CORRYONG HEALTH



ANNUAL REPORT

2025
2026



Corryong Health acknowledges the First Peoples of the Upper Murray region and pays respect to the Aboriginal and Torres Strait Islander peoples who have cared for and continue to care for the lands, waters, and skies of this area. We acknowledge the deep cultural, spiritual, and historical connection that Aboriginal peoples hold to Country, and we honour Elders past and present. We also recognise that this region includes areas of contested and unsettled Traditional Owner status, and we remain committed to working respectfully and collaboratively with all Aboriginal communities who have connection to this Country.

We respect and celebrate all forms of diversity. We welcome and value people from all walks of life to access our services and join our team.

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Responsible Ministers

Minister for Health

The Hon Mary-Anne Thomas MP (1 July 2025 to 15 April 2026)

Hon Harriet Shing MP(15 April 2026 to 30 June 2026)

Minister for Ambulance Services

The Hon Mary-Anne Thomas MP(1 July 2025 to 13 April 2026)

Hon Harriet Shing MP(15 April 2026 to 30 June 2026)

Minister for Mental Health

The Hon Ingrid Stitt MP (1 July 2025 to 30 June 2026)

Minister for Disability/Minister for Children

The Hon Lizzie Blandthorn MP (1 July 2025 to 30 June 2026)

Minister for Ageing

The Hon Ingrid Stitt MP(1 July 2025 to 30 June 2026)

About Corryong Health

Purpose, functions, powers and duties:

Originally founded in 1902 as the Victoria Cottage Hospital, Corryong Health is now a multi purpose service (MPS) established under the *Health Services Act 1988 (Vic)*. As a multipurpose health service in the Upper Murray region, Corryong Health serves a close-knit community of approximately 1,352 residents in Corryong and a broader catchment area encompassing over 6200 people. Located at 20 Kiell Street Corryong, we are uniquely positioned to deliver a broad spectrum of integrated healthcare services tailored to the needs of our diverse population.

Our primary responsibilities include managing:

- an 8-bed public hospital that offers acute care, urgent care centre and theatre
- a 34-bed residential aged care facility and respite services
- General Practitioner clinic, community allied health, community nursing and home and community support services

Beyond these core offerings, we provide essential ancillary and related services that support and enhance the overall health and well-being of our community.

Our Vision

We imagine a community where people feel cared for, live well and are connected.

Our Purpose

We provide people with healthcare that matters to them.

Our Role

Through professional, trustworthy health services, we will grow our local community capacity and ability to connect and inform people.

Our Values



Our Pillars

Community

We are proactive in meeting
community needs.

We strive for an engaged community
that trusts Corryong Health as its
health service and actively seeks
preventative care.
Our focus is on proactively
understanding and responding to
community needs, ensuring everyone
feels cared for and connected.

Quality

The community is confident to
choose our services.

Our commitment is to provide
accessible, high-quality, person-centred
care that inspires
confidence and choice within the
community.
We strive for excellence, ensuring
timely support and services that are
consistently valued by
our clients and visitors.

Culture

Staff are proud of Corryong
Health.

We are dedicated to fostering an
environment where staff are proud,
respected and empowered.
By promoting a learning culture and
professional growth, we ensure our
team is equipped to deliver great care
that embodies our values of integrity,
safety and adaptability.

Network

We are an essential contributor to the Hume
Local Health Service Network.

Corryong Health is an essential, collaborative
contributor to the regional health network, through
supported transitions and services system navigation.
We are a trusted partner, focused on fostering strong
relationships to ensure our community members have
seamless access to the comprehensive care they
need, both locally and through broader network
linkages.
Whilst we cannot provide all services we can be the
link between us and other services.

Services Provided by Corryong Health

Medical Services

- General Practitioner
- Practice Nursing
- Visiting Surgeon and Paediatrician
- Diabetes Education

Mental Health

- Mental Health and Alcohol and Drug Support
- Psychology

Acute Care

- Healthcare
- Urgent Care Centre (UCC)
- Pathology and imaging
- Domiciliary Midwifery
- High Dependency Unit
- Palliative Care
- Day Procedure Unit

Home Care Services

- District Nursing
- Meals on Wheels
- Palliative Care
- Planned Activity Group
- Commonwealth Home Support Program
- Home Care Packages/support at home
- National Disability Insurance Scheme (NDIS)
- Home and Community care program for young People (HACCPYP)

Community Groups

- Community Health Advisory Group
- Cancer Support Group
- Mental Health Support Group
- Carers Support Group

Allied Health

- Physiotherapy
- Occupational Therapy
- Exercise Physiology
- Podiatry
- Social Work
- Allied Health Assistance

Community Development

- Health and Fitness Centre
- Social Inclusion

Volunteer Services

- Community Transport
- Volunteers

Visiting Services

- Podiatry
- Audiology
- Psychology
- Geriatrician
- Speech Pathology
- Dietitian
- Pharmacist

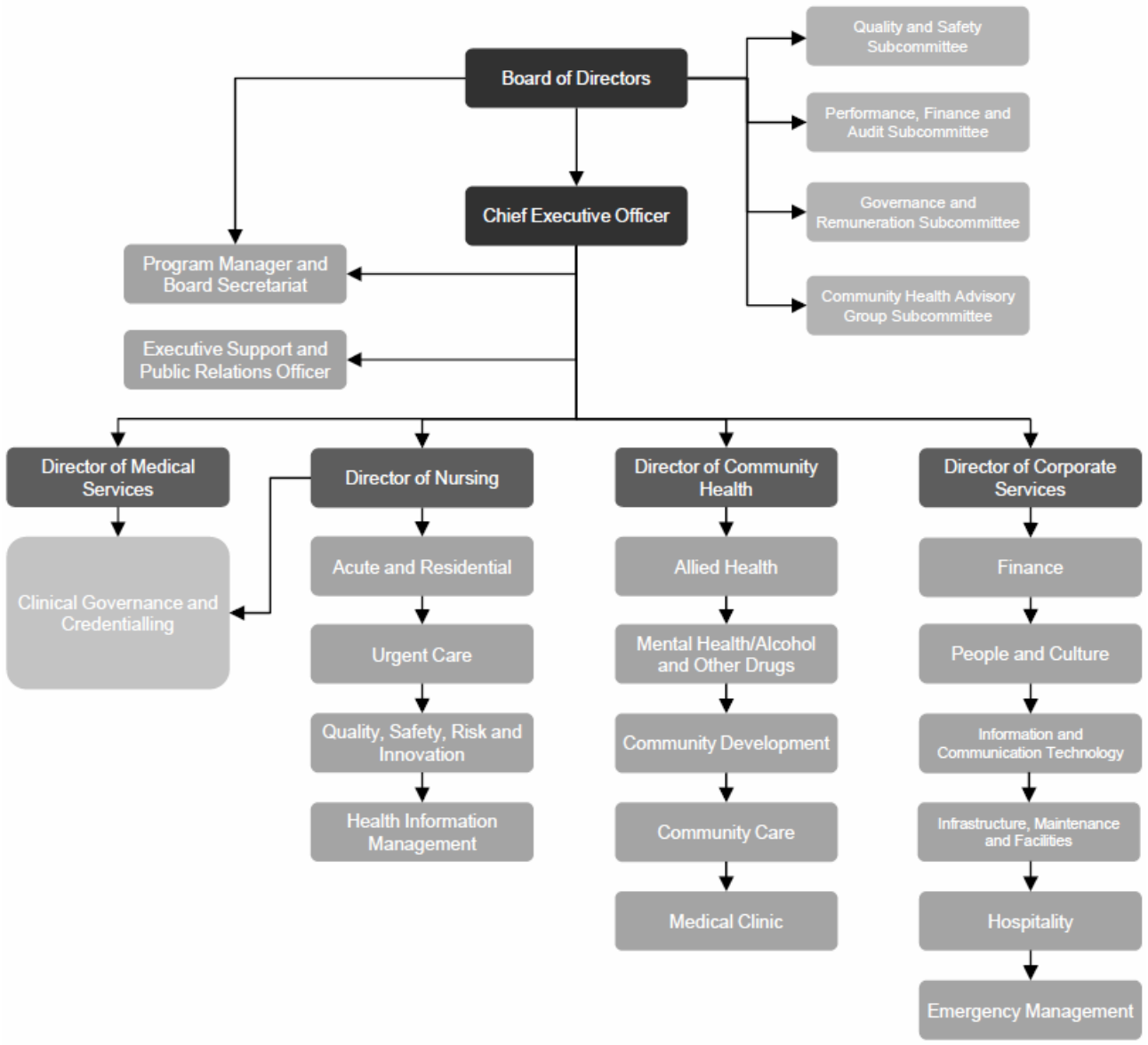
Telehealth

- Various specialists
- Victorian Virtual Emergency Department (VVED)
- Royal Flying Doctor Service
- Psychiatry

Residential

- Retirement Village
- Aged Care
- Palliative Care
- Respite care

Organisational Structure



Board of Directors



Ian Cesa

27th January 2021 – 30th June 2026

Board Chair

Governance and Remuneration



Craig Wisdom

1st December 2023 – Current

Quality and Safety



Ilea Buffier

1st July 2019 – 30th June 2026

Performance, Finance and Audit



Joel Madden

1st July 2024 – Current

Deputy Chair



Joshua Ginpil

1st December 2023 – 30th June 2026

Performance, Finance and Audit



Sarah Robinson

1st July 2024 – 30th June 2026



Rhoden Fry

1st December 2023 – Current

Community Health Advisory Group



Slobodanka Jevtic

1st July 2022 – Current

Governance and Remuneration, Performance, Finance and Audit



Shelley Crowther

1st July 2023 – Current

Quality and Safety

Senior Staff

Interim Chief Executive Officer	Greg Pullen (13th March 2025 – 31st October 2025), MHA, FCPA, FAICD
Chief Executive Officer	Cynthia Robins (27th October 2025 - current), GAICD, CHIA, MPH/TM, Ba PH, Ba Nursing, RN, Ass Dip App Sci (Myotherapy)
Director of Quality Safety and Risk	Amanda Ginger (6th May 2024 - 8th October 2025), RN, Grad Cert HSM, Grad Cert ACN, RM
Acting Director of Clinical Services and Nursing	Amanda Ginger (6th May 2024 - 8th October 2025),, RN, Grad Cert HSM, Grad Cert ACN, RM
Director of Nursing	Samantha Brown (22nd Decmeber 2025 – current), RN, Post Graduate Diploma – Acute Care and Education, Cert IV Training and Assessment
Director of Corporate Services	Tegan Kissane, Ba Sci (Sport Science), MBA
Finance Officer	Kerrie Clarke, FCPA, Ba Bus (Accounting/Finance)
Director of Medical Services	Dr Pat Giddings, OAM, MBBS, MHM, FRACGP, FACRRM, DRANZCOG, FAICD
Senior Medical Officers	Dr Mary-Anne Lancaster, MBBS, RACGP, DRANZCOG

Performance, Finance and Audit Subcommittee

Board Director (Subcommittee Chair)	Ilea Buffier
Board Director	Joshua Ginpil
Board Director	Slobodanka Jevtic
Independent Expert	Stan Stavros
Community Health Advisary Group Member	Annika Johnstone
Interim Chief Executive Officer	Greg Pullen (13th March 2025 – 31st October 2025)
Chief Executive Officer	Cynthia Robins (27th October 2025 - current)
Director of Corporate Services	Tegan Kissane
Finance Officer	Kerrie Clarke

Audit Act 1994

The purpose of the Corryong Health Performance, Finance and Audit Committee is to assist the health service to maximise benefits from systems of internal control and both internal and external review processes.

