

BESTCARE @ Benalla HEALTH

ANNUAL REPORT 2025 / 2026

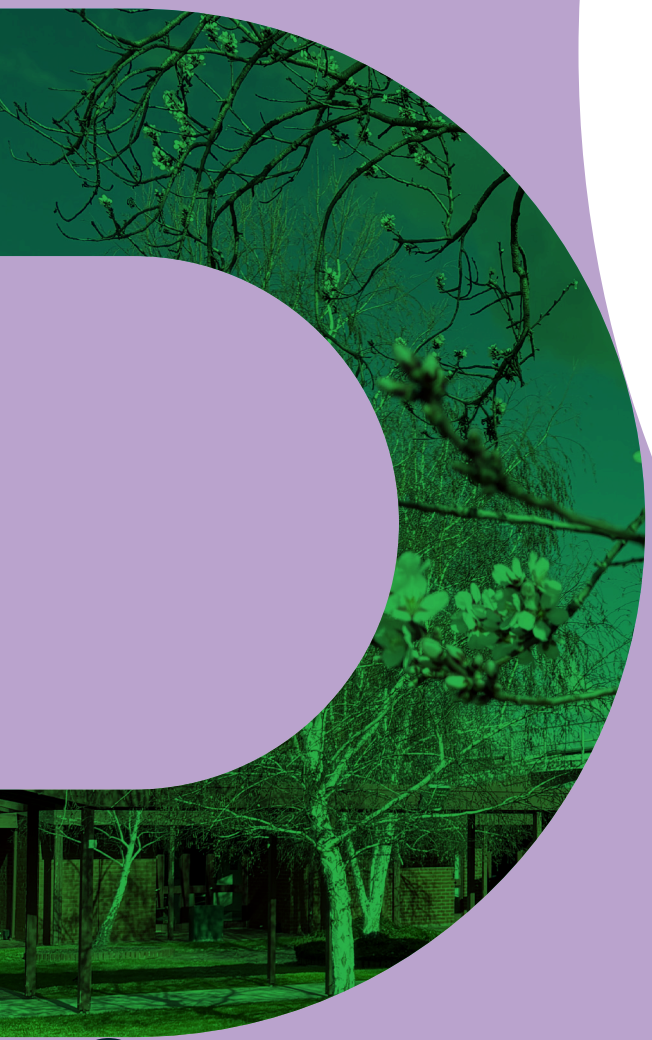
BESTCARE @ Benalla HEALTH

ANNUAL REPORT 2025 / 2026

Best Care

Benalla Health acknowledges the Traditional Owners of the lands from across our region. Our commitment to improving the health and wellbeing of Aboriginal and Torres Strait Island peoples is supported by our recognition and respect for their connection to their ancestral lands.

We value our community diversity. We are committed to being an inclusive health service and work environment where people of all cultures, beliefs, abilities, genders, sexualities, and ages feel safe, accepted, affirmed, and celebrated.



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About this report

This annual report outlines the operational and financial performance for Benalla Health from 1 July 2025 to 30 June 2026. We are a public hospital established under the *Health Services Act 1988 (Vic)*.

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History

With a ten-bed bush nursing hospital established in 1935, the Benalla community has always been committed to supporting and promoting a local health service to meet the needs of the community. Today, Benalla Health provides a range of acute, midwifery, residential aged care, perioperative, community health and urgent care services and is one of the largest employers in Benalla. The health service has evolved in recent years to increase its focus on community-based services and has become recognised for its expertise in ophthalmology. We believe our greatest strength is our people, their passion and commitment to provide best care, every person, every time.

Our Vision

Healthy, thriving and resilient communities in and around Benalla.

Our Purpose

Benalla Health is committed to providing equitable healthcare services that meet the unique needs of our community, providing care and guidance through every step of their health journey.

Registered Objectives

The objectives of the hospital are to:

1. Organise and provide health care services in the Benalla district and, in particular hospital based services, including services provided jointly with other agencies in accordance with the *Health Services Act 1988*, and all existing or future relevant Acts and Regulations;
2. Utilise appropriate physical and personal resources, knowledge and available technologies to promote health and to prevent, treat and alleviate disease, disability, injury and suffering so far as is possible in the prevailing conditions;
3. Set and achieve standards consistent with prevailing principles of quality patient care and community health needs;
4. Foster continuing improvement in standards through education, research and training and;
5. Manage and maintain a Community Health Service which will provide facilities, personnel and services to achieve the following aims:
   - promoting health awareness;
   - improving health standards;
   - fostering awareness and prevention of illness and disability;
   - supporting persons in their home environment; and
   - rehabilitation.

Disclosure Index

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

Legislation	Requirement	Page Reference
Standing Directions and Financial Reporting Directions		
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FRD 22	Purpose, functions, powers and duties	Part 1 - 4 & 7 - 9
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FRD 22	Operational and budgetary objectives and performance against objectives	Part 1 - 39 - 40
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FRD 22	Details of consultancies under $10,000	Part 1 - 21
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FRD 22	Asset Management Accountability Framework	N/A
FRD 22	Disclosure of Social Procurement under the Social Procurement Framework	Part 1 - 22
FRD 22	Disclosure of Emergency Procurement	Part 1 - 23
FRD 22	Disclosure of Procurement Complaints	Part 1 - 23
FRD 22	Disclosure of reviews and study expenses	Part 1 - 23
FRD 22	Disclosure of grants and transfer payments	N/A
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FRD 22	Compliance with building and maintenance provisions of *Building Act 1993*	Part 1 - 24
FRD 22	Application and operation of *Public Interest Disclosure Act 2012*	Part 1 - 24
FRD 22	Statement on National Competition Policy	Part 1 - 25
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Disclosure Index

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Notes:

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

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



Board Chair and Chief Executive Officer's Report

We are pleased to present the 2025–2026 Annual Report for Benalla Health on behalf of the Board of Directors and Executive.

This year has been one of transition and consolidation, as we continued to deliver safe, high-quality healthcare to our community while progressing the priorities outlined in our Strategic Plan 2025–2028. Our vision of healthy, thriving and resilient communities in and around Benalla remains central to all that we do.

Leadership and Governance

This year marked an important period of leadership transition for Benalla Health. We acknowledge the contribution of former Chief Executive Officer Jackie Kelly, who departed Benalla Health to take up the position of Chief Executive Officer at Heathcote Health, enabling her to be closer to her family. We thank Jackie for her service, leadership and dedication to our organisation and community.

We welcomed Donovan Jacka as Interim Chief Executive Officer, whose leadership has ensured continuity, stability, and continued focus on our strategic priorities during this period.

The Board, in partnership with the Interim Chief Executive Officer and Executive, remains committed to strong governance, accountability, and ensuring Benalla Health is well positioned to meet both current and future healthcare needs of our community.

During the year, we welcomed Ian Heycox and Meagan Van der Schoor to the Benalla Health Board of Directors. Their skills, experience and commitment strengthen the Board's ability to support the organisation's strategic direction and future success.

We also acknowledge and sincerely thank Binda Gokhale, who concluded her tenure on the Board in August 2025 after four years of dedicated service. Binda made a valuable contribution to the organisation through her commitment to good governance and support of Benalla Health's strategic priorities.

We extend our gratitude to all Board Directors for their ongoing leadership, expertise and dedication to ensuring Benalla Health continues to deliver exceptional healthcare services to our community.

Organisational Performance and Sustainability

Despite ongoing pressures across the health sector, Benalla Health has maintained a strong focus on financial stewardship and operational performance.

For 2025–2026, the organisation achieved:

- A financial result of surplus $57,000 (*Statement of Priorities*)
- Activity delivery of 102% against target
- Key service outputs including:
  - Urgent Care presentations: 7,392
  - Inpatient separations/procedures: 3,982
  - Community and home-based care episodes: 10,154
  - Theatre Services; 2,468

These results reflect the collective effort of our workforce and alignment with our Organisational Sustainability pillar, ensuring we continue to deliver high-value care while maintaining long-term financial viability.

Delivering Safe, Person-Centred Care

Delivering safe, high-quality and accessible care remains our core priority.

During the year, we strengthened service delivery through:

- Establishment of a Gynaecology Clinic, improving access to specialist women's health services
- Recruitment of a Maternity Services Manager, providing strong clinical leadership and governance
- Continued development of maternity care pathways, supporting women and families to make informed decisions about their care

These initiatives reinforce our commitment to equitable access and care close to home.

The introduction of the Omnicell medication management system represents a significant

advancement in medication safety and supports our clinicians to deliver safe and effective care.

In our Morrie Evans Aged Care Wing, the 2026 Residents' Experience Survey highlighted consistently positive outcomes, with residents reporting they feel safe, respected and well cared for, and that staff are kind, competent and supportive of their needs. Encouragingly, results have remained stable over time, reflecting a sustained focus on delivering high-quality, person-centred care. Residents also indicated they are generally likely to recommend the service, reinforcing overall satisfaction with both care and environment.

During the year, we also invested in improvements to enhance resident comfort and care, including the installation of outdoor fans and heaters to support year-round outdoor enjoyment funded by a Public Sector Residential Aged Care Services (PSRACS) Quality Improvement Grant and Sensor floor mats and associated equipment.

Community Connection

Maintaining strong connections with our community remains a key focus.

The Benalla Health Ball was again a highlight, raising $21,898.55 to support the purchase of surgical equipment.

This was complemented by the success of our Annual Appeal, which raised approximately $74,000, and contributions from the Benalla and District Memorial Hospital Auxiliary, of approximately $40,000. We are very grateful to the Auxiliary for their continued dedication and fundraising activities across the year.

These contributions play a vital role in enhancing patient care, supporting the purchase of equipment, and enabling service improvements that directly benefit our community. They also reflect the strong sense of local support and shared commitment to ensuring high-quality healthcare remains available close to home.

We sincerely thank our donors, volunteers, and community supporters whose generosity continues to make a meaningful difference.

Aboriginal Cultural Safety and Partnerships

Benalla Health remains committed to strengthening Aboriginal cultural safety and deepening our partnerships with Aboriginal communities and organisations. During the year, we progressed work toward the completion of our second Reconciliation Action Plan (RAP), reflecting our ongoing commitment to continuous improvement in culturally safe care.

Benalla Health is also committed to increasing Aboriginal employment and career development opportunities through our Aboriginal Employment Plan, which includes support for our Aboriginal Cadet Program. These initiatives help build a culturally diverse workforce and support pathways for Aboriginal people to pursue careers in healthcare.

Our annual NAIDOC Week celebrations were delivered in collaboration with key local partners, including Social Inclusion Action Group, Benalla Rural City Council, Victorian Aboriginal Child Care Agency, and Tomorrow Today. These events celebrate culture, promote understanding, and reinforce our commitment to working together to improve health outcomes for Aboriginal people in our community.

Infrastructure and Future Investment

We were pleased to secure significant funding this year to support future service delivery, including:

- The Key Worker Accommodation Project, supporting workforce attraction and retention
- The Morrie Evans Wing extension, enhancing aged care facilities and capacity

These developments are critical to ensuring our infrastructure keeps pace with demand and aligns with our strategic priority to modernise facilities and improve service environments.

During the year, Benalla Health continued to invest in digital transformation initiatives that improve efficiency, communication and patient care.

The implementation of Digital Invoice Processing (KESTO) has modernised the organisation's Accounts Payable processes. Supplier invoices can now be received, reviewed and approved electronically, providing improved tracking, reducing paper handling and supporting a more efficient and consistent workflow across the organisation.

Benalla Health also successfully implemented the Miya Flow patient management system, providing clinicians with improved visibility of patient journeys and supporting the coordination of clinical and operational

processes. By bringing together information from multiple systems into a single, real-time view, Miya Flow enhances patient flow, supports timely care and improves access to critical patient information.

Delivered through the Hume Rural Health Alliance, this project is the first of its kind in Victoria and demonstrates the value of collaboration between health services, helping reduce the digital divide and support more connected care across the region.

In addition, the organisation completed a significant Telephony System Upgrade, delivered in partnership with the Hume Rural Health Alliance. The new system modernises communication services, improves reliability and introduces Softphone functionality through Cisco Call integration within Microsoft Teams, providing staff with greater flexibility and supporting more efficient communication across the health service.

Our People

We recognise that our people are our greatest strength.

This year, we celebrated staff who reached significant service milestones, including:

- 4 staff with 10 years of service
- 3 staff with 20 years of service
- 1 staff member with 30 years of service
- 1 staff member with 35 years of service

We also congratulate recipients of the Benalla and District Memorial Hospital Foundation Board Scholarships, demonstrating a strong commitment to professional development and building our future workforce.

Nine staff were recognised through our Excellence Awards, with Tracey Berry receiving the Best Care, Every Person, Every Time award.

Looking Ahead

As we move forward, we remain focused on delivering the priorities set out in our Strategic Plan 2025–2028.

Our priorities include:

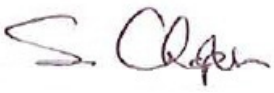
- Expanding local access to services
- Strengthening workforce capability and wellbeing
- Continuing to enhance digital and technological systems following the successful implementation of Miya Flow, Digital Invoice Processing and the Telephony Upgrade
- Delivering key infrastructure projects
- Strengthening partnerships and community engagement

Through these actions, we will continue to deliver on our mission to provide equitable healthcare that meets the unique needs of our community.

Acknowledgement

We extend our sincere thanks to our Board Directors, staff, volunteers, Visiting Medical Officers, community partners and supporters. Your dedication and commitment ensure we continue to deliver Best Care, Every Person, Every Time.

We also thank our community for their ongoing trust and support.

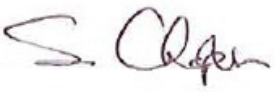


Sarah Chaplin
Board Chair



Donovan Jacka
Interim Chief Executive Officer

In accordance with the *Financial Management Act 1994,* I am pleased to present the report of operations for Benalla Health for the year ending 30 June 2026.



