consideration was received from the Department of Health. Capital grant income is recognised when the asset (excluding building works) is acquired, since this is the time when The Royal Women's Hospital satisfies its obligations under the transfer by controlling the asset. For building works, income is recognised using the progressive percentage of costs incurred method as it represents the works completed to date. As a result,

The Royal Women's Hospital has deferred recognition of a portion of the capital grant consideration received as a liability for the outstanding obligations.

The Royal Women's Hospital expects to recognise all of the remaining deferred capital grant income in line with capital works undertaken during future years.

Note 5.6 Contract Liabilities

	Total 2025 \$'000	Total 2024 \$'000
Current contract liabilities		
Contract liabilities	10,153	6,860
Total current contract liabilities	10,153	6,860
Non-current contract liabilities		
Contract liabilities	2,738	3,076
Total non-current contract liabilities	2,738	3,076
Total contract liabilities	12,891	9,936

How we recognise contract liabilities

Government grant consideration was received from the State Government to fund specific programs to service the needs of the community. Grant income is recognised when the relevant services are provided by The Royal Women's Hospital.

Contract liabilities include consideration received in advance from customers where services are being provided over a specified timeframe. Research funding received that runs over more than one financial year is deferred until specific performance obligations are met.

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

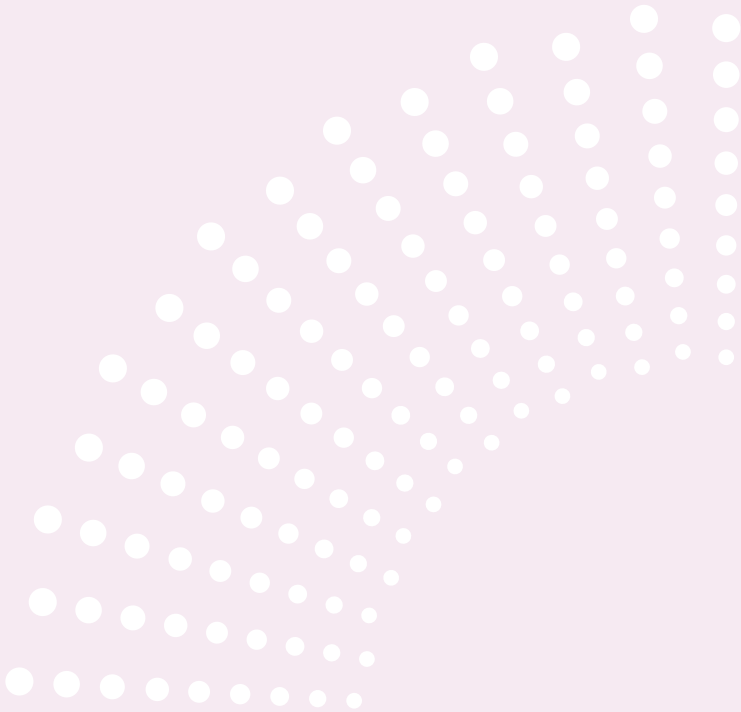
Note 6 How we finance our operations

This section provides information on the sources of finance utilised by The Royal Women’s Hospital during its operations, along with interest expenses (the cost of borrowings) and other information related to financing activities of the hospital.

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

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Note 6.1 Borrowings

	Note	Total 2025 \$'000	Total 2024 \$'000
Current borrowings			
Treasury Corporation Victoria loan		1,201	1,123
Lease liabilities	6.1(a)	13,556	12,792
Total current borrowings		14,757	13,915
Non-current borrowings			
Treasury Corporation Victoria loan		11,562	12,763
Lease liabilities	6.1(a)	122,734	135,854
Total non-current borrowings		134,296	148,617
Total borrowings	7.1	149,053	162,532

How we recognise borrowings

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

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.

The following table discloses the contractual maturity analysis for The Royal Women's Hospital's financial liabilities.

