

ORBOST REGIONAL HEALTH

ANNUAL REPORT

FINANCIAL YEAR 2025–2026

ORBOST REGIONAL HEALTH

ANNUAL REPORT 2025-2026

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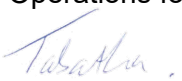
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Responsible Bodies Declaration

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



Tabatha Cole

Board Chair
Orbost Regional Health
30 June 2026

Orbost Regional Health (ORH) acknowledges the traditional owners of the land on which Orbost Regional Health is located. We pay our respects to the Aboriginal and Torres Strait Islander cultures, and to Elders both past and present, and thank them for their ongoing contribution to our health service.

Charter and Purpose

Manner of establishment and the relevant Ministers

Orbost Regional Health (ORH) is a Multi-Purpose Service (MPS) established under an agreement between the Commonwealth and Victorian Governments and incorporated under the Health Services Act 1988 (Vic).

Orbost Regional Health is governed by a Board of Directors, appointed by the Governor-In-Council upon the recommendation of the Victorian Minister for Health, from 1 July 2025 to 30 June 2026.

Located in Far East Victoria in the East Gippsland Shire, Orbost Regional Health's health region consists of the townships of Orbost and smaller communities scattered along the Snowy River, up into the Alpine mountains and along the Wilderness Coast to the New South Wales border. The health region covers an area of over one million hectares and a population of approximately 6,727. In our community the people aged over 70 years is projected to increase 37% by 2041, as shown by the East Gippsland Shire Community Population Profile and Forecast on their website.

The responsible Ministers during the reporting period were:

Minister for Health **Minister for Ambulance Services** The Hon Mary-Anne Thomas MP	1 July 2025-15 April 2026
Minister for Health **Minister for Ambulance Services** **Minister for Water** Hon Harriet Shing MP	15 April 2026-30 June 2026
Minister for Mental Health **Minister for Ageing** The Hon Ingrid Stitt MP	1 July 2025-30 June 2026

Purpose, functions, powers and duties

Our Vision

Outstanding Rural Healthcare; leading our community to a healthy future.

Our Mission

Accessible, safe services to all of our consumers across Far East Gippsland.

Our Values

- Respect
- Integrity
- Compassion
- Excellence
- Community

Our Strategic Objectives

- Elevating our people — We drive continuous professional growth by fostering an environment rich in learning, collaboration, and innovation. ORH is devoted to being the destination of choice for talented professionals by offering ongoing development opportunities that attract and retain outstanding staff.
- Advancing service excellence — We will optimise our capabilities by leveraging the regional health network, innovative technology and infrastructure, to access safe, reliable services that align with community and customer needs. This enables us to meet the evolving community need.
- Responsible Governance — We are committed to transparent, accountable governance ensuring the optimal stewardship of our scarce health resources. We are proactively pursuing opportunities through the regional network and current reforms to ensure a viable health service into the future.
- Empowering our consumers and partners —
- We forge strong collaborative relationships and partnerships with our consumers, partners, and the wider community. This creates mutual benefits and empowers our community to play an active role in their health. ORH actively collaborates with partners and stakeholders to establish a resilient regional network founded on trust, shared goals and mutual success.

Nature and range of services provided

Orbost Regional Health provides a range of Primary, Community Health, Acute, Urgent Care and Aged Care services. These include:

Acute Services

Orbost Regional Health offers both inpatient and outpatient services to the community of Orbost and our surrounding districts including; radiology, medical, palliative care, dialysis, supportive therapies, post-acute care and transitional care programs. Clinical educators provide training and supervision to support student placements across many areas of the organisation.

Urgent Care & After-Hours Medical Treatment

A specialist nurse assessment (triage) led model supported by virtual medical services delivers Urgent Care and After Hours (e.g. week nights and weekends) treatment for medical emergencies.

Aged and Residential Care

Residential care is provided in a home-like atmosphere with the security of assistance when required. Respite care is also available. In June 2026, aged care residents moved to the newly completed 38 bed residential facility, Snowy River Views, located adjacent to the health service.

Orbost Medical Clinic

Orbost Medical Clinic provides a range of Primary Care Services with medical services led by 3 General Practitioners. The General Practitioners provide outreach services to Buchan, Cann River and Errinundra to Snowy communities. Other services and support provided include Practice Nurses, Chronic Disease Nurse, Continence Nurse, Immunisation Nurse, Diabetes Educators, International Normalised Ratio (INR) Clinic, Q-Fever Clinic, Lymphoedema Practitioner, Podiatrist, Skin Clinics and community Mental Health Services. The clinic has a visiting Cardiologist.

Community Home Support Services

Community Home Support Services includes Domestic assistance, Personal care, Home and Garden Maintenance, Allied Health, Shopping assistance, Respite, Meals on Wheels, Volunteer programs, Planned Activity Groups, and District Nursing. The services are provided to support and assist frail and aged older people or younger people with disabilities living at home or in the community and their families. Community Home Support Services also provide care and support to palliative clients and families.

Community Services

Community Services are aligned to the needs of the Orbost community through the delivery of a range of primary health and welfare services both onsite and in community-based support settings. Access to services is available to the whole community as well as targeted services for vulnerable population groups. Supported playgroups strengthen connection and learning for local families. A comprehensive range of nursing and allied health services are offered to manage and prevent health conditions, with a focus on chronic disease management including diabetes management, and exercise programs, rehabilitation, lifestyle, and wellbeing programs. Allied health services include Occupational Therapy, Physiotherapy, and Dietitian Services. Wellbeing services include Housing Support, Social Work and Family Violence support.

Oral Health

The dental clinic provides general oral health services, both public and private, Smile Squad, Community Dental Benefit Scheme (CDBS) and denture services.

Medical Imaging

X-ray services are provided at ORH by radiographers one day a week.

Neighbourhood House

Orbost Neighbourhood House is auspiced and managed by ORH, providing socialisation opportunities for the Orbost community.

Chair and CEO's Report – The Year in Review

The 2025-2026 financial year has been a year of development for Orbost Regional Health, to ensure we will be able to meet the future needs of the Orbost community. As with previous years, we have faced challenges that have required a team approach to facilitate the best outcome possible for ORH and our community. We thank staff for their ongoing support of ORH and their dedication to the services we provide in the Orbost region.

Significantly, the Gippsland Local Health Service Network commenced from 1 July 2025, with eight Gippsland health services. Each health service is committed to achieving the priorities for the network and to working together to provide quality health services to our communities. In the 2025-2026 financial year, the network has developed committees to work collaboratively on workforce, shared services, access and flow and quality and safety priorities for the region. In its inaugural year, the Gippsland Local Health Service Network has developed a Workforce Plan 2026-2028 and completed part one of the Clinical Services Plan.

Capital Works

Construction of the new residential care facility continued over the financial year, culminating in the official opening of Snowy River Views Residential Care by Tom McIntosh MP, Member for Eastern Victoria on the 20 April. Residents from Waratah Lodge and Lochiel House moved into the new facility on 10 June 2026.

Refurbishment of the Dialysis unit was also completed, providing patients and staff with a larger clinical space that meets current design standards and provides an improved outlook for patients.

Community Services

Major changes to aged care legislation and the introduction of the Support at Home program has required a significant amount of work for our community home support team, not only in making the fundamental changes to practice, but in providing information to clients and families regarding the changes and potential impacts. This has placed considerable pressure on our team, and we acknowledge their sustained effort and commitment in successfully implementing these changes and moving forward.

We have continued to provide services to the Goongerah, Tubbut and Bendoc area through the Errinundra to Snowy Project, providing access to services for the remote communities. New health services provided to these communities over the last year include hearing checks, acupuncture, skin checks, osteopathy and podiatry. ORH has continued to provide GP consultations at both Cann River and Buchan Bush Nursing Centres on a regular basis.

ORH was able to re-commence the Kinder-gym program following the successful recruitment of staff. Funded allied health assessments also supported 11 children in our community to become NDIS participants.

There was an increase in activity over a number of community services provided, including, housing support with a 28% activity increase and the Orbost Medical Clinic, with 8.2% increase in patients seen.

Neighbourhood House, auspiced by Orbost Regional Health, has moved from premises in Nicholson Street to offices at the health service. Programs continue to be run at various

locations in Orbost. ORH is pleased that we have been able to secure ongoing funding for the Neighbourhood House.

Orbost Regional Health was proud to accept the Courageous Partnerships award from Gippsland Primary Health Network November 2025 for partnering with GippsDairy and Sale medical Centre to deliver the region's first Q Fever testing and vaccination clinics.

Partnerships

Orbost Regional Health continues to work closely other health providers in the region to continue to improve the level and quality of care provided to our community. Orbost Regional Health signed a Memorandum of Understanding with Moogji demonstrating our commitment to work closely with Moogji. Together we aim to improve access and care for the Aboriginal and Torres Strait Islander community, to ensure cultural safety in the provision of services and a sub-regional project, working with the Gippsland Regional Integrated Cancer Service, is working towards providing culturally safe cancer care for our Aboriginal and Torres Strait Islander community.

Recruitment

Recruitment of staff has been a major focus over the last year, to ensure staffing requirements for residential aged care meet new legislative requirements and sufficiently skilled clinical staff are rostered for the acute ward and urgent care centre. Following a lengthy recruitment campaign with a recruitment agency, Orbost Regional Health welcomed 3 overseas trained Registered Nurses to our team. Recruitment is ongoing for a number of roles across the organisation, particularly requiring specialised skills.