Sarah Chaplin
Board Chair

2nd September 2026

Corporate Governance - Board

The organisation is governed by a board appointed by the Governor-in-Council upon the recommendation of the Minister for Health.

Government Policy

Health service boards are responsible to the Minister for setting the strategic directions of rural public healthcare agencies within the framework of Government policy. They are accountable for ensuring that rural public healthcare agencies:

- Are effectively and efficiently managed;
- Provide high quality care and service delivery;
- Meet the needs of the community; and
- Meet financial and non-financial performance targets.

The Government is committed to ensuring that there is strong governance and accountability of the board for the performance of the organisation and delivery of health services. Each rural public healthcare agency needs a balanced board, which has the right mix of relevant skills, knowledge, attributes and expertise to be effective and achieve its objectives. This includes skills and expertise relating to the governance of health services, and an ability to represent the views of the community.

Board Committees

Community Advisory Committee

The Community Advisory Committee provides a vital voice for consumers and the broader community, helping to coordinate engagement and feedback strategies. The Committee offers insights and advice on how Benalla Health integrates consumer and community views into all levels of strategy, operations, planning, and policy development. The committee meets bimonthly.

Finance and Audit Committee

The committee receives and makes recommendations relating to internal and external audit reports and ensures compliance with any matters raised by the Auditor General's office. The Committee assists the Board of Directors in fulling its responsibilities by acting in an advisory capacity and providing recommendations to the Board to improve the financial performance, management and control mechanisms of Benalla Health. The committee meets monthly.

Quality and Safety Committee

The Quality and Safety Committee provides governance oversight of clinical quality, patient safety, and continuous improvement across Benalla Health. It ensures the organisation meets the requirements of the National Safety and Quality Health Service (NSQHS) Standards, Aged Care Quality Standards, Victorian Department of Health governance expectations, and delivers safe, effective, person centred care. The Committee meets monthly.

Medical Consultative Committee

The committee provides a forum for local medical practitioners to meet with the Board to discuss common issues. The committee meets as required.

Remuneration and Performance Committee

To assist the Board of Directors by overseeing and providing recommendations on remuneration, performance, appointments and governance matters relating to the CEO and Board, ensuring these processes are transparent, robust and aligned with the organisation's strategic objectives and statutory obligations. The Committee is an advisory committee making recommendations to the Board. The Committee meets twice a year.

Pecuniary Interest

Members of the Board of Directors are required at each meeting to declare any pecuniary interest which might give rise to a conflict of interest. The Board has developed a Policy and Code of Conduct which clarifies the responsibilities of Board Directors.

Responsible Ministers During the Financial Year

The manner in which the health service was established and its relevant Minister. Benalla Health is a public hospital established under the *Health Services Act 1988 (Vic)*.

The responsible Minister(s) for the reporting period was/were:

The Hon Mary-Anne Thomas MP Minister for Health Minister for Ambulance Services	From 1 July 2025 to 15 April 2026
Hon Harriet Shing MP Minister for Health Minister for Ambulance Services Minister for Water	From 15 April 2026 to 30 June 2026
The Hon Melissa Horne MP Minister for Health Infrastructure	From 1 July 2025 to 30 June 2026
The Hon Ingrid Stitt MP Minister for Mental Health Minister for Ageing	From 1 July 2025 to 30 June 2026
The Hon Lizzie Blandthorn MP Minister for Disability / Minister for Children	From 1 July 2025 to 30 June 2026

Auditors: RSD Chartered Accountants, Agents for the Auditor General
Banker: National Australia Bank



Board of **Directors**



Chair

Committee Membership
- Remuneration & Performance (Chair)
- Community Advisory
- Medical Consultative

Dr Sarah Chaplin

BSC (Hons) Leeds; MSC Edin; PHD Gla; GCERT Uniteach Melb; GAICD

Sarah is an agriculture industry professional with expertise in project management, analysis, communication, and stakeholder engagement. She is currently working for VicGrid as Stakeholder Engagement Manager for Agriculture, ensuring the needs and priorities of farming communities are understood in Victoria's energy transition. Sarah was born in England and came to Australia in 2000 to take up a lecturing position at the University of Melbourne. She was based at Dookie Campus for nearly 10 years and both her children were born at Benalla Hospital. Sarah is a Fairley Fellow (2017) and a graduate of the Australian Institute of Company Directors. Sarah runs a Murray Grey stud at Yabba North with her husband. Sarah is the Board Chair and chair of the Remuneration and Performance committee and Medical consultative committee, and a member of the Community Advisory Committee.



Committee Membership
- Quality & Safety (Chair)
- Finance & Audit
- Medical Consultative

Leanne Turner

RN, BHealthSci (Nursing), PostGradDip (Health Administration), MBA, GAICD

Leanne was appointed to the Benalla Health Board of Directors in July 2021. Leanne is currently the Executive Director Operations and Chief Nursing Officer at the Royal Victorian Eye and Ear Hospital. Prior to this, Leanne was the Chief Operating Officer at Yooralla and responsible for leading the delivery of all customer services. Before joining Yooralla in 2017, Leanne was the Executive Director of the Royal Dental Hospital of Melbourne at Dental Health Services Victoria for three years where she developed new models of care and implemented a new clinical governance framework. Prior to joining Dental Health Services Victoria, Leanne was the Director of Specialty Services at Austin Health for eight years. In this role, she was responsible for the strategic leadership and operational management of Cardiac Services, Vascular Surgery, Neurosciences, Neuropsychology and Respiratory Services. Leanne's qualifications include a Bachelor of Health Sciences (Nursing), a Post Graduate Diploma in Health Administration (La Trobe University) and a Master of Business Administration (RMIT). She is also a Graduate of the Australian Institute of Company Directors. Leanne has extensive experience in clinical governance and risk management, service planning and financial management. She is passionate about improving patient outcomes. Leanne has previously held Board Director position with the Eastern Domestic Violence Service and in Community Health organisations. Leanne holds the position of Vice Board Chair, Chair of Quality and Safety Committee and member of the Finance and Audit committee and medical consultative committee.

Board of **Directors** *Cont.*



Melinda Lawley

MPH, GCertScCommun, BEd(HSc)

Melinda was appointed to the Benalla Health Board of Directors in July 2023. Melinda has extensive experience working with Boards and Executive teams across Health, Education and Community Services. Currently the CEO of a community service organisation specialising in support to Young People, and a Director with Benalla community's Tomorrow Today Foundation. Melinda brings extensive strategic planning experience across diverse organisations and strengthened governance expertise through completion of the Australian Institute of Company Directors (AICD) Effective Director course. Her background in Public Health underpins a strong commitment to improving population health, with a focus on locally driven, community-based solutions that enhance equitable access to quality care. She is a collaborative leader who believes effective partnerships are critical to achieving sustainable outcomes. Melinda is committed to the respectful inclusion of Aboriginal and Torres Strait Islander voices, supported by practical experience embedding these perspectives in governance, strategy and decision-making. Melinda serves on the Finance and Audit Committee, the Remuneration and Performance Committee, and has Board oversight of the Maternity Governance Committee.

Committee Membership
- Finance & Audit
- Remuneration & Performance



Binda Gokhale

GAICD, FCPA, MBA, BEc
(01/07/21 - 04/08/25)

Binda joined the Benalla Health Board of Directors in July 2021. Binda has considerable experience in corporate finance, strategic planning, and governance. Binda holds directorships at Melbourne Water, Melbourne Polytechnic, TAC, and is a member of the Audit and Risk Committee at the Victorian Disability Worker Commission, City of Monash and City of Whitehorse. Binda has held previous directorships with the Satellite Foundation and Trust for Nature. Binda has previously worked at Wyndham City Council and Telstra in senior executive roles. She currently participates on the Executive Committee of the Victorian Local Government Finance Professionals. Binda is a graduate of the Melbourne Business School, a graduate member of the Australian Institute of Company Directors, Fellow Certified Practising Accountant (CPA) and holds a Bachelor of Economics from Monash University.

Treasurer

Committee Membership
- Finance & Audit (Chair)
- Quality & Safety

Board of **Directors** *Cont.*



Treasurer

Committee Membership
- Finance & Audit (Chair)
- Quality & Safety

Dr Naveen Tenneti

FAFPHM, BEc-BDev (Hons), MPH MBBS, BMedSc(Hons)

Naveen was appointed to the Benalla Health Board of Directors in July 2023. He is a Public Health Physician and is currently working as Chief Operating Officer, Bendigo Community Health Services and Clinical Unit Head at the Loddon Mallee Public Health Unit, Bendigo Health. He is also an Adjunct Associate Professor with the La Trobe Rural Health School. Naveen has previously held senior executive roles across the Victorian Department of Families, Fairness and Housing and Department of Health and as a Research Fellow at the Nossal Institute for Global Health. He has worked as a doctor at Monash Health and Researcher at the Grattan Institute. He is a Fellow of the Australasian Faculty of Public Health Medicine, an Associate Fellow of the Royal Australasian College of Medical Administrators and a Graduate of the Australian Institute for Company Directors. Naveen was a 2014 Monash Community Leadership Scholar and 2017 Westpac Future Leader Scholar. He has tertiary qualifications in Medicine and Surgery, Public Health and Economics and Development. He is committed to building strong health systems underpinned by a social determinants approach.



Committee Membership
- Quality & Safety

Associate Professor David Smallwood

MBBS, FRACP, GCCT, MHLM, FRACMA, PhD

David Smallwood has been a practising Respiratory and General Physician for over 30 years. He is also an Associate Professor in the Department of Medical Education at the University of Melbourne, where he continues as a Principal Fellow in Medical Education. He has worked for 3 large metropolitan health services and recent roles include Deputy Chief Medical Officer at Epworth HealthCare and the Director of Physician Education at Western Health. David has held many other leadership roles including the Director of Medical Education at Royal Melbourne Hopsital (RMH) and the Director of General Medicine at the Austin Hospital. He has served on national accreditation committees for the Australian Medical Council, the Advisory Committee for Prescription Medicines for the TGA, and chaired the Royal Australian College of Physicians Continual Professional Development (CPD) Committee. He has a particular interest in high quality patient care, patient safety, and ensuring strong clinical governance systems in health services. He completed his Masters in Health Leadership and Management in 2024 and has obtained his Royal Australian College of Medical Administrators qualifications. He continues his Respiratory practice alongside his academic role.

Board of **Directors** *Cont.*



Ian Heycox

BA(Economics) GradDipCom, MAICD

Committee Membership
- Community Advisory
- Finance & Audit
- Remuneration & Performance

Ian Heycox was appointed to the Benalla Health board as a non-executive director by the Minister of Health in July 2025. He is an experienced and values-driven non-executive Director, with extensive expertise in people and culture, governance, risk and compliance. He has held Chief People Officer and Executive leadership roles in corporate, government and not for profit organisations including BHP, Monash Health, and Australian Community Support Organisation. In addition to Benalla Health, Ian currently holds board positions at ARC Justice, a Bendigo and Shepparton based community legal centre and a privately owned advisory firm. Ian is also a mentor and advisor to newly arrived migrants and small and medium sized social enterprises, with a particular focus on community and regional based organisations. Ian holds a degree majoring in economics and postgraduate diploma in commerce from the University of Wollongong and has completed the Advanced Management Program from the University of Michigan in the USA. He is a graduate and member of the Australian Institute of Company Directors.



Dr Dennis O'Brien

BSC (AG) University of Sydney; MSc, University of Manitoba Canada; PhD, Oregon State University USA

Committee Membership
- Community Advisory
- Medical Consultative

After graduating with his PhD from Oregon State University, Dennis worked for five years in the Philippines & Indonesia. He has also worked in Canada, USA, Bangladesh, Singapore, Malaysia, Sri Lanka, Papua New Guinea and China. He and Gail returned to Australia with their three children in 1985 to take up a position at the University of Wollongong. He moved to Southern Cross University in 1993, where he was Head of the School of Business. In 2002 he was appointed Associate Professor and Head of the Dookie Campus of the University of Melbourne. He was the foundation Director of Postgraduate Studies at Marcus Oldham College from 2009 to 2010. In addition to his current role as a Director on the Benalla Health Board, he is a member of the Waminda Neighbourhood House Committee of Management and President of the Benalla Business Network. He has a long history of commitment to community development locally and in his home state of NSW. He and Gail operate a small Wagyu cattle farm at Goomalibee.

Board of **Directors** *Cont.*



Megan Van der Schoor

LL. B (Hons) GDLP GD Law and Legal AccS (Fam)
(Commenced - 28/01/26)

Meagan Van der Schoor is a Senior Associate at Morrison and Sawers Lawyers, working across Benalla and Shepparton. Having grown up in Caniambo and completed her schooling in Shepparton, Meagan has strong and enduring ties to the Goulburn Valley region. She now calls Euroa home, where she lives with her family, and maintains a close connection to Benalla, where her children attended school. Through both her professional work and personal life, Meagan has developed a deep appreciation for the strengths and challenges of regional communities. She is passionate about supporting initiatives that enhance the wellbeing of local residents and is a strong advocate for ensuring that people living in regional Victoria have access to high-quality health services. As a lawyer, Meagan brings valuable skills to a board of directors, including strong analytical thinking and risk management. Her experience in interpreting legislation and advising on regulatory compliance supports sound decision-making and accountability. She also offers clear communication, strategic insight, and a practical approach to resolving complex issues, helping ensure the organisation operates effectively and in the best interests of the community Meagan brings a community-focused perspective to her involvement with Benalla Health, underpinned by her understanding of the importance of accessible, reliable care close to home. She is committed to contributing to a sustainable and responsive health service that meets the evolving needs of the region.



