Maryborough District Health Service Annual Report 2025 -2026



Photo - Some of the crew L-R Kasey,Bella,Mellita and Cassie bringing the new theatre to life

MDHS

Acknowledgement of Country



We acknowledge the traditional custodians of the land on which we operate including the Djaara people.

We pay our respect to the leaders and Elders past, present and emerging for they hold the memories, traditions, the culture and hopes of all Indigenous peoples.

We express our gratitude in sharing of this land and our sorrow for the personal, spiritual and cultural costs of the sharing.

We hope that we may walk forward together in harmony and in the spirit of healing.

MDHS

Maryborough | Avoca | Dunolly
mdhs.vic.gov.au

Contents

About us 4

Year in Review 6

Values and Leadership 20

Statement of Priorities 23

Report of Operations 30

Attestations and Declarations 44

Independent Auditor's Report.....47

Financial statements 49

Maryborough District Health Service

PO Box 155

75-87 Clarendon Street

Maryborough, Victoria 3465

Phone: +61 3 5461 0333

Fax: +61 3 5461 4489

Incorporating:
Community Services
PO Box 155

75-87 Clarendon Street

Maryborough, Victoria 3465

Phone: +61 3 5461 0333

Fax: +61 3 5461 4828

Avoca Campus

10 Templeton Street

PO Box 75

Avoca, Victoria 3467

Phone: +61 3 5465 1202

Fax: +61 3 5465 3533

Dunolly Campus

20 Havelock Street

Dunolly, Victoria 3462

Phone: +61 3 5468 2900

Fax: +61 3 5468 1188

About us

Establishment of the Health Service

Maryborough District Health Service is a health service established under the *Health Services Act 1988* (Vic). Maryborough District Health Service is located across the Local Government Areas of Central Goldfields and Pyrenees Shires in Central Victoria and provides a comprehensive range of services including urgent care, theatre, acute inpatient, residential care, home and community-based services to the local population of around 15,000 people.

The main campus is located in Maryborough with other services delivered from the Avoca and Dunolly campuses. The strong clinical and social links that have been developed and nurtured between the three campuses ensure that the community is cared for by trained staff who are committed to high standards of person-centered care.

Annual Report

The annual report is a legal document prepared in accordance with the Health Services Annual Reporting Guidelines for 2025-2026 under the *Financial Management Act 1994* (Vic).

The Annual Report 2025 - 2026 includes the Report of Operations and the Financial Report.

Responsible Ministers

Responsible Ministers for the reporting period

Minister for Health
Minister for Ambulance Services
The Hon. Mary-Anne Thomas
From 1 July 2025 to 15 April 2026

Minister for Health
Minister for Ambulance Services
Minister for Water
Hon. Harriet Shing
From 15 April 2026 to 30 June 2026

Minister for Health
Infrastructure
The Hon. Melissa Horne
From 30 June 2025 to 30 June 2026

Minister for Mental Health
Minister for Aging
The Hon. Ingrid Stitt
From 1 July 2025 to 30 June 2026

Responsible Bodies Declaration

In accordance with the *Financial Management Act 1994*, I am pleased to present the Report of Operations for Maryborough District Health Service for the year ending 30 June 2026.

Judith Lowthian
Board Chair
Maryborough District Health Service
30 September 2026

Services and programs

Maryborough Campus: Acute beds, the Urgent Care Centre, Diagnostic Services, Maternity, Oncology, Dialysis, Dental and Community Services with Allied Health and Community Health

Dunolly Campus: two acute beds and two transitional Care Beds alongside its Nursing Home beds

Community programs are managed and delivered throughout the region by MDHS

Aged Care Services are delivered at Maryborough, Dunolly and Avoca campuses

Clinical Services



- Acute - Medical/Surgical
- Allied Health Support
- Central Sterilizing Department
- Pre-Admission Clinic
- Dental Services
- Medical Imaging
- Dialysis
- Oncology
- Maternity Services
- Urgent Care Centre
- Palliative Care
- Perioroperative Services – Same day and Overnight

Community Services

- District Nursing
- Women's Health
- Dental Health
- Health Promotion
- Your Care pathway
- Step Through program
- Exercise Physiology
- Wound Care
- Post-Acute Care
- Home and Community Care Program for Younger People
- Hospital in the Home
- Palliative Care
- Housing
- Occupational Therapy
- Physiotherapy
- Social Support
- Speech Pathology
- Dietetics
- Smile Squad
- Alcohol and Drug
- Commonwealth Home Support Program
- Chronic Disease Management
- Hospital Admission Risk Program (HARP)
- Best Start
- School Readiness
- Smiles 4 Miles

Corporate Services

- Administration
- Building Services
- Emergency Management
- Finance
- Communications
- Health Information
- Support Services
- People, Culture and Wellbeing
- Occupational Health and Safety
- Diversity and Inclusion
- Information, Communication and Technology
- Quality and Risk
- Infection Control
- Learning, Education and Development (LEAD)
- Procurement and Supply

Year in Review

Board Chair and Interim Chief Executive Officer

Building a stronger future together

The past year has been a year of connection, progress and renewal for Maryborough District Health Service (MDHS).

MDHS has continued to transform healthcare across our region by delivering more services closer to home, investing in our people and creating healthier, more connected communities.

Everything we have achieved has been guided by a simple belief: everyone deserves access to safe, high-quality healthcare, regardless of where they live.

Across our organisation, we have seen what is possible when people come together with a shared purpose: caring for our community, supporting one another and creating a stronger future for health and wellbeing across our region.

At the heart of MDHS are our people. Every day, our staff, volunteers, visiting medical officers, consumers, carers, partners and community members contribute to making our health service a place where people feel supported, respected and cared for. Whether delivering clinical care, supporting residents in our aged care homes, working in community programs, maintaining our facilities or enabling our operations behind the scenes, every person plays an important role in the care we provide.

Together with our staff, consumers, volunteers, partners and community, we are continuing to change the healthcare story for our region

We are incredibly proud of the commitment, compassion and resilience demonstrated by our workforce throughout the year. Their dedication continues to be the foundation on which MDHS builds its future.

Creating places where people feel cared for

The opening of the new Maryborough Hospital in April 2025 marked a defining moment for healthcare in the Central Goldfields region.

Completed on time and on budget, the $115 million redevelopment represents the largest investment in healthcare infrastructure in our region's history and provides the foundation for the next generation of care at MDHS.

The redevelopment was designed around the needs of our patients, families, staff and community. Modern urgent and inpatient care, contemporary birthing suites, expanded operating theatres, improved medical imaging and consulting rooms create a more welcoming, efficient and therapeutic environment for care. A dedicated family suite, connected to the palliative care room, provides a quiet and private space for families, supporting comfort and connection when it matters most.

Importantly, this redevelopment is about far more than a building. It is about creating a contemporary health service that enhances the experience of care, strengthens local services and supports the needs of our community into the future.

Photo – Garden courtyards available for patients and families inside the hospital for a quiet minute.



For patients receiving dialysis, cancer treatment or other infusions, the new Medical Day Unit provides a more comfortable and welcoming space for care. The 10 new treatment chairs are designed with patient comfort in mind, providing a more suitable setting for patients who may spend several hours receiving treatment. Large windows overlooking Maryborough bring in natural light and provide a connection to the community beyond, creating a brighter and more positive environment for patients and their families.

The service also means local patients can access dialysis closer to home, reducing the need to travel to larger regional centres for regular treatment. Where possible, dialysis can also be arranged for visiting clients, providing greater flexibility and continuity of care.

Photo – Natural light and views across Maryborough in the new Medical Day Unit.



The redevelopment provides the capacity and infrastructure needed to respond to growing demand, while supporting the attraction and retention of the next generation of healthcare professionals in rural Victoria.

Across the hospital, contemporary clinical technologies are further enhancing safety, efficiency and the experience of care. Digital operating theatres, automated medication dispensing systems, enhanced patient monitoring and integrated communication systems support our clinicians to deliver safe high-quality care, while creating new opportunities for education, training and innovation.

Together, these investments are helping to shape a more modern, connected and sustainable health service, one that is well placed to meet the changing needs of our community for years to come.

The redevelopment also celebrates the identity of our region. Aboriginal artwork, dual naming and culturally welcoming design elements recognise the Traditional Owners and help create a space where people from all backgrounds feel respected, included and connected. These developments have also strengthened our commitment to working in partnership with First Nations communities.

Photo – Features like dual naming and original artwork by First Nations artists celebrate local cultural heritage and help make the hospital a culturally safe space for patients, families, visitors and staff



The new facility positions us to treat up to 4,000 additional patients each year, strengthening access to care closer to home and helping ensure our communities can receive the healthcare they need, when and where they need it.

Alongside the redevelopment, we completed a $4.3 million upgrade of our Support Services Logistics Hub through the Regional Health Infrastructure Fund. The project improved the efficiency, safety and sustainability of essential back-of-house operations, with expanded waste management and linen handling facilities, improved sterile supply storage, a new engineering workshop and electric vehicle charging stations helping support the delivery of more sustainable high-quality care across the organisation.

We continued to invest in the renewal of our heritage building, respecting the history and connection it holds for our community while ensuring it continues to meet the needs of those who use it. Improvements across our residential aged care homes have also created more comfortable, accessible and supportive environments where residents can feel at home and where families can remain connected.

Supporting healthier ageing

Our commitment to helping people live well extends beyond healthcare.

Our Maryborough, Avoca and Dunolly residential communities received overall four- and five-star ratings through the Aged Care Star Ratings.

Across our residential communities, we continued to improve residents' wellbeing and quality of life through enhancements to dining and nutrition, lifestyle programs and opportunities to stay connected with the community.

In 2025, MDHS completed the Maggie Beer Foundation Trainer Mentor Program. The program has supported significant improvements to dining experiences for residents. New initiatives included buffet breakfasts, bain-marie meal service, increased use of fresh produce and fortified meals, with changes informed by resident feedback.

Chefs across each campus now interact directly with residents during meal services to seek feedback and enhance the dining experience. This creates a more welcoming, homelike environment and gives residents greater opportunity to share their preferences. Staffing levels were also increased to better support meal service, and the range of meal choices was expanded.

Dining environments at Maryborough, Avoca and Dunolly were enhanced through new furniture and tableware, as well as snack bars and coffee clubs. These improvements have created more welcoming and social spaces for residents to enjoy meals and connect with others.

Residents also remained actively connected with their local communities through partnerships with schools, clubs and community groups. A broad lifestyle program supported residents' wellbeing, independence and social connection, with activities designed to encourage participation and maintain meaningful connections.

Our people make the difference

The greatest strength of MDHS is not found in our buildings or systems—it is found in our people. Our ability to provide outstanding care depends on attracting, developing and supporting a skilled workforce.

Throughout the year, our teams have continued to provide exceptional care across acute services, aged care, community health, allied health, mental health, and corporate support services. Behind every positive experience is a network of people working together: clinicians, administration teams, environmental services, food services, finance, information technology, facilities, quality and safety teams, volunteers and many others.

MDHS met Australian Commission on Safety and Quality in Health Care (ACSQHC) accreditation outcomes with 100 per cent of assessed standards met across hospital services.

We strengthened clinical governance through enhanced open disclosure, real-time incident reviews, daily operating system meetings, and enhanced board oversight of quality and safety indicators.

Participation in the Safer Together program and targeted initiatives to improve care for older people at risk of delirium further supported our commitment to continuous improvement and excellent patient outcomes.

This work often happens quietly, but its impact is significant. Together, our people ensure that care is safe, compassionate and responsive to the needs of our community.

We continued to strengthen local career pathways through our long-standing partnership with Bendigo Kangan Institute, graduate nursing programs and expanded Transition to Practice opportunities for enrolled nurses. Welcoming graduate nurses to our new hospital to graduate nurses during our inaugural Graduate Open Day showcased the opportunities available to build rewarding healthcare careers close to home.

Equally important has been our focus on wellbeing, leadership and workplace culture. In what has been a challenging year, we have continued to create opportunities for connection, reflection and support through wellbeing initiatives, leadership development, staff recognition and mental health activities. These are important steps in supporting our people through change and creating a workplace where staff feel valued, connected and supported. While there is always more to learn and build on, the commitment of our staff and organisation throughout the year has been an important part of moving forward with care, optimism and purpose.

Our commitment to gender equality also continued through leadership development, workplace initiatives and annual participation in the 16 Days of Activism Against Gender-Based Violence campaign, reinforcing our role in building safer, more respectful communities. One highlight was the 16 Days of Activism Step up for Respect walk in Maryborough, which brought together approximately 150 community members and representatives from health services, specialist family violence services, Victoria Police, emergency services, local government and community organisations. Participants walked in solidarity through the town centre, raising awareness of family violence and demonstrating a shared commitment to creating a safer and more respectful community. The walk concluded at MDHS main reception foyer in Maryborough with a community gathering featuring speakers from the Centre for Non-Violence and a powerful lived experience presentation.