Note 6.1 Borrowings (continued)

	Carrying amount \$'000	Nominal amount \$'000	Maturity dates				
			Less than 1 month \$'000	1-3 months \$'000	3 months - 1 year \$'000	1-5 years \$'000	Over 5 years \$'000
30 June 2025							
Treasury Corporation Victoria loan	12,763	12,763	97	196	908	5,687	5,875
Lease liabilities	136,290	136,290	1,191	2,198	10,167	63,295	59,439
Total financial liabilities	149,053	149,053	1,288	2,394	11,075	68,982	65,314
30 June 2024							
Treasury Corporation Victoria loan	13,886	13,886	91	183	849	5,321	7,442
Lease liabilities	148,646	148,646	1,118	2,038	9,636	59,058	76,796
Total financial liabilities	162,532	162,532	1,209	2,221	10,485	64,379	84,238
					Total 2025 \$'000	Total 2024 \$'000	
Interest expense							
Interest on Treasury Corporation Victoria loan					892	965	
Interest on Lease liabilities					10,547	11,437	
Total interest expense					11,439	12,402	

Interest expense includes costs incurred in connection with the borrowing of funds and includes interest on short-term and long-term borrowings and the interest component of lease repayments.

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

The Treasury Corporation loan is an unsecured loan with a fixed interest rate of 6.67% (2024: 6.67%). Depending on the type of lease liabilities, the incremental borrowing rate or the discount interest rate is used and are disclosed in Note 6.1(a).

The Royal Women's Hospital recognises borrowing costs immediately as an expense, even where they are directly attributable to the acquisition, construction or production of a qualifying asset.

Note 6.1(a) Lease liabilities

The Royal Women's Hospital's lease liabilities are summarised below:

	Total 2025 \$'000	Total 2024 \$'000
Current lease liabilities		
Lease liabilities	13,556	12,792
Total current lease liabilities	13,556	12,792
Non-current lease liabilities		
Lease liabilities	122,734	135,854
Total non-current lease liabilities	122,734	135,854
Total lease liabilities	136,290	148,646

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

	Total 2025 \$'000	Total 2024 \$'000
Not longer than one year	23,169	23,327
Longer than one year and not later than five years	90,903	91,120
Longer than five years	66,383	88,857
Minimum future lease liability	180,455	203,304
Less unexpired finance expenses	(44,165)	(54,658)
Present value of lease liability	136,290	148,646

How we recognise lease liabilities

A lease is defined as a contract, or part of a contract, that conveys the right for The Royal Women's Hospital to use an asset for a period of time in exchange for payment.

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

The lease liabilities are secured by the assets leased. Leases are effectively secured as the rights to the leased assets revert to the lessor in the event of default.

The Royal Women's Hospital's lease arrangements consist of the following:

Type of asset leased	Lease term
Leased concessionary land	99 Years
Leased buildings	2 to 6 Years
Leased plant, equipment and vehicles	2 to 6 Years

Note 6.1 Borrowings (continued)

Note 6.1(a) Lease liabilities (continued)

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. The Royal Women's Hospital has elected to apply the practical expedients for short-term leases and leases of low-value assets. As a result, no right-of-use asset or lease liability is recognised for these leases; rather, lease payments are recognised as an expense on a straight-line basis over the lease term, within "other operating expenses" (refer to Note 3.1(c)).

How we recognise commissioned public private partnerships (PPP)

The Royal Women's Hospital entered into a 25 year PPP arrangement between the State of Victoria and RW Health Partnership Pty Ltd on 13 June 2008. The project was initiated to construct and fit out a new hospital for women and newborn babies. Under the arrangement, the portion of total payments made to RW Health Partnership Pty Ltd that relate to The Royal Women's Hospital's right to use the asset is accounted for as a lease liability. Although the hospital has assumed the right-of-use assets and liabilities in its accounts, the payments made to the private provider are being made directly by the Department of Health on a monthly basis.

In addition, until the end of the PPP arrangement, the Department of Health is making monthly payments to RW Health Partnership Pty Ltd for the delivery of maintenance and ancillary services. The service charges have been brought to account in the operating result by recognising them as non-cash revenue and expenditure. Refer to Note 6.3 for information regarding PPP operating expenditure commitments.