External Auditors: Victorian Auditor General's Office (VAGO) Internal Auditors: Accounting and AuditSolutions Bendigo (AASB).

Board Chair 2025-26 Reflections and Our Future

The 2025-2026 financial year has been a successful year for Corryong Health with significant achievements in a number of areas.

First, Cynthia Robins joined us as Chief Executive in October of 2025. Cynthia took over from Greg Pullen, who was our interim Chief Executive during most of 2025. Cynthia has continued where Greg left off – maintaining a steady hand on the operations of the health service, continuing to emphasise improvements in quality and safety and improving our financial situation, in a difficult health care environment. We thank Greg for his expertise in guiding us through an important transition period And, we wish Cynthia continued success on the already impressive trajectory she has established.

Earlier this year, we launched our new Strategic Plan for 2026-2029. It is available for download from the Corryong Health website. We hope you will all take the time to read it. As a health service at the front line of delivering high-quality care to a rural community, the Strategic Plan is focused on these characteristics – being proactive in meeting community needs, instilling a sense of trust that health care needs will be met with the highest levels of quality and safety and being a great place to work. Finally, given the seismic shift that occurred in 2025 in the way the way health care in Victoria is governed, we felt that it was important that the Strategic Plan also include a positive and proactive stance to our role in the Hume Local Health Service Network.

The Executive of Corryong Health has developed a detailed implementation plan for achieving the key initiatives of this strategic plan and we are already seeing positive impact on important aspects of operations. This is an ambitious implementation plan, and we commend the executive for the hard work they have already put in.

Our Board of Directors continues to renew itself. Joel Madden has taken over the role of Chair, beginning in July 2026. Congratulations to Joel on his appointment. Additionally, Ilea Buffier, Sarah Robinson and Josh Ginpil resigned their positions on the Board, effective on July 1 of 2026. We thank them for their dedicated service to the board, and we wish them all the best for the future. Dr Werner Vogels joins us as a director on July 1, 2026. Finally, we expect to make new board appointments in the next few months adding considerably to our expertise in law, finance and healthcare governance.

This past year has been a sustained period of success, strengthening how Corryong Health operates, how clients are treated, how clients perceive the way they are treated, how staff experience the working environment and how Corryong Health integrates into the overall Hume Local Health Service Network. With this strong foundation we look forward to further successes in the next year.

Yours sincerely,

Dr. Ian L. Cesa
Board Chair



Dr. Ian L. Cesa, Board Chair

Chief Executive Officer's Preface

Reflecting on 2025–2026

It is a privilege to reflect on 2025–2026, my eight months as Chief Executive Officer of Corryong Health. It has been a year of considerable activity, change and challenge, though also one where I have seen first-hand the strength, adaptability and commitment of our people and the important role Corryong Health plays in the lives of our community.

Corryong Health is much more than a hospital. We are a Multi-Purpose rural health service providing care across Acute and Urgent Care, Residential Aged Care, Allied Health, District Nursing, Mental Health, Alcohol and Other Drugs (AOD) support. Importantly however, centre-based care is deeply complemented by a vast array of primary care through provision of a General Practice to ensure chronic condition management, plus wraparound supports through direct home-based care and social support for people who are ageing or living with disability. Through these services, we support people across the lifespan from pre-conception to bereavement. We share a focus on helping people remain healthy, live well through independence, connection and care close to home.

The breadth of our work is reflected in our activity. During 2025–2026, we provided more than 15,000 General Practitioner (GP) appointments, alongside thousands of Practice Nursing and Allied Health appointments and significant activity across our acute, community and aged care services. In addition, our teams delivered a further 14,281 service occasions beyond the activity captured through our Multi-Purpose Service (MPS) funding, testament to the strong commitment held to meeting the needs of the people we serve.

Numbers alone only tell part of the story. Behind every appointment and service occasion is a person, a family or a community member seeking care, support, reassurance or connection. Launching our Strategic Plan 2026-2029 in May revealed our new purpose — *providing people with healthcare that matters to them* — reminding us that the value of our work is ultimately measured by the difference we make in people's lives.

January 2026 tested our resilience, the Walwa River Road Fire that commenced in the Mount Lawson State Park, resulted in the evacuation of the Corryong Health site. The impact was significant for our patients, Residents, families, staff and the broader community and inevitably affected service activity during the year. Yet, in the face of uncertainty and disruption, I witnessed an extraordinary level of collaboration and collegiality across our organisation, the Network and partner organisations. Staff supported one another, prioritised the safety and wellbeing of those in our care and worked flexibly to maintain continuity of services wherever possible. I am immensely proud of the way our team responded.

Maintaining access to care has remained a significant focus. Like many rural and regional health services, Corryong Health continues to experience challenges in attracting and retaining a permanent workforce. We rely on approximately 35% of a Locum/Agency workforce. Our Medical Clinic is not immune to the challenges. In October 2025 we farewelled our remaining permanent GP and relied on Locum GPs for the remainder of the year, complemented by virtual models of care including Telecare and the Victorian Virtual Emergency Department (VVED). While we continue to work towards a more sustainable medical workforce, we are immensely grateful for the support enabled through both virtual and agency support, to ensure access is maintained. We know that the community expects more, we aim to deliver a service where continuity of care is sustained and it remains a focus for us.

More broadly, our workforce remains central to our future. While agency and locum staff continue to play an important role in maintaining business continuity, we have seen positive developments in our organisational culture and workforce experience. Our focus is increasingly on creating an environment where people feel supported, valued and accountable, enabling a safe space for contributing to the future of the organisation.

Quality and safety have remained fundamental throughout the year. We continued to strengthen our systems of clinical governance, consumer feedback and organisational accountability, while progressing accreditation and compliance requirements across our services. The introduction of new National Infection Prevention and Control Standards also required us to make difficult decisions, including pausing perioperative services while we seek funding to redevelop our Theatre Complex. While unfavourable in the short-term, it reflects our commitment to ensuring that services are delivered safely and in accordance with contemporary standards.

The year also marked an important new chapter for Corryong Health and for rural health more broadly. On 1 July 2025, twelve public health services commenced their Joint Venture Agreement to form the Hume Local Health Service Network (HLHSN). As a Network, care pathways are strengthened, share expertise and consider how services can be delivered more effectively across organisational boundaries.

Our new Strategic Plan 2026–2029, launched in May 2026, provides the foundation for our next chapter. It represents a deliberate shift towards being proactive in understanding community need and designing services around that need. Our new vision — *we imagine a community where people feel cared for, live well and are connected* — together with our purpose and values of Adaptability, Integrity and Safety, provides a clear framework for how we want to work and who we want to be. Importantly, the plan is more than a direction for our services; it is a plan for the organisation and the community we serve. Work has begun to embed the strategy and build the culture required to deliver it.

Understanding community need will increasingly guide our priorities to include our commitment to improving access for First Nations people, strengthening consumer feedback and experience and responding to the needs of children and young people in our community. We know that local demographics and measures of vulnerability indicate a particular need for paediatric services and we are exploring opportunities to develop local Speech Pathology and Occupational Therapy capacity, as a first priority to better support children and families.

Corryong Health also continues to strengthen our commitment to diversity, inclusion and reconciliation. The introduction of a First Nations Consumer Survey, establishment of our Diversity and Inclusion Committee, approval of our Gender Equality Action Plan, commencement of a new Reflect Reconciliation Action Plan and activities recognising National Reconciliation Week and *'50 Years of Deadly'* are important steps in ensuring our services are welcoming, culturally safe and responsive to the community we serve.

There is much to do in the year ahead. We will continue to strengthen our financial sustainability, build our workforce, improve access to care, respond to changing funding and service models and advocate strongly for the needs of rural communities. The establishment of the HLHSN and the development of the Network Clinical Services Plan provide new opportunities to work collaboratively across the region, while our Strategic Plan gives us a clear local direction.

Our challenge — and our opportunity — is to ensure that Corryong Health continues to evolve with our community.

I would like to sincerely thank our staff, volunteers and Board for their commitment throughout what has been a demanding and rewarding year. I also acknowledge our community partners, funding bodies, neighbouring health services and the many organisations and individuals who contribute to the care and wellbeing of people across the Upper Murray.

Most importantly, I thank our community for its continued trust in Corryong Health.

We have a clear purpose, a strong sense of who we are and an opportunity to shape a future that people can access healthcare that matters to them, close to home. I look forward to working with our staff, our Board and our community as we continue this journey together.



Cynthia Robins
Chief Executive Officer
Corryong Health

Statement of Expectation

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

The Hume Local Health Service Network has successfully met all objectives outlined in its Statement of Expectations, demonstrating strong performance across access, equity and flow; workforce; safety and quality; and shared services. Overall, targets have been achieved, supported by the successful recruitment of key Network staff. Where delays have occurred, these have been appropriately communicated to, and endorsed by, the Department of Health.