Committee Membership
Quality & Safety
Community Advisory

Kelly Hayden

BPubHealth HealthProm(Hons) MHlthAdmin

Kelly Hayden is a healthcare leader with more than a decade of strategic experience across Victoria and the United Kingdom, specialising in project management, service redesign, strategic planning and operational management. Kelly is currently a Project Manager with Northern Health's Virtual Emergency Department, leading initiatives to improve access to care and support innovative models of healthcare delivery. Previously, Kelly contributed to the operational management of specialist services at Northern Health, supported planning initiatives at the Royal Women's Hospital, and held management roles within the National Health Service (NHS) in Scotland. Kelly holds a Bachelor of Public Health and Health Promotion (Honours) and a Master of Health Administration. In addition to professional roles, Kelly is an active member of Benalla Health's Community Advisory Committee and Quality and Safety Committee, contributing to governance, consumer engagement and the continuous improvement of healthcare services. A values-driven leader, Kelly is committed to advancing patient-centred care, strengthening governance and quality systems, and delivering strategic initiatives that improve health outcomes and ensure services remain responsive to the evolving needs of the communities they serve.

Executive Team



Jackie Kelly

Chief Executive Officer

BNurs, MLD, Dip. HR.
(Until 30/11/2025)

The Chief Executive Officer is responsible to the Board of Directors for the efficient and effective management of the Health Service. Key responsibilities include the development and implementation of operational and strategic planning, maximising service efficiency, quality improvement and minimisation of risk.



Donovan Jacka

Interim Chief Executive Officer

Grad. Dip. HRM. IR. Grad. Cert. Mediation

As Executive Director of People and Culture Donovan drives organisational excellence by providing strategic leadership and operational delivery of people and organisational development functions and services for Benalla Health, including management of Employment Services, Employee Relations, Industrial Relations, Diversity, Equity and Inclusion, Health and Safety, Wellbeing Services and Injury Management programs.



Lisa Waite

Executive Director of Clinical Services

RN, RM, Bachelor of Nursing, MHA.

The Executive Director of Clinical Services (EDCS) is responsible for all clinical services. The EDCS role encompasses leadership of clinical services, clinical governance, clinical leadership and standards of practice, service and strategic planning, clinical risk management, quality improvement and resource management.



Mewan Dissanayake

Executive Director of Finance & Corporate Services

MBA(USQ), CA, CPA, GAICD, FCMA(UK), CGMA, FCA(SL), BBA Hons (Specialised in Financial Mgt)

The Executive Director of Finance and Corporate Services is responsible for the finance and administration, ICT, health information, supply, linen and hospitality departments. The Executive Director of Finance and Corporate Services provides leadership in the management of financial and corporate support services.



Dr Ken Cheng

Director of Medical Services

MBBS, BMedSc (Hons), MBA, M Com (Dist), MHM, MPH, FRACMA, FCHSM, CHE, MAICD (06/02/2023 – 05/10/2025)



Dr Ka Chun Tse

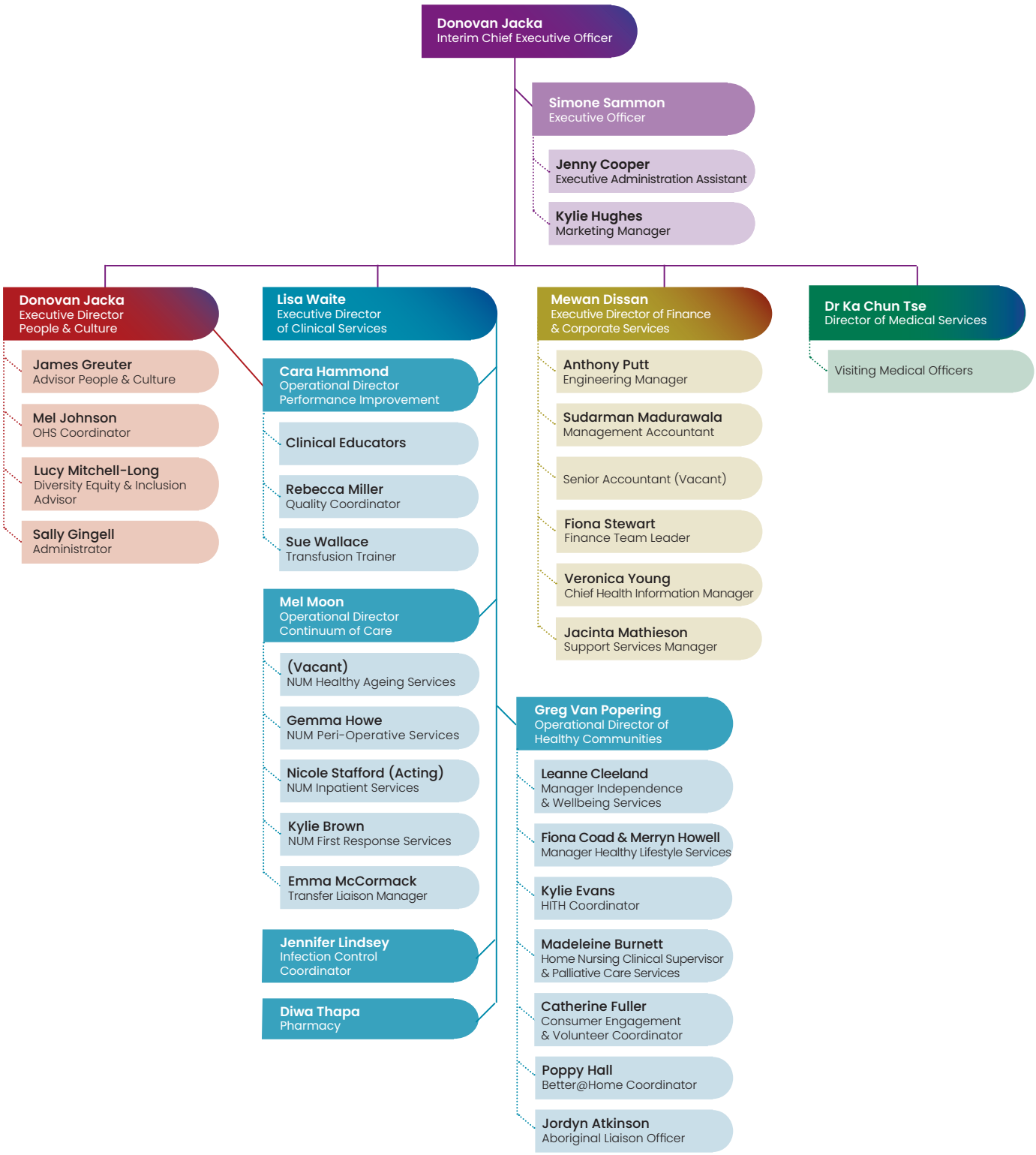
Director of Medical Services

MBBS, MHM, MPH, FACHSM, CHE, GAICD (Commenced 14/10/2025)

The Director of Medical Services ensures all visiting medical officers are credentialed and have appropriate clinician privileges for the Organisation. The DMS role involves liaison with visiting specialists and General Practitioners as well as the provision of senior medical administrative support, advice and guidance to staff on clinical governance, medical services, quality and medico-legal matters.

Organisational Structure 2026

1st July 2026



Workforce **Information**

Current Full Time Equivalent (FTE) and other payroll information is consistent with that provided to the Department in the Minimum Employee Data Set (MDS).

Hospitals Labour Category	June Current Month FTE		Average Monthly FTE	
	2025	2026	2025	2026
Nursing	119.03	121.42	117.14	121.10
Administration and Clerical	32.28	29.28	31.62	29.07
Medical Support	8.63	3.99	9.56	4.31
Hotel and Allied Services	37.87	40.71	36.34	43.46
Medical Officers	0.00	0.00	0.00	0.00
Hospital Medical Officers	0.00	0.00	0.00	0.00
Sessional Clinicians	0.00	0.00	0.00	0.00
Ancillary Staff (Allied Health)	19.59	16.50	19.14	16.70
Total	**217.40**	**211.90**	**213.80**	**214.64**

The FTE figures required in the table are those excluding overtime. These do not include contracted staff (for example, agency nurses and fee-for-service visiting Medical Officers) who are not regarded as employees for this purpose. The data should be consistent with that provided in the Minimum Employee Data Set. The order of the fields in the hospital labour category must not be changed.

Employment & Conduct Principles

Benalla Health is committed to applying merit and equity principles to all employment policies, programs and resources and ensures our values; Respect, Empathy, Excellence, Compassion and Accountability, are implemented throughout the organisation, including through performance planning and employee recognition processes.

Occupational **Health** and **Safety**

The objective of Health and Safety is prevention and active response. This is achieved by supportive and ongoing consultation between management, the Occupational Health and Safety Committee, employees, volunteers, students, Visiting Medical Officers, contractors and consumers. We aim to continuously review our practices, look for improvements and evaluate our systems on a regular basis, to ensure excellence in safety management.

Occupational Health & Safety Statistics	2023-2024	2024-2025	2025-2026
Number of reported hazards/incidents for the year per 100 FTE	90	97	217
Number of 'lost time' standard WorkCover claims for the year per 100 FTE	2.41	3.74	2
Average cost per WorkCover claim for the year	**$7,745**	**$43,157**	**$14,440**

Occupational Violence

Occupational violence statistics for 2025-2026 are reported as per the table below.

Occupational Violence Statistics	2025-2026
WorkCover accepted claims with an occupational violence cause per 100 FTE	0
Number of accepted WorkCover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	0
Number of occupational violence incidents reported	11
Number of occupational violence incidents reported per 100 FTE	5.12
Percentage of occupational violence incidents resulting in staff injury, illness or condition	0

Definitions

For the purposes of the above statistics the following definitions apply:

- **Occupational violence:** Any incident where an employee is abused, threatened or assaulted in circumstances arising out of, or in the course of their employment.
- **Incident:** An event or circumstance that could have resulted in, or did result in, harm to an employee. Incidents of all severity rating must be included. Code Grey reporting is not included, however if an incident occurs during the course of a planned or unplanned Code Grey, the incident must be included.
- **Accepted WorkCover claims:** Claims accepted and lodged in 2025-2026.
- **Lost time:** Defined as greater than one day.
- **Injury, illness or condition:** This includes all reported harm as a result of the incident, regardless of whether the employee required time off work or submitted a claim.

5 Year Performance

	2026 $'000	2025 $'000	2024 $'000	2023 $'000	2022 $'000
Operating Result*	**57**	**16**	**(1,240)**	**245**	**682**
Total revenue	43,313	39,846	39,245	38,376	33,208
Total expenses	44,642	42,180	41,677	38,039	34,382
Net result from transactions	(1,329)	(2,334)	(2,426)	337	(1,174)
Total other economic flows	120	108	74	(54)	227
Net result	(1,209)	(2,226)	(2,352)	283	(947)
Total assets	66,869	67,499	67,894	50,436	48,820
Total liabilities	15,373	14,794	12,963	10,936	9,603
Net assets/Total equity	**51,496**	52,705	54,931	39,500	39,217

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

5 Year **Performance** *Cont.*

Reconciliation of Net Result from Transactions and Operating Result	2025-2026 $'000
Operating result	**57**
Capital purpose income	2,007
Specific income	-
COVID 19 State Supply Arrangements – Assets received free of charge or for nil consideration under the State Supply	-
State Supply items consumed up to 30 June 2026	-
Assets provided free of charge	-
Assets received free of charge	-
Expenditure for capital purpose	(288)
Depreciation and amortisation	(3,105)
Impairment of non-financial assets	-
Finance costs (other)	-
Net result from transactions	**(1,329)**

An operating surplus of $57,000 was recorded for the year, surpassing our Statement of Priorities target of a break even result. Benalla Health had an increase in revenue from operating transactions as a result of increase in Commonwealth grants and other income. However, the expenses for the year also increased mainly due to the workforce related expenses.

Consultancies

Details of consultancies (under $10,000)

In 2025-2026 there were five consultancies where the total fees payable to the consultants were less than $10,000 (excl. GST). The total expenditure incurred during 2025-2026 in relation to these consultancies is $22,629 (excl. GST).

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

In 2025-2026 there were five consultancies where the total fees payable to the consultants were $10,000 (excl. GST) or greater. The total expenditure incurred during 2025-2026 in relation to these consultancies is $168,870 (excl. GST). Details of these consultancies can be viewed below.