Additional campaign activities include a Kitchen Table Conversation at all campuses, media engagement with Goldfields FM, Respect coffee cups in the MDHS café, orange illumination of the Maryborough campus in orange and support for community displays such as the Zonta flowerbed. These initiatives encouraged important conversations about gender equality, respect and violence prevention while strengthening partnerships across the region.

Photo - 16 Days of Activism Step up for Respect walk concluded at MDHS with a community gathering featuring speakers from the Centre for Non-Violence and a powerful lived experience presentation.



Strengthening our workplace culture has remained a priority. We believe that listening to our people and creating opportunities for meaningful conversations are essential to building an organisation where everyone feels valued and supported.

This year we introduced Board Walk Arounds, providing board directors with the opportunity to spend time with teams across our services, hear directly about their experiences and better understand the opportunities and challenges facing our workforce.

Our Staff Forums have also created opportunities for open discussion, shared learning and collaboration. These conversations have reinforced an important principle: the people closest to care often have the greatest insights into how we can improve.

Our people remain our greatest strength and we continue to invest in creating an organisation where they can thrive.

Strengthening how we lead and work together

Building a stronger future requires strong foundations.

During the year, we continued to strengthen leadership capability, celebrate diversity and recognise the outstanding contribution of our people. Cultural awareness training, coaching programs, employee wellbeing initiatives, staff recognition awards and celebrations acknowledging our health professionals all contribute to an organisation where we want people to feel included, valued and inspired to do their best work.

The growing number of service milestones and staff recognition nominations reflects the strong sense of pride, belonging and commitment that continues to shape MDHS. We undertook important reviews of governance and organisational culture. These reviews provided an opportunity to reflect on our strengths, listen to feedback and consider how we can continue to improve as an organisation. The work has reinforced the importance of transparent decision-making, strong leadership, accountability and a workplace culture where people feel respected, included and empowered.

MDHS met its reporting obligations under the Gender Equality Act 2020 through submission of its Workplace Gender Audit Progress Report and Gender Equality Action Plan (GEAP). Developed through workforce data analysis, staff consultation and root cause assessment, the GEAP provides a roadmap for strengthening gender equality across the organisation.

Key focus areas include equitable recruitment and promotion practices, flexible work and leadership opportunities, prevention of sexual harassment, reducing occupational segregation and embedding accountability for gender equality outcomes. Implementation of the GEAP commenced during 2026 and will be supported through ongoing governance, monitoring and integration with broader organisational priorities.

Creating a positive and safe culture is not a one-off initiative—it is an ongoing commitment. It requires listening, learning and taking action together. We are committed to continuing this journey and ensuring our values are reflected in everything we do.

Stronger through partnership

The future of healthcare depends on collaboration.

Through our involvement in the Grampians Local Health Service Network (GLHSN), we continue to strengthen relationships with neighbouring health services and partners across the region. These partnerships allow us to share knowledge, build capability, improve access to services and work together to address the challenges facing rural healthcare.

By collaborating across the region, we can create more connected experiences for patients and consumers, support our workforce and build a more sustainable health system for generations to come.

Our partnerships extend beyond health services. We value our relationships with local organisations, community groups, education providers, government agencies and the many people who contribute to the health and wellbeing of our region.

Looking ahead

As we look to the future, we remain focused on partnering with our communities to improve health outcomes and build a healthier region.

Through our ‘Your Voice, Our Future’ community survey, we invited consumers, carers, community members and collaborators to share their experiences, expectations and hopes for the future of healthcare in our region. The survey attracted more than 200 responses and helped inform the development of our next Strategic Plan.

More than 90 per cent of respondents reported using an MDHS service in the previous two years, demonstrating strong community engagement and trust. At the same time, the survey highlighted ongoing challenges, with 80 per cent of respondents travelling outside the region for some healthcare services, most commonly to Ballarat.

Improving access to care, strengthening the workforce, investing in prevention and expanding mental health services emerged as the community's highest priorities.

These voices have helped shape our 2026–2029 Strategic Plan and will continue to guide our priorities into the future. Our strategy reflects a commitment to working alongside our community, staff and collaborators to ensure MDHS remains responsive, sustainable and focused on delivering the care people need.

We look forward to continuing to work with the Department of Health and our stakeholders to bring this vision to life.

As we look ahead, we will continue to listen, learn and work together. We will continue strengthening our services, investing in our people and building partnerships that improve health outcomes for our community.

Thank you to our staff, volunteers, consumers, residents, families, carers, collaborators and community for your ongoing trust, commitment and support.

Recognising leadership

As we reflect on the year, we would like to recognise and celebrate the valuable contributions of those who have supported MDHS.

We extend our sincere thanks to Board Director Peter Le Lievre for his outstanding contribution and dedicated service to MDHS over the past few years. Peter’s leadership in audit, risk and financial governance has played an important role in strengthening MDHS’s strategic direction and operational performance.

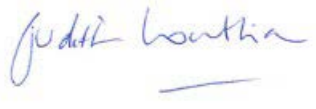
We were also pleased to welcome Board Director Red Dearnley to the Board. Red brings valuable experience and a strong commitment to improving health outcomes for regional communities. Red’s expertise will support MDHS in continuing to deliver safe, connected and person-centred care.

We also acknowledge former CEO Nickola Allan and thank her for her passionate contribution to MDHS. Her commitment to our communities and dedication to improving health outcomes have made a meaningful impact, helping to shape our journey and strengthen the foundations for our future.

We are grateful to Peter, Red and Nickola for the time, expertise and commitment they have given to MDHS and to the communities we serve.

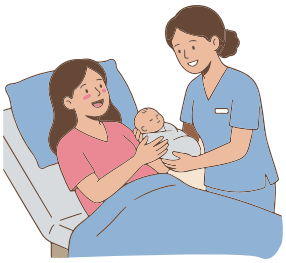


Leanne Shea
Interim Chief Executive Officer



Judith Lowthian
Board Chair

Births



37

New lives welcomed

Urgent Care Centre



8,785

Presentations at UCC diagnosed

Inpatient admissions



893

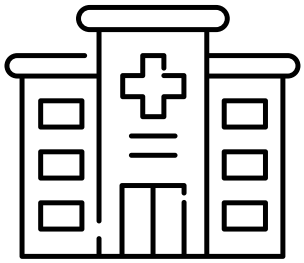
People cared for as inpatients

Specialist outpatient appointments



6,874

includes maternity, oncology clinics, pre admission, Sexual and Reproductive Advice Clinic



MDHS points of care

Surgeries



5,160

Surgical procedures performed

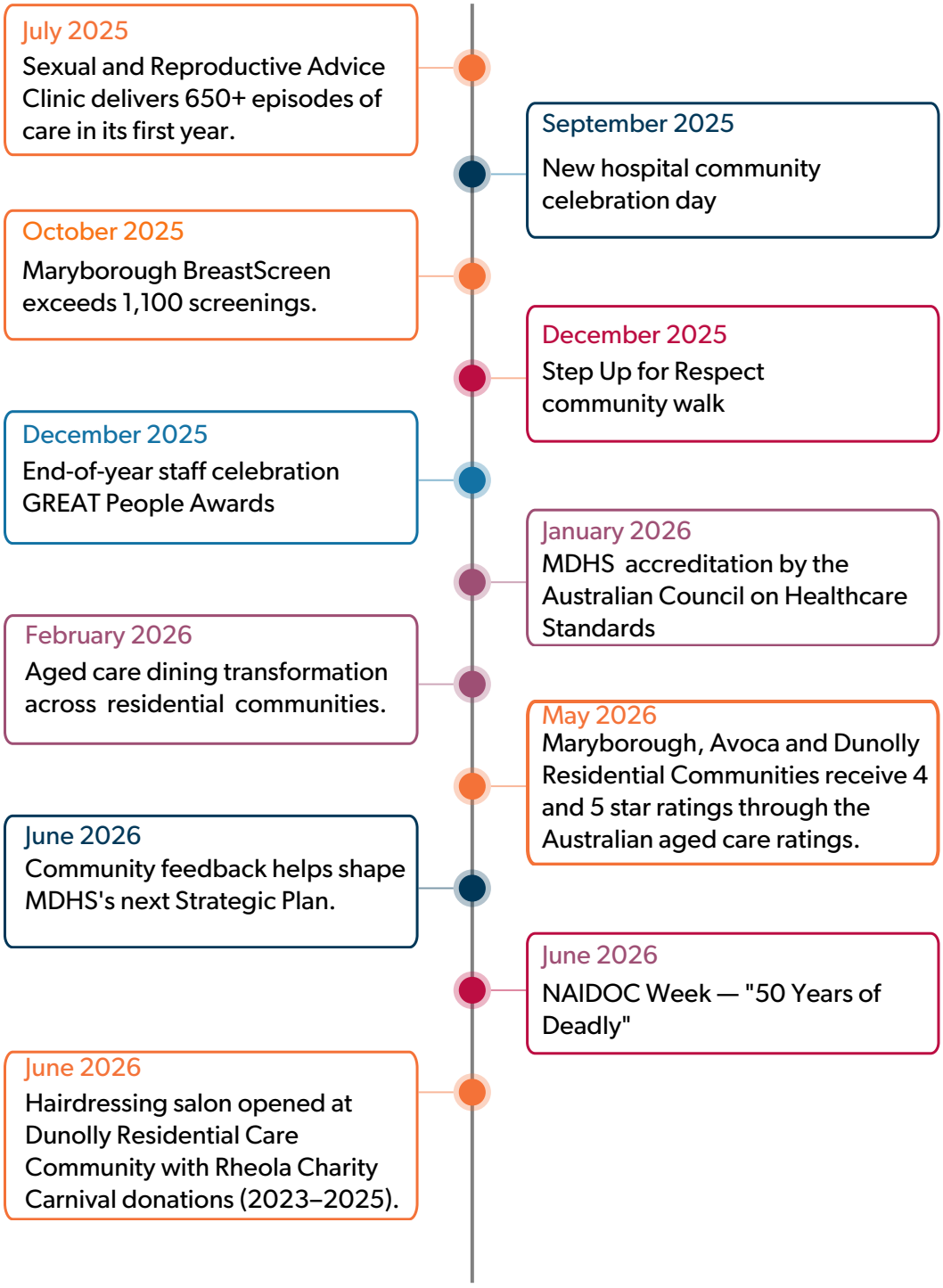
Residential community occupancy

as at 30 June 2026

Wattle Rise	Avoca Nursing Home	Dunolly Nursing Home
83.62%	94.91%	98.05%

Delivering on our strategic pillars

- Connecting our community to care
- Our Team
- Purposeful partnerships
- Sustainability
- Cross- pillar



Expanding access to care

Timely access remains one of the greatest challenges facing rural and regional healthcare. Throughout the reporting period, we continued to respond to this challenge by developing services that reduce barriers and bring care closer to the communities we serve.

A standout achievement was the growth of the Sexual and Reproductive Advice Clinic (SaRAC), which has become an important service for women, girls and gender-diverse people across the region. Before the clinic was established, many community members were required to travel significant distances to access reproductive healthcare and specialist advice.

Since inception in May 2024 SaRAC delivered more than 1690 points of care through more than 400 appointments and around 1288 repeat appointments. The service provides access to contraception, abortion care, sexually transmitted infection treatment and reproductive health advice through a flexible model that includes telehealth, self-referral pathways, after-hours appointments and interpreter support.

What makes the clinic particularly significant is its focus on equity and inclusion. We worked alongside Aboriginal representatives, disability advocates, LGBTQIA+ communities and women's health organisations to co-design a service that is safe, accessible and responsive to community needs. The innovative model also enables Endorsed Midwives to work to their full scope of practice and is now being replicated across rural Victoria.

Maryborough BreastScreen Clinic also continued to demonstrate the power of local partnerships and community advocacy. Supported by local fundraising efforts that contributed $250,000 towards a permanent mammography unit, the service has made breast screening more accessible for local women and reduced the need to travel to larger regional centres.

More than 1,100 screening appointments were completed during the clinic's first 15 months of operation, exceeding expectations and supporting earlier detection of breast cancer. Through initiatives such as the Beautiful Shawl Project, delivered in partnership with the Victorian Aboriginal Community Controlled Health Organisation and BreastScreen Victoria, we have also strengthened participation among Aboriginal women by creating culturally safe pathways into screening.

We delivered the Smile Squad and Smiles 4 Miles programs across schools, kindergartens and early years providers, providing hundreds of free dental screenings for children and helping to reduce dental waitlists by up to two years.

MDHS also supported early childhood development through the Best Start and School Readiness programs, strengthening communication, learning and school readiness outcomes.

Together, these initiatives are making a measurable difference to the health and wellbeing of our community- improving oral health, increasing participation in breast screening, strengthening early childhood development and encouraging greater engagement with preventative healthcare. Importantly, they reflect our ongoing commitment to ensuring that geography is not a barrier to accessing timely, high-quality care, and that more people can receive the services they need closer to home.