Such PPP's are not accounted for as a Service Concession Arrangement within the scope of AASB 1059 *Service Concession Arrangements: Grantors* as the public service criterion is not satisfied.

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 The Royal Women's Hospital's incremental borrowing rate.

The Royal Women's Hospital's incremental borrowing rates for leased buildings are between 4.28% and 5.66% (2024: 1.06% and 5.67%) and between 1.25% and 5.58% (2024: 1.25% and 5.58%) for leased plant, equipment and vehicles.

For the leased PPP building and PPP plant and equipment, the discount interest rate implicit in the lease is 7.42% (2024: 7.42%).

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

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

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-substance fixed payments.

When the lease liability is remeasured, the corresponding adjustment is reflected in the right-of-use asset, or Comprehensive Operating Statement if the right-of-use asset is already reduced to zero.

Contingent rental associated with the PPP lease is recognised as an expense in the period in which it is incurred.

Leases with significantly below market terms and conditions

The Royal Women's Hospital holds a lease arrangement which contains significantly below-market terms and conditions. The lease principally enables The Royal Women's Hospital to further its objectives. These are commonly referred to as a peppercorn or concessionary lease arrangement. The Royal Women's Hospital measures its concessionary lease arrangement at cost, both initially and subsequently.

The nature and terms of the lease arrangement, including The Royal Women's Hospital's dependency on such a lease arrangement is described below:

Description of leased asset	Dependence on lease	Nature and terms of lease
Land leased from The Minister for Environment and Climate Change on behalf of the Crown in right of the State of Victoria.	The leased land is occupied by The Royal Women's Hospital main hospital facility at Parkville.	Lease payments of \$104 are required per annum
	The Royal Women's Hospital's dependence on this lease is considered high.	The lease commenced on the 13 June 2008 and has a lease term of 99 years.
	The asset is of a specialised nature and there are limited readily available substitutes within the inner city of Melbourne.	Restrictions placed on the use of the asset include hospital functions and all associated uses including health, academic, research, car parking and retail.

Note 6.2 Cash and cash equivalents

	Note	Total 2025 \$'000	Total 2024 \$'000
Cash on hand		2	4
Cash at bank		22,863	9,961
Total cash and cash equivalents	7.1	22,865	9,965

Cash and cash equivalents include a salary packaging bank account which represent funds yet to be claimed by employees.

Note 6.3 Commitments for expenditure

	Less than 1 year \$'000	1-5 years \$'000	Over 5 years \$'000	Total \$'000
30 June 2025				
Capital expenditure commitments	922	-	-	922
Operating expenditure commitments	42,398	157,576	103,557	303,531
Non-cancellable short-term and low value lease commitments	469	733	-	1,202
Total commitments for expenditure (inclusive of GST)	43,789	158,309	103,557	305,655
Less GST recoverable				(27,787)
Total commitments for expenditure (exclusive of GST)				277,868
30 June 2024				
Capital expenditure commitments	405	-	-	405
Operating expenditure commitments	32,979	153,794	138,005	324,778
Non-cancellable short-term and low value lease commitments	287	518	-	805
Total commitments for expenditure (inclusive of GST)	33,671	154,312	138,005	325,988
Less GST recoverable				(29,635)
Total commitments for expenditure (exclusive of GST)				296,353

How we disclose our commitments

The Royal Women's Hospital's commitments relate to expenditure, public private partnerships (PPP) 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 GST payable. In addition when it is considered appropriate and provides additional relevant information to users, the net present values of significant individual projects are stated. These future expenditures cease to be disclosed as commitments once the related liabilities are recognised on the Balance Sheet.

Commissioned public private partnership (PPP)

Pursuant to the requirements of the Operating Deed signed by the State of Victoria and RW Health Partnership Pty Ltd on 13 June 2008, the Department of Health agrees to meet all payments (including leasing and operating) for which the State of Victoria is liable and which are associated with the project.