Activity

Despite the capital works that were undertaken during the year, which affected the number of residential care and acute beds available, activity across the organisation increased from the 2024-2025 financial year.

- Urgent Care Centre – 12% increase in patients presenting
- Acute inpatient beds – 12.5% increase in the number of bed days
- Light gardening – 54% increase in service hours provided
- District Nursing - 14% increase in care hours provided

There were a number of other achievements across the year including;

- Implementation of an electronic medical record in the Dialysis unit
- Successful funding application for the development of additional staff accommodation at 30 Gordon Street
- Introduction of an electronic patient/client feedback system
- Introduction of the 'Kindness in Action' program for staff
- Clinical staff completing training for simple wound closures
- Two staff completed education to train staff on occupational violence and aggression diffusion techniques

- Conducting a community wellbeing survey
- In November 2025, Orbost Medical Clinic introduced became a bulk billing clinic, removing the need for gap payments for GP consultations

Acknowledgements

Orbost Regional Health farewelled Finance Manager Jess Callaghan. We thank Jess for her contribution to Orbost Regional Health and the finance team. The Board of Management welcomed new members, Chad Burrell, Malar Thiagarajan and Birinder Giddey and farewelled Emily Richardson and Wayne Pease, acknowledging his valued contributions.

We thank our staff, volunteers, consumers, and partners for their dedication in working with us to provide services to the Orbost community.



Tabatha Cole
President, Board of Directors
Orbost Regional Health
30 June 2026



Vicki Farthing
Chief Executive Officer
Orbost Regional Health
30 June 2026

Management and Structure

Board of Directors as at 30 June 2026

The Orbost Regional Health Board oversees the strategic direction and management of Orbost Regional Health and ensures that all services provided are consistent with the health service's by-laws, the Health Services Act 1988 and any applicable Victorian and Commonwealth legislation.

The Finance and Risk Committee is a Board sub-committee and provides an independent source of assurance and advice to the Orbost Regional Health Board of Management on matters of accountability and internal control affecting the operations of the health service.

Board Members (as at 30 June 2026)

- Chair — Deborah Miller
- Vice Chair — Tabatha Cole
- Thelma Hutchison
- Royce Andrews
- Heather Macalister
- Mark Reeves
- Megan Tyler
- Birinder Giddey
- Chad Burrell
- Malar Thiagarajan

Finance & Risk Committee (Audit) Members

- Thelma Hutchison (Chair)

- Royce Andrews
- Deborah Miller
- Mark Reeves
- Malar Thiagarajan
- Alok Mathur (Independent Member)
- Vicki Farthing — Chief Executive Officer

Executive Management

Orbost Regional Health's Executive Management is responsible for the implementation and management of the health service's strategic direction and delivery of services to the community.

Chief Executive Officer (CEO) — Vicki Farthing

Director Clinical and Aged Care Services — Kylie Foltin

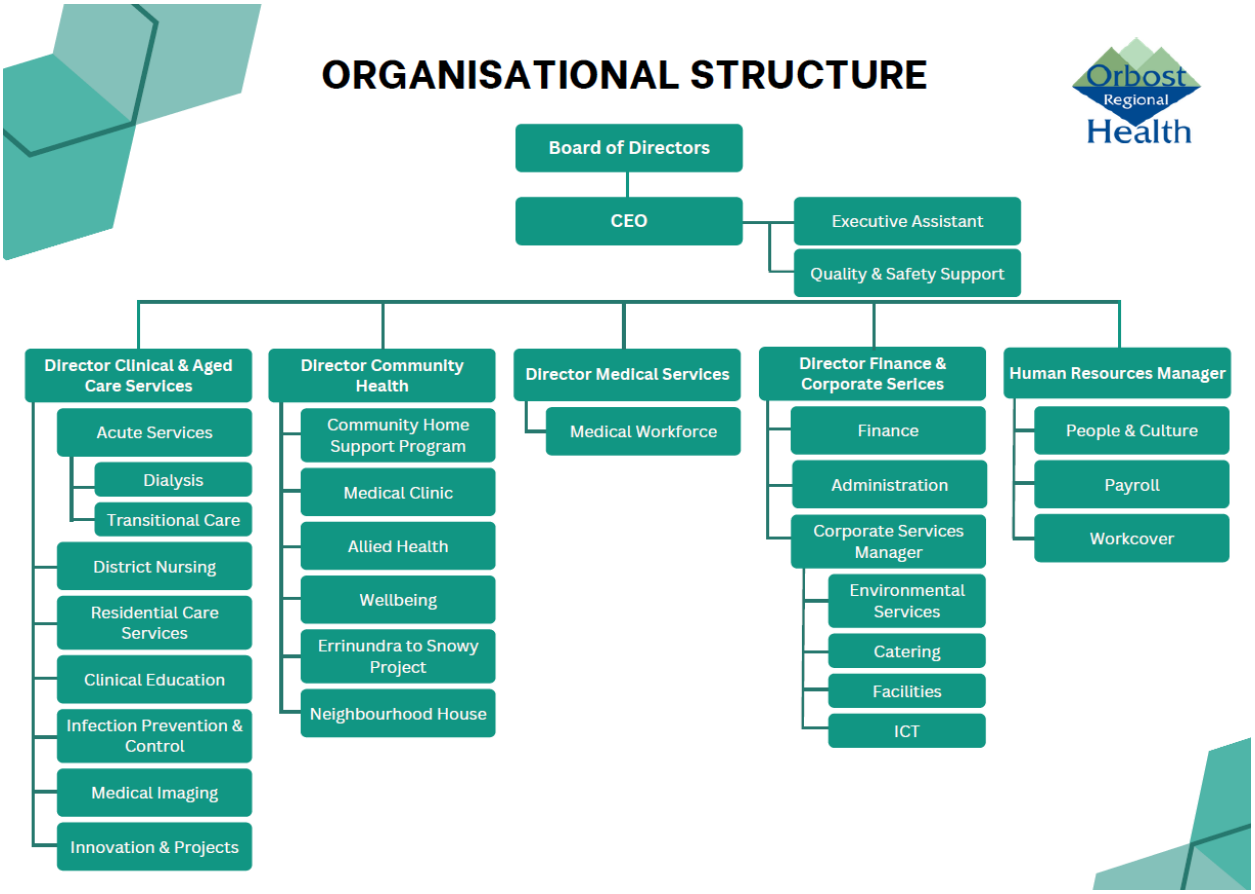
Director Community Health — Nikki Brown

Director of Finance and Corporate Services — John Rochstad-Lim comm 10 Nov 2025

Director Medical Services/Chief Medical Officer — Dr Delia Wong

General Practitioners — Dr Nadira Anis, Dr Roisin Kinsella, Dr Edwina Brown

Organisational structure



Workforce

Workforce data

Hospitals Labour Category	Jun 2025 FTE	Jun 2026 FTE	Avg Monthly 2025	Avg Monthly 2026
Nursing	37	37	33	33
Administration and Clerical	35	33	34	34
Medical Support	30	30	29	29
Hotel and Allied Services	25	24	23	22
Medical Officers	1	1	1	1
Hospital Medical Officers	0	0	0	0
Sessional Clinicians	0	0	0	0
Ancillary Staff (Allied Health)	8	6	7	7
Total	136	131	127	126

**Employees have been correctly classified in workforce data collections.*

Workforce Inclusion Policy

ORH has a Diversity and Inclusion policy in place to demonstrate ORH's commitment to inclusive practices for staff, consumers and our communities. ORH continues to improve data collection capabilities to measure trends and improvements over time for workplace inclusion targets.

Recruitment, selection and employment within Orbost Regional Health comply with employment conditions as specified in relevant Health Awards and Enterprise Bargaining Agreements.

The employment of staff satisfies equal employment opportunity requirements, legislative and moral obligations, and terms and conditions of the Fair Work Act, Australia including National Employment Standards.

Orbost Regional Health staff are also expected to embrace and work in accordance with the Code of Conduct for Victorian Public Sector Employees and the public sector values of:

- Responsiveness
- Integrity
- Impartiality
- Accountability
- Respect
- Leadership and
- Human Rights.

Occupational Health and Safety

ORH acknowledges its moral, financial and legal responsibility to effectively manage all of its OH&S risks.

The health service's approach is to enhance a safe working environment for staff, contractors, consumers and visitors by mitigating all health and safety risks.

To ensure effective management of health and safety, ORH is committed to regular consultation with staff and other workplace users, supported by an OH&S framework covering roles and responsibilities, the OH&S committee, incident management and return to work programs.

The health service's 2025-2026 OH&S performance against the established measure is summarized below.