Strengthening aboriginal cultural safety and community connections

Our journey towards cultural safety at MDHS

We continue to walk together to remove barriers to care and create a culturally safe health service



2006

- Aboriginal and Torres Strait Islander self-identification at registration.



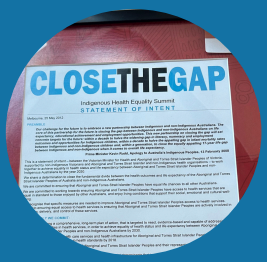
2007

- Embracing the National Apology to the Stolen Generations.



2011

- Introduced Acknowledgement of Country plaques and meeting protocols.



2012

- Signed and displayed Statement of Intent.



2019

- Developed our first Reflect Reconciliation Action Plan (RAP)
- First Nations Flag on the premises
- Active participation in NAIDOC and Reconciliation Week.



2020

- Start recruitment for Aboriginal Hospital Liaison Officer (AHLO)
- Reflect RAP conditionally endorsed by Reconciliation Australia.



2021

- Commissioned artworks for uniforms and campuses
- Cultural awareness training begins
- First AHLO starts in role and hosts first yarn
- Officially launched Reflect RAP.



2022

- Commissioned cultural gifts for newborns
- Started Innovate RAP
- Engaged Traditional Owners on hospital design through Watarka
- Hosted our first Aboriginal Children's Day.



2023

- Recruited second AHLO
- Cultural awareness training for all staff
- Continued engagement through community events and yarns.



2024

- Promoted Aboriginal Liaison Officer roles and support
- Beautiful Shawl Project to improve rates of breast screening
- Expanded AHLO services to East Wimmera.



2025

- First Nations cultural representation and artworks featured in new hospital
- Continued participation community events such as NAIDOC
- Innovate RAP conditionally endorsed.

At MDHS, we are committed to improving health outcomes for Aboriginal and Torres Strait Islander peoples by creating culturally safe services, building strong relationships with community and embedding Aboriginal perspectives across everything we do.

Throughout the year, we continued to advance actions under our Reconciliation Action Plan and strengthen our focus on health equity through meaningful partnerships, community engagement and culturally responsive models of care. The redevelopment of the new Maryborough Hospital reflects this commitment, with Aboriginal artwork, dual naming and culturally welcoming design elements incorporated throughout the facility.

Our Aboriginal Health Liaison Officers (AHLOs) play a vital role in helping us build trust, improve access to healthcare and provide culturally safe support for Aboriginal consumers and their families. Working across hospital, community and aged care settings, our AHLOs assist people to navigate the healthcare system, advocate for their needs and connect them with services and supports that can improve their health and wellbeing.

The impact of our AHLOs extends well beyond dedicated Aboriginal health initiatives. We ensure Aboriginal Health Liaison Officer participation across many of our health promotion, prevention and community engagement activities throughout the year. From Women's Health Week, Sista Care Day and health promotion activities to NAIDOC Week, Aboriginal and Torres Strait Islander Children's Day, health expos and the Goldfields Community Festival, our AHLOs help create welcoming and inclusive environments where Aboriginal community members feel comfortable engaging with services and seeking support.

A key initiative was Deadly Catch Up, a program led by our AHLOs. Held in welcoming community venues across Maryborough, the monthly gatherings created opportunities for people to yarn, ask questions, learn about available services and receive support navigating the healthcare system. Participants were also connected with local health, wellbeing and community support services. By meeting people where they felt comfortable, we strengthened relationships, improved awareness of available services and continued building trust within the community. Following a period of reduced team capacity, the program was paused and the team is now considering future arrangements and the work needed to strengthen and continue these important community connections.

We also continued to support culturally safe preventive health initiatives designed to reduce barriers to care and improve participation in health services. Programs such as the Beautiful Shawl Project helped encourage greater participation in breast screening among Aboriginal women, while Sista Care Day and other targeted initiatives promoted health awareness, connection and engagement within the community.

Together, these initiatives reflect our commitment to listening, learning and working alongside Aboriginal communities to create a health service where Aboriginal and Torres Strait Islander peoples feel safe, respected, supported and connected to care.

Values and Leadership

Vision

Changing the healthcare story with our community

Our Purpose

Connecting our community to GREAT healthcare

Our Strategic Plan is built on four pillars

- Connecting our community to care
- Purposeful partnerships
- Our team
- Sustainability

Values

Genuine

Being consistently honest, trustworthy and accountable.

Respect

This is reflected in our behaviours, attitudes and words, always being fair honest and caring to those we work with and come in contact with.

Excellence

Only the best by us will do, achieving the highest standards of service and care.

Accountability

We consistently do what we say we are going to do by supporting and holding each other to account.

Togetherness

Working together to support common values and vision for shared goals.



Board of Directors (as of June 2025)



Dr Judith Lowthian (she/her)
Board Chair
Director since 2021
Appointed to 2028



Shea Stewart (she/her)
Board Director
Director since 2020
Appointed to 2026



Kahlia Borserio (she/her)
Deputy Chair
Director since 2024
Appointed to 2027



Courtney Noonan (she/her)
Board Director
Director since 2022
Appointed to 2027



Robert Camm (he/him)
Treasurer
Director since 2020
Appointed to 2029



Lisa Livingstone (she/her)
Board Director
Director since 2023
Appointed to 2029



Ron Eason (he/him)
Board Director
Director since 2017
Appointed to 2027



Sara Pantaleo (she/her)
Board Director
Director since 2024
Appointed to 2027

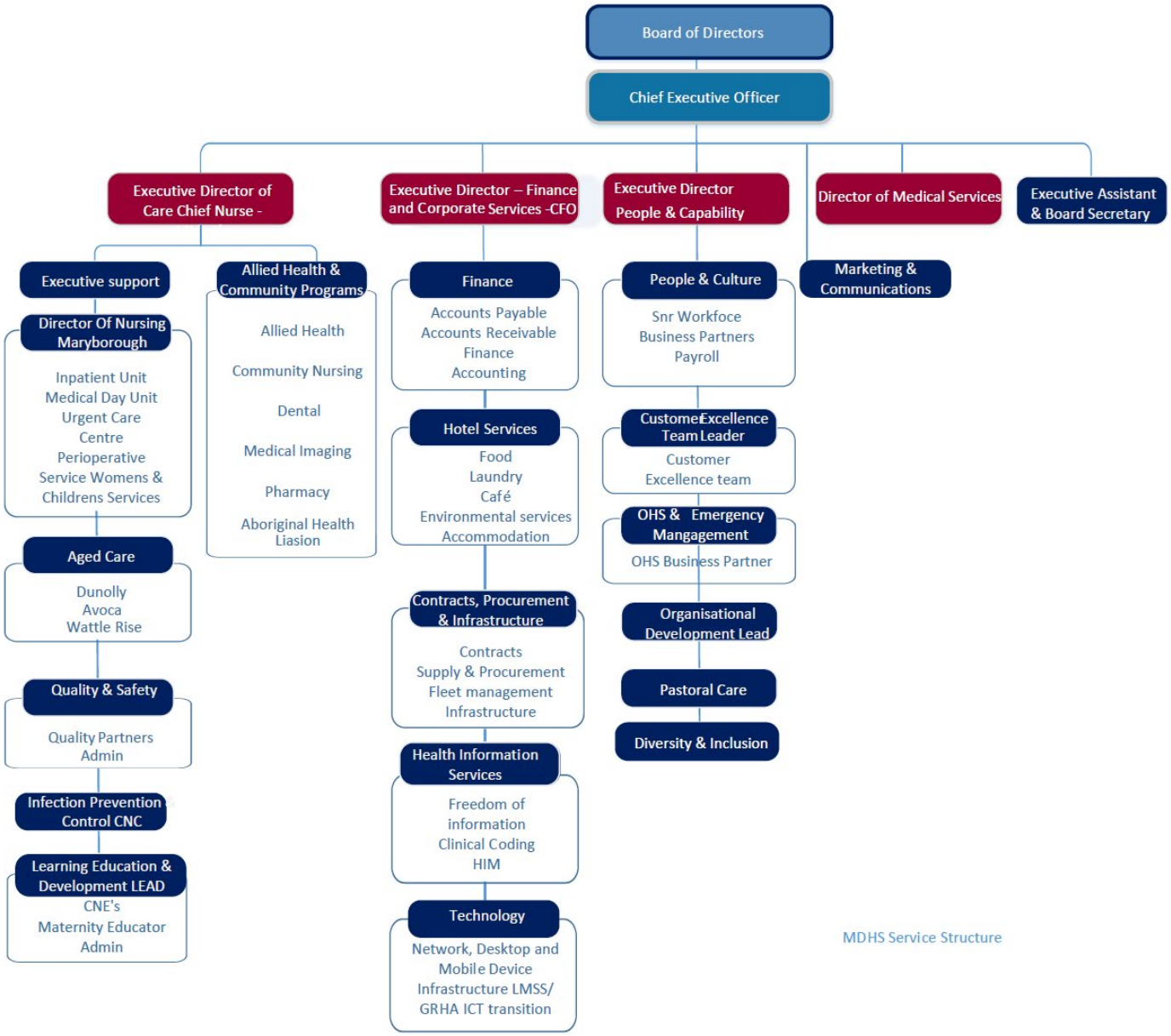


Elizabeth Chatham (she/her)
Board Director
Director since 2021
Appointed to 2029



Red Dearnley (they/them)
Board Director
Director since 2025
Appointed to 2028

Organisational structure



Strategic Priority

Innovate and improve access and care

Goal

Align with the Victorian Clinical Governance Framework to strengthen clinical governance systems ensuring safe, high quality care

Health service deliverables

- Demonstrate high quality care in which consumer engagement and input is actively sought, facilitated and used to drive system change to improve consumer experience and outcomes
- Ensure that health service reporting, reviews and decision making are underpinned by a safety culture and systems that are transparent, accurate and fair for staff and consumers
- Health services are able to show evidence of a comprehensive training program approach that includes performance management, accountability and continuous improvement

Outcomes

Strengthened clinical governance and care quality achieving 100% of assessed hospital accreditation standards and embedding enhanced open disclosure, real time incident reviews, daily operating system meetings and stronger board oversight of quality and safety indicators

Significant work was undertaken to establish new processes for medication management. These processes align with best practice principles and strengthen safe medication practices, accountability and transparency for both staff and the organisation.

Undertaking auditing and aligning education to the gap analysis auditing has declared. Increase in beside handover to encompass review of medication charts for accuracy and update checks has been introduced.

The focus has remained firmly on creating clear, consistent and safe systems that support staff and enhance the quality of care provided to every patient.

Strategic Priority

Innovate and improve access and care

Goal

Maintain a commitment to delivering equitable and timely access to planned care and drive reform in alignment with the Planned Surgery Reform

Health service deliverables

- Implement and scale theatre optimisation initiatives in planned surgery, for example sameday surgery and same-day surgery by default models of care, criteria-led discharge, monitoring of theatre measures, and high throughput approaches such as high-intensity theatre lists.
- Proactively manage planned surgery and specialist clinics (or outpatients) waitlists, for example validating and supporting patients into optimal care pathways such as evidence based alternatives to surgery and optimisation pathways. A particular focus should be applied to long-waiting patients and priority population groups (for example, Aboriginal and Torres Strait Islander patients and under-18 patients).

Outcomes

Access to planned and preventative care was expanded through the new Maryborough Hospital including expanded operating theatres, and contemporary clinical technologies, alongside continued growth in local services such as SaRAC, Breast Screen and dental programs that reduced barriers to care.

The relocation of the theatre services at MDHS has been an example of what can be achieved when a team comes together with a shared commitment to safe, high-quality patient care. Commencing two theatre lists to run concurrently has proved successful to be able to increase theatre capacity.
Structured process around referrals to the theatre list construction from rooms has been tightened up with robust timeframes/deadlines around bookings, receiving patient health questionnaires and information surrounding booked procedures.

Most importantly, this commitment was reflected in the experience of our patients. Feedback has been extremely positive, with patients describing the new theatre environment as welcoming and reassuring, and commenting on how safe they felt.

Alongside the physical relocation, significant work was undertaken to establish new processes for medication management. S4 and S8 processes reviewed and have been aligned with pharmaceutical management for transport and checking processes to be in line with standards. These processes align with best practice principles and strengthen safe medication practices, accountability and transparency for both staff and the organisation. The focus has remained firmly on creating clear, consistent and safe systems that support staff and enhance the quality of care provided to every patient.

Strategic Priority

Prudent, sustainable and effective use of resources

Goal

Develop and implement initiatives to strengthen financial sustainability. By delivering sustainable, responsible budgets, we can ensure a well-managed, viable, and sustainable health system for the future.

Health service deliverables

- Deliver the key initiatives outlined in the Budget Action Plan within Government parameters.
- 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.
- Use funding efficiently and effectively to optimise patient facing services. Undertake programs to reduce the cost of service delivery, improve safety, capacity and reduce unnecessary waiting.