Consultant	Purpose of Consultancy	Start Date	End Date	Total Approved Project Fee (excluding GST)	Expenditure 2025-2026 (excluding GST)	Future Expenditure (excluding GST)
Adara Building Services Group	Boiler RHIF Application -Electrification Report & Schematic Design	Jun 2026	Jun 2026	$17,400	$17,400	Nil
Health Legal Pty Ltd	Residential based Aged Care Services & Staff Accommodation Projects	Nov 2025	Nov 2025	$23,151	$23,151	Nil
Konzepte Melbourne Pty Ltd	UCC RHIF Application - Architectural Services	Jun 2026	Jun 2026	$49,000	$49,000	Nil
The Trustee for Health Recruitment Specialists	CEO Recruitment	Feb 2026	Jun 2026	$24,347	$24,347	Nil
The Writing Room	Project Management - Maternity Service Implementation	Oct 2025	Jun 2026	$54,972	$54,972	Nil

Information & Communication Technology (ICT)

The total ICT expenditure incurred during 2025-2026 is $2.949 million (excluding GST) with details shown below:

Business As Usual (BAU) ICT Expenditure	Non-Business As Usual (non-BAU) ICT Expenditure		
Total (excluding GST) (million)	**Total = Operational expenditure and Capital expenditure** (excluding GST)	**Operational expenditure** (excluding GST) (million)	**Capital expenditure** (excluding GST)(million)
$2.765 million	**$0.184 million**	$0 million	$0.184 million

Social Procurement Activities Under the Social Procurement Framework

Social Procurement Activities and Commitments	
Reporting Period:	2025-2026
Reporting Entity:	Benalla Health

Overall social procurement activities	2025-2026
Number of social benefit suppliers (direct spend) during the reporting period ($ GST exclusive)	1
Total amount spent with social benefit suppliers (direct spend) during the reporting period ($ GST exclusive)	$409.60
Total number of mainstream suppliers engaged that have made social procurement commitments in their contracts with the Victorian Government	13
Total number of contracts that include social procurement commitments	13

2025-2026 Social Procurement Framework Reporting

SPF Objective	SPF Outcome	Metric	Unit of measure	2025-2026 (Actual)
Opportunities for Victorian Aboriginal people	Employment of Victorian Aboriginal people by suppliers to the Victorian Government	Total number of Victorian Aboriginal people employed by Victorian Government suppliers on Victorian Government contracts		-
	Purchasing from Victorian Aboriginal businesses	Total spend with Victorian Aboriginal businesses[1]	$ (GST exclusive)	$409.60
		Number of Victorian Aboriginal businesses[8] engaged	Number	1
Sustainable Victorian social enterprises and Aboriginal business sectors	Purchasing from Victorian social enterprises and Aboriginal businesses	Total spend with Victorian Aboriginal businesses[9]	$ (GST exclusive)	$409.60
		Number of Victorian Aboriginal businesses[9] engaged	Number	1
		Total spend with other Victorian social enterprises[8]		
		Number of other Victorian social enterprises[8] engaged		

[1] Victorian Aboriginal businesses verified by Kinaway and/or Supply Nation

Disclosure of Emergency Procurement and Procurement Complaints

No emergency procurements were undertaken during the 2025-2026 financial year, resulting in nil emergency procurement expenditure. No procurement complaints were received during the year.

Disclosure of Reviews and Study Expenses

The total review and study expenditure incurred during 2025-2026 was $51,200 (excluding GST) with details shown below:

Review & study program	2025-2026 Estimated Cost	2025-2026 Actual Cost	Reasons for undertaking the review/study
Internal Audit Program	21,900	21,900	To provide independent assurance that Benalla Health's risk management, governance and internal control processes are operating effectively and in accordance with relevant legislative frameworks and standards
External Audit Program	29,300	29,300	Provide an unbiased opinion on whether financial statements of Benalla Health present a true and fair view of the health services financial performance and position, in accordance with relevant legislative frameworks and standards
Total	**51,200**	**51,200**	



Statutory Reporting

Freedom of Information Act 1982

Benalla Health is an agency subject to the *Freedom of Information Act 1982* (Victoria). The Chief Executive Officer is the nominated Freedom of Information (FOI) Officer. Persons wishing to make an FOI request should do so by completing the FOI Request form (available from the Benalla Health website or at the hospital reception desk). The FOI Request form contains information relating to costs of accessing information, what information can be provided and timeline for provision of information to an applicant by Benalla Health. Further information about the Freedom of Information Act is available from the Office of the Victorian Information Commissioner. (www.ovic.gov.au).

During 2025-2026, Benalla Health received 34 applications. Of these requests, 1 was from a medical service, and 13 were from legal services and 20 were patient access. Benalla Health made 34 FOI decisions during the 12 months ended 30 June 2026. There were 34 decisions made within the statutory time periods. A total of 34 FOI access decisions were made where access to documents was granted in full.

Public Interest Disclosure Act 2012

Benalla Health is an agency subject to the *Public Interest Disclosure Act 2012*. The *Public Interest Disclosure Act 2012* enables people to make disclosures about improper conduct within the public sector without fear of reprisal. The Act aims to ensure openness and accountability by encouraging people to make disclosures and protecting them when they do. Policies and guidelines are in place to protect people against actions that might be taken against them if they choose to make a protected disclosure. Access to the Benalla Health Public Interest Disclosure Policy can be found via our Feedback page on the Benalla Health website **www.benallahealth.org.au**. There were no disclosures in 2025-2026.

Carers Recognition Act 2012

Benalla Health is an agency subject to the *Carers Recognition Act 2012*, which formally recognises and values the role of carers and the importance of care relationships within the Victorian community. The Act establishes principles that guide how organisations recognise, respect, engage with and support carers in their interactions with services and systems.

In alignment with the Victorian Carer Strategy 2025–2035, Benalla Health is committed to recognising, respecting and valuing carers as partners in care. We acknowledge the diversity of carers and care relationships and are committed to creating welcoming, inclusive and accessible services that support carers' health, wellbeing, participation and connection to community.

Benalla Health takes all practical measures to meet its obligations under the Act by:

- considering the principles of the Act when developing policies, programs and services;
- recognising carers' knowledge, experience and contribution to care planning and decision-making, where appropriate;
- supporting carers to access information, services and referral pathways as early as possible;
- promoting flexible and carer-friendly workplace practices for employees with caring responsibilities;
- seeking feedback from carers and involving them in service improvement;
- fostering culturally safe and inclusive practices that recognise the needs of First Nations carers, young carers, culturally diverse carers, LGBTIQA+ carers, carers with disability, and carers living in rural and regional communities; and
- working collaboratively with carers, families, community organisations and service providers to improve outcomes for carers and the people they support.

Through these actions, Benalla Health contributes to the Victorian vision that people with a care role are valued and supported to achieve better health, wellbeing and participation across all aspects of their lives.

Building Act 1993

Each year Benalla Health is required to confirm compliance with the *Building Act 1993 (Vic)* and associated regulations. This signoff demonstrates that the organisation has appropriate systems in place to ensure:

- All buildings are maintained in a safe condition and used in accordance with their approved purpose.
- Essential safety measures (such as fire systems, exits, alarms, and other safety features) are regularly tested, maintained, and recorded.
- Any building works undertaken during the year comply with relevant approvals, permits, and regulatory requirements.

- Risk management processes are in place to protect staff, patients, visitors, and the broader community from hazards associated with the built environment.

The annual declaration confirms Benalla Health's ongoing commitment to maintaining a safe and compliant healthcare environment in accordance with Victorian building legislation.

National Competition Policy

It is Government policy that the costing policies of publicly funded organisations should reflect any competitive advantage available to the private sector. Benalla Health complies with the National Competition Policy and Competitive Neutrality Policy Victoria and its subsequent reforms.

Environmental Performance Summary

In 2025–26 the total reported greenhouse gas emissions across Scope 1, Scope 2 and Scope 3 were 1,802.25 t CO_2-e. Scope 1 emissions increased to 632.20 t CO_2-e, primarily reflecting higher stationary fuel, vehicle fleet and medical gas emissions. Scope 2 emissions from electricity were 902.18 t CO_2-e, a modest increase on the previous year but remaining 10.8% below the 2023–24 level. Scope 3 emissions were 267.87 t CO_2-e, remaining relatively stable compared with 2024–25 and 8.8% below 2023–24, with reductions in waste and water-related emissions contributing to the overall improvement. Across the three-year reporting period, emissions performance has therefore remained mixed, with reductions in Scope 2 and Scope 3 emissions partially offset by an increase in Scope 1 emissions in 2025–26. The organisation will continue to focus on energy efficiency, reducing fuel and fleet emissions, improving waste management and identifying opportunities to increase renewable energy use and reduce reliance on higher-emission energy sources.

Greenhouse Gas Emissions	2025-2026	2024-2025	2023-2024
G1 Total Scope 1 (direct) greenhouse gas emissions (t CO_2-e)			
Carbon Dioxide	597.79	521.86	623.24
Methane	1.08	0.99	1.15
Nitrous Oxide	0.63	0.37	0.53
Total	**599.50**	**523.23**	**624.92**
Scope 1 GHG emissions from stationary fuel (F2 Scope 1) (t CO_2-e)	**555.41**	**509.13**	**589.46**
Scope 1 GHG emissions from vehicle fleet (T3 Scope 1) (t CO_2-e)	**44.09**	**14.10**	**35.47**
Medical/Refrigerant gases			
Nitrous Oxide	32.20	10.69	
Sevoflurane	0.50	0.16	
Total Scope 1 (direct) greenhouse gas emissions (t CO_2-e)	**632.20**	**534.09**	**624.92**
G2 Total Scope 2 (indirect electricity) greenhouse gas emissions (t CO_2-e)			
Electricity	902.18	883.98	1,011.38
Total Scope 2 (indirect electricity) greenhouse gas emissions (t CO_2-e)	**902.18**	**883.98**	**1,011.38**
G3 Total Scope 3 (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (t CO_2-e)			
Commercial air travel	4.53		
Waste emissions (WR5)	70.27	81.39	98.88
Indirect emissions from Stationary Energy	167.37	159.57	170.62
Indirect emissions from Transport Energy	10.89	3.52	8.85
Paper emissions			
Water emissions	14.80	20.60	15.44
Any other Scope 3 emissions			
Total Scope 3 greenhouse gas emissions (t CO_2-e)	**267.87**	**265.06**	**293.79**

Greenhouse Gas Emissions	2025-2026	2024-2025	2023-2024
G(Opt) Net greenhouse gas emissions (t CO_2-e)			
Gross greenhouse gas emissions (G1 + G2 + G3) (t CO_2-e)	**1,802.25**	**1,683.13**	**1,930.09**
Total gross reported greenhouse gas emissions per bed-day (t CO_2-e/OBD)	0.09	0.08	0.09
Carbon Neutral Electricity			
Green Power Electricity			
Purchased LGCs	-1,123.09		
Any Reduction Measures Offsets purchased (EL4-related)	**-1,024.70**		
Any Offsets purchased	**-1,024.70**		
Net greenhouse gas emissions (t CO2-e)	**777.55**	**1,683.13**	**1,930.09**

Electricity Use	2025-2026	2024-2025	2023-2024
EL1 Total electricity consumption segmented by source (MWh)			
Purchased	1,345.99	1,340.47	1,537.71
Self-generated	226.63	107.70	246.47
EL1 Total electricity consumption (MWh)	**1,572.62**	**1,448.17**	**1,784.18**
EL2 On site-electricity generated (MWh) segmented by:			
Consumption behind-the-meter			
Solar Electricity	226.63	266.60	246.47
Total Consumption behind-the-meter (MWh)	**226.63**	**266.60**	**246.47**
Exports			
Solar Electricity	**0.19**		
Total Electricity exported (MWh)	**0.19**		
EL2 Total On site-electricity generated (MWh)	**226.82**	**266.60**	**246.47**
EL3 On-site installed generation capacity (kW converted to MW) segmented by:			
Diesel Generator	0.70	0.70	0.70
Solar System	0.29	0.29	0.29
EL3 Total On-site installed generation capacity (MW)	**0.99**	**0.99**	**0.99**
EL4 Total electricity offsets segmented by offset type (MWh)			
LGCs voluntarily retired on the entity's behalf	1,220.75		
RPP (Renewable Power Percentage in the grid)	232.19	245.12	288.45
EL4 Total electricity offsets (MWh)	**1,345.99**	**245.12**	**288.45**

Stationary Energy	2025-2026	2024-2025	2023-2024
F1 Total fuels used in buildings and machinery segmented by fuel type (MJ)			
Natural gas	10,578,638.10	9,880,186.90	11,439,112.80
Diesel	146,680.00		
F1 Total fuels used in buildings (MJ)	**10,725,318.10**	**9,880,186.90**	**11,439,112.80**
F2 Greenhouse gas emissions from stationary fuel consumption segmented by fuel type (t CO_2-e)			
Natural gas	545.12	509.13	589.46
Diesel	10.30		
F2 Greenhouse gas emissions from stationary fuel consumption (t CO_2-e)	**555.41**	**509.13**	**589.46**

Transportation Energy	2025-2026	2024-2025	2023-2024
T1 Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type (MJ)			
Non-executive fleet - Gasoline	103,489.00	60,643.30	210,846.30
Petrol	**103,489.00**	**60,643.30**	**210,846.30**
Non-executive fleet - E10		27,645.10	27,721.30
Petrol (E10)		**27,645.10**	**27,721.30**
Executive fleet - Diesel	141,534.70		
Non-executive fleet - Diesel	385,235.80	118,150.80	277,225.30
Diesel	**526,770.50**	**118,150.80**	**277,225.30**
Total energy used in transportation (vehicle fleet) (MJ)	**630,259.50**	**206,439.20**	**515,792.90**
T2 Number and proportion of vehicles in the organisational boundary segmented by engine/fuel type and vehicle category			
T3 Greenhouse gas emissions from transportation (vehicle fleet) segmented by fuel type (t CO2-e)			
Non-executive fleet - Gasoline	7.00	4.10	14.26
Petrol	**7.00**	**4.10**	**14.26**
Non-executive fleet - E10		1.68	1.69
Petrol (E10)		**1.68**	**1.69**
Executive fleet - Diesel	9.97		
Non-executive fleet - Diesel	27.12	8.32	19.52
Diesel	**37.09**	**8.32**	**19.52**
Total Greenhouse gas emissions from transportation (vehicle fleet) (t CO_2-e)	**44.09**	**14.10**	**35.47**
T4 Total distance travelled by commercial air travel (passenger km travelled for business purposes by entity staff on commercial or charter aircraft)			
Total distance travelled by commercial air travel	32,000.00		
T(opt1) Total vehicle travel associated with entity operations (1,000 km)			
Total vehicle travel associated with entity operations (1,000 km)			
T(opt2) Greenhouse gas emissions from vehicle fleet (t CO_2-e per 1,000 km)			
t CO_2-e per 1,000 km			