Occupational Health and Safety Statistics	2023-2024	2024-2025	2025-2026
The number of reported hazards/incidents for the year per 100 FTE	32.9	31.0	30.0
The number of 'lost time' standard WorkCover claims for the year per 100 FTE	0.8	2.2	11.9
The average cost per WorkCover claim for the year ('000)	$4,572	$10,531	$15,360

Occupational Violence

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	19
Number of occupational violence incidents reported per 100 FTE	14.96
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	0

Definitions of occupational violence

- **Occupational violence –** any incident where an employee is abused, threatened, or assaulted in circumstances arising out of, or in the course of their employment.
- **Incident –** an event or circumstance that could have resulted in, or did result in, harm to an employee. Incidents of all severity rating must be included. Code Grey reporting is not included, however, if an incident occurs during a planned or unplanned Code Grey, it must be included.
- **Accepted WorkCover claims –** accepted and lodged in 2025-26.
- **Lost time –** defined as greater than one day.
- **Injury, illness, or condition –** includes all reported harm as a result of the incident, regardless of whether the employee required time off work or submitted a claim.

Financial Information – Report of Operations

Five-year financial summary

	2026 $000	2025 $000	2024 $000	2023 $000	2022 $000
OPERATING RESULT	(774)	48	63	869	1,435
Total revenue	39,064	44,855	24,042	22,360	20,486
Total expenses	28,415	25,608	25,108	21,774	20,441
Net result from transactions	10,649	19,247	(1,066)	586	45
Total other economic flows	83	63	182	39	83
Net result	10,732	19,310	(884)	625	128
Total assets	63,353	53,233	33,294	23,680	22,346
Total liabilities	8,313	8,925	8,296	8,744	8,037
Net assets/Total equity	55,040	44,308	24,998	14,936	14,309

Reconciliation of Net result from Transactions and Operating Result

	2025-2026 ($000)
Operating result	(774)
Capital purpose income	14,610
Assets provided free of charge	N/A
Assets received free of charge	N/A
Expenditure for capital purpose	-1,177
Depreciation and amortisation	-1,927
Net result from transactions	10,732

Significant changes in financial position

The current asset ratio at 30 June 2026 has decreased to 1.10 (2024-2025; 1.49).

This decrease has been attributed to the use of cash funds for the aged care build and shortfall from government funding.

Operational and budgetary objectives and performance against objectives

Each year the health service establishes an operational budget which is matched to the strategic objectives of the organization and aims for a balanced budget outcome. In addition, the budget takes account of the service delivery profile which has been designed to meet community needs.

The Operating Result for the year is a deficit of $774,000 compared to a projected deficit of $107,000. The ongoing effects of staff shortages, high Nursing Agency expenses and Locum General Practitioner usage have attributed to this result. The Operating result is also affected by the results of the Gippsland Health Alliance which Orbost Regional Health recognizes as a jointly controlled organization. ORH has recognized $88,000 as a share of the GHA deficit. Enterprise Bargaining agreement increases for the Nurses award in June also impacted the end of year result and inadvertently impacted employee entitlement balances by $94,000. The construction of a 38 bed residential care facility during the year has resulted in a $55,000 increase in utility expenses for the year.

Subsequent events

At the time of this report management is not aware of any events that have occurred since balance date that may have a significant effect on the operations of the health service in subsequent reporting periods.

Details of consultancies

Under $10,000: In 2025-26 there was one consultancy with total fees under $10,000. The total expenditure incurred during 2025-2026 in relation the consultancies is $3,182 (excl. GST)

$10,000 or greater: In 2025-25 there were two consultancies with fees of $10,000 or greater. The total expenditure incurred during 2025-2026 in relation to these consultancies is $521,433 (excl. GST). Details of these consultancies can be viewed below:

Consultancies over $10,000

Consultant	Purpose of consultancy	Start date	End date	Total approved project fee (excluding GST)	Expenditure 2025-2026 (excluding GST)	Future expenditure (excluding GST)
Health Legal	Employment Law	01 July 2025	Ongoing	$17,128	$17,128	$12,372
Connected Medical Solutions	Virtual Doctors	01 July 2025	Ongoing	$240,000	$504,305	$456,000

Government advertising campaign

Orbost Regional Health has nil to report on government advertising expenditure.

Information and communication technology (ICT) expenditure

For the 2025-2026 reporting period, Orbost Regional Health had total ICT expenditure of $849 k (excl. GST) with details shown below.

ICT Expenditure

All operational ICT expenditure	*ICT expenditure related to projects to create or enhance ICT capabilities*		
Business as Usual (BAU) ICT expenditure	Non-Business as Usual (non-BAU) ICT expenditure	Operational expenditure	Capital expenditure
(Total)	(Total = Operational expenditure and capital expenditure)		
762	**87**	**87**	**0**

Asset Management Accountability Framework (AMAF)

Attestation under the Asset Management Accountability Framework (AMAF)

Orbost Regional Health has put in place appropriate controls and processes to ensure it is compliant with the mandatory requirements for the Asset Management Accountability Framework.

Social procurement activities under the Social Procurement Framework

Social procurement priority objectives

The Social Procurement Framework assists Healthshare Victoria and Victoria's public health services to increase our positive social impact by applying best value procurement principles.

Priorities
Orbost Regional Health has four key priority objectives identified in our Social Procurement Strategy:

1. Opportunities for disadvantaged Victorians
2. Women's equality and safety
3. Supporting safe and fair workplaces and
4. Implementation of the Climate Change Policy Objectives

Activities
During 2025-2026, Orbost Regional Health undertook the following activities that supported the Social Procurement Framework:

- Opportunities for cadetships and traineeships in catering services to provide employment and training
- Recruitment of overseas trained nurses to fill current vacancies
- Ensuring suppliers have family violence policies in place
- Replacing fleet vehicles with electric vehicles

Achievements

- Supported 2 staff to commence cadetships or traineeships during the year

- Recruitment of 3 overseas trained nurses to full current vacancies
- Increased the number of ORH employees born overseas
- Incorporated into contract documents the requirement for suppliers to have family violence policies in place
- Procurement of 3 electric vehicles to replace petrol vehicles in fleet
- Installation of motion sensors on all split system air conditioning units

SOCIAL PROCUREMENT ACTIVITIES AND COMMITMENTS	
Reporting period:	2025–2026
Reporting entity:	Orbost Regional Health
Overall social procurement activities	2025–2026
Sustainable Victorian social enterprises and Aboriginal business sectors	
Number of social benefit suppliers engaged during the reporting period:	0
Total amount spent with social benefit suppliers (direct spend) during the reporting period ($ GST exclusive):	$0.00
Total number of mainstream suppliers engaged that have made social procurement commitments in their contracts with the Victorian Government:	0
Total number of contracts that include social procurement commitments:	0

Procurement complaints

Orbost Regional Health did not receive any complaints in relation to procurement in 2025-2026.

Review and Study expenses

During the 2025-2026 financial year, there was one review undertaken with the total cost of $4,950 excluding GST. Details of the review are outlined below.

Name of the review (agency responsible)	**Reasons for review**	**Terms of reference/ scope**	**Anticipated outcomes**	**Estimated cost for the year** (excl. GST)	**Final cost if completed** (excl. GST)	**Publicly available**
East Gippsland Workplace Solutions	Growing concerns regarding staff safety and security.	Systems and document review Site-based risk assessment Structured interviews with staff	Improve the safety and security of staff	$4,950	$4,950	No

		Risk identification and improvement planning				

Grants and transfer payments (other than contributions by owners)

Not applicable – Orbost Regional Health did not administer any grants, transfer payments or Commercial-in-Confidence grants in 2025-2026.

Disclosures required under legislation

Freedom of Information Act 1982

The Freedom of Information (FOI) Act 1982 allows the public a right of access to documents held by Orbost Regional Health.

Applications under Freedom of Information are requests by individuals, or agencies acting on their behalf (such as solicitors or insurance companies), to access personal medical information.

In line with Orbost Regional Health's commitment to protecting consumer privacy, all care is taken to ensure information is released only to the individual to whom it pertains, an authorised representative, or to a recognised guardian. Orbost Regional Health holds medical records in a variety of formats and systems, including electronic and paper-based records.

Applications shall be made in writing to the Freedom of Information Officer on an Orbost Regional Health Freedom of Information Application form. Sufficient detail concerning the information requested should be provided to be able to process the request. All requests should be accompanied by an application fee of $32.70, and proof of identity such as driver's license or passport.

During 2025-2026, Orbost Regional Health received 44 applications. Of these requests, all were from the general public.

Orbost Regional Health made 44 FOI decisions during the 12 months ended 30 June 2026.

There were 44 decisions made within the statutory time periods. Of the total decisions made, 44 were granted access to documents in full.

During 2025-2026, no requests were subject to a complaint or internal review by the Office of the Victorian Information Commissioner. No requests progressed to the Victorian Civil and Administrative Tribunal (VCAT).

Information regarding FOI is available from the Freedom of Information Officer.

Phone: 03 5154 6666
Fax: 03 5154 2366
Email: FOI@orh.com.au

Further information may also be found at https://ovic.vic.gov.au/

Building Act 1993

During 2025-2026, Orbost Regional Health buildings complied with the Building Act 1993 as evident in the annual certificate of compliance of essential services.

It has also been the health service's practice to ensure all buildings and renovations comply with the Australian Standards and Building Codes of Australia, along with obtaining relevant building permits, certificates of occupancy or certificates of final inspection for all new and renovation building projects.

In 2025-2026, the construction of a new 38 bed residential care facility was completed successfully and obtained a Certificate of Final Inspection.

An ongoing maintenance program, including routine inspections and rectification, also assist to ensure the health service’s buildings are maintained to a safe and functional condition.