The Hume Network has established robust collaboration and governance arrangements through a comprehensive foundation process, shaped by active contributions from all member health service Chief Executive Officers and Board Chairs. Broad Health Service representation across committees supports collective, system-focused decision-making, strengthening the Network's ability to respond to challenges and improve health outcomes across Hume. This work has positioned the Network to enable genuine, sustained collaborationThe Network finalised its Strategy 2026–2028 following extensive consultation with members. The Strategy provides a clear three-year roadmap to strengthen collaboration, improve equitable access, and enhance the quality and sustainability of health services across the Network. Bringing together twelve public health services, the Network is focused on improving system effectiveness and efficiency through coordinated planning, shared expertise, and reduced duplication

Workforce Data

Labour Category by Role

Labour Category	June Current Month FTE		Average Monthly FTE	
	2025	2026	2025	2026
Nursing	*21.34*	*28.42*	*22.51*	*28.63*
Administration and clerical	*15.55*	*15.17*	*15.3*	*15.05*
Medical Support	*0.48*	*0.51*	*0.5*	*0.53*
Hotel and Allied Services	*44.99*	*44.74*	*43.73*	*44.56*
Hospital medical Officers	*0.77*	*0.00*	*1.68*	*0.00*
Ancillary Staff (Allied Health)	*7.14*	*7.85*	*7.14*	*7.79*
Total	*90.27**	*96.69**	*90.86**	*96.56**

* agency nurse EFT not included

Labour Category by employment Status

As at June 30 2025		As at 30 June 2026	
Type	Total	Type	Total
Full time	*8*	*Full time*	*10*
Part time	*115*	*Part time*	*117*
Casual	*37*	*Casual*	*33*
Total	*160*	*Total*	*160*

Employee and Conduct Principles

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

Workforce Inclusion/Gender Equality Policy

All Corryong Health Executive, Staff, Volunteers and Board Members have the right to a workplace that is safe and equal, have access to equal opportunities and power, and to be treated with fairness, respect and dignity.

Corryong Health is committed to achieving gender equality through organisational processes, programs and services. It is imperative that we recognise the importance of addressing the underlying causes of gender inequality and strive to remove barriers and implement strategies that address the underlying causes of violence against women and children.

Workplace Diversity, Inclusion and Gender Equality

Corryong Health is committed to fostering a workplace that is culturally safe, inclusive and equitable, where all employees, volunteers and Board Directors are treated with fairness, dignity and respect.

As a defined entity under the Gender Equality Act 2020 (Vic), Corryong Health is committed to advancing gender equality and embedding culturally safe and inclusive practices across our organisation. Through our Gender Equality Action Plan (GEAP), we continue to integrate gender equality considerations into workforce planning, leadership accountability, policies and decision-making processes. Corryong Health is also in the process of developing a second Reflect Reconciliation Action Plan (RAP) in collaboration with Reconciliation Australia (RA) to ensure the organisation continues to mature culturally safe practice and builds a culture free from racism. Key to the development of the Reflect RAP is the honouring of First Nations truth telling and ensuring the organisational vision for reconciliation is built on a foundation of trust and respect.

Workforce Inclusion Target

Corryong Health's workforce inclusion target is to implement and monitor the actions identified within its Gender Equality Action Plan and maintain compliance with obligations under the Gender Equality Act 2020 (Vic)

Progress Towards Target

During 2025-26, Corryong Health continued to progress actions under its Gender Equality Action Plan, including monitoring workforce gender equality indicators, maintaining governance oversight through Executive and Leadership structures, and embedding gender equality considerations into organisational planning and decision-making processes.

Corryong Health successfully met its gender equality reporting obligations during the reporting period. The 2025 Workplace Gender Audit was submitted and assessed as compliant with legislative requirements. Corryong Health also submitted its 2026 Gender Equality Progress Report and revised Gender Equality Action Plan and, at the time of reporting, was awaiting feedback from the Commission for Gender Equality in the Public Sector.

Accountability for gender equality outcomes remains embedded within Executive and Leadership structures, ensuring these priorities are incorporated into strategic and operational planning. As a small rural health service, Corryong Health recognises that meaningful and sustainable change takes time and remains committed to building a culture where diversity is valued, inclusion is promoted, and all people have equitable opportunities to contribute, develop and succeed.

Acknowledgement of Years of Service

Years of Service	Staff member
25 Years	*Tracey Damm*
20 Years	*Kylie Ross*
10 years	*Sam Brown, Mark Suminggao, Fritzie Malenab* *Joanne Beirs*
5 Years	*Tahnia Whitsed, Joanna Cook, Sharon Roberts* *Jennifer Crane, Ron Isaacs, Casidhe Cass* *Val Low, Rebecca Stockdale, Kris Kamba* *Shannen Collins, Sue Isaacs*

Occupational Health and Safety

Corryong Health is a responsible leader in the safety of its employees, consumers and members of the public. The Service complies with the requirements of the *Occupational Health and Safety Act 2004 (Vic)* and the Victorian Occupational Health and Safety Regulations 2017.

Corryong Health continues to work with Health and Safety Representatives to eliminate or mitigate the risk of injury within the workplace. Where injury has occurred, the organisation seeks to achieve the safe, appropriate and timely return to work of its employees.

There remains a strong emphasis on reducing workplace injuries. The Occupational Health and Safety Committee takes a proactive approach to dealing with matters of workplace safety. Staff continue to be encouraged to report incidents and workplace hazards.

Hazard and near miss reporting are encouraged as it allows for the identification and rectification of potential sources of workplace injury.

Corryong Health is taking a proactive approach to injury management and RTW to reduce lost time claims and costs of claims moving forward.

Occupational Health and Safety

Corryong Health complies with the *Occupational Health and Safety Act 2004* and its associated regulations and code of practice to meet the Australian Council of Health Care Standards requirements.

Occupational Health and Safety Statistics			
	2023/24	**2024/25**	**2025/26**
Number of reported hazards/ incidents for the year per 100 FTE	*Incidents 98*	*Incidents 79*	*Incidents 62*
	Hazards 49	*Hazards 50*	*Hazards 33*
Number of lost time standard Workcover claims for the year per 100 FTE	*8.7*	*5.5*	*3.33*
Average cost per WorkCover claim for the year ('000)	*$21*	*$84*	*$102*

Occupational Violence

Occupational Health and Safety Statistics	2024/25	2025/26
Workcover accepted claims with an occupational violence cause per 100 FTE	*0*	*0*
Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked.	*0*	*0*
Number of occupational violence incidents reported	*20*	*34*
Number of occupational violence incidents reported per 100 FTE	*22.01*	*35.21*
Percentage of occupational violence incidents resulting in a staff injury, illness, or condition	*0%*	*0%*

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

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

Consultancies

Consultancies (under $10,000): In 2025-26, there were 10 consultancies under $10,000 (excl. GST). The total expenditure incurred during 2025-26 in relation to these consultancies is $29,534.45 (excl. GST).

Consultancies (valued at $10,000 or greater): In 2025-26, there were two consultancies where the total fees payable to the consultants were $10,000 or greater. The total expenditure incurred during 2025-26 in relation to these consultancies is $33,081.00 (excl. GST).

Consultant	Purpose of Consultant	Start Date	End Date	Total approved project fee (excluding GST)	Expenditure 2025-2026 (excluding GST)	Future expenditure (excluding GST)
Govern With Pty Ltd	*Board Review*	*September 2025*	*30 June 2026*	*$20,000*	*$20,000*	*Nil*
Hume Rural Health Alliance	*Patient Billing & VMO Business Case Development Project*	*February 2026*	*June 26*	*$13,081*	*$13,081*	*Nil*
Total				*$ $33,081*	*$ $33,081*	*Nil*

Information and Communication Technology (ICT) Expenditure

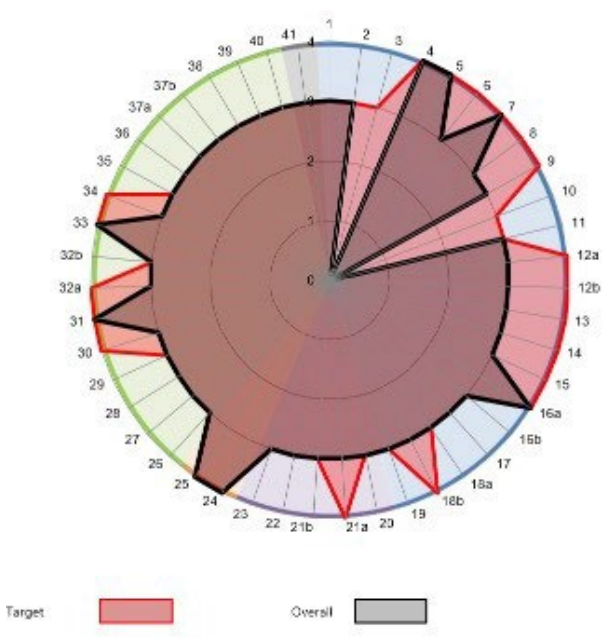
The total ICT expenditure incurred during 2025-26 is $1,683,271.33 (excluding GST) with the details shown below:

Business as Usual (BAU) ICT expenditure	Non-Business as Usual (non BAU) ICT expenditure		
Total (excluding GST) (c)	*Total operational expenditure and capital expenditure, excluding GST (a+b)*	*Operational expenditure (excluding GST) (a)*	*Capital expenditure (excluding GST) (b)*
$1,598,781.49	*$84,489.84*	*$0*	*$84,489.84*

Asset Management Accountability Framework (AMAF)

Maturity Assessment (February 2024): The following sections summarise Corryong Health assessment of maturity against the requirements of the Asset Management Accountability Framework (AMAF). The AMAF is a non-prescriptive, devolved accountability model of asset management that requires compliance with 41 mandatory requirements. These requirements can be found on the DTF website (https://www.dtf.vic.gov.au/infrastructure-investment/asset- management-accountability-framework).

The results are set out in the figure below; The Corryong Health target maturity rating is 'competence', meaning systems and processes fully in place, consistently applied and systematically meeting the AMAF requirement, including a continuous improvement process to expand system performance above AMAF minimum requirements.



Legend	
Status	*Scale*
Not Applicable	*N/A*
Innocence	*0*
Awareness	*1*
Developing	*2*
Competence	*3*
Optimising	*4*
Unassessed	*U/A*

Social Procurement Activities Under the Social Procurement Framework

Corryong Health recognises the importance of our economic ties to the local economy and are committed to a fair, inclusive, and sustainable Victoria. While the principles of socially responsible procurement are applied wherever possible, Corryong Health has not been able to implement all potential actions due to the absence of a dedicated procurement function within its organisational structure.

When considering any contract, Corryong Health considers potential social or economic impacts this may have within the region.

Corryong Health has adopted all Health Services Victoria policies and guidelines into our Procurement Policy , and social procurement criteria will continue to be incorporated and assessed as part of tender processes. Corryong Health has not measured direct social procurement spend during the reporting period.