The Royal Women's Hospital has agreed to record and report all of the obligations of the State of Victoria reflecting The Royal Women's Hospital's position as the government agency that controls the assets.

The present values of the lease liability for commissioned PPPs are recognised on the Balance Sheet, refer to Note 6.1(a). Amounts disclosed here are for other commitments related to the PPP arrangement.

Short-term and low value leases

The Royal Women's Hospital 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(a) for further information.

Note 7 Financial instruments, contingencies and valuation judgements

The Royal Women's Hospital 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, as well as those items that are contingent in nature or require a higher level of judgement to be applied, which for the hospital is related mainly to fair value determination.

Structure

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Note 7.1 Financial instruments

Financial instruments arise out of contractual agreements that give rise to a financial asset in one entity and a financial liability or equity instrument in another entity. Due to the nature of The Royal Women's Hospital's activities, certain financial assets and financial liabilities arise under statute rather than a contract. Such financial assets and financial liabilities do not meet the definition of financial instruments in AASB 132 *Financial Instruments: Presentation*.

	Note	Carrying amount \$'000	Net gain/ (loss) \$'000	Total interest income / (expense) \$'000	Impairment loss \$'000
30 June 2025					
Financial assets at amortised cost					
Cash and cash equivalents	6.2	22,865	-	1,857	-
Receivables	5.1	23,350	-	-	(881)
Financial assets at fair value through net result					
Investments and other financial assets	5.2	19,969	990	1,204	-
Total financial assetsⁱ		66,184	990	3,061	(881)
Financial liabilities at amortised cost					
Payables	5.5	29,460	-	-	-
Borrowings	6.1	149,053	-	(11,439)	-
Total financial liabilitiesⁱ		178,513	-	(11,439)	-

	Note	Carrying amount \$'000	Net gain/ (loss) \$'000	Total interest income / (expense) \$'000	Impairment loss \$'000
30 June 2024					
Financial assets at amortised cost					
Cash and cash equivalents	6.2	9,965	-	1,877	-
Receivables	5.1	25,860	-	-	(546)
Financial assets at fair value through net result					
Investments and other financial assets	5.2	18,000	1,109	556	-
Total financial assetsⁱ		53,825	1,109	2,433	(546)
Financial liabilities at amortised cost					
Payables	5.5	24,245	-	-	-
Borrowings	6.1	162,532	-	(12,402)	-
Total financial liabilitiesⁱ		186,777	-	(12,402)	-

ⁱ The carrying amount excludes statutory receivables (i.e. GST receivable) and contractual payables (i.e. deferred capital grant income).

Note 7.1 Financial instruments (continued)

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 The Royal Women's Hospital to solely 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.

The Royal Women's Hospital recognises the following assets in this category:

- Cash and cash equivalents; and
- Receivables (excluding statutory receivables).

Financial assets at fair value through net result

The Royal Women's Hospital designated all of its managed investment schemes as fair value through net result. Other financial assets are required to be measured at fair value through net result unless they are measured at amortised cost or fair value through other comprehensive income.

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 Royal Women's Hospital recognises the following liabilities in this category:

- Payables (excluding statutory payables and deferred capital grant income); and
- Borrowings.

Derecognition of financial assets

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

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

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

Derecognition of financial liabilities

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

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

Reclassification of financial instruments

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

A financial liability reclassification is not permitted.

Note 7.2 Contingent assets and contingent liabilities

Details of financial estimates for contingent assets or contingent liabilities are included in the following table:

	Total 2025 \$'000	Total 2024 \$'000
Contingent liabilities		
Quantifiable		
Contribution to Parkville facility	11,820	11,820
Total quantifiable contingent liabilities	11,820	11,820

How we measure and disclose contingent assets and contingent liabilities

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

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

Contingent assets

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

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

There were no contingent assets for The Royal Women's Hospital as at 30 June 2025 (2024: Nil).