No emergency orders or building orders were issued for any buildings owned or operated by ORH during this period.

Public Interest Disclosures Act 2012

The Public Interest Disclosures Act 2012 enables people to make disclosures about improper conduct within the public sector without fear of reprisal. The Act aims to provide openness and accountability by encouraging people to make disclosures and protecting them when they do so. Protected Disclosures policy and procedures are in place and available that are compliant with the Act. Information on how to access the Independent Broad-based Anti-Corruption Commission (IBAC) can be found in the Orbost Regional Health Public Interest Disclosure Policy via this link Public Interest Disclosure Policy

Orbost Regional Health was not required to disclose any issues under the *Public Interest Disclosures Act* in the financial year 2025-2026.

Statement on National Competition Policy

Orbost Regional Health complied with all government policies regarding competitive neutrality. Orbost Regional Health has implemented policies, procedures and frameworks to ensure compliance with the National Competition Policy, including tendering for the provision of goods and services where required and undergoing an internal procurement audit to measure compliance.

Carers Recognition Act 2012

Orbost Regional Health is aware of and complies with the requirements of the Carers Recognition Act 2012 and was not required to make any disclosures during the 2025-2026 reporting period.

Orbost Regional Health has taken all practical measures to comply with its obligations under the Act. These include considering the care relationships principles set out in the Act when setting policies and providing services (e.g. reviewing our employment policies such as flexible working arrangements and leave provisions to ensure that these comply with the statement of principles in the Act, developing a satisfactory survey for distribution at assessment and review meetings between workers, carers and those receiving care).

Local Jobs First Act 2003

No projects undertaken by Orbost Regional Health during 2025-2026 met the threshold for Local Jobs First Policy application. As such, no Local Industry Development Plans were required or submitted.

Additional information available on request

In compliance with the Standing Directions 2018 under the Financial Management Act 1994, details 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 Freedom of Information Act 1982.

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

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

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

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

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

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

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

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

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

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

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

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

(l) details of all consultancies and contractors including:

  (i) consultants/contractors engaged;

  (ii) services provided; and

  (iii) expenditure committed to for each engagement

This information is available on request from:

Vicki Farthing
Chief Executive Officer
Phone: (03) 5154 6615
Email: vicki.farthing@orh.com.au

Environmental Performance

Orbost Regional Health reports greenhouse gas emissions (Scope 1, 2 and 3), electricity use, stationary and transport energy, water consumption, and waste and recycling, in accordance with FRD 24.

GREENHOUSE GAS EMISSIONS	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
G1 Total Scope 1 (direct) greenhouse gas emissions (t CO2-e)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
Carbon Dioxide	173	182	209
Methane	0.30	0.32	0.42
Nitrous Oxide	0.65	0.62	0.71
Total	**174**	**183**	**210**
Scope 1 GHG emissions from stationary fuel (F2 Scope 1) (t CO2-e)	**82**	**94**	**121**
Scope 1 GHG emissions from vehicle fleet (T3 Scope 1) (t CO2-e)	**92**	**89**	**89**
Total Scope 1 (direct) greenhouse gas emissions (t CO2-e)	**174**	**183**	**210**
G2 Total Scope 2 (indirect electricity) greenhouse gas emissions (t CO2-e)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
Electricity	228	225	257
Total Scope 2 (indirect electricity) greenhouse gas emissions (t CO2-e)	**228**	**225**	**257**
G3 Total Scope 3 (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (t CO2-e)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
Waste emissions (WR5)	61.69	84.87	71.79
Indirect emissions from Stationary Energy	58.42	61.45	71.68
Indirect emissions from Transport Energy	23.12	22.52	22.58
Paper emissions	6.41	3.09	3.06
Water emissions	3.95	5.15	6.14
Total Scope 3 greenhouse gas emissions (t CO2-e)	**153.59**	**177.08**	**175.26**
G(Opt) Net greenhouse gas emissions (t CO2-e)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
Gross greenhouse gas emissions (G1 + G2 + G3) (t CO2-e)	**556**	**586**	**642**
Total gross reported greenhouse gas emissions per bed-day (t CO2-e/OBD)	0.07	0.08	0.07
Net greenhouse gas emissions (t CO2-e)	**556**	**586**	**642**
ELECTRICITY USE	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
EL1 Total electricity consumption segmented by source (MWh)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
Purchased	340	342	391
Self-generated	103	116	117
EL1 Total electricity consumption (MWh)	**443**	**458**	**508**
EL2 On site-electricity generated (MWh) segmented by:	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
Consumption behind-the-meter			
Solar Electricity	103	116	117
Total Consumption behind-the-meter (MWh)	**103**	**116**	**117**

Exports			
EL2 Total On site-electricity generated (MWh)	**103**	**116**	**117**

EL3 On-site installed generation capacity (kW converted to MW) segmented by:	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
Diesel Generator	0.28	0.28	0.28
Solar System	0.15	0.15	0.15
EL3 Total On-site installed generation capacity (MW)	**0.43**	**0.43**	**0.43**

EL4 Total electricity offsets segmented by offset type (MWh)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
RPP (Renewable Power Percentage in the grid)	59	63	73
EL4 Total electricity offsets (MWh)	**59**	**63**	**73**

STATIONARY ENERGY	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**

F1 Total fuels used in buildings and machinery segmented by fuel type (MJ)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
LPG	1,359,582	1,449,444	1,940,440
Diesel	77,211	89,985	41,645
F1 Total fuels used in buildings (MJ)	**1,359,582**	**1,539,429**	**1,982,085**

F2 Greenhouse gas emissions from stationary fuel consumption segmented by fuel type (t CO2-e)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
LPG	82.39	87.84	117.59
Diesel		6.32	2.92
F2 Greenhouse gas emissions from stationary fuel consumption (t CO2-e)	**82.39**	**94.15**	**120.51**

TRANSPORTATION ENERGY	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**

T1 Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type (MJ)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
Executive fleet - Gasoline	236,688	181,110	181,606
Non-executive fleet - Gasoline	750,718	966,591	969,238
Petrol	**987,406**	**1,147,701**	**1,150,844**
Non-executive fleet - Diesel	354,491*	160,522	160,962
Diesel	**354,491**	**160,522**	**160,962**
Total energy used in transportation (vehicle fleet) (MJ)	**1,341,897**	**1,308,223**	**1,311,806**

T3 Greenhouse gas emissions from transportation (vehicle fleet) segmented by fuel type (t CO2-e)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
Executive fleet - Gasoline	16	12	12
Non-executive fleet - Gasoline	51	65	66
Petrol	**67**	**78**	**78**
Non-executive fleet - Diesel	25	11	11
Diesel	**25**	**11**	**11**
Total Greenhouse gas emissions from transportation (vehicle fleet) (t CO2-e)	**92**	**89**	**89**

TOTAL ENERGY USE	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
E1 Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
Total energy usage from stationary fuels (F1) (MJ)	1,359,582	1,539,429	1,982,085
Total energy usage from transport (T1) (MJ)	1,341,897	1,308,223	1,311,806
Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)	**2,701,478**	**2,847,651**	**3,293,891**
E2 Total energy usage from electricity (MJ)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
Total energy usage from electricity (MJ)	1,593,885	1,649,015	1,829,700
E3 Total energy usage segmented by renewable and non-renewable sources (MJ)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
Renewable	580,821	644,442	685,562
Non-renewable (E1 + E2 - E3 Renewable)	3,714,542	3,852,225	4,438,029
E4 Units of Stationary Energy used normalised: (F1+E2)/normaliser	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
Energy per unit of bed-day (LOS+Aged Care OBD) (MJ/OBD)	380	408	403
WATER USE	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
W1 Total units of metered water consumed by water source (kL)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
Potable water (kL)	2,818	3,151	3,662
Total units of water consumed (kL)	**2,818**	**3,151**	**3,662**
W2 Units of metered water consumed normalised by FTE, headcount, floor area, or other entity or sector specific quantity	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
Water per unit of bed-day (LOS+Aged Care OBD) (kL/OBD)	0.35	0.40	0.39
WASTE AND RECYCLING	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
WR1 Total units of waste disposed of by waste stream and disposal method (kg)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
Landfill (total)			
General waste - bins	36,972**	57,141	51,413
Offsite treatment			
Clinical waste - incinerated	3,269		
Clinical waste - sharps	133		107
Clinical waste - treated	8,140	8,140	3,705
Recycling/recovery (disposal)			
Batteries	10	10	
Cardboard	4,356	11,385	8,415
Commingled	4,435	3,330	4,858
E-waste	400	200	
Grease traps	1,000	500	
Paper (confidential)	584	2,585	1,985

Polystyrene foam	70	40	
Toner & print cartridges	10	30	40
Total units of waste disposed (kg)	**59,378**	**83,361**	**70,522**

WR1 Total units of waste disposed of by waste stream and disposal method (%)	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
Landfill (total)			
General waste	62.26%	68.55%	72.90%
Offsite treatment			
Clinical waste - incinerated	5.51%		
Clinical waste - sharps	0.22%		0.15%
Clinical waste - treated	13.71%	9.76%	5.25%
Recycling/recovery (disposal)			
Batteries	0.02%	0.01%	
Cardboard	7.34%	13.66%	11.93%
Commingled	7.47%	3.99%	6.89%
E-waste	0.67%	0.24%	
Grease traps	1.68%	0.60%	
Paper (confidential)	0.98%	3.10%	2.81%
Polystyrene foam	0.12%	0.05%	
Toner & print cartridges	0.02%	0.04%	0.06%

WR3 Total units of waste disposed normalised by FTE, headcount, floor area, or other entity or sector specific quantity, by disposal method	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
Total waste to landfill per patient treated ((kg general waste)/PPT)	4.37	6.87	5.33
Total waste to offsite treatment per patient treated ((kg offsite treatment)/PPT)	1.37	0.98	0.39
Total waste recycled and reused per patient treated ((kg recycled and reused)/PPT)	1.29	2.17	1.58

WR4 Recycling rate (%)	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
Weight of recyclable and organic materials (kg)	10,865	18,080	15,297
Weight of total waste (kg)	59,378	83,361	70,522
Recycling rate (%)	**18.30%**	**21.69%**	**21.69%**

WR5 Greenhouse gas emissions associated with waste disposal (t CO2-e)	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
t CO2-e	61.69	84.87	71.79

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

Sustainable Buildings and Infrastructure

B1 Environmentally sustainable design

Newly completed residential aged care facility was handed over to Orbost Regional Health 19 June 2026 by Victorian Infrastructure Delivery Authority (VIDA). Designs for the new build are based on environmentally sustainable design guidelines.