Total Energy Use	2025-2026	2024-2025	2023-2024
E1 Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)			
Total energy usage from stationary fuels (F1) (MJ)	10,725,318.10	9,880,186.90	11,439,112.80
Total energy usage from transport (T1) (MJ)	630,259.50	206,439.20	515,792.90
Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)	**11,355,577.60**	**10,086,626.10**	**11,954,905.70**
E2 Total energy usage from electricity (MJ)			
Total energy usage from electricity (MJ)	5,661,433.08	5,785,460.52	6,423,034.53
E3 Total energy usage segmented by renewable and non-renewable sources (MJ)			
Renewable	5,661,433.00	1,844,960.71	1,928,465.02
Non-renewable (E1 + E2 - E3 Renewable)	11,355,577.68	14,027,125.91	16,449,475.21
E4 Units of Stationary Energy used normalised: (F1+E2)/normaliser			
Energy per unit of Aged Care OBD (MJ/Aged Care OBD)	1,556.94	1,495.96	1,743.67
Energy per unit of LOS (MJ/LOS)	1,562.43	1,521.68	1,699.21
Energy per unit of bed-day (LOS+Aged Care OBD) (MJ/OBD)	779.84	754.35	860.58
Energy per unit of Separations (MJ/Separations)	4,112.11	3,977.06	4,195.95
Energy per unit of floor space (MJ/m2)	1,669.73	1,596.26	1,820.07

Sustainable Buildings and Infrastructure	2025-2026	2024-2025	2023-2024
B1 Discuss how environmentally sustainable design (ESD) is incorporated into newly completed entity-owned buildings			
B2 Discuss how new entity leases meet the requirement to preference higher-rated office buildings and those with a Green Lease Schedule			
B3 NABERS Energy (National Australian Built Environment Rating system) ratings of newly completed/ occupied Entity-owned office buildings and substantial tenancy fit-outs (itemised)			
B4 Environmental performance ratings (eg. NABERS, Green Star, or ISCAIS rating scheme) of newly completed Entity-owned non-office building or infrastructure projects or upgrades with a value over $1 million			
NABERS Energy			
B5 Environmental performance ratings achieved for Entity-owned assets portfolio segmented by rating scheme and building, facility, or infrastructure type, where these ratings have been conducted			
Rating scheme			

Water Use	2025-2026	2024-2025	2023-2024
W1 Total units of metered water consumed by water source (kL)			
Potable water (kL)	10,553.00	12,591.00	9,200.00
Total units of water consumed (kL)	**10,553.00**	**12,591.00**	**9,200.00**
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)	1.00	1.20	0.90
Water per unit of LOS (kL/LOS)	1.01	1.22	0.88
Water per unit of bed-day (LOS+Aged Care OBD) (kL/OBD)	0.50	0.61	0.44
Water per unit of Separations (kL/Separations)	2.65	3.20	2.16
Water per unit of floor space (kL/m2)	1.08	1.28	0.94

Sustainable Procurement	2025-2026	2024-2025	2023-2024

Waste and Recycling	2025-2026	2024-2025	2023-2024
WR1 Total units of waste disposed of by waste stream and disposal method (kg)			
Landfill (total)			
General waste - skips	50,103.74	55,201.50	68,643.00
Offsite treatment			
Clinical waste - incinerated	164.26	304.29	305.50
Clinical waste - sharps	374.57	718.29	719.95
Clinical waste - treated	3,466.20	6,478.60	6,489.27
Recycling/recovery (disposal)			
Cardboard	23,536.77		16,087.50
Commingled	11,495.64		6,600.00
Total units of waste disposed (kg)	**89,141.18**	**62,702.68**	**98,845.22**
WR1 Total units of waste disposed of by waste stream and disposal method (%)			
Landfill (total)			
General waste	56.21%	88.04%	69.44%
Offsite treatment			
Clinical waste - incinerated	0.18%	0.49%	0.31%
Clinical waste - sharps	0.42%	1.15%	0.73%
Clinical waste - treated	3.89%	10.33%	6.57%
Recycling/recovery (disposal)			
Cardboard	26.40%		16.28%
Commingled	12.90%		6.68%
WR2 Percentage of office sites covered by dedicated collection services for each waste stream			
Printer cartridges			
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)	2.00	2.23	2.74
Total waste to offsite treatment per patient treated ((kg offsite treatment)/PPT)	0.16	0.30	0.30
Total waste recycled and reused per patient treated ((kg recycled and reused)/PPT)	1.40		0.91
WR4 Recycling rate (%)			
Weight of recyclable and organic materials (kg)	35,032.41		22,687.50
Weight of total waste (kg)	89,141.18	62,702.68	98,845.22
Recycling rate (%)	**39.30%**		**22.95%**
WR5 Greenhouse gas emissions associated with waste disposal (t CO2-e)			
t CO2-e	70.27	81.39	98.88

Normalisation Factors	2025-2026	2024-2025	2023-2024
1000km (Corporate)			
1000km (Non-emergency)			
Aged Care OBD	10,525.00	10,472.00	10,244.00
ED Departures	0.00	0.00	0.00
FTE	211.00	211.00	217.00
LOS	10,488.00	10,295.00	10,512.00
OBD	21,013.00	20,767.00	20,756.00
PPT	24,998.00	24,706.00	25,013.00
Separations	3,985.00	3,939.00	4,257.00
TotalAreaM2	9,814.00	9,814.00	9,814.00

NOTE: Indicators are not reported where data is unavailable or an indicator is not relevant to the organisation's operations

Additional Information

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

a) a statement that declarations of pecuniary interests have been duly completed by all relevant officers;

b) details of shares held by a senior officer as nominee or held beneficially in a statutory authority or subsidiary;

c) details of publications produced by the entity about itself, and how these can be obtained;

d) details of changes in prices, fees, charges, rates, and levies charged by the entity;

e) details of any major external reviews carried out on the entity;

f) details of major research and development activities undertaken by the entity;

g) details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;

h) details of major promotional, public relations and marketing activities undertaken by the entity to develop community awareness of the entity and its services;

i) details of assessments and measures undertaken to improve the occupational health and safety of employees;

j) a general statement on industrial relations within the entity and details of time lost through industrial accidents and disputes;

k) a list of major committees sponsored by the entity, the purposes of each committee and the extent to which the purposes have been achieved; and

l) details of all consultancies and contractors including:

(i) consultants/contractors engaged;

(ii) services provided; and

(iii) expenditure committed to for each engagement

This information is available on request from:
Executive Director of Finance & Corporate Services
Phone: (03) 5761 4222
Email: executive@benallahealth.org.au

Local Jobs First Act 2003

Benalla Health acknowledges it is required to apply the Local Jobs First Policy in all projects valued at $1 million or more for projects in regional Victoria.

To ensure that all requirements are in place that assure compliance to the Local Jobs First Policy requirements, Benalla Health has:

- A Benalla Health procurement team responsible for registration of future projects requiring Industry Capability Network (ICN) registration.
- Local Jobs First Policy requirements and statements incorporated as part of our request for tender documents.

- A nominated Local Jobs First Policy Authorized Administrator to ensure future projects over $1 million are appropriately captured and compliant with Local Jobs First Policy guidelines and requirements.

Workforce Inclusion

Benalla Health is committed to building a workforce that reflects the diversity of the communities we serve. We strive to foster a safe, inclusive and respectful workplace where all employees, regardless of their background, culture, gender, sexual orientation, age, religion or ability, feel valued, supported and empowered to contribute their best.

Through our policies, practices and continuous improvement initiatives, we work to eliminate barriers to participation, promote equitable opportunities and strengthen a culture of belonging across the organisation.

Reconciliation Action Plan

Benalla Health remains committed to advancing reconciliation and strengthening relationships with Aboriginal and Torres Strait Islander peoples and communities.

Our Reconciliation Action Plan 2024-2026 builds upon the foundations established through the previous Reconciliation Action Plan 2022-2023 and continues to guide organisational priorities across service delivery, employment, procurement and communication. Through these commitments, we seek to create meaningful opportunities for engagement, strengthen cultural safety and contribute to improved outcomes for Aboriginal and Torres Strait Islander peoples.

Aboriginal Employment Plan

Supporting Aboriginal and Torres Strait Islander employment remains a key focus for Benalla Health. Through our Aboriginal Employment Plan, we continue to promote culturally safe recruitment and employment practices, increase employment opportunities and support career development pathways for Aboriginal and Torres Strait Islander staff.

These efforts contribute to a more representative workforce and help strengthen our capacity to provide culturally responsive services to the communities we serve.

Rainbow Tick Accreditation

Benalla Health proudly maintains Rainbow Tick Accreditation, demonstrating our ongoing commitment to providing safe, inclusive and affirming services and workplaces for lesbian, gay, bisexual, transgender, queer, intersex and other sexuality and gender diverse (LGBTIQA+) people.

Maintaining accreditation reflects the dedication of our staff to fostering an environment where diversity is celebrated, individual identities are respected and all people feel welcome, safe and supported. We continue to embed inclusive practices across our services and workforce to ensure equitable experiences for LGBTIQA+ employees, consumers and their families.

Gender Equity

Benalla Health remains committed to advancing gender equity across the organisation and the broader health sector. During the financial year, our Gender Equality Action Plan was submitted to the Commission as required under the *Gender Equality Act 2020*.

We continue to see positive progress across a range of gender equity measures and remain focused on embedding equitable practices within our workforce and workplace culture. Our partnerships with health services across the region and Women's Health Goulburn North East support collective, system-wide action to address gender inequality and drive sustainable change throughout the healthcare sector.

Disability Action Plan

During the reporting period, Benalla Health continued to progress the implementation of its Disability Action Plan, reinforcing our commitment to accessibility, inclusion and equitable participation for people with disability.

The plan focuses on improving access to employment opportunities, enhancing workplace accessibility, strengthening staff capability and ensuring our services remain responsive to the needs of people with disability. Through these actions, we aim to create an environment where employees, consumers and community members with disability can fully participate and thrive.

Attestation and Declaration

There are a number of specific compliance requirements that health services must meet and declare during the course of operations. Accordingly, the following attestations are made:

Ministerial Standing Direction 5.1.4 Financial Management Compliance

I, Sarah Chaplin, on behalf of the Responsible Body, certify that Benalla Health has no Material Compliance Deficiency with respect to the applicable Standing Directions under the *Financial Management Act 1994* and instructions.



Dr Sarah Chaplin
Board Chair

Responsible Officer
Benalla Health
02/09/2026

Integrity, Fraud & Corruption

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



Ro Enever
Chief Executive Officer

Accountable Officer
Benalla Health
02/09/2026

Compliance with Health Share Victoria (HSV) Purchasing Policies

I, Ro Enever, on behalf of Benalla Health, certify that the Benalla Health is fully compliant with respect to the HSV Purchasing Policies as required by the *Health Services Act 1988 (Vic)*. Benalla Health has implemented appropriate internal controls, which have been critically reviewed throughout the year.



Ro Enever
Chief Executive Officer

Accountable Officer
Benalla Health
02/09/2026

Data Integrity

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



Ro Enever
Chief Executive Officer

Accountable Officer
Benalla Health
02/09/2026

Conflict of Interest

I, Ro Enever, certify that Benalla Health has put in place appropriate internal controls and processes to ensure that it has implemented a 'Conflict of Interest' policy consistent with the minimum accountabilities required by the VPSC. Declaration of private interest forms have been completed by all executive staff within Benalla Health and members of the board, and all declared conflicts have been addressed and are being managed. Conflict of interest is a standard agenda item for declaration and documenting at each executive board meeting.



Ro Enever
Chief Executive Officer

Accountable Officer
Benalla Health
02/09/2026

Safe Patient Care Act 2015

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

Department of Health **Strategic Plan**

In 2023-2027 Benalla Health will contribute to the achievement of the Victorian Government's commitments by:

Innovate and improve access and care

We aim for the best patient experience and care outcomes by assuring safe practice, leadership of safety, an engaged and capable workforce, and continuing to improve and innovate care.

Goals	Health Service Deliverables	2025-2026 Achievements / Outcome
Align with the Victorian Clinical Governance Framework to strengthen clinical governance systems, ensuring safe, high-quality care.	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.	**Status: Achieved** *Commentary:* • Benalla Health and Goulburn Valley Health facilitated multiple maternity consumer forums in partnership with the Tomorrow Today Foundation, providing opportunities for consumers to contribute to the co-design of the Maternity Model of Care. • Implemented an improved patient rounding system, removing the requirement for separate logins and simplifying staff participation. • Replaced the Net Promoter Score with an overall patient satisfaction measure to support more meaningful and user-friendly feedback collection. • Completed a Consumer Advisory Committee restructure, led by the Board and supported by the Executive Team, to strengthen consumer participation and governance. • Maintained active consumer representation across key committees, including Maternity Steering, Maternity Redesign, Clinical Governance, Quality and Safety, Partnering with Consumers, Residential Aged Care, and the Aged Care Advisory Body. • Strengthened consumer feedback processes through robust complaint management and multi-level review mechanisms involving Nurse Unit Managers and Executive Directors of Clinical Services. • Included consumer representatives in the review of two sentinel events during the 2025-2026 financial year, ensuring consumer perspectives informed quality and safety improvements.
	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.	**Status: Achieved** *Commentary:* • Strengthened governance processes across internal committees to enhance accountability, ownership, and departmental participation in decision-making. • Improved committee reporting structures through revised agenda formats and clearer allocation of responsibilities to Department Heads. • Enhanced the effectiveness of the Medication Safety Committee and Medication Advisory Committee, supported by Aged Care On-site Pharmacy (ACOP) services and Goulburn Valley Health. • Increased transparency and accountability through improved reporting mechanisms, ensuring departmental performance, risks, and actions are clearly monitored and reviewed.