Outcomes

Delivered major infrastructure investment on time and on budget including the $115million Maryborough Hospital redevelopment and completed a $4.3million Support Services Logistics Hub upgrade to improve the efficiency, safety and sustainability of essential operations.

The establishment of the new theatre complex also provided an exciting opportunity to introduce new equipment and technology. With all equipment being new to the environment, an extensive education program was delivered.

Education was complemented by practical simulations, allowing staff to become familiar with the new environment, equipment and processes in a safe and supported setting before using them in clinical practice.

The new equipment has been selected in alignment with contemporary best practice, with the theatre complex also fortunate to introduce Indocyanine Green (ICG) technology to the service.

This advanced imaging technology supports laparoscopic surgery, including the excision of endometriosis, and represents an exciting enhancement to the surgical services available to our local community. Clinicians have embraced the opportunity to utilise cutting-edge technology and provide access to advanced endosurgical care closer to home.

Strategic Priority

A stronger workforce

Goal

Position Victoria as a leader in employee experience, capability, and capacity by focusing on future roles and professional development in line with the Victorian Health Workforce Strategy to ensure a regenerative and sustainable workforce.

Health service deliverables

- Implement processes to sustain workforce supply and fulfill obligations, including those under the Gender Equality Act 2020 by improving employee experience in leadership, health and safety, flexibility, career development, and agility to ensure safe, high-quality care.
- Collaborate with the department to improve workforce data analytics, generate actionable insights, and enhance strategic planning.

Outcomes

Continued to invest in workforce capability, wellbeing and culture through local career pathways, Bendigo TAFE partnerships, graduate and transition to practice programs, wellbeing initiatives, Board Walk Around, Staff Forums and delivery of Gender Equality Act reporting obligations and Gender Equality Action Plan (GEAP) implementation.

The establishment of the new theatre complex also provided an exciting opportunity to introduce new equipment and technology. With all equipment being new to the environment, an extensive education program was delivered to ensure staff felt confident, capable and well supported.

Education was complemented by practical simulations, allowing staff to become familiar with the new environment, equipment and processes in a safe and supported setting before using them in clinical practice.

Strategic Priority

Improving Aboriginal health and wellbeing

Goal

Enhance Delivery and Access to Culturally Safe Services, fostering strong connections to culture. Address racism and provide Aboriginal people with culturally safe healthcare and referral pathways between mainstream and community-controlled health service

Health service deliverables

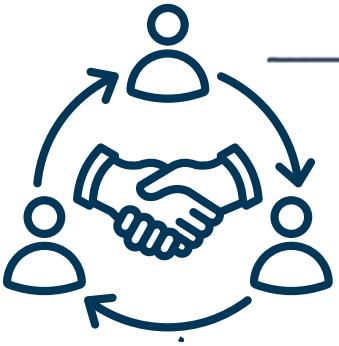
- Deliver high-quality cultural safety training to all executives and staff using independent, expert, community-controlled organisations or a registered Aboriginal business.
- Health service executives and senior leaders establish and maintain strong, ongoing partnerships with Aboriginal community-controlled organisations and/or recognised Aboriginal leaders within their local catchments. These partnerships must be based on regular, proactive engagement that prioritises the voices, self-determined priorities, and cultural knowledge of Aboriginal communities in the design, delivery, and evaluation of health and wellbeing services.
- Ensure culturally appropriate systems for identifying Aboriginal and Torres Strait Islander patients and implement responsive discharge plans and referral pathways.

Outcomes

Advanced culturally safe care through delivering on actions in our Reconciliation Action Plan. This included increasing Aboriginal Heal Liaison resourcing and expanding this support across all our programs, incorporation of dual naming and artwork in our redevelopment, engagement in First Nations initiatives and activities such as Deadly Catch Up gatherings and culturally safe prevention initiatives such as the Beautiful Shawl Project and Sista Care Day.



Photo - Aboriginal Health Liason Officer' wrapped in the shawl from Beautiful Shawl Project.



Strategic Priority

Moving from competition to collaboration



Goal

Collaborate within the Local Health Service Network to build a more integrated health system, with better access and experience for patients, strengthened workforce, consistently high quality care and more sustainable healthcare delivery.

Health service deliverable

Meet all objectives agreed to in the Local Health Service Network Statement of Expectations across priority areas (access, equity and flow, workforce, safety and quality, and shared services)

Outcome

Continued to strengthen regional collaboration through active participation in the Grampians Local Health Service Network (GLHSN), working with the network and partners to share knowledge, build capability, improve access, support the workforce and contribute to a more sustainable rural health system. Maryborough District Health Service actively participated and contributed in the development of the Grampians Regional Clinical Services plan

Statement of Priorities
Part B: Performance Priorities

High quality and safe care

Key performance measure	Target	Actual
Infection Prevention and Control		
Percentage of healthcare workers immunised for influenza	94%	94.5%
Adverse events		
Percentage of reported sentinel events for which a root cause analysis (RCA) report was submitted within 30 business days from notification of the event	All RCA reports submitted within 30 business days	No Sentinel events in this period
Aged Care		
Public sector residential aged care services overall star rating	Minimum rating of 3 stars	Achieved
Patient Experience		
Percentage of patients who reported positive experiences of their hospital stay	95%	99.5%
Aboriginal Health		
Difference between the percentage of Aboriginal patients and non - Aboriginal patients who left against medical advice ** Less than 10 responses were received for the period due to the relative size of the Health Service.*	0%	0%

Strong governance, leadership and culture

Organisational culture	Target	Results
People matter survey – percentage of staff with an overall positive response to safety culture questions	80%	63%*

*Changes to the 2025-26 Health Sector People Matter Survey has affected the percentage of staff with an overall positive response to safety culture survey questions measure. Historical results are not directly comparable and should be interpreted with consideration of a break in the time series.

Effective financial management

Key performance measure	Target	Results
Operating result ($'000)	0.00	1,580
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	0.77
Variance between the forecast and actual operating result (OR) as a percentage of the forecast OR for the current financial year ending 30 Jun	5% movement in forecast revenue and expenditure forecasts	Achieved

Statement of Priorities
Part C: Activity and funding

Funding Type	Activity
Consolidated Activity Funding	
Acute admitted, subacute admitted, emergency services, non-admitted NWAU	4418
Acute Admitted	
Acute admitted DVA	0
Aged Care	
Residential Aged Care *	30,927
HACC	2,050
Primary Health	
Community Health / Primary Care Programs	4,670

Report of Operations

Workforce data

Hospitals labour category	June current month FTE*		Average monthly FTE**	
	2025	2026	2025	2026
Nursing	183	172	170	174
Admin and Clinical	57	49	61	54
Medical Support	16	48*	17	51*
Hotel and Allied Services	55	59	56	57
Medical Officers	0	0	0	0
Hospital Medical Officers	0	0	0	0
Sessional Clinicians	0	0.6	0	0.5
Ancillary Staff (Allied Health)	58	13*	58	14*

*Categorisation of staff in Medical Support and Ancillary Staff was amended between 2025 and 2026. This did not impact role classifications or responsibilities of these staff.

Workforce inclusion policy

The Maryborough District Health Service's Diversity, Inclusion and Accessibility Plan 2022-26 vision is that MDHS will reflect the diverse communities we service and promote inclusiveness and accessibility for our patients, employees, volunteers, families, visitors and community. We want to create a high quality, safe and welcoming environment that embraces the skills, perspectives and experiences that people bring to MDHS.

Strategy	Results
Develop and implement workplace strategies to provide equal employment opportunities for our diversity population	44% of staff believe that staff are promoted fairly. 61% of staff believe that MDHS hires people fairly (People Matter Survey 2026)
Create and support an organisational culture that values, respects and is inclusive of staff from diverse backgrounds	74% of staff feel culturally safe at work 73% of staff feel that they can be themselves at work (People Matter Survey 2026)
Ensure workforce planning, recruitment and selection, and performance management processes are inclusive of all staff and volunteers.	61% of staff believe recruitment processes are fair. 42% of staff outlined that MDHS puts a stop to unacceptable behaviour. 53% of staff feel safe to challenge inappropriate behaviour at work. (People Matter Survey 2026)

Occupational health and safety

Maryborough District Health Service is committed to providing a safe, healthy and supportive environment for staff, patients, residents, volunteers, contractors and visitors. Guided by our G.R.E.A.T. values, we foster a positive safety culture through proactive risk management, continuous learning, staff wellbeing initiatives, and effective incident and emergency management. Respect is a core value and an integral part of how we conduct our business, with staff, visitors and contractors expected to contribute to a safe workplace and care environment. In line with legislative requirements, MDHS identifies and manages workplace risks through process improvements, mechanical aids, education, and the implementation of policies and procedures designed to reduce the risk of illness and injury.

Using the Victorian Health Incident Management System (VHIMS), staff report incidents and near misses relating to health and safety. These reports support continuous improvement and are regularly reviewed by the Occupational Health and Safety Committee and the Performance Committee, which provide oversight and reporting to the Board. Through ongoing improvement and strong governance, MDHS remains focused on keeping our people safe while delivering high-quality, person-centred care.

Occupational health and safety statistics	2022-23	2023-24	2024-25	2025-26
The number of reported hazards/incidents for the year per 100 FTE	31.6	29.1	16.5	21.6
The Number of 'lost time' standard WorkCover claims for the year per 100 FTE	0.90	0.85	0.81	2.6
The average cost per WorkCover claim for the year ('000)	$17.0	$7.3	$15.1	$8.7

Occupational violence

Occupational violence statistics	2024-25	2025-26
Workcover accepted claims with an occupational violence cause per 100 FTE	0	0.29
Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked.	0	1.43
Number of occupational violence incidents reported	39	66
Number of occupational violence incidents reported per 100 FTE	10.6	19.3
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	5.1%	9%

Definitions of occupational violence

- Occupational violence – any incident where an employee is abused, threatened, or assaulted in circumstances arising out of, or in the course of their employment.
- Incident – an event or circumstance that could have resulted in, or did result in, harm to an employee. Incidents of all severity ratings must be included. Code Grey reporting is not included, however, if an incident occurs during the course of a planned or unplanned Code Grey, the incident must be included.
- Accepted Workcover claims – accepted Workcover claims that were lodged in 2025-2026.
- Lost time – is defined as greater than one day.
- Injury, illness, or condition – this includes all reported harm as a result of the incident

Gender Equality Act 2020

MDHS is committed to advancing gender equality and fostering an inclusive workplace. As a defined entity under the Gender Equality Act 2020, MDHS is required to undertake workplace gender audits, develop and implement Gender Equality Action Plans (GEAPs) and report progress to the Commission for Gender Equality in the Public Sector.

During 2025–26, MDHS continued implementation of its 2022–2026 GEAP, achieving improvements across six of the seven workplace gender equality indicators. The organsation's Workplace Gender Audit, submitted in December 2025, was assessed by the Commission as compliant.

A Progress Report evaluating outcomes achieved under the 2022–2026 GEAP, together with a new 2026–2030 Gender Equality Action Plan, was submitted to the Commission in June

2026. Analysis of 2023 and 2025 workforce data informed both reports and helped identify priorities for future action.

MDHS has made significant progress towards pay equity, with the mean total remuneration gender pay gap reducing from 8.7% in 2023 to 1.79% in 2025, indicating that earnings for women and men are approaching parity across the organisation. Improvements were evident across several occupational groups, particularly in senior roles. While some occupation-specific pay gaps remain, MDHS continues to monitor these trends and implement targeted actions to address identified inequities.

Employee consultation and workforce analysis highlighted opportunities to further improve gender equality, particularly in relation to flexible work arrangements, caring responsibilities and access to part-time leadership roles. These findings have informed the development of the 2026–2030 GEAP, with key focus areas including reducing the gendered impacts of caring responsibilities, increasing flexible and part-time leadership opportunities, strengthening confidence in sexual harassment reporting and building leadership capability in gender equality.

This work supports MDHS's strategic objective of being an Employer of Choice and contributes to the delivery of equitable and inclusive healthcare services for the community.

Social procurement

Victoria's Social Procurement Framework (SPF) is a Victorian Government policy that enables Maryborough District Health Service (MDHS) to increase the value of procured goods, services, and construction by pursuing social and sustainable outcomes, in accordance with the SPF.

During the year FY 2025-26, Maryborough District Health Service's social procurement strategy aligned with our strategic goals, namely,

- Opportunities for Victorian Aboriginal people
- Opportunities for disadvantaged Victorians
- Sustainable Victorian Regions

FY 2025-26: Priority Social Procurement Framework (SPF) objectives and outcomes

Maryborough District Health Service strategic priorities for 2025-26 sought the following SPF objectives and corresponding outcomes through our procurement activities.