B2 New entity leases to preference higher-rated offices

Nil new entity leases during the reporting period.

B3 NABERS energy (National Australian Built Environment Rating System) ratings of newly completed/occupied office buildings and substantial tenancy fit-outs

New completed residential aged care facility was handed over to Orbost Regional Health 19 June 2026 by VIDA and occupied from 24 June 2026. NABERS rating assessment to be completed for the new build.

B4 Environmental performance ratings (e.g. 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

New completed residential aged care facility was handed over to Orbost Regional Health 19 June 2026 by VIDA and occupied from 24 June 2026. NABERS rating assessment to be completed for the new build.

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	2023-24
NABERS Energy (effective per calendar year)	4.5 star
NABERS Water (effective per calendar year)	4 star

Attestations

Financial Management Compliance Attestation Statement

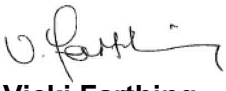
I, Tabatha Cole, on behalf of the Responsible Body, certify that Orbost Regional Health has no Material Compliance Deficiency with respect to the applicable Standing Directions under the Financial Management Act 1994 and Instructions.



Tabatha Cole,
Board Chair
Orbost Regional Health
20 August 2026

Data Integrity Declaration

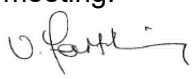
I, Vicki Farthing, certify that Orbost Regional Health has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance. Orbost Regional Health has critically reviewed these controls and processes during the year.



Vicki Farthing
Chief Executive Officer
Orbost Regional Health
20 August 2026

Conflict of Interest Declaration

I, Vicki Farthing, certify that Orbost Regional 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 Orbost regional 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.



Vicki Farthing
Chief Executive Officer
Orbost Regional Health
20 August 2026

Integrity, Fraud and Corruption Declaration

I, Vicki Farthing, certify that Orbost Regional Health has put in place appropriate internal controls and processes to ensure that integrity, fraud and corruption risks have been reviewed and addressed at Orbost Regional Health during the year.

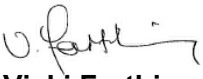


Vicki Farthing
Chief Executive Officer

Orbost Regional Health
20 August 2026

Compliance with HealthShare Victoria (HSV) Purchasing Policies

I, Vicki Farthing, on behalf of Orbost Regional Health, hereby certify that Orbost Regional Health has no material compliance deficiency with respect to the HSV Purchasing Policies as required by the Health Services Act 1988 (Vic). Orbost Regional Health has undertaken appropriate due diligence and relevant checks of purchases through Central Gippsland Health and certify that there are no material deficiencies. Orbost Regional Health has implemented appropriate internal controls, which have been critically reviewed throughout the year.



Vicki Farthing
Chief Executive Officer
Orbost Regional Health
20 August 2026

Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015

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

Multipurpose Services financial and service performance reporting

MPS Service Plan: Key achievements and challenges

Objective	Action	Deliverable	Outcome
Elevating our People Drive continuous professional growth by fostering an environment rich in learning, collaboration and innovation.	A culturally safe and inclusive workplace	- Recruit and retain a Koori Wellbeing Worker	Partly achieved
		- Implementation of the Kindness in Action program	Partially Achieved, roll out to be completed in 2026-2027
	A fully resourced workforce enabled to work to their full scope of practice	- Support clinician to complete lymphoedema accreditation	Achieved
		- Provision of advanced training for RN's to increase scope of clinical practice	Achieved
		- Recruitment of staff to reduce vacancies, including international RN's	Partly Achieved

Objective	Action	Deliverable	Outcome
	A commitment to quality and safety through fully compliant services	- Commencement of apprenticeships and traineeships program	Achieved
		- Support staff to attend OVA de-escalation train the trainer course	Achieved
		- Ensure compliance with Essential Services	Achieved
		- Conduct Occupational Violence & Aggression review	Achieved
		- Implementation of Audit Angel to monitor clinical auditing against national accreditation standards	Partly achieved, completion of implementation in 2026-2027
Advancing service excellence Optimise our capabilities by leveraging the regional health network, innovative technology and infrastructure to access safe, reliable services that align with community and customer needs	Consumer-centric care, placing individuals at the heart of their healthcare experience	- Implement a virtual speech pathology service	Achieved
		- Continuation of cooked fresh meals daily	Achieved
	A comprehensive range of responsive services tailored to meet community needs	- Continue to review and improve services provided to Errinundra to Snowy region	Achieved
		- Continuation of ICORD project and introduction of delirium screening tool	Achieved
		- Introduction of virtual Speech Pathology service	Achieved
	Leveraging technology to provide access to services	- Introduction of Electronic Medical Record	Partially achieved. Remainder of roll out in 2026-2027
		- Installation of new medical imaging equipment	Achieved

Objective	Action	Deliverable	Outcome
Empowering our consumers & partners Forge strong collaborative relationships and partnerships with our consumers, partners, and the wider community.	Cultivating strategic partnerships that create measurable value	- Commencement of Mental Health Nurse consultations from Orbost Medical Clinic in partnership with Gippsland PHN	Achieved
		- Introduction of a shared communications role with BRHS	Achieved
		- Actively participate in the development of the Gippsland Local Health Service Network Strategic Plan	Achieved
		- Signing of MOU with Moogji to improve the health and wellbeing outcomes for Aboriginal and Torres Strait Islander people living in Orbost	Achieved and ongoing
	Collaborating with local service providers to tailor service delivery to meet diverse community needs	- Participation in sub-regional project for culturally safe cancer care	Achieved and ongoing
	Empowering a community that actively takes charge of their own health outcomes	- Participation in community wellbeing survey to identify needs	Achieved
		- Conduct community needs analysis	Achieved
	Establishing multiple channels to understand our community needs	- Introduction of Consumer Feedback System to increase opportunities for consumers to provide feedback	Achieved

Objective	Action	Deliverable	Outcome
Responsible Governance Transparent accountable governance ensuring the optimal stewardship of our scarce health resources	Upgrading our infrastructure through our capital works redevelopment program, focusing on future service innovation	- Commissioning of Snowy River Views Residential Care to provide homelike residential care	Achieved
		- Implementation of bulk billing services in Orbost Medical Clinic	Achieved
		- Capital works to install smoke wall and rectification to front entrance ramp to meet legislative requirements	Achieved
		- Successful submission to Aged Care Capital Assistance program to expand staff accommodation	Achieved. Construction in 2026-2027
	Executing fiscal responsibility for our financial viability	- Collaboration with Connecting the Docs to assist with the recruitment of GP's to medical clinic	Partly achieved Regional workshop to attract GP's in 2026-2027
		- Collaboration with BRHS for medical management of admitted patients at ORH	Partly achieved Model to be activated in 2026-2027
		- Secured recurrent funding for Orbost Neighbourhood House	Achieved
	Reducing our environmental footprint	- Transitioning to EV fleet vehicles	In progress
		- Transitioning to all electric and phasing out gas in catering	In progress

MPS Performance Priority Reporting

High Quality and Safe Care		
Key performance indicator	**Target**	**Result**
Health service accreditation	Full compliance	Achieved
Hand Hygiene Compliance	85%	96.2%
Percentage of healthcare workers immunized for influenza	94%	97%
Victorian Healthcare Experience Survey – percentage of positive patient experience responses	95% positive experience	NA*
Strong Governance, Leadership and Culture		
	Target	**Result**
Percentage of staff with an overall positive response to safety culture questions in People Matter Survey	80%	68%**
Percentage of workers reporting nil or low/mild work-related stress	65%	47%
Effective Financial Management **Budget and Cash Management**		
	Target	**Result**
Operating result ($m)	$0.00	-$0.77
Average number of days to pay trade creditors	60	30
Average number of days to receive patient fee debtors	60	4
Adjusted current asset ratio (ACAR)	0.70	1.12
Forecast number of days available cash, measured on the last day of each month	14.0	37.2

NOTE:

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

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

Multi-Purpose Services Activity Reporting

MPS Funded flexible aged care places

Campus	Number
Flexible aged care beds	39
Flexible home care	0

MPS Utilisation of flexible aged care places

Campus	Number	Occupancy level %
Flexible aged care	38	44%
Respite	1	100%

Flexible home care	0	NA
Other community services		NA
Total	39	

MPS Acute care activity

Service	Type of activity	Actual Activity 2024-2025
Medical inpatients	Bed days	1,086
Urgent care	Presentations	2,361
Non-admitted patients	Occasions of service	245
Radiology	Number of clients	715
Renal dialysis	Number of clients	6

MPS Community care activity

Community Home Support Services	Activity Measure	Hours of Service 2025-2026
Meals	Occasions of Service	5,987
Domestic Assistance	Hours of Service	7,305
Personal Care	Hours of Service	25,586*
Care Management	Hours of Service	2,889
Property Maintenance	Hours of Service	5,304
Volunteer Services		
Volunteer network	Kilometres	16,846

**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 finalized at the time of publishing.*

MPS Primary health care activity

Service	Actual activity 2025-2026 (hours of service)
District Nursing all services	3386
Diabetes Education	773
Dietetics	97
Social Work	519

Counselling	646
Occupational Therapy	908
Physiotherapy	816
Allied Health Assistants	1,072
Housing Support	376
Family Violence Support	1,086

The data included in this annual report was accurate at the time of publication and is subject to validation by official sources from the Department of Health.