Contingent liabilities

Contingent liabilities are:

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

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

Contribution to Parkville facility

During the year ended 30 June 2008, The Royal Women's Hospital relocated to a new facility. The State of Victoria has an expectation that The Royal Women's Hospital will contribute \$61.40m (in cash or in kind) from the disposal of properties at the Carlton site to the cost of constructing the Parkville facility. Settlement of the contingent liability is dependent upon the timing and manner of the disposal of certain properties at the Carlton site.

Subsequent to 30 June 2008, the contingent liability to the Department of Health has reduced to \$11.82m, due to the disposal of properties at the Carlton site.

Non-financial physical assets held for sale

The Department of Transport and Planning is facilitating the sale of property deemed surplus to the hospital's requirements in accordance with the Victorian Government Land Transactions Policy. The identified properties are expected to be sold within the next 12 months.

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;
- Property, plant and equipment;
- Right-of-use assets; and
- Investment properties.

In addition, the fair value of other assets and liabilities that are carried at amortised cost, are also reviewed 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.

The Royal Women's Hospital 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.

The Royal Women's Hospital 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 The Royal Women's Hospital's independent valuation agency for property, plant and equipment.

Fair value determination: managed investment schemes

The Royal Women's Hospital invests in managed funds of which a portion may not be quoted in an active market and which may be subject to restrictions on redemptions.

The Royal Women's Hospital considers the valuation techniques and inputs used in valuing these funds as part of its due diligence prior to investment, to ensure they are reasonable and appropriate. The net asset value of these funds is used as an input into measuring their fair value, and is adjusted as necessary, to reflect restrictions and redemptions, future commitments and other specific factors of the fund.

The Royal Women's Hospital obtains from its Fund Managers, the fair value classification for each asset class of funds held within its portfolio. These funds are either Level 1 or 2.

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 for 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 The Royal Women's Hospital'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, The Royal Women's Hospital 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, The Royal Women's Hospital 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 and investment properties are valued using the market approach. Under this valuation method, the assets are compared to recent comparable sales or sales of comparable assets which are considered to have nominal or no added improvement value.

One non-specialised building is valued under the income capitalisation approach. Under this valuation method, the asset is compared to recent comparable sales and rental evidence. The fair value of the land has been deducted to derive the fair value of the building. This valuation technique was used for the first time in the current financial year.

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, The Royal Women's Hospital 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 The Royal Women's Hospital, the current replacement cost method is used for the specialised leased PPP building, adjusting for the associated depreciation.

Vehicles

The Royal Women's Hospital acquires new vehicles and at times disposes of them before completion of their economic life. The process of acquisition, use and disposal in the market is managed by the hospital which set relevant depreciation rates during use to reflect the consumption of the vehicles. As a result, the fair value of vehicles does not differ materially from the carrying amount (depreciated cost).

Furniture and fittings, plant and equipment

Furniture and fittings, plant and equipment (including medical equipment, computers and communication equipment) are held at carrying amount (depreciated cost). When plant and equipment is specialised in use, such that it is rarely sold other than as part of a going concern, the current replacement cost is used to estimate the fair value. Unless there is market evidence that current replacement costs are significantly different from the original acquisition cost, it is considered unlikely that current replacement cost will be materially different from the existing carrying amount.

Cultural assets

Cultural assets are valued using the market approach. For cultural assets, Menzies Fine Art Auctioneers and Valuers is The Royal Women's Hospital's independent valuer. Cultural assets were revalued as at 30 June 2024.

Significant assumptions

Description of significant assumptions applied to fair value measurement:

Asset class	Valuation technique	Significant assumption
Specialised land - Crown land	Market approach	Community service obligations adjustments ⁱ
Specialised buildings	Current replacement cost approach	Cost per square metre Useful life of specialised buildings
Vehicles	Current replacement cost approach	Cost per unit Useful life of vehicles
Furniture and fittings, plant and equipment	Current replacement cost approach	Cost per unit Useful life of furniture and fittings, plant and equipment
Investment properties	Market approach (land), current replacement cost approach (building)	Community service obligations adjustments ⁱ

ⁱ A Community Service Obligation (CSO) of 25% or 30% was applied to The Royal Women's Hospital's specialised land and 20% or 30% to a portion of investment land held.