Social Procurement Framework (SPF) Objective and Outcomes Summary

Description		**Number**	**$**
Aggregate spend			
All suppliers	Number of suppliers	306	
	Total spend with suppliers		$7,149,004.87
Social benefit suppliers	Number of social benefit suppliers	0	
	Total spent with social benefit suppliers		$0
SPF Objective: Opportunities for Victorian Aboriginal people			
Outcome: Purchasing from Victorian Aboriginal businesses	Number of Victorian Aboriginal businesses engaged	0	
	Total expenditure with Victorian Aboriginal businesses (excl. GST)		$0
SPF Objective: Opportunities for Victorians with disability			
Outcome: Purchasing from Victorian social enterprises led by a mission for people with disability and led by Australian Disability Enterprises	Number of Victorian social enterprises led by a mission for people with disability and Australian Disability Enterprises engaged	0	
	Total expenditure with Victorian social enterprises led by a mission for people with disability and Australian Disability Enterprises		$0
SPF Objective: Opportunities for Victorian priority jobseekers			
Outcome: Purchasing from Victorian social enterprises led by a mission for job readiness and employment of Victorian priority jobseekers	Number of Victorian social enterprises led by a mission for job readiness and employment of Victorian priority jobseekers engaged	0	
	Total expenditure Victorian social enterprises led by a mission for job readiness and employment of Victorian priority jobseekers		$0
SPF Objective: Sustainable Victorian social enterprises and Aboriginal businesses			
Outcome: Purchasing from Victorian social enterprises and Aboriginal businesses	Number of Victorian social enterprises engaged	0	
	Total expenditure with Victorian social enterprises (excl.GST)		$0
	Number of Victorian Aboriginal businesses engaged	0	
	Total expenditure with Victorian Aboriginal businesses (excl.GST)		$0

Disclosures Required Under Legislation

Freedom of Information Act 1982

During the year there were no requests for information processed by the Agency under *the Freedom of Information Act 1982*. There were 17 medical record requests for information which were outside the *Freedom of Information Act 1982*.

This information is available on request from the Health Information Management Officer.
Email: Shannyn.Jarvis@corryonghealth.org.au

Building Act 1993

Corryong Health complies with the provisions of the *Building Act 1993* including the regulations of the Act and relevant provisions of the National Construction Code.

Public Interest Disclosure Act 2012

The *Public Interest Disclosure Act 2012* (Vic) enables people to make disclosures about improper conduct within the public sector without fear of reprisal. The Act aims to provide openness and accountability by encouraging people to make disclosures and protecting them when they do so. There have been no public disclosures at Corryong Health.

Statement on National Competition Policy

Corryong Health complies with "Competitive Neutrality Policy Victoria" and all government policies regarding neutrality in regard to tender applications.

Carers Recognition Act 2012

The *Carers Recognition Act 2012* formally acknowledges the important contribution that people in a care relationship make to our community and the unique knowledge that carers hold of the person in their care. The valuable role of the carer has been integrated in the policies and procedures of Corryong Health.

Corryong Health has taken all practical measures to comply with its obligations under the Act. These include (insert or remove whatever is applicable):

- promoting the principles of the Act to people in care relationships who receive our services and to the wider community (e.g. distributing printed material about the Act at community events or service points; providing links to state government resource materials on our website; providing digital and/or printed information about the Act to our partner organisations)
- ensuring our staff have an awareness and understanding of the care relationship principles set out in the Act (e.g. developing and implementing a staff awareness strategy about the principles in the Act and what they mean for staff; induction and training programs offered by the organisation include discussion of the Act and the statement of principles therein)
- 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 satisfaction survey for distribution at assessment and review meetings between workers, carers and those receiving care)
- implementing priority actions in Recognising and supporting Victoria's carers: Victorian carer strategy 2025-2035.

Environmental Performance

ELECTRICITY USE			
EL1 Total electricity consumption segmented by source (MWh)	**Apr-25 to Mar-26**	**Apr-24 to Mar-25**	**Apr-23 to Mar-24**
Purchased	*602.69*	*595.38*	*693.68*
Self-generated	*79.04*	*92.72*	*90.82*
EL1 Total electricity consumption (MWh)	*681.73*	*688.10*	*784.51*
EL2 On site-electricity generated (MWh) segmented by:	**Apr-25 to Mar-26**	**Apr-24 to Mar-25**	**Apr-23 to Mar-24**
Consumption behind-the-meter			
Solar Electricity	*79.04*	*92.72*	*90.82*
Total Consumption behind-the-meter (MWh)	*79.04*	*92.72*	*90.82*
Exports			
Solar Electricity	*5.18*		
Total Electricity exported (MWh)	*5.18*		
EL2 Total On site-electricity generated (MWh)	*84.22*	*92.72*	*90.82*
EL3 On-site installed generation capacity (kW converted to MW) segmented by:	**Apr-25 to Mar-26**	**Apr-24 to Mar-25**	**Apr-23 to Mar-24**
Diesel Generator	*0.33*	*0.33*	*0.33*
Solar System	*0.08*	*0.08*	*0.08*
EL3 Total On-site installed generation capacity (MW)	*0.41*	*0.41*	*0.41*
EL4 Total electricity offsets segmented by offset type (MWh)	**Apr-25 to Mar-26**	**Apr-24 to Mar-25**	**Apr-23 to Mar-24**
LGC's voluntarily retired on the entity's behalf	*390.95*		
RPP (Renewable Power Percentage in the grid)	*106.16*	*110.27*	*130.30*
EL4 Total electricity offsets (MWh)	*497.12*	*110.27*	*130.30*

STATIONARY ENERGY

F1 Total fuels used in buildings and machinery segmented by fuel type (MJ)	Apr-25 to Mar-26	Apr-24 to Mar-25	Apr-23 to Mar-24
LPG	*2,389,077.30*	*1,558,861.90*	*2,092,165.10*
Diesel		*27,020.00*	*46,320.00*
F1 Total fuels used in buildings (MJ)	*2,389,077.30*	*1,585,881.90*	*2,138,485.10*

F2 Greenhouse gas emissions from stationary fuel consumption segmented by fuel type (CO2-e(t))	Apr-25 to Mar-26	Apr-24 to Mar-25	Apr-23 to Mar-24
LPG	*144.78*	*94.47*	*126.79*
Diesel		*1.90*	*3.25*
F2 Greenhouse gas emissions from stationary fuel consumption (CO2-e(t))	*144.78*	*96.36*	*130.04*

TRANSPORTATION ENERGY

T1 Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type (MJ)	Apr-25 to Mar-26	Apr-24 to Mar-25	Apr-23 to Mar-24
Non-executive fleet - Gasoline	*395,488.80*	*91,679.90*	*402,913.60*
Petrol	*395,488.80*	*91,679.90*	*402,913.60*
Non-executive fleet - Diesel	*40,661.30*	*32,068.90*	*81,611.90*
Diesel	*40,661.30*	*32,068.90*	*81,611.90*
Total energy used in transportation (vehicle fleet) (MJ)	*436,150.10*	*123,748.80*	*484,525.50*

T2 Number and proportion of vehicles in the organisational boundary segmented by engine/fuel type and vehicle category	Apr-25 to Mar-26	Apr-24 to Mar-25	Apr-23 to Mar-24
Not reported by Eden Suite			

T3 Greenhouse gas emissions from transportation (vehicle fleet) segmented by fuel type (CO2-e(t))	Apr-25 to Mar-26	Apr-24 to Mar-25	Apr-23 to Mar-24
Non-executive fleet - Gasoline	*26.74*	*23.04*	*27.25*
Petrol	*26.74*	*23.04*	*27.25*
Non-executive fleet - Diesel	*2.86*	*5.83*	*5.75*
Diesel	*2.86*	*5.83*	*5.75*
Total Greenhouse gas emissions from transportation (vehicle fleet) (CO2-e(t))	*29.61*	*28.88*	*32.99*

T4 Total distance travelled by commercial air travel (passenger km travelled for business purposes by entity staff on commercial or charter aircraft)	Apr-25 to Mar-26	Apr-24 to Mar-25	Apr-23 to Mar-24
Total distance travelled by commercial air travel			

T(opt1) Total vehicle travel associated with entity operations (1,000 km)	Apr-25 to Mar-26	Apr-24 to Mar-25	Apr-23 to Mar-24
Total vehicle travel associated with entity operations (1,000 km)			

T(opt2) Greenhouse gas emissions from vehicle fleet (CO2-e(t) per 1,000 km)	Apr-25 to Mar-26	Apr-24 to Mar-25	Apr-23 to Mar-24
CO2-e(t) per 1,000 km			

TOTAL ENERGY USE

E1 Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)	Apr-25 to Mar-26	Apr-24 to Mar-25	Apr-23 to Mar-24
Total energy usage from stationary fuels (F1) (MJ)	*2,389,077.30*	*1,585,881.90*	*2,138,485.10*
Total energy usage from transport (T1) (MJ)	*436,150.10*	*423608.7*	*484,525.50*
Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)	*2,825.277.40*	*1,709,630.70*	*2,623,010.60*

E2 Total energy usage from electricity (MJ)	Apr-25 to Mar-26	Apr-24 to Mar-25	Apr-23 to Mar-24
Total energy usage from electricity (MJ)	*2,454,218.12*	*2,477,154.01*	*2,824,229.87*

E3 Total energy usage segmented by renewable and non-renewable sources (MJ)	Apr-25 to Mar-26	Apr-24 to Mar-25	Apr-23 to Mar-24

Renewable	*2,074,150.30*	*730,748.23*	*796,047.86*
Non-renewable (E1 + E2 - E3 Renewable)	*3,205,295.21*	*3,456,036.48*	*4,651,192.61*

E4 Units of Stationary Energy used normalised: (F1+E2)/normaliser	**Apr-25 to Mar-26**	**Apr-24 to Mar-25**	**Apr-23 to Mar-24**
Energy per unit of Aged Care OBD (MJ/Aged Care OBD)	*479.25*	*539.51*	*595.62*
Energy per unit of LOS (MJ/LOS)	*5,423.62*	*4,924.89*	*5,750.54*
Energy per unit of bed-day (LOS+Aged Care OBD) (MJ/OBD)	*440.34*	*486.24*	*539.72*
Energy per unit of Separations (MJ/Separations)	*39,699.14*	*27,268.70*	*40,677.99*
Energy per unit of floor space (MJ/m2)	*964.61*	*809.21*	*988.39*

SUSTAINABLE BUILDINGS AND INFRASTRUCTURE

B1 Discuss how environmentally sustainable design (ESD) is incorporated into newly completed entity-owned buildings	**Apr-25 to Mar-26**	**Apr-24 to Mar-25**	**Apr-23 to Mar-24**
Not reported by Eden Suite			

B2 Discuss how new entity leases meet the requirement to preference higher-rated office buildings and those with a Green Lease Schedule	**Apr-25 to Mar-26**	**Apr-24 to Mar-25**	**Apr-23 to Mar-24**
Not reported by Eden Suite			

B3 NABERS Energy (National Australian Built Environment Rating system) ratings of newly completed/occupied Entity-owned office buildings and substantial tenancy fit-outs (itemised)	**Apr-25 to Mar-26**	**Apr-24 to Mar-25**	**Apr-23 to Mar-24**
Not reported by Eden Suite			