Disclosure Index

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

Legislation	Requirement	Page Reference
Standing Directions and Financial Reporting Directions		
Report of Operations		
Charter and purpose		
FRD 22	Manner of establishment and the relevant Ministers	3
FRD 22	Purpose, functions, powers and duties	4
FRD 22	Nature and range of services provided	4-5
FRD 22	Activities, programs and achievements for the reporting period	6-8
FRD 22	Significant changes in key initiatives and expectations for the future	6-8
Management and structure		
FRD 22	Organisational structure	8-9
FRD 22	Workforce data/ employment and conduct principles	10
FRD 22	Workforce inclusion policy	10
FRD 22	Occupational Health and Safety	11
Financial and other information		
FRD 22	Summary of the financial results for the year	12
FRD 22	Significant changes in financial position during the year	12

FRD 22	Operational and budgetary objectives and performance against objectives	13
FRD 22	Subsequent events	13
FRD 22	Details of consultancies under $10,000	13
FRD 22	Details of consultancies over $10,000	13
FRD 22	Disclosure of ICT expenditure	13
FRD 22	Asset Management Accountability Framework	13
FRD 22	Disclosure of social procurement activities under the Social Procurement Framework	13-14
FRD 22	Disclosure of reviews and study expenses	14-15
FRD 22	Disclosure of grants and transfer payments	15
FRD 22	Application and operation of *Freedom of Information Act 1982*	15
FRD 22	Compliance with building and maintenance provisions of *Building Act 1993*	16

Legislation	Requirement	Page Reference
FRD22	Application and operation of *Public Interest Disclosures Act 2012*	16
FRD 22	Statement on National Competition Policy	16
FRD 22	Application and operation of *Carers Recognition Act 2012*	16
FRD 22	Additional information available on request	17
FRD 24	Environmental data reporting	18-21
FRD 25	*Local Jobs First Act 2003* disclosures	17
Compliance attestation and declaration		
SD 5.1.4	Financial Management Compliance attestation	22
SD 5.2.3	Declaration in Report of Operations	3
	Attestation on Data Integrity	22
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Declaration

SD 5.2.2	Declaration in financial statements	32

Other requirements under Standing Directions 5.2

SD 5.2.1(a)	Compliance with Australian accounting standards and other authoritative pronouncements	35
SD 5.2.1(a)	Compliance with Standing Directions	25
SD 5.2.1(b)	Compliance with Model Financial Report	35

Other disclosures as required by FRDs in notes to the financial statements (a)(b)

FRD 11	Disclosure of Ex gratia Expenses	xx
FRD 103	Non-Financial Physical Assets	xx
FRD 110	Cash Flow Statements	xx
FRD 112	Defined Benefit Superannuation Obligations	xx
FRD 114	Financial Instruments – general government entities and public non-financial corporations	xx

Legislation

Freedom of Information Act 1982 (Vic) (FOI Act)	17
Building Act 1993	18
Public Interest Disclosures Act 2012	18
Carers Recognition Act 2012	18
Local Jobs Act 2003	19
Financial Management Act 1994(b)	25

Notes:

(b) 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.

Financial Statements
Financial Year ended 30 June 2026

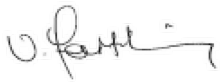
Board member's, accountable officer's, and chief finance & accounting officer's declaration

The attached financial statements for Orbost Regional 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 Orbost Regional 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 26 September, 2026.

Board member	**Accountable Officer**	**Chief Finance & Accounting Officer**
		
Tabatha Cole	Vicki Farthing	Steven Jackel
Chair	Chief Executive Officer	Chief Finance and Accounting Officer
Orbost 26th September, 2026	Orbost 26th September, 2026	Orbost 26th September, 2026

Independent Auditor's Report

Victorian Auditor-General's Office

To the Board of Orbost Regional Health

Opinion	I have audited the financial report of Orbost Regional 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.

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
7 October 2026

Simone Bohan
as delegate for the Auditor-General of Victoria

Comprehensive Operating Statement
Orbost Regional 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)	8,743	8,271
Government Grants	2.1 (b)	28,736	34,753
Other sources of income	2.1 (c)	1,585	1,831
Total revenue and income from transactions		**39,064**	**44,855**
Expenses from transactions			
Employee expenses	3.1 (a)	(18,888)	(17,027)
Supplies and consumables	3.1 (c)	(2,455)	(2,376)
Depreciation and amortisation	4.1(a), 4.2	(1,927)	(1,933)
Other operating expenses	3.1 (d)	(5,145)	(4,272)
Total expenses from transactions		**(28,415)**	**(25,608)**
Net result from transactions - net operating balance		**10,649**	**19,247**
Other economic flows included in net result			
Net gain/(loss) on sale of non-financial assets		38	63
Net gain/(loss) on financial instruments		-	(4)
Other gain/(loss) from other economic flows		45	4
Total other economic flows included in net result		**83**	**63**
Net result		**10,732**	**19,310**
Comprehensive result		**10,732**	**19,310**

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

Balance Sheet
Orbost Regional Health
As at 30 June 2026

	Note	2026 $'000	2025 $'000
Financial assets			
Cash and cash equivalents	6.1	6,221	9,208
Receivables	5.1	1,103	1,359
Total financial assets		**7,324**	**10,567**
Non-financial assets			
Prepayments		224	252
Property, plant and equipment	4.1	55,805	42,414
Total non-financial assets		**56,029**	**42,666**
Total assets		**63,353**	**53,233**
Liabilities			
Payables	5.2	1,491	2,365
Contract liabilities		408	363
Borrowings		796	687
Employee benefits	3.1(b)	3,695	3,682
Monies held in trust	5.3	1,923	1,828
Total liabilities		**8,313**	**8,925**
Net assets		**55,040**	**44,308**
Equity			
Reserves		25,821	25,821
Contributed capital		7,689	7,689
Accumulated surplus/(deficit)		21,530	10,798
Total equity		**55,040**	**44,308**

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

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

	Note	2026 $'000	2025 $'000
Cash flows from operating activities			
Receipts from Government		30,364	35,635
Commercial activity revenue received		58	65
Other receipts		8,900	8,706
Total receipts		**39,322**	**44,406**
Payments to employees		(19,163)	(16,523)
Payments to suppliers and consumables		(4,778)	(2,907)
GST paid to ATO		16	(13)
Finance Costs		(40)	(31)
Other payments		(3,295)	(3,135)
Total payments		**(27,260)**	**(22,609)**
Net cash flows from/(used in) operating activities		**12,062**	**21,797**
Cash flows from investing activities			
Proceeds from sale of non-financial assets		159	204
Purchase of non-financial assets		(15,107)	(21,361)
Capital donations and bequests received		27	29
Net cash flows from/(used in) investing activities		**(14,921)**	**(21,128)**
Cash flows from financing activities			
Repayment of borrowings and principal portion of lease liabilities		(223)	(330)
Repayment of accommodation deposits		(330)	(150)
Receipt of accommodation deposits		425	-
Net cash flows from/(used in) financing activities		**(128)**	**(480)**
Net increase/(decrease) in cash and cash equivalents held		**(2,987)**	**189**
Cash and cash equivalents at beginning of year		9,208	9,019
Cash and cash equivalents at end of year	6.1	**6,221**	**9,208**

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

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

	Property, Plant and Equipment Revaluation Surplus	Restricted Specific Purpose Reserve	Contributed Capital	Accumulated Surplus/(Deficit)	Total
	$'000	$'000	$'000	$'000	$'000
Balance at 1 July 2024	**23,685**	**2,136**	**7,689**	**(8,512)**	**24,998**
Net result for the year	-	-	-	19,310	19,310
Balance at 30 June 2025	**23,685**	**2,136**	**7,689**	**10,798**	**44,308**
Net result for the year	-	-	-	10,732	10,732
Balance at 30 June 2026	**23,685**	**2,136**	**7,689**	**21,530**	**55,040**

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

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

Orbost Regional Health is a not-for-profit entity established as a public agency on 1st December, 1994 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.