Priority SPF objectives	Priority SPF outcomes sought
Opportunities for Victorian Aboriginal people	MDHS have a number of procurement considerations to pursue SPF outcomes to promote Victorian Aboriginal people that have been incorporated into MDHS's Reconciliation Action Plan. MDHS engaged with tier 3 social benefit supplier to a total value of $16,306.45.
Opportunities for Victorians with disability	MDHS has undertaken direct social procurement by procuring services from Asteria Services Incorporated, which provide tailored disability support and commercial services to the people of central Victoria. MDHS engaged with this tier 2 social benefit supplier to a total value of $26,909.62.
Sustainable Victorian regions	MDHS have a number of procurement considerations to pursue SPF outcomes to promote Sustainable Victorian Regions. MDHS engaged successfully with tier 1 social benefit suppliers to the total value of $3,529.00.

Summary of direct social procurement engagement for FY 2025-26
Number of social benefit suppliers engaged during the reporting period: 3 - Total amount spent with social benefit suppliers during the reporting period: $46,745.07

Environmental performance

MDHS remains committed to improving our environmental impact and strives to provide health care in an environmentally sound and sustainable manner. MDHS will ensure that environmental sustainability is a high priority for the future of our master plan project.

Electricity use	2023/24	2024/25	2025/26
EL1 Total electricity consumption segmented by source (MWh)			
Purchased	1,646.11	2,719.73	3,790.77
Self-generated	131.16	130.80	116.31
EL1 Total electricity consumption (MWh)	1,777.27	2,850.53	3,907.08
EL2 On site-electricity generated [MWh]			
Consumption behind the meter - Solar Electricity	131.16	130.80	116.31
Exports – Solar Electricity	0	0	14.49
EL3 On-site installed generation capacity (kW converted to MW) segmented by:			
Diesel Generator	0.38	0.38	0.38
Solar System	0.20	0.20	0.20
EL4 Total electricity offsets segmented by offset type (MWh)			
LGCs voluntarily retired on the entity's behalf	0	0	3,442.32
RPP (Renewable Power % in the grid)	309	495	656.63
Total energy use			
E1 Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)			
Total energy usage from stationary fuels (F1)	11,982,417	9,760,050	7,207,284
Total energy usage from transport (T1)	597,464	824,422	813,992.80
Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)	12,579,881	10,584,472	8,021,276.80
E2 Total energy usage from electricity (MJ)			
Total energy usage from electricity (MJ)	6,398,179	10,261,913	14,065,501.86
E3 Total energy usage segmented by renewable and non-renewable sources (MJ)			

Renewable	1,625,389	2,312,180	14,065,501.86
Non-renewable (E1 + E2 - E3 Renewable)	17,352,671	18,534,205	8,021,276.66
E4 Units of Stationary Energy used normalised: (F1+E2)/normalize renewable and non-renewable sources (MJ)			
Energy per unit of Aged Care OBD (MJ/Aged Care OBD)	564.71	620,68	688.24
Energy per unit of LOS (MJ/LOS)	1,669.29	1,920.02	1,750.41
Energy per unit of bed-day (LOS+Aged Care OBD) (MJ/OBD)	421.96	469.05	494
Energy per unit of Separations (MJ/Separations)	3,361.48	4,005.19	4,034.29
Energy per unit of floor space (MJ/m2)	1,073.44	1,179.98	1,253.70

Greenhouse gas emissions	2023/24	2024/25	2025/26
G1, G2 and G3 Total scope one (direct) and (indirect) greenhouse gas emissions [tonnes CO2e]			
Direct greenhouse gas emissions – Carbon Dioxide	660	560	429.69
Direct greenhouse gas emissions - Methane	1.29	1.08	0.83
Direct greenhouse gas emissions – Nitrous Oxide	0.66	0.65	0.61
Medical/Refrigerant gases - Nitrous oxide	0	0	14.44
Indirect Electricity	1,083	1,802	2,538
Indirect - Electricity for Road Vehicles from Public or Private Chargers	0	0	0.79
Indirect Greenhouse gas emissions (other)	390	522	594
G(Opt) Net greenhouse gas emissions (tonnes CO2e)	2,135	2,886	3578
Purchased LGCs	0	0	3,166.94
Any offsets purchased	0	0	2,883.41
Net greenhouse gas emissions (t CO2-e)	0	0	695.07

Stationary energy	2023/24	2024/25	2025/26
F1 Total fuels used in buildings and machinery segmented by fuel type (MJ)			
Natural gas	11,230,198	8,982,368	6,368,179
LPG	752,218	777,682	839,105
F2 Greenhouse gas emissions from stationary fuel consumption segmented by fuel type (CO2-e(t))			
Natural gas	579	463	328

Greenhouse gas emissions	2023/24	2024/25	2025/26
LPG	46	47	51
Transportation energy	**2023/24**	**2024/25**	**2025/26**
T1 Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type (MJ)			
Executive fleet - E10	9,276.80	104,636.20	60,944.20
Non-executive fleet - E10	406,385.70	506,401.20	452,753.40
Petrol (E10)	415,662.50	611,037.40	513,697.60
Executive fleet - Diesel	13,896.00	57,440.50	142,040.30
Non-executive fleet - Diesel	167,906.00	155,944.40	154,013.60
Diesel	181,802.00	213,384.90	296,053.90
Electricity for Road Vehicles from Public or Private Chargers			4,241.30
Total energy used in transportation (vehicle fleet) (MJ)	597,464.50	824,422.30	813,992.80
T3 Greenhouse gas emissions from transportation (vehicle fleet) segmented by fuel type (CO2-e(t))			
Executive fleet - E10	0.57	6.37	3.71
Non-executive fleet - E10	24.75	30.84	27.57
Petrol (E10)	25.31	37.21	31.28
Executive fleet - Diesel	0.98	4.04	10
Non-executive fleet - Diesel	11.82	10.98	10.84
Diesel	12.80	15.02	20.85
Electricity for Road Vehicles from Public or Private Chargers			0.79
Total Greenhouse gas emissions from transportation (vehicle fleet) (CO2-e(t))	38.11	52.24	52.92
Water use	**2023/24**	**2024/25**	**2025/26**
W1 Total units of metered water consumed by water source (kl)			
Portable Water	16,747	24,580	24,623
Total	16,747	24,580	24,623
Normalisation			
W2 Units of metered water consumed normalised by FTE, headcount, floor area or other entity or sector specific quantity			
Water per unit of Aged Care OBD (kL/Aged Care OBD)	0.51	0.76	0.80
Water per unit of LOS (kL/LOS)	1.52	2.36	2.03
Water per unit of bed-day (LOS+Aged Care OBD) (kL/OBD)	0.38	0.58	0.57

Greenhouse gas emissions	2023/24	2024/25	2025/26
Water per unit of Separations (kL/Separations)	3.06	4.92	4.67
Water per unit of floor space (kL/m2)	0.98	1.45	1.45
Waste and recycling	**2023/24**	**2024/25**	**2025/26**
WR1 Total units of waste disposed of by waste stream and disposal method [kg]			
Landfill (total)			
General waste - skips	112,882.50	123,100.00	113,628
Offsite treatment			
Clinical waste - incinerated	516.20	514.25	514.25
Clinical waste - sharps	1,094.14	1,091.10	1,091.10
Clinical waste - treated	7,616.88	7,592.19	7,592.19
Recycling/recovery (disposal)			
Cardboard	25,162.50	15,154.50	13,153.00
Total units of waste disposed (kg)	147,272.22	147,452.03	135,978.53
WR1 Total units of waste disposed of by waste stream and disposal method (%)			
Landfill (total)			
General waste - skips	76.65%	83.48%	83.56%
Offsite treatment			
Clinical waste - incinerated	0.35%	0.35%	0.38%
Clinical waste - sharps	0.74%	0.74%	0.80%
Clinical waste - treated	5.17%	5.15%	5.58%
Recycling/recovery (disposal)			
Cardboard	17.09%	10.28%	9.67%
WR2 Percentage of office sites covered by dedicated collection services for each waste stream			
E-waste	-	-	-
Batteries	-	-	-
E-waste	-	-	-
Soft plastics	-	-	-
WR3 Total units of waste disposed normalised by FTE, headcount, floor area, or other entity or sector specific quantity, by disposal method			
Total waste to landfill per patient treated ((kg general waste)/PPT)	2.30	2.58	2.35
Total waste to offsite treatment per patient treated ((kg offsite treatment)/PPT)	0.19	0.19	0.19
Total waste recycled and reused per patient treated ((kg recycled and	0.51	0.32	0.27

Greenhouse gas emissions	2023/24	2024/25	2025/26
reused)/PPT)			
WR4 Recycling rate (%)			
Weight of recyclable and organic materials (kg)	25,162.50	15,154.50	13,153
Weight of total waste (kg)	147,272.22	147,452.03	135,978.53
Recycling rate (%)	17.09%	10.28%	9.67%
WR5 Greenhouse gas emissions associated with waste disposal (CO2-e(t))			
CO2-e(t)	158.53	171.77	159.46

Normalisation factors	2023/24	2024/25	2025/26
1000km (Corporate)	-	-	-
1000km (non-emergency)	-	-	-
Aged Care OBD	32,549	32,258	30,909
ED Departures	-	-	-
FTE	332	352	346
LOS	11,011	10,428	12,153
OBD	43,560	42,686	43,062
PPT	49,028	47,685	48,335
Separations	5,468	4,999	5,273
TotalAreaM2	17,123	16,968	16,968

Asset Management Accountability Framework

Maryborough District Health Service is subject to the Victorian Government Asset Management Accountability Framework (AMAF). Compliance with the mandatory requirements of the AMAF has been considered as part of MDHS's annual Financial Management Compliance assessment and is incorporated within the Financial Management Compliance Attestation included in this Annual Report.

Financial performance

Operating results	2026 $000	2025 $000	2024 $000	2023 $000	2022 $000
Net operating result *	1,580	-2,595	-3,961	247	42
Total revenue	77,960	115,210	98,822	67,334	54,597
Total expenses	77,098	72,964	65,109	58,657	52,978
Net result from transactions	862	42,246	33,713	8,677	1,619
Total other economic flows	152	12	375	19	-2,194
Net results	1,014	42,258	34,088	8,696	5,646
Total assets	193,797	188,384	150,499	82,475	74,000
Total liabilities	32,205	28,206	32,579	20,603	19,876
Net assets/Total equity	161,592	160,178	117,920	61,872	53,576

Summary of significant changes in financial position

The improved net operating result is largely a by-product of progressing the major MDHS redevelopment, combined with workforce changes and additional funding received from the State Government.

Reconciliation of Net Results from Transactions to Operating Result (Statement of Priorities)

Net operating result	2025 - 2026 $000
Net operating result	1,580
Capital purpose income	10,343
Specific income	0
COVID-19 State Supply Arrangements - Assets received free of charge or for nil consideration under the State Supply	0
State Supply items consumed up to 30 June 2026	0
Assets provided free of charge	0
Expenditure for capital purpose	-1,143
Depreciation and amortisation	-9,918
Financial costs (other)	-0
Net result from transactions	862

Summary of financial results

Maryborough District Health Service achieved a net result of $0.862M. The operating result for the year was a surplus of $1.580M. Revenue and income from transactions for the year was $77.960M and expenses from transitions for the year $77.098M. Capital purpose income of $10.343M was received to support capital activities, including ongoing investment in infrastructure and asset-related projects. Depreciation and amortisation expenses totaled $9.918M for the year.

Consultancies information

Details of consultancies (under $10,000)

In 2025-2026, there were four consultancies where the total fees payable to the consultants were less than $10,000. The total expenditure incurred during 2025-26 in relation to these consultancies was $16,907.50 (excl. GST).

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

In 2025-26, there was one consultancy where the total fees payable to the consultants were $10,000 or greater. The total expenditure incurred during 2025-26 in relation to
these consultancies was $16,500 (excl. GST).

Consultant	Purpose of Consultancy	Start Date	End Date	Total approved project fee (excluding GST)	Expenditure 2025-26 (excluding GST)	Future expenditure (excluding GST)
Dr Colin J Feekery	Review of medical model of care report to the board	30/08/2025	30/06/2026	16,500.00	16,500.00	-

Information and Communication technology (ICT) expenditure

The total ICT expenditure incurred during 2025-26 was $2,250,187.15 (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)
$2,108,998.67	$141,188.48	$0.00	$141,188.48

Reviews and study expenses

There were no material study or research-related expenses incurred during the 2025-2026 financial year.

Grants and transfer payments (other than contributions by owners)

Not Applicable- Maryborough District Health Service did not administer any grants, transfer payments or Commercial-in-confidence grants in 2025-2026

Disclosures

Freedom of Information Act 1982

During 2025-2026, Maryborough District Health Service received 53 applications. Of these requests, 0 were from Members of Parliament, 0 from the media, 35 were legal requests and 18 from the general public. Maryborough District Health Service made 53 FOI decisions during the 12 months ended 30 June 2026.

There were 53 decisions made within the statutory time periods. Of the decisions made outside time, 0 were made within a further 45 days and 0 decisions were made in greater than 45 days.

Of the total decisions made, 53 granted access to documents in full, granted
in part or denied in full including 1 withdrawn, 1 not proceeded with, 7 where no documentation was provided, 3 not processed, 3 outside of the FOI act and 2 not yet finalised.
Of requests finalised, the average number of days over/under the statutory time (including extended timeframes) to decide the request was 7-14 days.