B4 Environmental performance ratings (eg. NABERS, Green Star, or ISCAIS rating scheme) of newly completed Entity-owned non-office building or infrastructure projects or upgrades with a value over $1 million	**Apr-25 to Mar-26**	**Apr-24 to Mar-25**	**Apr-23 to Mar-24**
Not reported by Eden Suite			

NABERS Energy

B5 Environmental performance ratings achieved for Entity-owned assets portfolio segmented by rating scheme and building, facility, or infrastructure type, where these ratings have been conducted	Apr-25 to Mar-26	Apr-24 to Mar-25	Apr-23 to Mar-24
Not reported by Eden Suite			
Rating scheme			

SUSTAINABLE PROCUREMENT

Nil

WATER USE

W1 Total units of metered water consumed by water source (kL)	Apr-25 to Mar-26	Apr-24 to Mar-25	Apr-23 to Mar-24
Potable water (kL)	*5,967.00*	*4,757.00*	*4,393.00*
Total units of water consumed (kL)	*5,967.00*	*4,757.00*	*4,393.00*

W2 Units of metered water consumed normalised by FTE, headcount, floor area, or other entity or sector specific quantity	Apr-25 to Mar-26	Apr-24 to Mar-25	Apr-23 to Mar-24
Water per unit of Aged Care OBD (kL/Aged Care OBD)	*0.59*	*0.63*	*0.53*
Water per unit of LOS (kL/LOS)	*6.68*	*5.77*	*5.09*
Water per unit of bed-day (LOS+Aged Care OBD) (kL/OBD)	*0.54*	*0.57*	*0.48*
Water per unit of Separations (kL/Separations)	*48.91*	*31.93*	*36.01*
Water per unit of floor space (kL/m2)	*1.19*	*0.95*	*0.87*

WASTE AND RECYCLING

WR1 Total units of waste disposed of by waste stream and disposal method (kg)	Apr-25 to Mar-26	Apr-24 to Mar-25	Apr-23 to Mar-24
Landfill (total)			
Offsite treatment			
Clinical waste - incinerated			*264.58*
Clinical waste - sharps		*22.88*	*88.80*
Clinical waste - treated	*658.62*	*394.18*	*566.25*
Recycling/recovery (disposal)			
Total units of waste disposed (kg)	*658.62*	*417.06*	*919.64*

WR1 Total units of waste disposed of by waste stream and disposal method (%)	Apr-25 to Mar-26	Apr-24 to Mar-25	Apr-23 to Mar-24
Landfill (total)			
General waste			
Offsite treatment			
Clinical waste - incinerated			*28.77%*
Clinical waste - sharps		*5.49%*	*9.66%*
Clinical waste - treated	*100%*	*94.51%*	*61.57%*
Recycling/recovery (disposal)			

WR2 Percentage of office sites covered by dedicated collection services for each waste stream	Apr-25 to Mar-26	Apr-24 to Mar-25	Apr-23 to Mar-24
Not reported by Eden Suite			
Printer cartridges			
Batteries			
e-waste			
Soft plastics			

WR3 Total units of waste disposed normalised by FTE, headcount, floor area, or other entity or sector specific quantity, by disposal method	Apr-25 to Mar-26	Apr-24 to Mar-25	Apr-23 to Mar-24
Total waste to offsite treatment per patient treated ((kg offsite treatment)/PPT)	*0.06*	*0.05*	*0.10*

WR4 Recycling rate (%)	Apr-25 to Mar-26	Apr-24 to Mar-25	Apr-23 to Mar-24
Weight of recyclable and organic materials (kg)			
Weight of total waste (kg)	*658.62*	*417.06*	*919.64*
Recycling rate (%)			

WR5 Greenhouse gas emissions associated with waste disposal (CO2-e(t))	Apr-25 to Mar-26	Apr-24 to Mar-25	Apr-23 to Mar-24
CO2-e(t)	*0.86*	*0.54*	*1.08*

GREENHOUSE GAS EMISSIONS

G1 Total Scope 1 (direct) greenhouse gas emissions (CO2-e(t))	Apr-25 to Mar-26	Apr-24 to Mar-25	Apr-23 to Mar-24
Carbon Dioxide	*173.32*	*124.49*	*162.05*
Methane	*0.49*	*0.32*	*0.43*
Nitrous Oxide	*0.58*	*0.43*	*0.55*
Total	*174.38*	*125.23*	*163.03*
Scope 1 GHG emissions from stationary fuel (F2 Scope 1) (CO2-e(t))	*144.78*	*96.36*	*130.04*
Scope 1 GHG emissions from vehicle fleet (T3 Scope 1) (CO2-e(t))	*29.61*	*28.87*	*32.99*
Medical/Refrigerant gases			
Total Scope 1 (direct) greenhouse gas emissions (CO2-e(t))	*174.38*	*125.23*	*163.03*

G2 Total Scope 2 (indirect electricity) greenhouse gas emissions (CO2-e(t))	Apr-25 to Mar-26	Apr-24 to Mar-25	Apr-23 to Mar-24
The emissions calculation for electricity-related activities uses the market-based method, as opposed to the location-based method used in previous FRD report versions.			
Electricity	*401.91*	*391.87*	*460.83*
Total Scope 2 (indirect electricity) greenhouse gas emissions (CO2-e(t))	*401.91*	*391.87*	*460.83*

G3 Total Scope 3 (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (CO2-e(t))	Apr-25 to Mar-26	Apr-24 to Mar-25	Apr-23 to Mar-24
Commercial air travel			
Waste emissions (WR5)	*0.86*	*0.54*	*1.08*
Indirect emissions from Stationary Energy	*102.84*	*83.85*	*100.54*
Indirect emissions from Transport Energy	*7.51*	*2.13*	*8.34*
Paper emissions		*0.77*	*2.69*
Water emissions	*8.71*	*7.86*	*7.38*
Total Scope 3 greenhouse gas emissions (CO2-e(t))	*119.91*	*95.16*	*120.04*

G(Opt) Net greenhouse gas emissions (CO2-e(t))	Apr-25 to Mar-26	Apr-24 to Mar-25	Apr-23 to Mar-24
Gross greenhouse gas emissions (G1 + G2 + G3) (CO2-e(t))	*696.21*	*591.85*	*743.90*
Any Reduction Measures Offsets purchased (EL4-related)			
Any Offsets purchased	*-359.68*		
Net greenhouse gas emissions (CO2-e(t))	*336.54*	*591.85*	*743.90*

NORMALISATION FACTORS

1000km (Corporate)			
1000km (Non-emergency)			
Aged Care OBD	*10,106.00*	*7,531.00*	*8,332.00*
ED Departures	*0*	*0.00*	*0.00*
FTE	*87.00*	*100*	*102.00*
LOS	*893.00*	*825.00*	*863.00*
OBD	*10,999.00*	*8,356.00*	*9,195.00*
PPT	*11,121.00*	*8,505.00*	*9,317.00*
Separations	*122.00*	*149.00*	*122.00*
TotalAreaM2	*5,021.00*	*5,021.00*	*5,021.00*

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

Additional Information Available on Request

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

- Declarations of pecuniary interests have been duly completed by all relevant officers
- Details of shares held by senior officers as nominee or held beneficially;
- Details of publications produced by the entity about itself, and how these can be obtained;
- Details of changes in prices, fees, charges, rates and levies charged by the Health Service;
- Details of any major external reviews carried out on the Health Service;
- Details of major research and development activities undertaken by the Health Service that are not otherwise covered either in the Report of Operations or in a document that contains the financial statements and Report of Operations;
- Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;
- Details of major promotional, public relations and marketing activities undertaken by the Health Service to develop community awareness of the Health Service and its services;
- Details of assessments and measures undertaken to improve the occupational health and safety of employees;
- General statement on industrial relations within the Health Service and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the Report of Operations;
- A list of major committees sponsored by the Health Service, the purposes of each committee and the extent to which those purposes have been achieved;
- Details of all consultancies and contractors including consultants/contractors engaged, services provided, and expenditure committed for each engagement.

This information is available on request from:

Health Information Management Officer – Shannyn Jarvis
02 6076 3200
shannyn.jarvis@corryonghealth.org.au

Local Jobs First Act 2003

All areas of Corryong Health comply with the regulations within the *Local Jobs First Act 2003*. No projects undertaken by Corryong Health during 2025-26 met the threshold for Local Jobs First Policy application.

Responsible Bodies Declaration and Attestation

Declaration in Report of Operations SD5.2.3

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



Joel Madden

Board Chairperson Corryong Health

At Corryong, 31st August 2026

Financial Management Compliance SD5.1.4

I, Joel Madden, on behalf of the Responsible Body, certify that Corryong Health has no material Compliance Deficiency with respect to the applicable Standing Directions under the *Financial Management Act 1994* and Instructions.



Joel Madden

Board Chairperson Corryong Health

At Corryong, 31st August 2026

Compliance with Health Share Victoria (HSV) Purchasing Policies

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



Cynthia Robins

Chief Executive Officer Corryong Health

At Corryong, 31st August 2026

Data Integrity Declaration

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



Cynthia Robins

Chief Executive Officer Corryong Health

At Corryong, 31st August 2026

Conflict of Interest Declaration

I, Cynthia Robins, certify that Corryong 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 Corryong 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.



Cynthia Robins

Chief Executive Officer Corryong Health

At Corryong, 31st August 2026

Integrity, Fraud and Corruption Declaration

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



Cynthia Robins

Chief Executive Officer Corryong Health

At Corryong, 31st August 2026

Safe Patient Care Act 2015

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

Disclosure Index

The Annual Report of Corryong 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.