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 Orbost Regional Health on 26th 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 Orbost Regional Health.

Orbost Regional Health's principal address is:

104 Boundary Road
Orbost, Victoria 3888.

Note 1.4 Economic dependency

Orbost Regional 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. Orbost Regional 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 Orbost Regional Health operations and on that basis, the financial statements have been prepared on a going concern basis.

Note 2 Funding delivery of our services

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

Significant judgement - Grant revenue

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

Structure

2.1 Revenue and income from transactions

Note 2.1 Revenue and income from transactions

	Note	2026 $'000	2025 $'000
Revenue from contracts with customers	2.1(a)	8,743	8,271
Government Grants	2.1(b)	28,736	34,753
Other sources of income	2.1(c)	1,585	1,831
Total revenue and income from transactions		**39,064**	**44,855**

Note 2.1(a) Revenue from contracts with customers

	2026 $'000	2025 $'000
Government grants (State) - Operating	260	201
Government grants (Commonwealth) - Operating	1,216	941
Patient and resident fees	5,190	5,231
Private practice fees	2,019	1,833
Commercial activities	58	65
Total revenue from contracts with customers	**8,743**	**8,271**

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 Orbost Regional Health's goods or services. Orbost Regional 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 Orbost Regional Health's revenue streams, with information detailed below relating to Orbost Regional 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 Home Support Programme	Funding is provided to support older people who need support to remain in their homes. Services are provided in accordance with a service level agreement The performance obligations are based on a number of activities to be provided across the community area we represent. Revenue is currently recognised over time with final reconciliation completed at the end of each financial year.

Patient and resident fees

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

Note 2.1(b) Government Grants

	2026 $'000	2025 $'000
Government grants (State) - Operating	10,209	10,133
Government grants (Commonwealth) - Operating	3,433	3,369
Government grants (State) - Capital	15,094	21,251
Total Government grants	**28,736**	**34,753**

How we recognise Government grants

Government grants

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

Income from grants without any sufficiently specific performance obligations or that are not enforceable, is recognised when Orbost Regional Health has an unconditional right to receive cash which usually coincides with receipt of cash. On initial recognition of the asset, Orbost Regional 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 Orbost Regional 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 Orbost Regional 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 Orbost Regional Health as follows:

Supplier	Description
Victorian Managed Insurance Authority	The Department of Health purchases non-medical indemnity insurance for Orbost Regional Health which is paid directly to the Victorian Managed Insurance Authority. To record this contribution, such payments are recognised as income with a matching expense in the net result from transactions.
Victorian Infrastructure Delivery Authority	The Department of Health made payments to the Victorian Infrastructure Delivery Authority to fund capital works projects during the year ended 30 June 2026, on behalf of Orbost Regional Health.
Department of Health	Long Service Leave (LSL) revenue is recognised upon finalisation of movements in LSL liability in line with the long service leave funding arrangements with the DH.

Note 2.1(c) Other sources of income

	Note	2026 $'000	2025 $'000
Other capital purpose income		27	29
Assets received free of charge or for nominal consideration		-	13
Other income from operating activities		1,240	1,365
Income from non-operating activities		318	424
Total other sources of income		**1,585**	**1,831**

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)	18,888	17,027
Supplies & Consumables	3.1(c)	2,455	2,376
Other operating expenses	3.1(d)	5,145	4,272
Total expenses incurred in the delivery of services		**26,488**	**23,675**

Note 3.1(a) Employee expenses

	2026 $'000	2025 $'000
Salaries and wages	13,278	12,520
Superannuation expense [(1)]	1,526	1,340
Workcover Expenses	167	208
Agency & External Contract Expenses	3,519	2,536
Fee for service medical officer expenses	398	423
Total employee expenses	**18,888**	**17,027**

[(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	58	37
Annual leave	1,472	1,372
Long service leave	1,612	1,667
Provision for on-costs	419	417
Total current provisions for employee benefits	**3,561**	**3,493**
Non-current provisions for employee benefits		
Long service leave	118	166
Provision for on-costs	16	23
Total non-current provisions for employee benefits	**134**	**189**
Total provisions for employee benefits	**3,695**	**3,682**

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

Long service leave

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

Unconditional LSL is disclosed in the notes to the financial statements as a current liability even where Orbost Regional 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 Orbost Regional Health expects to wholly settle within 12 months or
- present value – if Orbost Regional 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	34	46
Medical and surgical supplies (including Prostheses)	195	204
Diagnostic and radiology supplies	42	45
Other supplies and consumables	2,184	2,081
Total supplies and consumables	**2,455**	**2,376**

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	275	183
Repairs and maintenance	1,307	658
Maintenance contracts	71	85
Medical indemnity insurance	129	127
Information technology and communication	1,390	1,909
Other administration expenses	1,933	1,279
Finance costs	40	31
Total other operating expenses	**5,145**	**4,272**

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 Orbost Regional 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

Orbost Regional 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 Orbost Regional 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	600	600	-	-	600	600
Land at fair value - Freehold	685	685	-	-	685	685
Buildings at fair value	54,564	18,980	(2,863)	(1,510)	51,701	17,470
Works in progress at cost	514	21,915	-	-	514	21,915
Plant, equipment and vehicles at fair value	4,266	3,520	(1,961)	(1,776)	2,305	1,744
Total property, plant and equipment	**60,629**	**45,700**	**(4,824)**	**(3,286)**	**55,805**	**42,414**

How we recognise property, plant and equipment

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

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

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

	Land $'000	Buildings $'000	Works in progress $'000	Plant, equipment and vehicles $'000	Total $'000
Balance at 1 July 2025	**1,285**	**17,470**	**21,915**	**1,744**	**42,414**
Additions	-		14,272	1,167	15,439
Disposals	-	-	-	(121)	(121)
Net transfers between classes	-	35,673	(35,673)	-	-
Depreciation	-	(1,442)	-	(485)	(1,927)
Balance at 30 June 2026	**1,285**	**51,701**	**514**	**2,305**	**55,805**

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, Orbost Regional 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 Orbost Regional Health's revaluation cycle.

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

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

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2026 $'000	2025 $'000	2026 $'000	2025 $'000	2026 $'000	2025 $'000
Buildings [1]	50	91	(19)	(89)	31	2
Plant, equipment and vehicles [1]	1,002	876	(284)	(206)	718	670
Total right-of-use assets	**1,052**	**967**	**(303)**	**(295)**	**749**	**672**

	Buildings $'000	Plant, equipment and vehicles $'000	Total $'000
Balance at 1 July 2025[1]	**2**	**670**	**672**
Additions	49	340	389
Disposals	-	(121)	(121)
Depreciation	(20)	(171)	(191)
Balance at 30 June 2026	**31**	**718**	**749**

[1] As a result of changes in FRD 104 Leases effective for reporting periods from 30 June 2026, right-of-use assets are measured at cost for reporting period 2026. The comparative information for reporting period 2025 is not restated and is reported at the previously determined fair value. For further information, refer to Note 7.3.

How we recognise right-of-use assets

Initial recognition

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

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

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

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

Subsequent measurement

Right-of-use assets are subsequently measured at cost less accumulated depreciation, impairment and any adjustments for remeasurement of the lease liability.

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

4.1(c) Impairment of property, plant and equipment

The recoverable amount of the primarily non-financial physical assets of Orbost Regional 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.

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

Note 4.2 Depreciation and amortisation

How we recognise depreciation

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

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

How we recognise amortisation

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

Useful lives of non-current assets

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

	2026	2025
Buildings	7 to 46 years	7 to 46 years
Right of use buildings	6 years	6 years
Plant and equipment	5 to 15 years	5 to 15 years
Medical equipment	3 to 15 years	3 to 15 years
Computers and communication	3 years	3 years
Furniture and fitting	5 to 8 years	5 to 8 years
Motor Vehicles	5 years	5 years
Right of use motor vehicles	1.5 to 3 years	1.5 to 3 years

Note 5 Other assets and liabilities

This section sets out those assets and liabilities that arose from Orbost Regional 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			
Inter hospital debtors		23	13
Trade receivables		130	251
Patient fees		66	88
Allowance for impairment losses		(3)	(3)
Other receivable		468	393
Total contractual receivables		**684**	**742**
Statutory			
GST receivable		81	97
Total statutory receivables		**81**	**97**
Total current receivables		**765**	**839**
Non-current receivables			
Contractual			
Long service leave - Department of Health		338	520
Total contractual receivables		**338**	**520**
Total non-current receivables		**338**	**520**
Total receivables		**1,103**	**1,359**
(i) Financial assets classified as receivables			
Total receivables		1,103	1,359
GST receivable		(81)	(97)
Total financial assets classified as receivables	7.1	**1,022**	**1,262**

How we recognise receivables

Receivables consist of:

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

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

Note 5.2 Payables

	Note	2026 $'000	2025 $'000
Current payables			
Contractual			
Trade creditors		355	1,011
Accrued salaries and wages		194	543
Accrued expenses		458	338
Deferred capital grant income	5.2(a)	420	420
Other		45	50
Total contractual payables		**1,472**	**2,362**
Statutory			
GST Payable		19	3
Total statutory payables		**19**	**3**
Total current payables		**1,491**	**2,365**
Total payables		**1,491**	**2,365**
(i) Financial liabilities classified as payables			
Total payables		1,491	2,365
Deferred capital grant income		(420)	(420)
GST payable		(19)	(3)
Total financial liabilties classified as payables	7.1	**1,052**	**1,942**

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

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

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

Note 5.2(a) Movement in deferred capital grant income

	2026 $'000	2025 $'000
Opening balance of deferred capital grant income	420	420
Closing balance of deferred capital grant income	**420**	**420**

How we recognise deferred capital grant income

Grant consideration was received from the Department of Health (Vic) for a project to revitalise our aged care facilities.