During 2025-2026, 0 requests were subject to a complaint/internal review by Office of the Victorian Information Commissioner. 0 requests progressed to the Victorian Civil and Administrative Tribunal
(VCAT).

For more information contact MDHS Freedom of Information Officer Shaylah Bandy via email on sbandy@mdhs.vic.gov.au

Building Act 1993

Maryborough District Health Service complies with building standards and regulations including the Building Act 1993, Building Regulations 2006 (Vic) and Building Code of Australia, relevant at the time of works.

All contractors engaged by the Health Service are appropriately qualified. Australian Essential Services Compliance undertakes annual assessments of Health Service buildings to ensure compliance with Essential Safety Measures requirements.

No major works projects valued at more than $50,000 were undertaken during 2025–26.

Public Interest Disclosures Act 2012

The *Public Interest Disclosure Act 2012* (Vic) enables people to make disclosures about improper conduct within the public sector without fear of reprisal. The Public Interest Act aims to ensure openness and accountability by encouraging people to make disclosures and protecting them when they do. Maryborough District Health Service complies with the requirements of the Public Interest Disclosure Act 2012 and did not receive any disclosures in the 2025-26 financial year.

National Competition policy

Maryborough District Health Service competes fairly and equitably in its business processes. Maryborough District Health Services is compliant with the Victorian Government competitive neutrality requirements and is committed to operating transparently. No complaints have been made to Better Regulation Victoria in 2025-26 financial year.

Carers Recognition Act 2012

MDHS has taken all practical measures to our obligations under the Carers Recognition Act 2012.

We recognise the important role of carers and support their involvement in communication, care planning and decision-making in line with the rights and wishes of the person receiving care.

To support carers, MDHS:

- raised awareness of carers and caring relationships
- worked with multidisciplinary teams to identify and respond to carers' needs
- helped carers access appropriate support and services
- supported staff to understand and apply the care relationship principles set out in the Carers Recognition Act 2012
- considered the care relationship principles when developing and reviewing policies, procedures and services
- supported employees with caring responsibilities through flexible work arrangements and relevant leave entitlements
- supported the implementation of priority actions under the Victorian Carer Strategy 2025–2035.

These actions support MDHS's commitment to recognising, respecting and supporting carers and the important role they play in providing care.

Local Jobs First Act 2003

Maryborough District Health Service did not undertake any projects during the 2025–2026 financial year to which the Local Jobs First Policy applied. Accordingly, no Local Industry Development Plans were required or submitted, and there were no Local Jobs First projects to report for the period.

Safe Patient Care Act 2015

The hospital has no matters to report in relation to its obligations under section 40 of the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015.

Additional information available on request

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

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

- a 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; and
    III. expenditure committed to for each engagement

This information is available on request from Ceooffice@MDHS.vic.gov.au

Disclosure index

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

Legislation	Requirement	Page reference
Standing Directions and Financial Reporting Directions		
Report of operations		
Charter and purpose		
FRD 22	Manner of establishment and the relevant Ministers	4
FRD 22	Purpose, functions, powers, and duties	4
FRD 22	Nature and range of services provided	5
FRD 22	Activities, programs, and achievements for the reporting period	6
FRD 22	Significant changes in key initiatives and expectations for the future	6 - 19
Management and structure		
FRD 22	Organisational structure	22
FRD 22	Workforce data/employment and conduct principles	30
FRD 22	Workforce inclusion policy	31
FRD 22	Occupational Health and Safety	31
Financial and other information		
FRD 22	Summary of the financial results for the year	39
FRD 22	Significant changes in financial position during the year	39
FRD 22	Operational and budgetary objectives and performance against objectives	29
FRD 22	Subsequent events	n/a
FRD 22	Details of consultancies under $10,000	39
FRD 22	Details of consultancies over $10,000	40
FRD 22	Disclosure of ICT expenditure	40
FRD 22	Asset Management Accountability Framework	38
FRD 22	Disclosure of social procurement activities under the Social Procurement Framework	33
FRD 22	Disclosure of reviews and study expenses	40
FRD 22	Disclosure of grants and transfer payments	40
FRD 22	Application and operation of Freedom of Information Act 1982	40
FRD 22	Compliance with building and maintenance provisions of Building Act 1993	41
FRD 22	Application and operation of Public Interest Disclosure Act 2012	41
FRD 22	Statement on National Competition Policy	41
FRD 22	Application and operation of Carers Recognition Act 2012	41
FRD 22	Additional information available on request	42
FRD 24	Environmental data reporting	34
FRD 25	Local Jobs First Act 2003 disclosures	42
Compliance attestation and declaration		
SD 5.1.4	Financial Management Compliance attestation	44
SD 5.2.3	Declaration in Report of Operations	45
	Attestation on Data Integrity	45

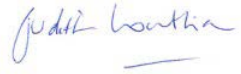
	Attestation on managing Conflicts of Interest	45
	Attestation on Integrity, Fraud, and Corruption	45
	Compliance with Health Share Victoria (HSV) Purchasing Policies	45
Other reporting requirements		
	Reporting of outcomes from Statement of Priorities 2025-2026	23 - 28
	Occupational Violence reporting	32
	Reporting obligations under the Safe Patient Care Act 2015	42
	Reporting of compliance regarding Car Parking Fees (if applicable)	n/a
Financial statements		
Declaration		
SD 5.2.2	Declaration in financial statements	49
Other requirements under Standing Directions 5.2		
SD 5.2.1(a)	Compliance with Australian accounting standards and other authoritative pronouncements	49
SD 5.2.1(a)	Compliance with Standing Directions	49
SD 5.2.1(b)	Compliance with Model Financial Report	49
Other disclosures as required by FRDs in notes to the financial statements (a)(b)		
FRD 11	Disclosure of Ex gratia Expenses	84
FRD 103	Non-Financial Physical Assets	66
FRD 110	Cash Flow Statements	52
FRD 112	Defined Benefit Superannuation Obligations	60
FRD 114	Financial Instruments – general government entities and public non-financial corporations	76
Legislation		
Freedom of Information Act 1982 (Vic) (FOI Act)		40
Building Act 1993		41
Public Interest Disclosures Act 2012		41
Carers Recognition Act 2012		41
Local Jobs Act 2003		42
Financial Management Act 1994 (b)		44
Notes:		
(a) References to FRDs have been removed from the Disclosure Index if the specific FRDs do not contain requirements that are in the nature of disclosure.		
(b) Refer to the Model financial statements section (Part two) for further details		

Attestations and Declarations

Maryborough District Health Service Financial Management Compliance Attestation Statement

I, Judith Lowthian on behalf of the Responsible Body, certify that Maryborough District Health Service has no Material Compliance Deficiency with respect to the applicable

Standing Directions under the Financial Management Act 1994 and Instructions.



Judith Lowthian
Responsible Officer
Maryborough District Health Service
30 September 2026

Data Integrity Declaration

I Leanne Shea certify that Maryborough District Health Service has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance. Maryborough District Health Service has critically reviewed these controls and processes during the year.



Leanne Shea
Interim Chief Executive Officer
Maryborough District Health Service
30 September 2026

Conflict of Interest Declaration

I, Leanne Shea, certify that Maryborough District Health Service has put in place appropriate internal controls and processes to ensure that it has implemented a 'Conflict of Interest' policy consistent with the minimum accountabilities required by the VPSC. Declaration of private interest forms have been completed by all executive staff within Maryborough District Health Service 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.



Leanne Shea
Interim Chief Executive Officer
Maryborough District Health Service
30 September 2026

Integrity, Fraud and Corruption Declaration

I Leanne Shea certify that Maryborough District Health Service has put in place appropriate internal controls and processes to ensure that Integrity, fraud, and corruption risks have been reviewed and addressed at Maryborough District Health Service during the year.



Leanne Shea
Interim Chief Executive Officer
Maryborough District Health Service
30 September 2026

Compliance with HealthShare Victoria (HSV) Purchasing Policies

I, Leanne Shea, on behalf of Maryborough District Health Service, certify that Maryborough District Health Service has no material compliance deficiency with respect to the HSV Purchasing Policies as required by the Health Services Act 1988 (Vic). Maryborough District Health Service has implemented appropriate internal controls, which have been critically reviewed throughout the year.



Leanne Shea
Interim Chief Executive Officer
Maryborough District Health Service
30 September 2026

Independent Auditor's Report

Victorian Auditor-General's Office

To the Board of Maryborough District Health Service

Opinion	I have audited the financial report of Maryborough District Health Service (the health service) which comprises the: • balance sheet as at 30 June 2026 • comprehensive operating statement for the year then ended • statement of changes in equity for the year then ended • cash flow statement for the year then ended • notes to the financial statements, including material accounting policy information • board member's, accountable officer's and chief finance & accounting officer's declaration. In my opinion the financial report presents fairly, in all material respects, the financial position of the health service as at 30 June 2026 and their financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the *Financial Management Act 1994* and Australian Accounting Standards – Simplified Disclosures.
Basis for Opinion	I have conducted my audit in accordance with the *Audit Act 1994* which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report. My independence is established by the *Constitution Act 1975.* My staff and I are independent of the health service in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.
Board's responsibilities for the financial report	The Board of the health service is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards – Simplified Disclosures and the *Financial Management Act 1994*, and for such internal control as the Board determines is necessary to enable the preparation and fair presentation of the 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.



Simone Bohan
as delegate for the Auditor-General of Victoria

MELBOURNE
23 September 2026

Financial Statements
Financial Year ended 30 June 2026

Board member's, accountable officer's, and chief finance & accounting officer's declaration

The attached financial statements for Maryborough District Health Service 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 2026 and the financial position of Maryborough District Health Service at 30 June 2026.

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

We authorise the attached financial statements for issue on 21 September, 2026.

Board member	**Accountable Officer**	**Chief Finance & Accounting Officer**
		
Dr Judith Lowthian	Ms Leanne Shea	Mr Jason Stevens
Chair	Acting Chief Executive Officer	Executive Director Finance and Corporate Services
Maryborough 21st September, 2026	Maryborough 21st September, 2026	Maryborough 21st September, 2026

Comprehensive Operating Statement
Maryborough District Health Service
For the Financial Year Ended 30 June 2026

	Note	2026 $'000	2025 $'000
Revenue and income from transactions			
Revenue from contracts with customers	2.1 (a)	56,391	46,981
Government Grants	2.1 (b)	17,536	63,147
Other sources of income	2.1 (c)	4,033	5,082
Total revenue and income from transactions		**77,960**	**115,210**
Expenses from transactions			
Employee expenses	3.1 (a)	(48,781)	(48,697)
Supplies and consumables	3.1 (c)	(7,337)	(7,173)
Depreciation	4.1(a)	(9,918)	(6,419)
Other operating expenses	3.1 (d)	(11,062)	(10,675)
Total expenses from transactions		**(77,098)**	**(72,964)**
Net result from transactions - net operating balance		**862**	**42,246**
Other economic flows included in net result			
Net gain/(loss) on sale of non-financial assets		49	10
Net gain/(loss) on financial instruments		(68)	(13)
Other gain/(loss) from other economic flows		171	15
Total other economic flows included in net result		**152**	**12**
Net result		**1,014**	**42,258**
Other economic flows - other comprehensive income			
Items that will not be reclassified to net result			
Changes in property, plant and equipment revaluation surplus		400	-
Total other comprehensive income		**400**	**-**
Comprehensive result		**1,414**	**42,258**

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

Balance Sheet
Maryborough District Health Service
As at 30 June 2026

	Note	2026 $'000	2025 $'000
Financial assets			
Cash and cash equivalents	6.1	17,048	12,002
Receivables	5.1	3,964	3,584
Total financial assets		**21,012**	**15,586**
Non-financial assets			
Prepayments		1,022	633
Inventories		63	49
Property, plant and equipment	4.1	171,610	172,026
Other assets		90	90
Total non-financial assets		**172,785**	**172,798**
Total assets		**193,797**	**188,384**
Liabilities			
Payables	5.2	9,303	8,649
Contract liabilities	5.3	2,339	164
Borrowings		913	669
Employee benefits	3.1(b)	10,302	10,766
Monies held in trust	5.4	9,348	7,958
Total liabilities		**32,205**	**28,206**
Net assets		**161,592**	**160,178**
Equity			
Reserves		72,090	71,690
Contributed capital		13,776	13,776
Accumulated surplus/(deficit)		75,726	74,712
Total equity		**161,592**	**160,178**

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

Cash Flow Statement
Maryborough District Health Service
For the Financial Year Ended 30 June 2026