Note 8 Other disclosures

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

Structure

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Note 8.1 Responsible persons

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
Former Minister for Health Infrastructure	1 Jul 2024 - 19 Dec 2024
The Honourable Ingrid Stitt MP	
Minister for Mental Health	1 Jul 2024 - 30 Jun 2025
The Honourable Melissa Horne MP	
Minister for Health Infrastructure	19 Dec 2024 - 30 Jun 2025
Governing Board	
Ms Cath Bowtell (Chair of the Board) (appointment concluded 30 June 2025)	1 Jul 2024 - 30 Jun 2025
Ms Naomi Johnston	1 Jul 2024 - 30 Jun 2025
Ms Rosie Batty AO	1 Jul 2024 - 30 Jun 2025
Adjunct Professor Alan Lilly (appointment concluded 30 June 2025)	1 Jul 2024 - 30 Jun 2025
Mr Ken Parsons	1 Jul 2024 - 30 Jun 2025
Professor Marie Bismark	1 Jul 2024 - 30 Jun 2025
Ms Marianne Walker	1 Jul 2024 - 30 Jun 2025
Adjunct Professor Glen Noonan	1 Jul 2024 - 30 Jun 2025
Ms Jane Canaway	1 Jul 2024 - 30 Jun 2025
Dr Janine Mohamed	1 Jul 2024 - 30 Jun 2025
Accountable Officer	
Professor Sue Matthews (Chief Executive Officer)	1 Jul 2024 - 30 Jun 2025

Note 8.1 Responsible persons (continued)

Remuneration of responsible persons

The number of responsible persons are shown in their relevant income bands:

	Total 2025 No.	Total 2024 No.
Income band		
\$20,000 - \$29,999 ⁱ	4	9
\$30,000 - \$39,999 ⁱ	5	-
\$60,000 - \$69,999 ⁱ	1	1
\$540,000 - \$549,999	-	1
\$550,000 - \$559,999	1	-
Total	11	11

ⁱ Current year includes one-off adjustments to recognise prior years' indexing to the Board Committee member fee.

	Total 2025 \$'000	Total 2024 \$'000
Total remuneration received or due and receivable by responsible persons from the reporting entity amounted to	906	850

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

Note 8.2 Remuneration of executives

The number of executive officers, other than Responsible Ministers and 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.

	Total 2025 \$'000	Total 2024 \$'000
Remuneration of executive officers (including key management personnel disclosed in Note 8.3)		
Total remuneration ⁱ	2,949	2,875
Total number of executives	10	9
Total annualised employee equivalent ⁱⁱ	9.0	9.0

ⁱ The total number of executive officers includes persons who meet the definition of Key Management Personnel (KMP) of The Royal Women's Hospital under AASB 124 *Related Party Disclosures* and are also reported within Note 8.3.

ⁱⁱ Annualised employee equivalent is based on working 38 ordinary hours per week. Headcount includes staff employed during the period. No role overlap occurred.

Note 8.3 Related parties

The Royal Women's Hospital is a wholly owned and controlled entity of the State of Victoria. Related parties of the hospital include:

- All key management personnel (KMP) and their close family members and personal business interest;
- Cabinet ministers (where applicable) and their close family members;
- All hospitals and public sector entities that are controlled and consolidated into the State of Victoria financial statements.

Key management personnel

KMPs are those people with the authority and responsibility for planning, directing and controlling the activities of The Royal Women's Hospital, directly or indirectly.

The Board of Directors and the Executive Officers of The Royal Women's Hospital are deemed to be KMPs.