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

Note 5.3 Monies held in trust

	Note	2026 $'000	2025 $'000
Current monies held in trust			
Patient monies		6	6
Refundable accommodation deposits		1,911	1,816
Other monies		6	6
Total current monies held in trust		**1,923**	**1,828**
Total other liabilities		**1,923**	**1,828**
*** Represented by:**			
- Cash assets	6.1	1,911	1,828
		1,911	**1,828**

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

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

Note 6 How we finance our operations

This section provides information on the sources of finance utilised by Orbost Regional Health during its operations, along with interest expenses (the cost of borrowings) and other information related to financing activities of Orbost Regional 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)		1	2
Cash at bank (excluding monies held in trust)		4,309	7,378
Total cash held for operations		**4,310**	**7,380**
Cash at bank (monies held in trust)		1,911	1,828
Total cash held as monies in trust	5.4	**1,911**	**1,828**
Total cash and cash equivalents	7.1	**6,221**	**9,208**

Note 6.2 Commitments for expenditure

There were no capital or operating expenditure at 30 June 20026 (2025: Nil)

Note 7 Financial instruments, contingencies and valuation judgements

Orbost Regional 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 Orbost Regional 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
Financial assets at amortised cost			
Cash and cash equivalents	6.1	6,221	318
Receivables	5.1	1,022	-
Total financial assets [i]		**7,243**	**318**
Financial liabilities at amortised cost			
Payables	5.2	1,052	-
Borrowings		796	-
Other financial liabilities - Refundable Accommodation Deposits	5.3	1,911	(40)
Other financial liabilities - patient monies held in trust	5.3	6	-
Total financial liabilities [i]		**3,765**	**(40)**

[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
Financial assets at amortised cost			
Cash and cash equivalents	6.1	9,208	424
Receivables	5.1	1,262	-
Total financial assets [i]		**10,470**	**424**
Financial liabilities at amortised cost			
Payables	5.2	1,942	-
Borrowings		687	-
Other financial liabilities - Refundable Accommodation Deposits	5.3	1,816	(31)
Other financial liabilities - patient monies held in trust	5.3	6	-
Total financial liabilities [i]		**4,451**	**(31)**

[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 Orbost Regional 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.

Orbost Regional 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.

Orbost Regional Health recognises the following liabilities in this category:

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

Derecognition of financial assets

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

- the rights to receive cash flows from the asset have expired, or
- Orbost Regional 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
- Orbost Regional 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 Orbost Regional Health has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of Orbost Regional 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

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, Orbost Regional Health's business model for managing its financial assets has changed such that its previous model would no longer apply.

A financial liability reclassification is not permitted.

Note 7.2 Contingent assets and contingent liabilities

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

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.

Orbost Regional 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.

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

Vehicles

Vehicles are valued using the current replacement cost method. Orbost Regional 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 Orbost Regional 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	$1,000 - $1,500/m^2 ($1,300) 7 - 46 years (20 years)
Vehicles	Current replacement cost approach	Cost per unit Useful life	$20,700 - $78,500 ($41,700 per unit) 1.5 - 5 years (3.2 years)
Plant, equipment, furniture and fittings	Current replacement cost approach	Cost per unit Useful life	$1,000 - $249,000 ($5,500 per unit) 3 - 15 years (7 years)

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

[(ii)] CSO adjustments of 20% were applied to reduce the market approach value for Orbost Regional 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

There were no ex gratia payments made during the year ended 30 June 2026 (2025: $Nil).

Note 8.2 Responsible persons disclosures

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

	Period
The Honourable Mary-Anne Thomas MP:	
Minister for Health	1 Jul 2025 - 14 April 2026
Minister for Ambulance Services	1 Jul 2025 - 14 April 2026
The Honourable Harriet Shing MP:	
Minister for Health	15 April 2026 - 30 June 2026
Minister for Ambulance Services	15 April 2026 - 30 June 2026
The Honourable Melissa Horne MP:	
Minister for Health Infrastructure	1 Jul 2025 - 30 June 2026
Minister for Prevention of Family Violence	15 April 2026 - 30 June 2026
The Honourable Ingrid Stitt MP:	
Minister for Mental Health	1 Jul 2025 - 30 June 2026
Minister for Ageing	1 Jul 2025 - 30 June 2026
Minister for Multicultural Affairs	15 April 2026 - 30 June 2026
The Honourable Lizzie Blandthorn MP:	
Minister for Children	1 Jul 2025 - 30 June 2026
Minister for Disability	1 Jul 2025 - 30 June 2026
Governing Boards	
Deborah Miller (Chair of the Board to 30 June 2026)	1 Jul 2025 - 30 Jun 2026
Heather Macalister	1 Jul 2025 - 30 Jun 2026
Emily Richardson	1 Jul 2025 - 31 Oct 2026
Thelma Hutchison	1 Jul 2025 - 30 Jun 2026
Mark Reeves	1 Jul 2025 - 30 Jun 2026
Megan Tyler	1 Jul 2025 - 30 Jun 2026
Royce Andrews	1 Jul 2025 - 30 Jun 2026
Tabatha Cole	1 Jul 2025 - 30 Jun 2026
Birinder Giddey	1 Nov 2025 - 30 Jun 2026
Malar Thiagarajan	1 Nov 2025 - 30 Jun 2026
Chad Burrell	1 Nov 2025 - 30 Jun 2026
Accountable Officers	
Vicki Farthing (Chief Executive Officer)	1 Jul 2025 - 30 Jun 2026

Remuneration of Responsible Persons

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

Income Band	2026 No	2025 No
$0 - $9,999	10	8
$10,000 - $19,999	1	-
$220,000 - $229,999	-	1
$280,000 - $289,999	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:	**333**	**264**

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

Note 8.3 Remuneration of executives

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

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

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

	Total Remuneration	
	2026 $'000	**2025 $'000**
Total remuneration [i]	541	405
Total number of executives	3	2
Total annualised employee equivalent [ii]	2.5	2.0

[i] The total number of executive officers includes persons who meet the definition of Key Management Personnel (KMP) of Orbost Regional Health under AASB 124 *Related Party Disclosures* and are also reported within Note 8.4 Related Parties.
[ii] Annualised employee equivalent is based on working 38 ordinary hours per week over the reporting period.

Note 8.4 Related parties

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

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

Significant transactions with government related entities

Orbost Regional Health received funding from government related entities of $11.52 m (2025: $9.42 m) and indirect operating contributions of $(0.10) m (2025: $0.20 m) and indirect capital contributions of $14.05m ($2025: 21.0m) . Balances outstanding as at 30 June 2026 are $0.42 m (2025: $0.50 m).

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

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

Entity	KMPs	Position Title
Orbost Regional Health	Deborah Miller	Chair of the Board (to 30 June 2026)
Orbost Regional Health	Heather Macalister	Board Member
Orbost Regional Health	Emily Richardson	Board Member
Orbost Regional Health	Thelma Hutchison	Board Member
Orbost Regional Health	Mark Reeves	Board Member
Orbost Regional Health	Megan Tyler	Board Member
Orbost Regional Health	Royce Andrews	Board Member
Orbost Regional Health	Tabatha Cole	Board Member
Orbost Regional Health	Birinder Giddey	Board Member
Orbost Regional Health	Malar Thiagarajan	Board Member
Orbost Regional Health	Chad Burrell	Board Member
Orbost Regional Health	Vicki Farthing	Chief Executive Officer
Orbost Regional Health	Kylie Foltin	Director of Clinical and Aged Care Services
Orbost Regional Health	Nicole Brown	Director of Community Health
Orbost Regional Health	John Rochstead-Lim	Director Finance & Corporate Services

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]	874	669

[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 Orbost Regional 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 Orbost Regional Health Board of Directors, Chief Executive Officer and Executive Directors in 2026 (2025: none).

Note 8.5 Remuneration of Auditors

	2026 $'000	2025 $'000
Victorian Auditor-General's Office		
Audit of the financial statements	24	23
Total remuneration of auditors	**24**	**23**

Note 8.6 Events occurring after the balance sheet date

There are no events occurring after the Balance Sheet date.

Note 8.7 Joint arrangements

	Principal Activity	Ownership Interest 2026 %	Ownership Interest 2025 %
Gippsland Health Alliance	Information Technology Services	3.87	3.97

For the year ended 30 June 2026, Orbost Regional Health's share of the joint operations financials was:

	2026 $'000	2025 $'000
Total revenue and income	928	951
Total expenses	(1,015)	(932)
Total net result	(87)	19
Total other economic flows	-	-
Comprehensive result for the year	(87)	19
Total assets	762	861
Total liabilities	143	155
Total equity	619	706

Contingent liabilities and capital commitments

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

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