	Note	2026 $'000	2025 $'000
Cash flows from operating activities			
Receipts from Government		62,027	60,290
Commercial activity revenue received		601	479
Other receipts		9,101	9,897
Total receipts		**71,729**	**70,666**
Payments to employees		(48,755)	(47,786)
Payments to suppliers and consumables		(9,755)	(10,483)
GST paid to ATO		(27)	33
Other payments		(8,449)	(6,631)
Total payments		**(66,986)**	**(64,867)**
Net cash flows from operating activities		**4,743**	**5,799**
Cash flows from investing activities			
Proceeds from sale of non-financial assets		227	10
Purchase of non-financial assets		(1,286)	(13,416)
Capital donations and bequests received		348	114
Net cash flows used in investing activities		**(711)**	**(13,292)**
Cash flows from financing activities			
Repayment of borrowings and principal portion of lease liabilities		(362)	(140)
Repayment of accommodation deposits		(3,707)	(1,300)
Receipt of accommodation deposits		5,083	1,484
Net cash flows from financing activities		**1,014**	**44**
Net increase/(decrease) in cash and cash equivalents held		**5,046**	**(7,449)**
Cash and cash equivalents at beginning of year		12,002	19,451
Cash and cash equivalents at end of year	6.1	**17,048**	**12,002**

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

Statement of Changes in Equity
Maryborough District Health
For the Financial Year Ended 30 June 2026

	Property, Plant and Equipment Revaluation Surplus	Restricted Specific Purpose Reserve	Contributed Capital	Accumulated Surplus/(Deficit)	Total
	$'000	$'000	$'000	$'000	$'000
Balance at 1 July 2024	**71,204**	**486**	**13,776**	**32,454**	**117,920**
Net result for the year	-	-	-	42,258	42,258
Balance at 30 June 2025	**71,204**	**486**	**13,776**	**74,712**	**160,178**
Net result for the year	-	-	-	1,014	1,014
Other comprehensive income for the year	400	-	-	-	400
Balance at 30 June 2026	**71,604**	**486**	**13,776**	**75,726**	**161,592**

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

Notes to the Financial Statements
Maryborough District Health Service
For the Financial Year Ended 30 June 2026

Structure

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

Note 1 About this Report

These financial statements represent the financial statements of Maryborough District Health Service for the year ended 30 June 2026.

Maryborough District Health Service is a not-for-profit entity established as a public agency on 1 July 1993 under the *Health Services Act 1988* (Vic). A description of the nature of its operations and its principal activities is included in the Report of Operations, which does not form part of these financial statements.

This section explains the basis of preparing the financial statements.

Note 1.1 Basis of preparation

These financial statements are Tier 2 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).

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

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

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

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

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

The financial statements are presented in Australian dollars.

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

The annual financial statements were authorised for issue by the Board of Maryborough District Health Service on 21 September, 2026.

Note 1.2 Material accounting estimates and judgements

Management makes estimates and judgements when preparing the financial statements.

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

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

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

Note 1.3 Reporting Entity

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

Maryborough District Health Service's principal address is:

75-87 Clarendon Street
Maryborough, Victoria 3465

Note 1.4 Economic dependency

Maryborough District Health Service 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. Maryborough District Health Service provides essential services and is predominantly dependent on the continued financial support of the State Government, particularly the Department of Health, and the Commonwealth funding via the National Health Reform Agreement (NHRA). The State of Victoria plans to continue Maryborough District Health Service operations and on that basis, the financial statements have been prepared on a going concern basis.

Note 2 Funding delivery of our services

Maryborough District Health Service's overall objective is to provide quality health service and to be a leading regional healthcare provider delivering timely, accessible, integrated and responsive services to our region. Maryborough District Health Service predominantly receives income for the provision of health service outputs. Maryborough District Health Service also receives income from the supply of services.

Significant judgement - Grant revenue

Maryborough District Health Service has made the judgement that amounts received in relation to activity based funding should be recognised under AASB 15 on the basis where the Health Service does not achieve the relevant target or occupancy levels, funding will be recallable.

Structure

2.1 Revenue and income from transactions

Note 2.1 Revenue and income from transactions

	Note	2026 $'000	2025 $'000
Revenue from contracts with customers	2.1(a)	56,391	46,981
Government Grants	2.1(b)	17,536	63,147
Other sources of income	2.1(c)	4,033	5,082
Total revenue and income from transactions		**77,960**	**115,210**

Note 2.1(a) Revenue from contracts with customers

	2026 $'000	2025 $'000
Government grants (State) - Operating	35,313	27,269
Government grants (Commonwealth) - Operating	14,469	13,842
Patient and resident fees	3,131	2,792
Private practice fees	2,877	2,599
Commercial activities	601	479
Total revenue from contracts with customers	**56,391**	**46,981**

How we recognise revenue from contracts with customers

Government grants

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

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

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

Patient and resident fees

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

Note 2.1(b) Government Grants

	2026 $'000	2025 $'000
Government grants (State) - Operating	7,450	9,088
Government grants (Commonwealth) - Operating	404	432
Government grants (State) - Capital	9,682	53,627
Total Government grants	**17,536**	**63,147**

How we recognise Government grants

Government grants

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

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

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

Capital grants

Where Maryborough District Health Service 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 Maryborough District Health Service's obligation to construct the asset. The progressive percentage of costs incurred is used to recognise income, as this most accurately reflects the stage of completion.

Non-cash contributions from the Department of Health (DH)

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

Supplier	Description
Victorian Managed Insurance Authority	The Department of Health purchases non-medical indemnity insurance for Maryborough District Health Service which is paid directly to the Victorian Managed Insurance Authority. To record this contribution, such payments are recognised as income with a matching expense in the net result from transactions.
Department of Health	Long Service Leave (LSL) revenue is recognised upon finalisation of movements in LSL liability in line with the long service leave funding arrangements with the DH.

Note 2.1(c) Other sources of income

	Note	2026 $'000	2025 $'000
Capital donations		348	114
Assets received free of charge or for nominal consideration		-	10
Other income from operating activities		3,104	4,155
Income from non-operating activities		581	803
Total other sources of income		**4,033**	**5,082**

Note 3 The cost of delivering our services

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

Structure

3.1 Expenses incurred in the delivery of services

Note 3.1 Expenses incurred in the delivery of services

	Note	2026 $'000	2025 $'000
Employee expenses	3.1(a)	48,781	48,697
Supplies & Consumables	3.1(c)	7,337	7,173
Other operating expenses	3.1(d)	11,062	10,675
Total expenses incurred in the delivery of services		**67,180**	**66,545**

Note 3.1(a) Employee expenses

	2026 $'000	2025 $'000
Salaries and wages	40,872	40,753
Superannuation expense [(1)]	4,823	4,330
Agency expenses	341	1,189
Fee for service medical officer expenses	2,745	2,425
Total employee expenses	**48,781**	**48,697**

[(1)] Defined contribution superannuation expense and defined benefit superannuation expense have been combined.

How we recognise employee expenses

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

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

Note 3.1(b) Employee related provisions

	2026 $'000	2025 $'000
Current provisions for employee benefits		
Accrued days off	104	119
Annual leave	3,953	3,941
Long service leave	4,484	4,772
Provision for on-costs	895	998
Total current provisions for employee benefits	**9,436**	**9,830**
Non-current provisions for employee benefits		
Long service leave	765	817
Provision for on-costs	101	119
Total non-current provisions for employee benefits	**866**	**936**
Total provisions for employee benefits	**10,302**	**10,766**

How we recognise employee-related provisions

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

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

Annual leave and accrued days off

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

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

- nominal value – if Maryborough District Health Service expects to wholly settle within 12 months or
- present value – if Maryborough District Health Service 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 Maryborough District Health Service does not expect to settle the liability within 12 months because it will not have the unconditional right to defer the settlement of the entitlement should an employee take leave within 12 months. An unconditional right arises after a qualifying period.

The components of this current LSL liability are measured at:

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

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

Provisions

Employment on-costs such as payroll tax, workers compensation and superannuation are not employee benefits. They are disclosed separately as a component of the provision for employee benefits when the employment to which they relate has occurred. The on-costs provision is immaterial in 2026.

Note 3.1(c) Supplies and consumables

	2026 $'000	2025 $'000
Drug supplies	1,453	1,961
Medical and surgical supplies (including Prostheses)	2,084	1,897
Diagnostic and radiology supplies	1,167	873
Other supplies and consumables	2,633	2,442
Total supplies and consumables	**7,337**	**7,173**

How we recognise 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.

Note 3.1(d) Other operating expenses

	2026 $'000	2025 $'000
Fuel, light, power and water	1,146	797
Repairs and maintenance	725	876
Maintenance contracts	649	538
Medical indemnity insurance	564	427
Other administration expenses	7,944	8,017
Finance costs	34	20
Total other operating expenses	**11,062**	**10,675**

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.

Other operating expenses

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

The DH also makes certain payments on behalf of Maryborough District Health Service. 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(b) and recording a corresponding expense.

Note 4 Key assets to support service delivery

Maryborough District Health Service 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 Maryborough District Health Service to be utilised for delivery of services.

Significant judgement - Fair value measurement

Where the assets included in this section are carried at fair value, additional information is disclosed in Note 7.3 in connection with how those fair values were determined.

Structure

4.1 Property, plant and equipment
4.2 Depreciation and amortisation

Note 4.1 Property, plant and equipment

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2026 $'000	2025 $'000	2026 $'000	2025 $'000	2026 $'000	2025 $'000
Land at fair value - Crown	3,315	3,315	-	-	3,315	3,315
Buildings at fair value	169,073	160,929	(12,685)	(5,145)	156,388	155,784
Works in progress at cost	19	841	-	-	19	841
Plant, equipment and vehicles at fair value	23,974	21,870	(12,086)	(9,784)	11,888	12,086
Total property, plant and equipment	**196,381**	**186,955**	**(24,771)**	**(14,929)**	**171,610**	**172,026**

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.

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

	Land $'000	Buildings $'000	Works in progress $'000	Plant, equipment and vehicles $'000	Total $'000
Balance at 1 July 2025	**3,315**	**155,784**	**841**	**12,086**	**172,026**
Additions	-	356	8,010	914	9,280
Disposals	-	-	-	(178)	(178)
Revaluation increments/(decrements)	-	400	-	-	400
Net transfers between classes	-	7,388	(8,832)	1,444	-
Depreciation	-	(7,540)	-	(2,378)	(9,918)
Balance at 30 June 2026	**3,315**	**156,388**	**19**	**11,888**	**171,610**

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

Maryborough District Health Service completed a full revaluation of land and buildings at 30 June 2024. After completion of fair value assessments under FRD 103 in 2026, it was noted one building asset had not been recorded accurately at 30 June 2024. This error has been corrected in the current financial year through the recognition of $0.40m increase to buildings and the asset revaluation reserve.

4.1(b) Impairment of property, plant and equipment

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

Maryborough District Health Service has assessed all right-of-use assets for impairment, and no indicators of impairment are identified as at 30 June 2026.

Note 4.2 Depreciation

How we recognise depreciation

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

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

Useful lives of non-current assets

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

	2026	2025
Buildings	5 - 54 years	5 - 54 years
Plant, equipment and vehicles (including leased assets)	3 - 33 years	3 - 33 years

Note 5 Other assets and liabilities

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

Structure

5.1 Receivables
5.2 Payables
5.3 Contract liabilities
5.4 Monies held in trust

Note 5.1 Receivables

	Note	2026 $'000	2025 $'000
Current receivables			
Contractual			
Inter hospital debtors		34	10
Trade receivables		1,452	1,234
Patient fees		606	231
Allowance for impairment losses		(128)	(85)
Other receivable		96	64
Total contractual receivables		**2,060**	**1,454**
Statutory			
GST receivable		167	140
Total statutory receivables		**167**	**140**
Total current receivables		**2,227**	**1,594**
Non-current receivables			
Contractual			
Long service leave - Department of Health		1,737	1,990
Total contractual receivables		**1,737**	**1,990**
Total non-current receivables		**1,737**	**1,990**
Total receivables		**3,964**	**3,584**
(i) Financial assets classified as receivables			
Total receivables		3,964	3,584
GST receivable		(167)	(140)
Total financial assets classified as receivables	7.1	**3,797**	**3,444**

How we recognise receivables

Receivables consist of:

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

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

Note 5.2 Payables

	Note	2026 $'000	2025 $'000
Current payables			
Contractual			
Trade creditors		1,574	991
Accrued salaries and wages		1,770	1,451
Accrued expenses		1,676	1,447
Deferred capital grant income	5.2(a)	3,773	4,104
Other		510	656
Total contractual payables		**9,303**	**8,649**
Total current payables		**9,303**	**8,649**
Total payables		**9,303**	**8,649**
(i) Financial liabilities classified as payables			
Total payables		9,303	8,649
Deferred capital grant income		(3,773)	(4,104)
Total financial liabilties classified as payables	7.1	**5,530**	**4,545**

How we recognise payables

Payables consist of:

- **Contractual payables**, including payables that relate to the purchase of goods and services. These payables are classified as financial instruments and measured at amortised cost. Accounts payable and salaries and wages payable represent liabilities for goods and services provided to Maryborough District Health Service prior to the end of the financial year that are unpaid.