Entity	KMPs	Position title
The Royal Women's Hospital	Ms Cath Bowtell (appointment concluded 30 June 2025)	Chair of the Board
The Royal Women's Hospital	Ms Naomi Johnston	Board Member
The Royal Women's Hospital	Ms Rosie Batty AO	Board Member
The Royal Women's Hospital	Adjunct Professor Alan Lilly (appointment concluded 30 June 2025)	Board Member
The Royal Women's Hospital	Mr Ken Parsons	Board Member
The Royal Women's Hospital	Professor Marie Bismark	Board Member
The Royal Women's Hospital	Ms Marianne Walker	Board Member
The Royal Women's Hospital	Adjunct Professor Glen Noonan	Board Member
The Royal Women's Hospital	Ms Jane Canaway	Board Member
The Royal Women's Hospital	Dr Janine Mohamed	Board Member
The Royal Women's Hospital	Professor Sue Matthews	Chief Executive Officer
The Royal Women's Hospital	Mrs Sophie Dixon	Chief Financial Officer
The Royal Women's Hospital	Ms Lisa Lynch	Chief Operating Officer
The Royal Women's Hospital	Dr Mark Garwood (resigned February 2025)	Chief Medical Officer
The Royal Women's Hospital	Dr Nicola Yuen (appointed January 2025)	Chief Medical Officer
The Royal Women's Hospital	Ms Laura Bignell	Chief Midwifery and Nursing Officer
The Royal Women's Hospital	Ms Tania Angelini	Chief Communications Officer
The Royal Women's Hospital	Ms Sherri Huckstep	Chief Experience Officer
The Royal Women's Hospital	Mr Damian Gibney	Executive Director Clinical Excellence and Systems Improvement
The Royal Women's Hospital	Mr George Cozaris	Chief Information Officer, Executive Director Digital Innovation
The Royal Women's Hospital	Mr Jason Smith	Executive Director Philanthropy and Community Investment

Note 8.3 Related parties (continued)

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 Financial Report.

	Total 2025 \$'000	Total 2024 \$'000
Total compensation - KMPs ⁱ	3,855	3,725

ⁱ KMPs are also reported in Note 8.1 and Note 8.2.

Significant transactions with government related entities

The Royal Women's Hospital received funding from the Department of Health of \$374m (2024: \$351m) and indirect contributions of \$1m (2024: \$3m). Balance outstanding as at 30 June 2025 is \$6k payable (2024: nil payable).

Expenses incurred by The Royal Women's Hospital in delivering services and outputs 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 Victorian Managed Insurance Authority.

The Standing Directions of the Minister for Finance require The Royal Women's Hospital to hold cash (in excess of working capital) in accordance with the State'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. The Royal Women's Hospital holds investment funds with the Victorian Funds Management Corporation, in accordance with the Standing Directions.

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. Employment processes within the Victorian public sector occur 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 Healthshare Victoria and the Victorian Government Purchasing Board requirements.

The Chief Information Officer and Executive Director Digital Innovation of The Royal Women's Hospital is also the Chief Information Officer and Executive Director Digital Innovation at The Royal Melbourne Hospital and Peter MacCallum Cancer Centre during the 2025 financial year.

The transactions between the two entities are for reimbursement of salary related costs paid to The Royal Women's Hospital. All dealings are in the normal course of business and are on normal commercial terms and conditions.

There were no related party transactions with Cabinet Ministers required to be disclosed in 2025 (2024: Nil).

Outside of normal citizen type transactions with The Royal Women's Hospital, there were no other related party transactions that involved key management personnel, their close family members and their personal business interests. No provision has been required, nor any expense recognised, for impairment of receivables from related parties.

There were no other related party transactions required to be disclosed for The Royal Women's Hospital Board of Directors, Chief Executive Officer and Executive Officers in 2025 (2024: Nil).

Note 8.4 Remuneration of auditors

	Total 2025 \$'000	Total 2024 \$'000
Victorian Auditor-General's Office		
Audit of financial statements	87	84
Total remuneration of auditors	87	84

Note 8.5 Events occurring after the balance sheet date

No other matters or circumstances have arisen since the end of the financial year which significantly affected or may affect the operations of The Royal Women's Hospital, the results of the operations or the state of affairs of The Royal Women's Hospital in the future financial years.



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