Goals	Health Service Deliverables	2025-2026 Achievements / Outcome
	Health services are able to show evidence of a comprehensive training program approach that includes performance management, accountability, and continuous improvement.	**Status: Achieved** ***Commentary:*** • Developed and implemented a leadership training program for Associate Nurse Unit Managers and emerging leaders, based on the Teaching on the Run principles. • Successfully delivered the inaugural Associate Nurse Unit Manager Leadership Day, with ongoing sessions scheduled to support leadership development. • Expanded the leadership program to Allied Health staff and introduced a Clinical Supervision Study Day to strengthen supervision and leadership capabilities across disciplines. • Delivered a dedicated perioperative education day to support workforce capability and professional development. • Introduced a new Enrolled Nurse Advanced Life Support study day to support Enrolled Nurses and graduate staff in participating effectively during emergency situations. • Updated the Mandatory Training Policy throughout the year to support Recognition of Prior Learning and evolving workforce training requirements. • Developed and implemented a staff training needs survey to inform education priorities and support continuous improvement of the organisational training program.
Maintain a commitment to delivering equitable and timely access to planned care and drive reform in alignment with the Planned Surgery Reform Blueprint.	Implement and scale theatre optimisation initiatives in planned surgery, for example same--day 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.	**Status: Ongoing (50%)** ***Commentary:*** • Continued collaboration with regional health services, including Yarrawonga Health, Kyabram District Health Service, NCN Health, and Goulburn Valley Health, to support Planned Surgery Reform and a coordinated regional approach to elective surgery waitlist management. • Progressed theatre optimisation initiatives aligned with the Department of Health's Planned Surgery Reform Blueprint, focusing on increased surgical throughput, expansion of day surgery services, and high-intensity theatre models. • Commenced implementation of the Electronic Surgical Information System project; however, progress was impacted by regional rollout delays and external system constraints. • Established a Pre-Admission Clinic to support streamlined patient preparation and discharge planning, with further implementation contingent on funding and regional shared-service opportunities. • Introduced the Miya platform to enhance patient flow management and support more efficient theatre utilisation. • Progressed workforce redesign initiatives within perioperative services and actively recruited to key leadership positions following workforce changes. • Appointed a dedicated project lead to advance theatre optimisation work, with implementation continuing in partnership with Kyabram District Health Service and NCN Health.

Goals	Health Service Deliverables	2025-2026 Achievements / Outcome
	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).	**Status: Ongoing (50%)** *Commentary:* • Collaborated with Yarrawonga Health, Kyabram District Health Service, NCN Health and Goulburn Valley Health to progress a regional approach to planned surgery waitlist management and development of a sector-wide waitlist strategy. • Continued alignment with the Department of Health's Planned Surgery Reform Blueprint, progressing improvements in waitlist management, patient flow processes, and planning for enhanced support of long-waiting and priority patient groups. • Introduced digital patient flow tools and appointed a dedicated project lead to support expansion of the Elective Surgery Information System project and strengthen future waitlist validation, monitoring, and optimisation pathways.

Prudent, sustainable and effective use of resources

We are innovative and resourceful in balancing improved patient care, operational performance, and system management to ensure a financially secure health system. We invest in a skilled and future-ready workforce, maintaining a modern, safe, and resilient healthcare system for all Victorians.

Goals	Health Service Deliverables	2025-2026 Achievements / Outcome
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.	Deliver the key initiatives outlined in the Budget Action Plan within Government parameters.	**Status: Achieved** *Commentary:* • Successfully delivered 94% of Budget Action Plan initiatives during 2025-2026, demonstrating strong progress against planned actions. • Achieved progressive implementation milestones throughout the year, reaching 81% completion by March 2026 and 94% completion by year end. • Recorded an operating surplus of $57,000 for 2025-2026, reflecting effective financial management and delivery of Budget Action Plan initiatives.
	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.	**Status: Achieved** *Commentary:* • Utilised financial and operational data analytics to support evidence-based decision-making and identify opportunities to improve efficiency, performance, and financial sustainability across the organisation. • Continued to provide managers, team leaders, and directors with financial analysis, reporting, and financial literacy support to strengthen local decision-making and accountability. • Regularly reviewed business improvement opportunities through Executive and Board governance processes, supporting the implementation of initiatives to enhance operational performance and resource utilisation.

Goals	Health Service Deliverables	2025-2026 Achievements / Outcome
	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.	**Status: Achieved** ***Commentary:*** • Successfully embedded the Clinical Director of Services model and trialled a new staffing model within the Urgent Care Centre to improve workforce utilisation, service delivery, and patient access. • Progressed service planning and budget development to support increasing demand, including forecast growth in Urgent Care Centre presentations and acute bed capacity. • Utilised funding effectively to maintain and optimise patient-facing services, while delivering an operating surplus of $57,000 for 2025-2026.

A Stronger Workforce

We strive to foster an equitable, skilled and supported workforce that builds professional capabilities to meet current and future roles.

Goals	Health Service Deliverables	2025-2026 Achievements / Outcome
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.	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.	**Status: Achieved** ***Commentary:*** • Met Gender Equality Action Plan obligations through ongoing participation in Gender Equality Action Plan forums, attendance at the Gender Equality Action Plan Summit, submission of 2024-2025 reporting requirements, and completion of the three-yearly review. • Implemented key workforce initiatives to strengthen workforce supply and career development, including graduate nurse recruitment, Nurse Practitioner Candidate recruitment, and Nurse Prescribing scholarships. • Supported workforce sustainability through active participation in the Local Health Service Network workforce committee and promotion of advanced nursing practice pathways. • Facilitated the rollout of the Registered Nurse Prescribing Model through targeted training, education, and workforce development activities.
	Collaborate with the department to improve workforce data analytics, generate actionable insights, and enhance strategic planning.	**Status: Achieved** ***Commentary:*** • Collaborated with the Department of Health to provide workforce data and insights on overtime, casual workforce utilisation, agency staffing, and workforce demographics to inform regional and statewide workforce planning. • Supported workforce data collection initiatives throughout 2025-2026, contributing to improved workforce analytics and evidence-based planning. • Participated in Department of Health workforce reporting processes and completed required data submissions, with findings incorporated into Local Health Service Network workforce planning and decision-making.

Improving Aboriginal Health and Wellbeing

Strengthen cultural safety in Victoria's health service system by fostering strong connections to Aboriginal culture, creating a holistic, accessible, and empowering health system.

Goals	Health Service Deliverables	2025-2026 Achievements / Outcome
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 services.	Deliver high-quality cultural safety training to all executives and staff using independent, expert, community-controlled organisations or a registered Aboriginal business.	**Status: Achieved** *Commentary:* • Supported the ongoing commitment to cultural safety with mandatory online cultural competency training for all staff. • Increased engagement in Aboriginal health initiatives through participation in the Local Health Service Network Aboriginal Health Forum and establishment of a quarterly regional forum to support collaboration and shared learning. • Promoted cultural awareness and inclusion through organisation-wide recognition of NAIDOC Week and the annual Smoking Ceremony. • Explored opportunities to further strengthen cultural capability through consideration of expanded face-to-face cultural safety training.
	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.	**Status: Achieved** *Commentary:* • Strengthened relationships with Aboriginal communities through active participation in NAIDOC Week, Reconciliation Week, Smoking Ceremonies, and other culturally significant events in partnership with local Elders and Aboriginal community members. • Engaged directly with local Elders to support ongoing dialogue, strengthen partnerships, and ensure community perspectives inform service planning and delivery. • Supported Aboriginal community-led activities locally and across the region, including participation in celebrations at Barmah and community engagement initiatives. • Maintained ongoing involvement in the Upper Hume Aboriginal Health Forum, supporting regional collaboration and Aboriginal-led priorities in health and wellbeing services.
	Ensure culturally appropriate systems for identifying Aboriginal and Torres Strait Islander patients and implement responsive discharge plans and referral pathways.	**Status: Achieved** *Commentary:* • Strengthened culturally appropriate care through staff education on the Aboriginal Wellbeing Booklet, with resources distributed across key service areas and community partners. • Conducted annual cultural engagement activities with local Elders, whose feedback highlighted the effectiveness of the Aboriginal Liaison Officer role in supporting Aboriginal and Torres Strait Islander patients. • Collaborated with local Elders to develop a rolling consent process aimed at improving continuity of care, communication, and culturally responsive service delivery. • Developed an Aboriginal Patient and Family Support Officer rolling consent form to strengthen referral pathways and support coordinated, culturally safe care.

Moving from Competition to Collaboration

We are committed to transforming Victoria's health system by partnering with care providers and health services to share knowledge, information, and resources.

Goals	Health Service Deliverables	2025-2026 Achievements / Outcome
Collaborate within the Local Health Service Network to build a more integrated health system, with better access and experience for patients, strengthened workforce, consistently highquality care, and more sustainable healthcare delivery.	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).	**Status: Achieved** ***Commentary:*** • The Hume Local Health Service Network has successfully met all objectives outlined in its *Statement of Expectations*, demonstrating strong performance across access, equity and flow; workforce; safety and quality; and shared services. Overall, targets have been achieved, supported by the successful recruitment of key Network staff. Where delays have occurred, these have been appropriately communicated to, and endorsed by, the Department of Health. • The Hume Network has established robust collaboration and governance arrangements through a comprehensive foundation process, shaped by active contributions from all member health service Chief Executive Officers and Board Chairs. Broad Health Service representation across committees supports collective, system-focused decision-making, strengthening the Network's ability to respond to challenges and improve health outcomes across Hume. This work has positioned the Network to enable genuine, sustained collaboration. • The Network finalised its Strategy 2026–2028 following extensive consultation with members. The Strategy provides a clear three-year roadmap to strengthen collaboration, improve equitable access, and enhance the quality and sustainability of health services across the Network. Bringing together twelve public health services, the Network is focused on improving system effectiveness and efficiency through coordinated planning, shared expertise, and reduced duplication.

Quality Performance Report

High Quality & Safe Care

Key Performance Measure	Target	Result
Infection prevention and control		
Percentage of healthcare workers immunised for influenza	94%	97%
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	N/A
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%	98.1%
Aboriginal Health		
Difference between the percentage of Aboriginal patients and non- Aboriginal patients who left against medical advice	0%	0%

Strong Governance, Leadership and Culture

Key Performance Measure	Target	Result
Organisational Culture		
People matter survey - Percentage of staff with an overall positive response to safety culture survey questions.	80%	*79%

*Following the signing of the 2025-2026 Statement of Priorities, changes were made to the methodology/questions used in the People Matters Survey organisational culture measure. Results reported for 2025-2026 reflect the revised survey design and may not be directly comparable with targets or prior-year results established under the original methodology.

Timely access to care

Key Performance Measure	Target	Result
Home Based Care		
Percentage of admitted bed days delivered at home	13.8%	14.2%

Note: All data published in annual reports is accurate at the time of publishing. Data may change following audit and data verification, which may not be finalised at the time of publishing.

Effective financial management

Key Performance Measure	Target	Result 2025-2026
Operating result ($M)	0.00	$0.06
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	1.57
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

Note: All data published in annual reports is accurate at the time of publishing. Data may change following audit and data verification, which may not be finalised at the time of publishing.

Statement of Priorities **Part C**

Activity & Funding

Funding Type	2025-2026 Activity Achievement
Consolidated Activity Funding	
Acute admitted, subacute admitted, emergency services, non-admitted NWAU	4,031
Acute Admitted	
Acute admitted DVA	6
Subacute/Non-Acute, Admitted & Non-admitted	
Subacute - DVA	1
Aged Care	
Residential Aged Care	10,841
HACC	2,329
Primary Health	
Community Health / Primary Care Programs	8,197

Benalla and District **Memorial Hospital Auxiliary**

The Benalla Health Hospital Auxiliary has once again enjoyed a very busy and productive year, continuing its proud tradition of supporting the hospital and broader community.

As a result of our dedicated fundraising efforts, the Auxiliary has been able to contribute approximately $41,000 towards the purchase of much-needed equipment for Benalla Health, equipment that is not typically funded through usual channels. These contributions play a vital role in enhancing patient care and supporting staff in delivering high-quality services.
The Auxiliary is always looking to welcome new members, whose involvement will help strengthen our efforts and further enhance our contribution to the hospital and community.

Our fundraising activities throughout the year have been both diverse and well-supported by the community. Major initiatives included the Hospital Ball, the bi-annual Birchwood Open Garden, Moorngag Heavy Horse Driving Day and participation in A Day in the Gardens, which was a wonderful opportunity to connect with the community and showcase our efforts. Additional income was generated through generous donations, our regular stalls at Benalla's Monthly Lakeside Market, where we offer baby goods, craft, preserves, baked goods, pre-loved treasures and plants, along with raffles and the ever-popular trading table located in the foyer of Benalla Health.

We would also like to acknowledge and sincerely thank two generous donations received this financial year: Sjord and Marilyn Bakker for their contribution of $1,000, and Robyn Blayden, who donated $2,230 on behalf of John and Aileen Dunning, in appreciation of the care they received at Benalla Health. These thoughtful contributions are greatly valued and help make a meaningful difference to our work.

A highlight of the year was once again our annual Christmas Stocking Raffle, made possible by the generosity of local businesses and community members who donate the incredible prizes each year.

The success of the Auxiliary is built on the remarkable commitment of our members and friends, who contribute their time and talents by baking, sewing, knitting, and growing plants for sale. Their ongoing dedication ensures the continued strength and impact of our fundraising efforts.

We are equally grateful for the unwavering support of our community, whose patronage and generosity inspire us every day. We also extend our sincere thanks to the staff of Benalla Health, including the engineering department, whose assistance and encouragement are invaluable.

The Auxiliary looks forward to another year of working together with Benalla Health and the community to support our hospital and improve outcomes for all.