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

Note 5.2(a) Movement in deferred capital grant income

	2026 $'000	2025 $'000
Opening balance of deferred capital grant income	4,104	8,959
Grant consideration for capital works received during the year	1,157	9,702
Deferred capital grant income recognised as income due to completion of capital works	(1,488)	(14,557)
Closing balance of deferred capital grant income	**3,773**	**4,104**

How we recognise deferred capital grant income

Grant consideration was received from the Department of Health to support hospital redevelopment works.

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

Note 5.3 Contract liabilities

	2026 $'000	2025 $'000
Current		
Contract liabilities	2,339	164
Total current contract liabilities	**2,339**	**164**
Total contract liabilities	**2,339**	**164**

How we recognise contract liabilities

Contract liabilities include consideration received in advance from customers in respect of activity based funding. The balance of contract liabilities was significantly higher than the previous reporting period due to activity based targets not being achieved.

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

Note 5.4 Monies held in trust

	Note	2026 $'000	2025 $'000
Current monies held in trust			
Patient monies		97	83
Refundable accommodation deposits		9,251	7,875
Total current monies held in trust		**9,348**	**7,958**
Total other liabilities		**9,348**	**7,958**
*** Represented by:**			
- Cash assets	6.1	9,348	7,958
		9,348	**7,958**

How we recognise monies held in trust

Refundable Accommodation Deposit (RAD)/Accommodation Bond liabilities

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

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

Note 6 How we finance our operations

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

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

Structure

6.1 Cash and cash equivalents
6.2 Commitments for expenditure

Note 6.1 Cash and Cash Equivalents

	Note	2026 $'000	2025 $'000
Cash on hand (excluding monies held in trust)		1	1
Cash at bank (excluding monies held in trust)		7,699	4,043
Total cash held for operations		**7,700**	**4,044**
Cash at bank (monies held in trust)		9,348	7,958
Total cash held as monies in trust	5.4	**9,348**	**7,958**
Total cash and cash equivalents	7.1	**17,048**	**12,002**

Note 6.2 Commitments for expenditure

30 June 2026	Less than 1 year $'000	1-5 Years $'000	Over 5 years $'000	Total $'000
Capital expenditure commitments	5,892	-	-	5,892
Operating expenditure commitments	1,134	-	-	1,134
Total commitments (inclusive of GST)	**7,026**	**-**	**-**	**7,026**
Less GST recoverable				(638)
Total commitments (exclusive of GST)				**6,388**

30 June 2025	Less than 1 year $'000	1-5 Years $'000	Over 5 years $'000	Total $'000
Capital expenditure commitments	5,933	-	-	5,933
Total commitments (inclusive of GST)	**5,933**	**-**	**-**	**5,933**
Less GST recoverable				(539)
Total commitments (exclusive of GST)				**5,394**

How we disclose our commitments

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

Expenditure commitments

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

Short term and low value leases

Maryborough District Health Service discloses short term and low value lease commitments which are excluded from the measurement of right-of-use assets and lease liabilities.

Note 7 Financial instruments, contingencies and valuation judgements

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

Structure

7.1 Financial instruments
7.2 Contingent assets and contingent liabilities
7.3 Fair value determination

Note 7.1 Financial instruments

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

30 June 2026	Note	Carrying amount $'000	Total interest income/ (expense) $'000	Impairment loss $'000
Financial assets at amortised cost				
Cash and cash equivalents	6.1	17,048	581	-
Receivables	5.1	3,797	-	(68)
Total financial assets [i]		**20,845**	**581**	**(68)**
Financial liabilities at amortised cost				
Payables	5.2	5,530	-	-
Borrowings		913	-	-
Other financial liabilities - Refundable Accommodation Deposits	5.4	9,251	(34)	-
Other financial liabilities - patient monies held in trust	5.4	97	-	-
Total financial liabilities [i]		**15,791**	**(34)**	**-**

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

30 June 2025	Note	Carrying amount $'000	Total interest income/ (expense) $'000	Impairment loss $'000
Financial assets at amortised cost				
Cash and cash equivalents	6.1	12,002	803	-
Receivables	5.1	3,444	-	(13)
Total financial assets [i]		**15,446**	**803**	**(13)**
Financial liabilities at amortised cost				
Payables	5.2	4,545	-	-
Borrowings		669	-	-
Other financial liabilities - Refundable Accommodation Deposits	5.4	7,875	(20)	-
Other financial liabilities - patient monies held in trust	5.4	83	-	
Total financial liabilities [i]		**13,172**	**(20)**	**-**

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

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

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

Maryborough District Health Service recognises the following assets in this category:

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

Categories of financial liabilities

Financial liabilities at amortised cost

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

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

Maryborough District Health Service recognises the following liabilities in this category:

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

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

Derecognition of financial liabilities

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

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

Reclassification of financial instruments

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

A financial liability reclassification is not permitted.

Note 7.2 Contingent assets and contingent liabilities

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

Note 7.3 Fair value determination

How we measure fair value

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

The following assets and liabilities are carried at fair value:

- Property, plant and equipment, with the exception of right-of-use assets arising under AASB 16, which are measured using the cost model
- Lease liabilities.

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

Valuation hierarchy

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

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

Maryborough District Health Service 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.

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

Fair value determination: non-financial physical assets

AASB 2022-10 *Amendments to Australian Accounting Standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities* amended AASB 13 *Fair Value Measurement* by adding Appendix F *Australian Implementation Guidance for Not-for-Profit Public Sector Entities.* Appendix F explains and illustrates the application of the principals in AASB 13 on developing unobservable inputs and the application of the cost approach. These clarifications are mandatorily applicable annual reporting periods beginning on or after 1 January 2024. FRD 103 permits Victorian public sector entities to apply Appendix F of AASB 13 in their next scheduled formal asset revaluation or interim revaluation process (whichever is earlier).

The last scheduled full independent valuation of all of Maryborough District Health Service's non-financial physical assets was performed by VGV on 30 June 2024. The annual fair value assessment for 30 June 2026 using VGV indices does not identify material changes in value. In accordance with FRD 103, Maryborough District Health Service 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, Maryborough District Health Service considers the current use as its highest and best use.

Non-specialised land and non-specialised buildings

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

Specialised land and specialised buildings

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

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

Vehicles

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

Plant and equipment, furniture, fittings

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

Significant assumptions

Asset class	Valuation technique	Significant assumption	Range (weighted average)[(i)]
Specialised land	Market approach	Community Service Obligations adjustment[ii]	10-25% (20%)[(ii)]
Specialised buildings	Current replacement cost approach	Cost per square metre	$1,000 - $1,500/m^2 ($1,300)
		Useful life	5 - 54 years
Vehicles	Current replacement cost approach	Cost per unit	$9,000 - $10,000 ($9,500 per unit)
		Useful life	3 - 5 years (3 years)
Plant, equipment, furniture and fittings	Current replacement cost approach	Cost per unit	$3,000 - $4,000 ($3,500 per unit)
		Useful life	5 - 10 years (7 years)

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

[(ii)] CSO adjustments ranging from 10% to 25% were applied to reduce the market approach value for Maryborough District Health Service's specialised land.

Note 8 Other disclosures

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

Structure

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

Note 8.1 Ex gratia payments

At balance date, there have been no ex-gratia payments (2025: $Nil)

Note 8.2 Responsible persons disclosures

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

	Period
The Honourable Mary-Anne Thomas MP:	
Minister for Health	1 Jul 2025 - 14 April 2026
Minister for Ambulance Services	1 Jul 2025 - 14 April 2026
The Honourable Harriet Shing MP:	
Minister for Health	15 April 2026 - 30 June 2026
Minister for Ambulance Services	15 April 2026 - 30 June 2026
The Honourable Melissa Horne MP:	
Minister for Health Infrastructure	1 Jul 2025 - 30 June 2026
Minister for Prevention of Family Violence	15 April 2026 - 30 June 2026
The Honourable Ingrid Stitt MP:	
Minister for Mental Health	1 Jul 2025 - 30 June 2026
Minister for Ageing	1 Jul 2025 - 30 June 2026
Minister for Multicultural Affairs	15 April 2026 - 30 June 2026
The Honourable Lizzie Blandthorn MP:	
Minister for Children	1 Jul 2025 - 30 June 2026
Minister for Disability	1 Jul 2025 - 30 June 2026
Governing Boards	
Ms J. Lowthian	1 Jul 2025 - 30 Jun 2026
Ms E. Chatham	1 Jul 2025 - 30 Jun 2026
Mr R. Camm	1 Jul 2025 - 30 Jun 2026
Mr R. Eason	1 Jul 2025 - 30 Jun 2026
Ms S. Stewart	1 Jul 2025 - 30 Jun 2026
R. Dearnley	1 Jul 2025 - 30 Jun 2026
Ms C. Noonan	1 Jul 2025 - 30 Jun 2026
Ms E. Livingstone	1 Jul 2025 - 30 Jun 2026
Ms K. Borserio	1 Jul 2025 - 30 Jun 2026
Ms R. Pantaleo	1 Jul 2025 - 30 Jun 2026
Accountable Officers	
Ms N. Allan	1 Jul 2025 - 8 May 2026
Ms L. Shea	9 May 2026 - 30 Jun 2026

Remuneration of Responsible Persons

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

Income Band	2026 No	2025 No
$0 - $9,999	9	10
$10,000 - $19,999	1	-
$290,000 - $299,999	1	-
$310,000 - $319,999	-	1
Total Numbers	**11**	**11**

	2026 $'000	2025 $'000
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	**347**	**369**

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

Note 8.3 Remuneration of executives

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

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

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

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

	Total Remuneration	
	2026 $'000	**2025 $'000**
Total remuneration [i]	906	843
Total number of executives	5	4
Total annualised employee equivalent [ii]	4.0	4.0

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

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

Note 8.4 Related parties

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

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

Significant transactions with government related entities

Maryborough District Health Service received funding from government related entities of $52.39m (2025: $88.07 m) and indirect contributions of $0.06m (2025: $0.47m). Balances outstanding as at 30 June 2026 are $Nil (2025: $Nil). Capital funding has been recognised for our hospital redevelopment project, with $9.68m (2025: $53.53m) included in our total funding of $52.39m (2025: $88.07m).

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

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

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

Key management personnel

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

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

KMPs	Position Title
Dr J. Lowthian	Chair of the Board
Ms E. Chatham	Board Member
Mr R. Camm	Board Member
Mr R. Eason	Board Member
Ms S. Stewart	Board Member
Ms C. Noonan	Board Member
R. Dearnley	Board Member
Ms E. Livingstone	Board Member
Ms K. Borserio	Board Member
Ms R. Pantaleo	Board Member
Ms L. Shea	Acting Chief Executive Officer (from 9 May 26)
Ms N. Allan	Chief Executive Officer (to 8 May 26)
Mr J. Stevens	Acting Exec Director of Finance & Corporate Services (from 4 June 26)
Mr M. Sherwell	Exec Director of Finance & Corporate Services (to 3 Jun 26)
Ms D. Rogers	Exec Director of Care
Mr D.Edwards	Exec Director of Infrastructure, Technology & Experience
Mr K. Payne	Exec Director People, Culture and Wellbeing

Remuneration of key management personnel

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

	2026 $'000	2025 $'000
Total compensation - KMPs [i]	1,253	1,212

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

Transactions with KMPs and other related parties

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

Outside of normal citizen type transactions with Maryborough District Health Service, there were no related party transactions that involved key management personnel, their close family members or their personal business interests. No provision has been required, nor any expense recognised, for impairment of receivables from related parties. There were no related party transactions with Cabinet Ministers required to be disclosed in 2026 (2025: none).

There were no related party transactions required to be disclosed for Maryborough District Health Service Board of Directors, Chief Executive Officer and Executive Directors in 2026 (2025: none).

Note 8.5 Remuneration of Auditors

	2026 $'000	2025 $'000
Victorian Auditor-General's Office		
Audit of the financial statements	35	34
Total remuneration of auditors	**35**	**34**

Note 8.6 Events occurring after the balance sheet date

There are no events occurring after the Balance Sheet date.

Note 8.7 Joint arrangements

	Principal Activity	Ownership Interest 2026 %	Ownership Interest 2025 %
Loddon Mallee Rural Health Alliance (LMRHA)	Information Technology Services	7.52	7.63

For the year ended 30 June 2026, Maryborough District Health Service's share of the joint operations financials was:

	2026 $'000	2025 $'000
Total revenue and income	1,991	1,385
Total expenses	(2,044)	(1,592)
Total net result	(53)	(207)
Total other economic flows	-	-
Comprehensive result for the year	(53)	(207)
Total assets	1,853	1,764
Total liabilities	1,417	1,275
Total equity	436	489

Contingent liabilities and capital commitments

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

MDHS

Maryborough District Health Service

Connecting
our community
to GREAT care ♥

Maryborough
03 5461 0333

Avoca
03 5465 1202

Dunolly
03 5468 2900

Maryborough District Health Service

mdhs.vic.gov.au