For page reference 'FS' - please refer to copy of Corryong Health financial statements

Legislation	Requirement	Page reference
Charter and purpose		
FRD 22	*Manner of establishment and the relevant Ministers*	*4-5*
FRD 22	*Purpose, functions, power and duties*	*5*
FRD 22	*Nature and range of services provided*	*7*
FRD 22	*Activities, programs and achievements for the reporting period*	*11-13, 36-41*
FRD 22	*Significant changes in key initiatives and expectations for the future*	*11-13*
Management and structure		
FRD 22	*Organisational structure*	*8*
FRD 22	*Workforce data/employment and conduct principles*	*14*
FRD 22	*Workforce Inclusion Policy*	*15*
FRD 22	*Occupational Health and Safety*	*17*
Financial information		
FRD 22	*Summary of the financial results for the year*	*39*
FRD 22	*Significant changes in financial position during the year*	*39*
FRD 22	*Operational and budgetary objectives and performances against objectives*	*38-39*
FRD 22	*Subsequent events*	*N/A*
FRD 22	*Details of consultancies over $10,000*	*19*
FRD 22	*Details of consultancies under $10,000*	*19*
FRD 22	*Disclosure of ICT expenditure*	*20*
FRD 22	*Asset Management Accountability Framework*	*20*
FRD 22	*Disclosure of social procurement activities under the Social Procurement Framework*	*21*
FRD 22	*Reviews and Studies expenditure*	*N/A*
FRD 22	*Grants and transfer payments*	*N/A*
FRD 22	*Application and operation of Freedom of Information Act 1982*	*22*
FRD 22	*Compliance with building and maintenance provisions of Building Act 1993*	*22*
FRD 22	*Application and operation of Public Interest Disclosure Act 2012*	*22*
FRD 22	*Statement on National Competition Policy*	*22*
FRD 22	*Application and operation of Carers Recognition Act 2012*	*22*
FRD 22	*Additional Information available on request*	*31*
FRD 24	*Environmental data reporting*	*23-30*
FRD 25	*Local Jobs First Act 2003 disclosures*	*31*

Compliance attestation and declaration

SD 5.1.4	*Financial Management Compliance attestation*	*32*
SD 5.2.3	*Declaration in Report of Operations*	*32*
	Attestation on Data Integrity	*33*
	Attestation on managing Conflicts of Interest	*33*
	Attestation on Integrity, Fraud, and Corruption	*33*
	Compliance with Health Share Victoria (HSV) Purchasing Policies	*32*

Other Reporting Requirements

	Reporting of outcomes from Strategic Priorities 2025-2026	*36-37*
	Occupational Violence Reporting	*18*
	Reporting obligations under the Safe Patient Care Act 2015	*33*

Financial Statements

SD 5.2.2	*Declaration of financial statements*	*Appendix 1*
SD 5.2.1 (a)	*Compliance with Australian accounting standards and other authoritative pronouncements*	*Appendix 1*
SD 5.2.1 (b)	*Compliance with Standing Directions*	*Appendix 1*
SD 5.2.1 (c)	*Compliance with Model Financial Report*	*Appendix 1*
FRD 11	*Disclosure of Ex gratia Expenses*	*Appendix 1*
FRD 103	*Non-Financial Physical Assets*	*Appendix 1*
FRD 110	*Cash Flow Statements*	*Appendix 1*
FRD 112	*Defined Benefit Superannuation Obligations*	*Appendix 1*
FRD 114	*Financial Instruments – general government entities and public non-financial corporations*	*Appendix 1*
Legislation		
	Freedom of Information Act 1982 (Vic) (FOI Act)	*22*
	Building Act 1993	*22*
	Public Interest Disclosures Act 2012	*22*
	Carers Recognition Act 2012	*22*
	Local Jobs Act 2003	*31*
	Financial Management Act 1994	*32*

Corryong Health Key Achievement Reporting

The 2025–26 financial year marked an important transition for Corryong Health, with the development and launch of the **Corryong Health Strategic Plan 2026–2029**. Four key pillars have been determined within the new strategic vision — **Community, Quality, Culture and Network** — providing a framework for our future direction and reflect our commitment to meeting community need. Corryong Health is proud to continue building a skilled and capable workforce to deliver Safe, Timely, Effective, Efficient, Equitable, Patient-centred (STEEEP) care, while strengthening our role within the Hume Local Health Service Network (HLHSN). Outlined are a number of key achievements that establish the foundations for implementing the Strategic Plan, though importantly, demonstrate that Corryong Health is moving from being primarily 'service' focused to being strategically focused on communtiy need, quality, culture and connection.

Strategic Objective	Action	Deliverable	Outcome
COMMUNITY *Proactively understand and respond to community needs*	*Strengthen consumer voice and community engagement*	*Continued development of Community Net Promoter Score (NPS) and consumer feedback mechanisms*	*Improved visibility of consumer experience and establishment of a stronger baseline for measuring community confidence and experience*
COMMUNITY *Improve access to healthcare that matters to our community*	*Continue to develop services around identified community need*	*Development of opportunities for expanded paediatric Speech Pathology and Occupational Therapy services*	*A clear service development priority established in response to identified local need among children and families*
COMMUNITY *Support people to remain healthy, independent and connected*	*Strengthen community-based and home support services*	*Continued delivery across District Nursing, Allied Health, Aged and Disability services.*	*Maintained access to a broad range of supports enabling people to receive care in their community*
COMMUNITY *Strengthen inclusion and culturally safe care*	*Progress reconciliation and diversity initiatives*	*Reflect Reconciliation Action Plan Working Group established; Diversity and Inclusion Committee embedded; Gender Equality Action Plan approved*	*Strengthened organisational focus on inclusion, reconciliation and culturally responsive care*
QUALITY *Provide accessible, safe, high-quality and person-centred care*	*Strengthen clinical governance and quality systems*	*Diagnostic review of clinical and care quality systems completed and improvement priorities identified*	*Clear improvement priorities established to strengthen clinical governance, quality and safety*
QUALITY *Maintain confidence in the safety of our services*	*Continue accreditation and quality assurance*	*Successful external assessment against the National Safety and Quality Health Service Standards, General Practice and National Disability Insurance Scheme (NDIS) accreditation*	*Demonstrated compliance with contemporary quality and safety requirements and strengthened community confidence*
QUALITY *Strengthen service oversight and accountability*	*Improve access to meaningful performance information*	*Allied Health average wait-time reporting introduced; quality and performance reporting strengthened*	*Improved visibility of service access, waiting times and opportunities for improvement*

QUALITY *Provide safe infrastructure and care environments*	*Respond to new National Infection Prevention and Control Standards*	*Perioperative services paused pending infrastructure redevelopment and funding application*	*Safety risks addressed proactively while planning for a compliant future Theatre Complex*
CULTURE *Build a workforce that is proud, respected and empowered*	*Strengthen workforce capability and availability*	*Relationships with regular locum GPs strengthened, continued utilisation of Victorian Virtual Emergency Department (VVED), implementation of Telecare and two Nurse Practitioner Candidates commenced*	*Increased medical workforce capacity and improved continuity of access to care*
CULTURE *Support organisational resilience and adaptability*	*Respond to the January 2026 Walwa River Road fire and site evacuation*	*Coordinated evacuation and continuity-of-care response*	*Staff demonstrated exceptional collaboration, adaptability and collegiality during a significant emergency event*
CULTURE *Strengthen workforce inclusion and wellbeing*	*Embed organisational culture initiatives*	*Diversity and Inclusion Committee established and Gender Equality Action Plan approved*	*Strengthened organisational commitment to an inclusive and supportive workplace that embodies a just culture*
CULTURE *Embed the new organisational purpose, values and strategic direction*	*Engage teams in implementation of the Strategic Plan 2026–2029*	*Strategic Plan launched and implementation commenced across the organisation*	*Shared direction established around the purpose, vision and values of Adaptability, Integrity and Safety*
NETWORK *Be an essential contributor to the Hume Local Health Service Network*	*Participate in establishment of the Hume Local Health Service Network*	*Joint Venture Agreement commenced across 12 public health services*	*Strengthened regional collaboration and created opportunities for coordinated service planning and care pathways*
NETWORK *Strengthen connections across the health and community system*	*Develop and strengthen partnerships and referral pathways*	*Continued collaboration with regional health, community and support organisations*	*Improved capacity to connect people with services locally and through broader network linkages*
NETWORK *Maintain access through innovative models of care*	*Diversify medical workforce and service delivery models*	*Continued use of Telecare, VVED and locum workforce arrangements*	*Maintained access to essential medical services despite rural workforce shortages*
NETWORK *Strengthen organisational capability through shared planning*	*Contribute to development of the Network Clinical Services Plan*	*Participation in development of Clinical Services Plan and Network workforce priorities*	*Established a stronger regional framework for future service, workforce and care pathway planning*

Performance Priority Reporting

Quality and Safety

Quality and Safety		
Key Performance Indicator	**Target**	**Result**
Health Service Accreditation	*Full compliance*	*99%*
Compliance with the Hand Hygiene Australia Program	*85%*	*87.9%*
Percentage of healthcare workers immunised for influenza	*94%*	*99%*
Victoria Healthcare Experience Survey – patient experience	*95% Positive Experience*	*N/A***

*****Less than 10 responses received for the period due to the relative size of the health service.*

Strong Governance, Leadership and Culture

Organisational Culture		
Key Performance Indicator	**Target**	**Result**
Percentage of staff with an overall positive response to safety culture questions in People Matter Survey	*80%*	*65%*
Percentage of workers reporting nil or lo/mild work-related stress	*72%*	*54%*

Effective Financial Management

Budget and Cash Management		
Key Performance Indicator	**Target**	**Result**
Operating result ($m)	*0*	*0.64*
Average number of days to pay trade creditors	*60 days*	*21 days*
Average number of days to receive patient fee debtors	*60 days*	*10 days*
Adjusted current asset ratio	*0.7*	*0.68*
Forecast number of days available cash, measured on the last day of each month	*14 days*	*-11.3 days*

Note: 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.

Comparative Financial Analysis

Comparative Financial Analysis					
	2026 $'000	2025 $'000	2024 $'000	2023 $'000	2022
Net Operating Result	*644*	*-746*	*-943*	*727*	*$'000*
Total Revenue	*18,918*	*17,450*	*16,722*	*15,990*	*-130*
Total Expenses	*-20,101*	*-19,975*	*17,914*	*15,675*	*14,985*
Net Result from Transaction	*-1,183*	*-2,525*	*-1,192*	*315*	*16,109*
Total Other Economic Flows	*-5*	*45*	*102*	*-52*	*-1,124*
Net Result	*-1,188*	*-2,480*	*-1,090*	*263*	*26*
Total Assets	*18,162*	*18,983*	*21,777*	*18,477*	*-1,098*
Total Liabilities	*7,294*	*6,927*	*7,241*	*6,795*	*17,719*
Net Assets/Total Equity	*10,868*	*12,056*	*14,536*	*11,682*	*6,300*

Reconciliation between the Net Result from transactions reported in the financial statements to the operating result	
*Net Operating Result**	*644*
Capital Purpose Income	*349*
COVID 19 State Supply Arrangements	*0*
State Supply Items Consumed up to 30th June 2025	*0*
Expenditure for Capital Purposes	*-349*
Depreciation	*-1827*
Net Result from Transaction	*-1183*

Donations and Contributions

Donations and Contributions		
Donor	**Application**	**Amount**
Push-a-thon	*Acute / UCC Equipment*	*14,526.12*
Court Fund	*Social Work*	*5,000.00*
Beef-It-Up	*Mental Health*	*4,200.00*
Anon	*Unspecified*	*100.00*
Anon	*Mental Health*	*135.20*
Bequest - K Turner	*Residential Aged Care*	*53,606.81*
A Vafiadis	*Residential Aged Care*	*500.00*
Ian Clarke & Family	*Residential Aged Care*	*50.00*
CNC	*Unspecified*	*5,000.00*
Susan Henshall	*Social Work*	*60.00*

Hospital Fees

Corryong Health charges fees in accordance with the Department of Health, Victoria directives issued under Section 9 of the Hospital and Charities (Fees) Regulations 1986 (as amended).