Sue Hutchens
President



Benalla Health **Services**

Hospital Services

- Acute Inpatient Services (includes Maternity Unit)
- Infection Control
- Pharmacy
- Perioperative Services
  - Day Procedure Unit
  - Operating Theatres
- Urgent Care Centre
  - Nurse Practitioner

Maternity Services

- Breast Feeding Support Service
- Domiciliary
- Public Antenatal Clinic

Performance Improvement

- Education
- Quality

Residential Aged Care

- Morrie Evans Wing

Healthy Communities

Allied Health

- Aboriginal Patient and Family Support Officer
- Cardiac Rehabilitation
- Chronic Disease Management
- Diabetes Education
- Dietetics
- Exercise and Rehabilitation Groups
- High Risk Foot Clinic
- Lymphoedema clinic
- Occupational Therapy
- Orthopedic Rehabilitation
- Physiotherapy
- Pre-habilitation
- Pulmonary Rehabilitation
- Speech Therapy
- Social Work/Counseling

Health Independence Programs

- Better@Home Program
- Hospital Admission Risk Program (HARP)
- Post-Acute Care (PAC)
- Sub-Acute Ambulatory Care Program (SACS)
- Support At Home Program

Home Nursing Service

- District Nursing Service
  - Palliative Care
- Hospital in the Home
- Palliative Care

Other Services

- Amplifon Hearing
- CT Scan, Ultrasound, X-Ray
- Mental Illness Fellowship
- Pathology
- Planned Activity Group
- Psychology Services
- Visiting Medical Officers
  - Dentistry – Oral and Maxillofacial Surgery
  - General Medicine
  - General Practice
  - General Surgery; Colonoscopy; Gastroscopy
  - Obstetrics and Gynaecology
  - Ophthalmology
  - Urology

Community Services

A department of the Benalla Rural City Council provides the following services:

Ray Sweeney Centre

- Child support
- Economic Development and Sustainability
- Family liaison
- Family services
- Maternal and Child Health service
- Northeast Health Wangaratta Dental Service

Other Visiting Services Include

- Audiology
  - Hearing Australia & Connect Hearing
- Breast Care Nurse - McGrath Foundation
- Centre Against Violence
- Community Interlink
- Dental
  - Technician
  - Central Hume Dental Service
- Financial Counsellor
  – Upper Murray Family Care
- Sexual Health Clinic



Financial Statements

Financial Statements
Financial Year ended 30 June 2026

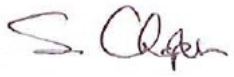
Board member's, accountable officer's, and chief finance & accounting officer's declaration

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

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2026 and the financial position of Benalla Health 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 2nd September, 2026.

Board member	**Accountable Officer**	**Chief Finance & Accounting Officer**
		
Dr Sarah Chaplin	Ro Enever	Mewan Dissanayake
Chair	Chief Executive Officer	Chief Financial Officer
Benalla 2nd September, 2026	Benalla 2nd September, 2026	Benalla 2nd September, 2026

Independent Auditor's Report

Victorian Auditor-General's Office

To the Board of Benalla Health

Opinion	I have audited the financial report of Benalla Health (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.

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Auditor's responsibilities for the audit of the financial report	As required by the *Audit Act 1994,* my responsibility is to express an opinion on the financial report based on the audit. My objectives for the audit are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report. As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also: • identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. • obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the health service's internal control • evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Board • conclude on the appropriateness of the Board's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the health service's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the health service to cease to continue as a going concern. • evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation. I communicate with the Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.



MELBOURNE
3 September 2026

Simone Bohan
as delegate for the Auditor-General of Victoria

Comprehensive Operating Statement
Benalla Health
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)	33,667	30,463
Government Grants	2.1 (b)	4,996	5,720
Other sources of income	2.1 (c)	4,650	3,663
Total revenue and income from transactions		**43,313**	**39,846**
Expenses from transactions			
Employee expenses	3.1 (a)	(31,478)	(30,872)
Supplies and consumables	3.1 (c)	(3,206)	(3,191)
Depreciation	4.1(a)	(3,106)	(3,045)
Other operating expenses	3.1 (d)	(6,852)	(5,072)
Total expenses from transactions		**(44,642)**	**(42,180)**
Net result from transactions - net operating balance		**(1,329)**	**(2,334)**
Other economic flows included in net result			
Net gain/(loss) on sale of non-financial assets		17	110
Net gain/(loss) on financial instruments		2	(10)
Other gain/(loss) from other economic flows		101	8
Total other economic flows included in net result		**120**	**108**
Net result		**(1,209)**	**(2,226)**
Comprehensive result		**(1,209)**	**(2,226)**

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

Balance Sheet
Benalla Health
As at 30 June 2026

	Note	2026 $'000	2025 $'000
Financial assets			
Cash and cash equivalents	6.1	17,360	17,723
Receivables	5.1	2,515	2,525
Total financial assets		**19,875**	**20,248**
Non-financial assets			
Prepayments		836	341
Inventories		23	23
Property, plant and equipment	4.1	46,135	46,887
Total non-financial assets		**46,994**	**47,251**
Total assets		**66,869**	**67,499**
Liabilities			
Payables	5.2	3,840	3,483
Contract liabilities		1,030	423
Borrowings		490	634
Employee benefits	3.1(b)	6,837	6,914
Monies held in trust	5.3	3,176	3,340
Total liabilities		**15,373**	**14,794**
Net assets		**51,496**	**52,705**
Equity			
Reserves		49,127	48,903
Contributed capital		13,293	13,293
Accumulated deficit		(10,924)	(9,491)
Total equity		**51,496**	**52,705**

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

Cash Flow Statement
Benalla Health
For the Financial Year Ended 30 June 2026

	Note	2026 $'000	2025 $'000
Cash flows from operating activities			
Receipts from Government		37,393	34,604
Commercial activity revenue received		293	241
Donations and bequests received		44	60
Other receipts		5,434	4,632
Total receipts		**43,164**	**39,537**
Payments to employees		(32,111)	(29,952)
Payments to suppliers and consumables		(4,495)	(3,977)
GST paid to ATO		(81)	113
Other payments		(4,843)	(3,148)
Total payments		**(41,530)**	**(36,964)**
Net cash flows from operating activities		**1,634**	**2,573**
Cash flows from investing activities			
Proceeds from sale of non-financial assets		154	367
Purchase of non-financial assets		(2,367)	(530)
Other capital receipts		235	189
Capital donations and bequests received		302	19
Net cash flows used in investing activities		**(1,676)**	**45**
Cash flows from financing activities			
Repayment of borrowings and principal portion of lease liabilities		(124)	(361)
Repayment of borrowings		(33)	-
Repayment of accommodation deposits		(1,854)	(708)
Receipt of accommodation deposits		1,690	582
Net cash flows used in financing activities		**(321)**	**(487)**
Net decrease in cash and cash equivalents held		**(363)**	**2,131**
Cash and cash equivalents at beginning of year		17,723	15,592
Cash and cash equivalents at end of year	6.1	**17,360**	**17,723**

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

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

	Property, Plant and Equipment Revaluation Surplus	General Purpose Surplus	Restricted Specific Purpose Reserve	Contributed Capital	Accumulated Surplus/(Deficit)	Total
	$'000	$'000	$'000	$'000	$'000	$'000
Balance at 1 July 2024	**47,017**	**1,840**	**76**	**13,293**	**(7,295)**	**54,931**
Net result for the year	-	-	-	-	(2,226)	(2,226)
Movement in reserves	-	(2)	(28)	-	30	-
Balance at 30 June 2025	**47,017**	**1,838**	**48**	**13,293**	**(9,491)**	**52,705**
Net result for the year	-	-	-	-	(1,209)	(1,209)
Movement in reserves	-	218	6	-	(224)	-
Balance at 30 June 2026	**47,017**	**2,056**	**54**	**13,293**	**(10,924)**	**51,496**

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

Notes to the Financial Statements
Benalla Health
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 Benalla Health for the year ended 30 June 2026.

Benalla Health is a not-for-profit entity established as a public agency on 1 July 1989 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.

Notes to the Financial Statements
Benalla Health
For the Financial Year Ended 30 June 2026

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 Benalla Health.

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

The financial statements are presented in Australian dollars.

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

The annual financial statements were authorised for issue by the Board of Benalla Health on 2nd 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 Benalla Health.

Benalla Health's principal address is:

45-63 Coster Street
Benalla, Victoria 3672.

Note 1.4 Economic dependency

Benalla Health is a public health service governed and managed in accordance with the *Health Services Act 1988* and its results form part of the Victorian General Government consolidated financial position. Benalla Health provides essential services and is predominantly dependent on the continued financial support of the State Government, particularly the Department of Health, and the Commonwealth funding via the National Health Reform Agreement (NHRA). The State of Victoria plans to continue Benalla Health operations and on that basis, the financial statements have been prepared on a going concern basis.

Notes to the Financial Statements
Benalla Health
For the Financial Year Ended 30 June 2026

Note 2 Funding delivery of our services

Benalla Health's overall objective is to provide quality health services that support and enhance the wellbeing of all Victorians. Benalla Health predominantly receives revenue (grants) for the provision of health service outputs. Benalla Health also receives income from the supply of services.

Significant judgement - Grant revenue

Benalla Health has made the judgement that amounts received in relation to activity based funding should be recognised under AASB 15 on the basis where Benalla Health 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)	33,667	30,463
Government Grants	2.1(b)	4,996	5,720
Other sources of income	2.1(c)	4,650	3,663
Total revenue and income from transactions		**43,313**	**39,846**

Note 2.1(a) Revenue from contracts with customers

	2026 $'000	2025 $'000
Government grants (State) - Operating	26,361	23,746
Government grants (Commonwealth) - Operating	5,149	4,690
Patient and resident fees	1,727	1,640
Private practice fees	137	146
Commercial activities	293	241
Total revenue from contracts with customers	**33,667**	**30,463**

Notes to the Financial Statements
Benalla Health
For the Financial Year Ended 30 June 2026

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

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

Patient and resident fees

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

Notes to the Financial Statements
Benalla Health
For the Financial Year Ended 30 June 2026

Note 2.1(b) Government Grants

	2026 $'000	2025 $'000
Government grants (State) - Operating	3,666	5,066
Government grants (Commonwealth) - Operating	-	1
Government grants (State) - Capital	1,330	653
Total Government grants	**4,996**	**5,720**

How we recognise Government grants
Government grants

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

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

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

Capital grants

Where Benalla Health receives a capital grant it recognises a liability, equal to the financial asset received less amounts recognised under other Australian Accounting Standards.

Income is recognised in accordance with AASB 1058 progressively as the asset is constructed which aligns with Benalla Health's obligation to construct the asset. The progressive percentage of costs incurred is used to recognise income, as this most accurately reflects the stage of completion.

Non-cash contributions from the Department of Health

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

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

Notes to the Financial Statements
Benalla Health
For the Financial Year Ended 30 June 2026

Note 2.1(c) Other sources of income

	2026 $'000	2025 $'000
Other capital purpose income	235	189
Capital donations	302	19
Assets received free of charge or for nominal consideration	243	476
Other income from operating activities	3,093	2,140
Income from non-operating activities	777	839
Total other sources of income	**4,650**	**3,663**

Notes to the Financial Statements
Benalla Health
For the Financial Year Ended 30 June 2026

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)	31,478	30,872
Supplies & Consumables	3.1(c)	3,206	3,191
Other operating expenses	3.1(d)	6,852	5,072
Total expenses incurred in the delivery of services		**41,536**	**39,135**

Note 3.1(a) Employee expenses

	2026 $'000	2025 $'000
Salaries and wages	24,286	23,810
Superannuation expense [1]	2,729	2,722
Agency expenses	605	766
Fee for service medical officer expenses	3,858	3,574
Total employee expenses	**31,478**	**30,872**

[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	69	64
Annual leave	2,726	2,684
Long service leave	2,608	2,759
Provision for on-costs	786	770
Total current provisions for employee benefits	**6,189**	**6,277**
Non-current provisions for employee benefits		
Long service leave	565	558
Provision for on-costs	83	79
Total non-current provisions for employee benefits	**648**	**637**
Total provisions for employee benefits	**6,837**	**6,914**

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 Benalla Health does not have an unconditional right to defer settlement of these liabilities.

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

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

Notes to the Financial Statements
Benalla Health
For the Financial Year Ended 30 June 2026

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 Benalla Health does not expect to settle the liability within 12 months because it will not have the unconditional right to defer the settlement of the entitlement should an employee take leave within 12 months. An unconditional right arises after a qualifying period.

The components of this current LSL liability are measured at:

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

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

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

Note 3.1(c) Supplies and consumables

	2026 $'000	2025 $'000
Drug supplies	254	298
Medical and surgical supplies (including Prostheses)	1,579	1,515
Diagnostic and radiology supplies	302	235
Other supplies and consumables	1,071	1,143
Total supplies and consumables	**3,206**	**3,191**

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	558	538
Repairs and maintenance	623	243
Maintenance contracts	436	419
Medical indemnity insurance	430	358
Other administration expenses	4,782	3,487
Finance costs	23	27
Total other operating expenses	**6,852**	**5,072**

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 Benalla Health. These amounts have been brought to account in determining the operating result for the year, by recording them as revenue (Refer to Note 2.1(b)) and recording a corresponding expense.

Note 4 Key assets to support service delivery

Benalla Health controls infrastructure and other investments that are utilised in fulfilling its objectives and conducting its activities. They represent the key resources that have been entrusted to Benalla Health 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	3,222	3,222	-	-	3,222	3,222
Buildings at fair value	41,144	41,050	(4,527)	(2,263)	36,617	38,787
Works in progress at cost	1,370	-	-	-	1,370	-
Plant, equipment and vehicles at fair value	12,243	11,860	(7,317)	(6,982)	4,926	4,878
Total property, plant and equipment	**57,979**	**56,132**	**(11,844)**	**(9,245)**	**46,135**	**46,887**

How we recognise property, plant and equipment

Items of property, plant and equipment are initially measured at cost, and are subsequently measured at fair value less accumulated depreciation and impairment. Where an asset is acquired for no or nominal cost, being far below the fair value of the asset, the deemed cost is its fair value at the date of acquisition. Assets transferred as part of an amalgamation/machinery of government change are transferred at their carrying amounts.