Cleaning Standards

In all areas Corryong Health has performed above the State benchmark. Corryong Health achieved an average score of 99.5% for very high-risk areas the state bench mark for very high risk is a score of 90%. State bench mark score for high, moderate and low risk area is 85%. Corryong Health have scored these functional areas 98.7% for high areas, 98.3% for moderate risk areas, and 99.7% for low risk areas.

Food Safety

Food Safety ACTS as an external independent auditor of food safety standards on behalf of Towong Shire Council certified Corryong Health on 24th June 2026 to be compliant with the *Food Act 1984 (Vic)* which covers the requirements and FSANZ standards applicable under the State of Victoria.

Infection Control

Corryong Health infection rates are below comparative rates across VictoriaCorryong Health participates in a range of established infection prevention and surveillance programs, including the National Hand Hygiene Initiative, Regional Victorian comparative audits, Antimicrobial Stewardship Audits, and VICNISS surveillance. These programs support continuous improvement and enable benchmarking against peer healthcare services. Corryong Health continues to meet all infection prevention and control requirements in accordance with NSQHS Standard 3 accreditation standards

Staff Credentialing

All clinical staff employed by Corryong Health must have the appropriate qualifications and skills, which are assessed prior to the person starting work. Visiting Medical Officers and employed Medical Officers are credentialled by a credentialing committee chaired by the Director of Medical Services, with an independent medical expert member, a Board member and Executive. Annual review of medical indemnity insurance, medical registration and training attended is completed and recorded.

Multi-Purpose Performance Priorities

Flexible Aged Care Places

Number of Funded, and utlilisation of, flexible aged care places		
Campus	**Number**	**Utilisation**
Residential Age Care	*34*	*81.81%*
Respite	*0*	*100%*
	100% - Residential Aged Care Respite included in above	
Flexible Home Care	*8*	*25%*
Other Community Services	*0*	*0*
Total	*60*	

**Utilisation was reduced in 2026 due to the impact of the Bushfire Evacuation in January 2026*

Acute Care Activity

Acute Care Activity		
Service	**Type of Activity**	**Actual Activity 2025-26**
Medical Inpatients	*Bed Days*	*957*
Urgent Care Centre	*Presentations*	*982*
Radiology	*Number of Clients*	*1240*
District Nursing	*Occasions of Service*	*1980*

Primary Health Care Activity

Primary Health Care Activity	
Service	**Total Attendees**
Diabetes Education	*297*
Exercise Physiology	*1482*
Medical Attendances	*12434*
Mental Health	*380*
Chronic Disease Management	*214*
Practice Nurse	*2807*
Occupational Therapy	*610*
Physiotherapy	*1781*
Social Worker	*491*
Podiatry	*0*

Appendix 1: Financial Reporting

Independent Auditor's Report

Victorian Auditor-General's Office

To the Board of Corryong Health

Opinion	I have audited the financial report of Corryong 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 (and 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
9 September 2026

Simone Bohan
as delegate for the Auditor-General of Victoria

Financial Statements
Financial Year ended 30 June 2026

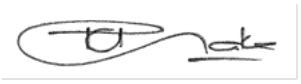
Board member's, accountable officer's, and chief finance & accounting officer's declaration

The attached financial statements for Corryong 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 Corryong 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 31st August, 2026.

Board member	**Accountable Officer**	**Chief Finance & Accounting Officer**
		
Joel Madden	Cynthia Robins	Kerrie Clarke
Chair	Chief Executive Officer	Chief Financial Officer
Corryong 31st August, 2026	Corryong 31st August, 2026	Corryong 31st August, 2026

	Note	2026 $'000	2025 $'000
Revenue and income from transactions			
Revenue from contracts with customers	2.1 (a)	7,241	7,195
Government Grants	2.1 (b)	9,126	8,552
Other sources of income	2.1 (c)	2,551	1,703
Total revenue and income from transactions		**18,918**	**17,450**
Expenses from transactions			
Employee expenses	3.1 (a)	(14,075)	(14,156)
Supplies and consumables	3.1 (c)	(1,060)	(1,067)
Depreciation	4.1(a)	(1,827)	(1,779)
Other operating expenses	3.1 (d)	(3,139)	(2,973)
Total expenses from transactions		**(20,101)**	**(19,975)**
Net result from transactions - net operating balance		**(1,183)**	**(2,525)**
Other economic flows included in net result			
Net gain/(loss) on sale of non-financial assets		9	37
Net gain/(loss) on financial instruments		(14)	8
Total other economic flows included in net result		**(5)**	**45**
Net result		**(1,188)**	**(2,480)**
Comprehensive result		**(1,188)**	**(2,480)**

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

	Note	2026 $'000	2025 $'000
Financial assets			
Cash and cash equivalents	6.1	3,395	3,555
Receivables	5.1	654	492
Total financial assets		**4,049**	**4,047**
Non-financial assets			
Prepayments		29	22
Property, plant and equipment	4.1	14,068	14,914
Other assets		16	-
Total non-financial assets		**14,113**	**14,936**
Total assets		**18,162**	**18,983**
Liabilities			
Payables	5.2	1,512	1,793
Contract liabilities		586	351
Borrowings		381	377
Employee benefits	3.1(b)	2,238	2,137
Monies held in trust	5.3	2,577	2,269
Total liabilities		**7,294**	**6,927**
Net assets		**10,868**	**12,056**
Equity			
Reserves		14,031	14,031
Contributed capital		4,909	4,909
Accumulated surplus/(deficit)		(8,072)	(6,884)
Total equity		**10,868**	**12,056**

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

	Note	2026 $'000	2025 $'000
Cash flows from operating activities			
Receipts from Government		13,524	12,673
Commercial activity revenue received		200	191
GST received from ATO		411	22
Other receipts		4,608	4,450
Total receipts		**18,743**	**17,336**
Payments to employees		(14,140)	(14,190)
Payments to suppliers and consumables		(1,991)	(1,711)
Other payments		(2,740)	(2,236)
Total payments		**(18,872)**	**(18,137)**
Net cash flows from/(used in) operating activities		**(129)**	**(801)**
Cash flows from investing activities			
Proceeds from sale of non-financial assets		37	95
Purchase of non-financial assets		(404)	(169)
Other capital receipts		119	135
Net cash flows from/(used in) investing activities		**(248)**	**61**
Cash flows from financing activities			
Repayment of borrowings and principal portion of lease liabilities		(91)	(121)
Repayment of accommodation deposits		(932)	(939)
Receipt of accommodation deposits		1,240	515
Net cash flows from/(used in) financing activities		**217**	**(545)**
Net increase/(decrease) in cash and cash equivalents held		**(160)**	**(1,285)**
Cash and cash equivalents at beginning of year		3,555	4,840
Cash and cash equivalents at end of year	6.1	**3,395**	**3,555**

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

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

	Property, Plant and Equipment Revaluation Surplus $'000	Contributed Capital $'000	Accumulated Surplus/(Deficit) $'000	Total $'000
Balance at 1 July 2024	**14,031**	**4,909**	**(4,404)**	**14,536**
Net result for the year	-	-	(2,480)	(2,480)
Balance at 30 June 2025	**14,031**	**4,909**	**(6,884)**	**12,056**
Net result for the year	-	-	(1,188)	(1,188)
Balance at 30 June 2026	**14,031**	**4,909**	**(8,072)**	**10,868**

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

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 Corryong Health for the year ended 30 June 2026.

Corryong Health is a not-for-profit entity established as a public agency on 11th May, 1995 under the *Health Services Act 1988* (Vic). A description of the nature of its operations and its principal activities is included in the Report of Operations, which does not form part of these financial statements.

This section explains the basis of preparing the financial statements.

Note 1.1 Basis of preparation

These financial statements are Tier 2 general purpose financial statements which have been prepared in accordance with AASB 1060 *General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities* (AASB 1060) and Financial Reporting Direction 101 *Application of Tiers of Australian Accounting Standards* (FRD 101).

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

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

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

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

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

The financial statements are presented in Australian dollars.

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

The annual financial statements were authorised for issue by the Board of Corryong Health on 31st August, 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 Corryong Health.

Corryong Health's principal address is:

20 Kiell Street
Corryong, Victoria 3707.

Note 1.4 Economic dependency

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

Note 2 Funding delivery of our services

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

Significant judgement - Grant revenue

Corryong 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)	7,241	7,195
Government Grants	2.1(b)	9,126	8,552
Other sources of income	2.1(c)	2,551	1,703
Total revenue and income from transactions		**18,918**	**17,450**

Note 2.1(a) Revenue from contracts with customers

	2026 $'000	2025 $'000
Government grants (Commonwealth) - Operating	4,163	4,102
Patient and resident fees	1,674	1,559
Private practice fees	1,204	1,343
Commercial activities	200	191
Total revenue from contracts with customers	**7,241**	**7,195**

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

Government grant	Performance obligation
Primary Health Network Funding	Corryong Health receives Commonwealth funding for provision of services to clients requiring assistance under the primary healthcare model. These performance obligations have been selected as they align with the fundholders requirements for the provision of funds. Corryong Health exercises judgement over whether performance obligations are met. This is measured by reference to financial reports detailing expenditure and activity numbers relating to client services.
Commonwealth Residential Aged Care Grants	Funding is provided for the provision of care for aged care residents within facilities at Corryong Health. The performance obligations include provision of residential accommodation and care from nursing staff and personal care workers. Revenue is recognised at the point in time when the service is provided within the residential aged care facility.
Commonwealth CHSP	The Commonwealth Home Support Program provides entry level support for older people who need help to stay at home. Corryong Health is required to perform a set number of unit deliveries. Revenue is recognised as the delivery of services under the funding arrangement is incurred.

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.

Private practice fees

Private practice fees include recoupments from various private practice organisations for the use of hospital facilities. Private practice fees are recognised at a point in time as the performance obligation, the provision of facilities, is provided to customers.