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

Notes to the Financial Statements
Benalla Health
For the Financial Year Ended 30 June 2026

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	**3,222**	**38,787**	**-**	**4,878**	**46,887**
Additions	-	-	1,600	767	2,367
Disposals	-	-	-	(13)	(13)
Net transfers between classes	-	94	(230)	136	-
Depreciation	-	(2,264)	-	(842)	(3,106)
Balance at 30 June 2026	**3,222**	**36,617**	**1,370**	**4,926**	**46,135**

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, Benalla Health has elected to apply the practical expedient in FRD 103 *Non-Financial Physical Assets* and has therefore not applied the amendments to AASB 13 *Fair Value Measurement* . The amendments to AASB 13 will be applied at the earlier of the interim revaluation or next scheduled independent revaluation in 2029, in accordance with Benalla Health's revaluation cycle.

Notes to the Financial Statements
Benalla Health
For the Financial Year Ended 30 June 2026

4.1(c) Impairment of property, plant and equipment

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

Benalla Health 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 and amortisation charges are based.

	2026	2025
Buildings	10 - 45 years	10 - 41 years
Plant and equipment	5 - 33 years	5 - 30 years
Motor Vehicles (including leased vehicles)	1 - 10 years	4 - 10 years

Notes to the Financial Statements
Benalla Health
For the Financial Year Ended 30 June 2026

Note 5 Other assets and liabilities

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

Structure

5.1 Receivables
5.2 Payables
5.3 Monies held in trust

Note 5.1 Receivables

	Note	2026 $'000	2025 $'000
Current receivables			
Contractual			
Trade receivables		517	290
Patient fees		122	142
Allowance for impairment losses		(21)	(23)
Other receivable		173	525
Total contractual receivables		**791**	**934**
Statutory			
GST receivable		193	112
Total statutory receivables		**193**	**112**
Total current receivables		**984**	**1,046**
Non-current receivables			
Contractual			
Long service leave - Department of Health		1,531	1,479
Total contractual receivables		**1,531**	**1,479**
Total non-current receivables		**1,531**	**1,479**
Total receivables		**2,515**	**2,525**
(i) Financial assets classified as receivables			
Total receivables		2,515	2,525
GST receivable		(193)	(112)
Total financial assets classified as receivables	7.1	**2,322**	**2,413**

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.

Notes to the Financial Statements
Benalla Health
For the Financial Year Ended 30 June 2026

Note 5.2 Payables

	Note	2026 $'000	2025 $'000
Current payables			
Contractual			
Trade creditors		1,284	1,645
Accrued salaries and wages		489	1,146
Accrued expenses		1,159	465
Other		908	227
Total contractual payables		**3,840**	**3,483**
Total current payables		**3,840**	**3,483**
Total payables		**3,840**	**3,483**
(i) Financial liabilities classified as payables			
Total payables		3,840	3,483
Total financial liabilities classified as payables	7.1	**3,840**	**3,483**

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 Benalla Health prior to the end of the financial year that are unpaid.

- **Statutory payables,** are recognised and measured similarly to contractual payables but are not classified as financial instruments and not included in the category of financial liabilities at amortised cost, because they do not arise from contracts.

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

Notes to the Financial Statements
Benalla Health
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Note 5.3 Monies held in trust

	Note	2026 $'000	2025 $'000
Current monies held in trust			
Refundable accommodation deposits		3,176	3,340
Total current monies held in trust		**3,176**	**3,340**
Total other liabilities		**3,176**	**3,340**
*** Represented by:**			
- Cash assets	6.1	3,188	3,340
		3,188	**3,340**

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

RAD/accommodation bond liabilities are recorded at an amount equal to the proceeds received, net of retention and any other amounts deducted from the RAD/accommodation bond in accordance with the *Aged Care Act 2024* .

Notes to the Financial Statements
Benalla Health
For the Financial Year Ended 30 June 2026

Note 6 How we finance our operations

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

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

Structure

6.1 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)		2	2
Cash at bank (excluding monies held in trust)		14,170	14,381
Total cash held for operations		**14,172**	**14,383**
Cash at bank (monies held in trust)		3,188	3,340
Total cash held as monies in trust	5.3	**3,188**	**3,340**
Total cash and cash equivalents	7.1	**17,360**	**17,723**

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	7,022	-	-	7,022
Total commitments (inclusive of GST)	**7,022**	**-**	**-**	**7,022**
Less GST recoverable				(638)
Total commitments (exclusive of GST)				**6,384**

There were no commitments for expenditure to be disclosed as at 30 June 2025.

Notes to the Financial Statements
Benalla Health
For the Financial Year Ended 30 June 2026

Note 7 Financial instruments, contingencies and valuation judgements

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

Structure

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

Note 7.1 Financial instruments

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

30 June 2026	Note	Carrying amount $'000	Total interest income/ (expense) $'000	Impairment loss $'000
Financial assets at amortised cost				
Cash and cash equivalents	6.1	17,360	777	-
Receivables	5.1	2,322	-	(21)
Total financial assets [i]		**19,682**	**777**	**(21)**
Financial liabilities at amortised cost				
Payables	5.2	3,840	-	-
Borrowings		490	23	-
Monies held in trust	5.3	3,176	-	-
Total financial liabilities [i]		**7,506**	**23**	**-**

[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	17,723	839	-
Receivables	5.1	2,413	-	(23)
Total financial assets [i]		**20,136**	**839**	**(23)**
Financial liabilities at amortised cost				
Payables	5.2	3,483	-	-
Borrowings		634	27	-
Monies held in trust	5.3	3,340	-	-
Total financial liabilities [i]		**7,457**	**27**	**-**

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

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

Benalla Health recognises the following assets in this category:

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

Categories of financial liabilities

Financial liabilities at amortised cost

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

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

Benalla Health recognises the following liabilities in this category:

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

Notes to the Financial Statements
Benalla Health
For the Financial Year Ended 30 June 2026

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
- Benalla Health retains the right to receive cash flows from the asset, but has assumed an obligation to pay them in full without material delay to a third party under a 'pass through' arrangement or
- Benalla Health has transferred its rights to receive cash flows from the asset and either:
  - has transferred substantially all the risks and rewards of the asset, or
  - has neither transferred nor retained substantially all the risks and rewards of the asset

  but has transferred control of the asset.

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

Derecognition of financial liabilities

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

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

Reclassification of financial instruments

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

A financial liability reclassification is not permitted.

Note 7.2 Contingent assets and contingent liabilities

The Board are not aware of any contingent assets or liabilities at balance date.

How we measure and disclose contingent assets and contingent liabilities

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

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

Contingent assets

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

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

Contingent liabilities

Contingent liabilities are:

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

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

Notes to the Financial Statements
Benalla Health
For the Financial Year Ended 30 June 2026

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.

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.

Benalla Health determines whether transfers have occurred between levels in the hierarchy by reassessing categorisation (based on the lowest level input that is significant to the fair value measurement as a whole) at the end of each reporting period. There have been no transfers between levels during the period.

Benalla Health monitors changes in the fair value of each asset and liability through relevant data sources to determine whether revaluation is required. The Valuer-General Victoria (VGV) is Benalla Health'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 Benalla Health'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, Benalla Health will reflect Appendix F in its next scheduled formal revaluation on 30 June 2029 or interim revaluation process (whichever is earlier). All annual fair value assessments thereafter will continue compliance with Appendix F.

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

Non-specialised land and non-specialised buildings

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

Specialised land and specialised buildings

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

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

Notes to the Financial Statements
Benalla Health
For the Financial Year Ended 30 June 2026

Vehicles
Vehicles are valued using the current replacement cost method. Benalla Health acquires new vehicles and at times disposes of them before completion of their economic life. The process of acquisition, use and disposal in the market is managed by experienced fleet managers in Benalla Health 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	(20%)[(ii)]
Specialised buildings	Current replacement cost approach	Cost per square metre Useful life	$200 - $3,700/m^2 ($1,000) 10 - 45 years (20 years)
Vehicles	Current replacement cost approach	Cost per unit Useful life	$14,000 - $150,000 ($41,000 per unit) 4 - 10 years (4 years)
Plant and equipment, furniture and fittings	Current replacement cost approach	Cost per unit Useful life	$1,000 - $1,090,000 ($13,700 per unit) 5 - 30 years (9 years)

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

[(ii)] CSO adjustments of 20% were applied to reduce the market approach value for Benalla Health's specialised land.

Note 8 Other disclosures

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

Structure

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

Note 8.1 Ex gratia payments

At balance date, there have been no ex-gratia payments.

Notes to the Financial Statements
Benalla Health
For the Financial Year Ended 30 June 2026

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	27 Jun 2022 - 14 April 2026
Minister for Ambulance Services	2 Oct 2023 - 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	19 Dec 2024 - 30 June 2026
Minister for Prevention of Family Violence	15 April 2026 - 30 June 2026
The Honourable Ingrid Stitt MP:	
Minister for Mental Health	2 Oct 2023 - 30 June 2026
Minister for Ageing	2 Oct 2023 - 30 June 2026
Minister for Multicultural Affairs	2 Oct 2023 - 15 April 2026
Minister for Multicultural Affairs and Multifaith Victoria	15 April 2026 - 30 June 2026
The Honourable Lizzie Blandthorn MP:	
Minister for Children	2 Oct 2023 - 30 June 2026
Minister for Disability	2 Oct 2023 - 30 June 2026
Governing Boards	
Dr S. Chaplin	1 Jul 2025 - 30 Jun 2026
L. Turner	1 Jul 2025 - 30 Jun 2026
B. Gokhale	1 Jul 2025 - 4 Aug 2025
Dr D. O'Brien	1 Jul 2025 - 30 Jun 2026
M. Lawley	1 Jul 2025 - 30 Jun 2026
K. Hayden	1 Jul 2025 - 30 Jun 2026
Assoc. Prof D. Smallwood	1 Jul 2025 - 30 Jun 2026
Dr N. Tenneti	1 Jul 2025 - 30 Jun 2026
I. Heycox	1 Jul 2025 - 30 Jun 2026
M. Van der Schoor	28 Jan 2026 - 30 Jun 2026
Accountable Officers	
Mr Donovan Jacka (Interim CEO)	1 Dec 2025 - 30 Jun 2026
Ms Jackie Kelly	1 Jul 2025 - 30 Nov 2025

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	10	7
$10,000 - $19,999	-	1
$140,000 - $149,999	1	-
$150,000 - $159,999	1	-
$300,000 - $309,999	-	1
Total Numbers	**12**	**9**

	2026 $'000	2025 $'000
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	**346**	**359**

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

Note 8.3 Remuneration of executives

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

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

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

	Total Remuneration	
	2026 $'000	2025 $'000
Total remuneration [i]	591	617
Total number of executives	3	3
Total annualised employee equivalent [ii]	2.5	3.0

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

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

Notes to the Financial Statements
Benalla Health
For the Financial Year Ended 30 June 2026

Note 8.4 Related parties

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

- all key management personnel (KMP) and their close family members and personal business interests
- cabinet ministers (where applicable) and their close family members
- jointly controlled operations –the Hume 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

Benalla Health received funding from government related entities of $31.36 m (2025: $29.45 m) and indirect contributions of $0.199 m (2025: $0.405 m). Balances outstanding from/(owing to DH) as at 30 June 2026 are $(0.263) m (2025: $0.163 m).

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

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

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

Key management personnel

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

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

Entity	KMPs	Position Title
Benalla Health	Dr S. Chaplin	Chair of the Board
Benalla Health	B. Gokhale	Board Member
Benalla Health	Dr D. O'Brien	Board Member
Benalla Health	Dr N. Tenneti	Board Member
Benalla Health	I. Heycox	Board Member
Benalla Health	Assoc Prof D. Smallwood	Board Member
Benalla Health	K. Hayden	Board Member
Benalla Health	L. Turner	Board Member
Benalla Health	M. Lawley	Board Member
Benalla Health	M. Van der Schoor	Board Member
Benalla Health	D. Jacka	Interim Chief Executive Officer (Dec 25 to Jun 26) & Executive Director of People and Culture
Benalla Health	Ms J. Kelly	Chief Executive Officer (to 30 Nov 2025)
Benalla Health	M. Dissanayake	Executive Director of Finance & Corp Services
Benalla Health	L. Waite	Executive Director of Clinical Services

Notes to the Financial Statements
Benalla Health
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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]	937	976

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

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

Notes to the Financial Statements
Benalla Health
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Note 8.5 Remuneration of Auditors

	2026 $'000	2025 $'000
Victorian Auditor-General's Office		
Audit of the financial statements	31	28
Total remuneration of auditors	**31**	**28**

Note 8.6 Events occurring after the balance sheet date

There are no events occurring after the balance sheet date.

Notes to the Financial Statements
Benalla Health
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Note 8.7 Joint arrangements

	Principal Activity	Ownership Interest 2026 %	Ownership Interest 2025 %
Hume Rural Health Alliance	Information Technology Services	6.65	6.17

	2026 $'000	2025 $'000
Total revenue and income	1,603	970
Total expenses	(1,726)	(1,110)
Total net result	(123)	(140)
Total other economic flows	-	-
Comprehensive result for the year	(123)	(140)
Total assets	961	1,063
Total liabilities	811	809
Total equity	150	254

Contingent liabilities and capital commitments

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

Notes

Notes

Notes

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