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

Note 2.1(b) Government Grants

	Note	2026 $'000	2025 $'000
Government grants (State) - Operating		7,970	7,632
Government grants (Commonwealth) - Operating		926	890
Government grants (State) - Capital		230	30
Total Government grants		**9,126**	**8,552**

How we recognise Government grants

Government grants

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

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

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

Note 2.1(c) Other sources of income

	Note	2026 $'000	2025 $'000
Other capital purpose income		119	135
Other income from non-operating activities		1,757	1,341
Income from non-operating activities		675	227
Total other sources of income		**2,551**	**1,703**

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)	14,075	14,156
Supplies & Consumables	3.1(c)	1,060	1,067
Other operating expenses	3.1(d)	3,139	2,973
Total expenses incurred in the delivery of services		**18,274**	**18,196**

Note 3.1(a) Employee expenses

	2026 $'000	2025 $'000
Salaries and wages	9,314	9,804
Superannuation expense [(1)]	1,034	1,054
Agency expenses	2,628	2,597
Fee for service medical officer expenses	1,099	701
Total employee expenses	**14,075**	**14,156**

[(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	17	16
Annual leave	775	747
Long service leave	963	929
Provision for on-costs	254	225
Total current provisions for employee benefits	**2,009**	**1,917**
Non-current provisions for employee benefits		
Long service leave	200	193
Provision for on-costs	29	27
Total non-current provisions for employee benefits	**229**	**220**
Total provisions for employee benefits	**2,238**	**2,137**

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

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

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

Note 3.1(c) Supplies and consumables

	2026 $'000	2025 $'000
Drug supplies	55	48
Medical and surgical supplies (including Prostheses)	144	218
Diagnostic and radiology supplies	35	94
Other supplies and consumables	826	707
Total supplies and consumables	**1,060**	**1,067**

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	249	222
Repairs and maintenance	167	221
Maintenance contracts	158	154
Medical indemnity insurance	79	148
Other administration expenses	2,473	2,220
Finance costs	13	8
Total other operating expenses	**3,139**	**2,973**

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 Corryong 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

Corryong 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 Corryong 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	768	768	-	-	768	768
Land at fair value - Freehold	510	510	-	-	510	510
Buildings at fair value	12,605	12,589	(2,633)	(1,276)	9,972	11,313
Works in progress at cost	122	-	-	-	122	-
Plant, equipment and vehicles at fair value	6,357	8,738	(3,661)	(6,415)	2,696	2,323
Total property, plant and equipment	**20,362**	**22,605**	**(6,294)**	**(7,691)**	**14,068**	**14,914**

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	**1,278**	**11,313**	**-**	**2,323**	**14,914**
Additions	-	17	122	360	499
Disposals	-	-	-	(28)	(28)
Adjustments [(i)]	-	-	-	526	526
Net transfers between classes (available for sale)	-	-	-	(16)	(16)
Depreciation	-	(1,358)	-	(469)	(1,827)
Balance at 30 June 2026	**1,278**	**9,972**	**122**	**2,696**	**14,068**

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, Corryong 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 Corryong Health's revaluation cycle.

[(i)] An adjustment has been made to plant, equipment and vehicles following the completion of an asset stocktake and reconciliation against accounting records. The value of the adjustment has been recognised in the Operating Statement as non-operating revenue.

4.1(b) Impairment of property, plant and equipment

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

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

Note 4.2 Depreciation

How we recognise depreciation

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

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

Useful lives of non-current assets

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

	2026	2025
Buildings	7 - 50 years	7 - 50 years
Plant, equipment and vehicles (including leased assets)	3 - 30 years	3 - 30 years

Note 5 Other assets and liabilities

This section sets out those assets and liabilities that arose from Corryong 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		17	14
Trade receivables		493	321
Allowance for impairment losses		(21)	(8)
Total contractual receivables		**489**	**327**
Statutory			
GST receivable		165	165
Total statutory receivables		**165**	**165**
Total current receivables		**654**	**492**
Total receivables		**654**	**492**
(i) Financial assets classified as receivables			
Total receivables		654	492
GST receivable		(165)	(165)
Total financial assets classified as receivables	7.1	**489**	**327**

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		845	904
Accrued salaries and wages		370	536
Accrued expenses		107	96
Other		190	257
Total contractual payables		**1,512**	**1,793**
Total payables		**1,512**	**1,793**
(i) Financial liabilities classified as payables			
Total payables		1,512	1,793
Total financial liabilties classified as payables	7.1	**1,512**	**1,793**

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

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

Note 5.3 Monies held in trust

	Note	2026 $'000	2025 $'000
Current monies held in trust			
Refundable accommodation deposits		2,577	2,269
Total current monies held in trust		**2,577**	**2,269**
Total other liabilities		**2,577**	**2,269**
*** Represented by:**			
- Cash assets		2,577	2,269
		2,577	**2,269**

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

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

Note 6 How we finance our operations

This section provides information on the sources of finance utilised by Corryong Health during its operations, along with interest expenses (the cost of borrowings) and other information related to financing activities of Corryong 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 at bank (excluding monies held in trust)		818	1,286
Total cash held for operations		**818**	**1,286**
Cash at bank (monies held in trust)		2,577	2,269
Total cash held as monies in trust	5.3	**2,577**	**2,269**
Total cash and cash equivalents	7.1	**3,395**	**3,555**

Note 6.2 Commitments for expenditure

30 June 2026	Less than 1 year $'000	1-5 Years $'000	Over 5 years $'000	Total $'000
Capital expenditure commitments	358	-	-	358
Non-cancellable short term and low value lease commitments	15	12	-	27
Total commitments (inclusive of GST)	**373**	**12**	**-**	**385**
Less GST recoverable				(35)
Total commitments (exclusive of GST)				**350**

30 June 2025	Less than 1 year $'000	1-5 Years $'000	Over 5 years $'000	Total $'000
Non-cancellable short term and low value lease commitments	28	4	-	32
Total commitments (inclusive of GST)	**28**	**4**	**-**	**32**
Less GST recoverable				(3)
Total commitments (exclusive of GST)				**29**

How we disclose our commitments

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

Expenditure commitments

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

Note 7 Financial instruments, contingencies and valuation judgements

Corryong 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 Corryong 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	3,395	-
Receivables	5.1	489	-
Total financial assets [i]		**3,884**	**-**
Financial liabilities at amortised cost			
Payables	5.2	1,512	-
Borrowings		381	(13)
Other financial liabilities - Refundable Accommodation Deposits	5.3	2,577	-
Total financial liabilities [i]		**4,470**	**(13)**

[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	3,555	-
Receivables	5.1	327	-
Total financial assets [i]		**3,882**	**-**
Financial liabilities at amortised cost			
Payables	5.2	1,793	-
Borrowings		377	(8)
Other financial liabilities - Refundable Accommodation Deposits	5.3	2,269	-
Total financial liabilities [i]		**4,439**	**(8)**

[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 Corryong Health solely to collect the contractual cash flows.

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.

Corryong 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.

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

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

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

Reclassification of financial instruments

A financial asset is required to be reclassified between amortised cost, fair value through net result and fair value through other comprehensive income when, and only when, Corryong 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.

Corryong 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.

Corryong 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 Corryong 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 Corryong 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, Corryong 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, Corryong 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 Corryong 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. Corryong 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 Corryong 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 - 50 years (45 years)
Vehicles	Current replacement cost approach	Cost per unit Useful life	$9,000 - $10,000 ($9,500 per unit) 3 - 5 years (3 years)
Plant, equipment, furniture and fittings	Current replacement cost approach	Cost per unit Useful life	$3,000 - $4,000 ($3,500 per unit) 3 - 30 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 Corryong 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	
I. Cesa	1 Jul 2025 - 30 Jun 2026
I. Buffier	1 Jul 2025 - 30 Jun 2026
S. Jevtic	1 Jul 2025 - 30 Jun 2026
S. Crowther	1 Jul 2025 - 30 Jun 2026
C. Wisdom	1 Jul 2025 - 30 Jun 2026
J. Ginpil	1 Jul 2025 - 30 Jun 2026
R. Fry	1 Jul 2025 - 30 Jun 2026
S. Robinson	1 Jul 2025 - 30 Jun 2026
J. Madden	1 Jul 2025 - 30 Jun 2026
Accountable Officers	
C. Robins (Chief Executive Officer)	27 Oct 2025 - 30 Jun 2026
G. Pullen (Chief Executive Officer)	1 Jul 2025 - 26 Oct 2025

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

Income Band	2026 No	2025 No
$0 - $9,999	9	9
$40,000 - $49,999	-	1
$110,000 - $119,999	1	-
$140,000 - $149,999	1	-
$200,000 - $209,999	-	1
Total Numbers	**11**	**11**

	2026 $'000	2025 $'000
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	**290**	**286**

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

Note 8.3 Remuneration of executives

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

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

Several factors affected total remuneration payable to executives over the year. An interim executive officer position ceased to exist during 2026 and was replaced with a permanent position at award rates. This has had a significant impact on remuneration figures for the current year.

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

	Total Remuneration	
	2026 $'000	2025 $'000
Total remuneration [i]	395	462
Total number of executives	3	2
Total annualised employee equivalent [ii]	1.9	1.6

[i] The total number of executive officers includes persons who meet the definition of Key Management Personnel (KMP) of Corryong 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

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

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

Significant transactions with government related entities

Corryong Health received funding from government related entities of $8.20 m (2025: $7.66 m).

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

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

Entity	**KMPs**	Position Title
Corryong Health	J. Madden	Chair of the Board
Corryong Health	I. Cesa	Board Member
Corryong Health	I. Buffier	Board Member
Corryong Health	S. Jevtic	Board Member
Corryong Health	S. Crowther	Board Member
Corryong Health	C. Wisdom	Board Member
Corryong Health	J. Ginpil	Board Member
Corryong Health	R. Fry	Board Member
Corryong Health	S. Robinson	Board Member
Corryong Health	G. Pullen	Chief Executive Officer (to 26/10/25)
Corryong Health	C. Robins	Chief Executive Officer (from 27/10/25)
Corryong Health	A. Ginger	Director of Quality, Safety & Risk (to 07/10/25)
Corryong Health	T. Kissane	Director of Corporate Services
Corryong Health	S. Brown	Director of Nursing (from 27/10/2025)

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]	685	748

[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 Corryong 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 Corryong 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	27	24
Total remuneration of auditors	**27**	**24**

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 %
Hume Rural Health Alliance	Information Technology Services	4.75	4.43

	2026 $'000	2025 $'000
Total revenue and income	1,157	696
Total expenses	(1,232)	(797)
Total net result	(75)	(101)
Total other economic flows	-	-
Comprehensive result for the year	(75)	(101)
Total assets	686	763
Total liabilities	579	582
Total equity	107	181

Contingent liabilities and capital commitments

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