Dhelkaya Health

2025/26 ANNUAL REPORT



dhelkayahealth.org.au

Acknowledgement of Country

Dhelkaya Health is located on the traditional lands of the Djaara people. We pay our respects to their Elders past and present, and acknowledge all Aboriginal and Torres Strait Islander peoples as the First Peoples of this nation. Dhelkaya Health is committed to achieving equality in health status between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians.



Photo credit: Bette Devine



Our services are delivered on the traditional lands of the Dja Dja Wurrung people.
Artist: Kerri Douglas

Dhelkaya Health acknowledges the support of the Victorian Government

Acknowledgements and Feedback

We wish to thank everyone who contributed to this report – staff, members of the community, volunteers and clients.

We value your comments and feedback, so please get in touch:

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Photo credit: Bette Devine

Our Care – A Snapshot

6,470
Urgent Care Centre presentations

Geroe admitted patients
868

370
Connolly admitted patients

Operations performed
3,282

Pregnancy & post-natal care appointments
2,155

Births
67

Outpatient appointments
28,626

16,350
Community & social support attendances

410
Residential care residents

Community nursing home visits
26,725

282,715
Meals prepared

Hospital in the home days of care
1,087

Our Purpose, Values and Promise

The 2025-26 year marks the third and final year of our 2023-26 Strategic Plan. During this time, we have continued to make strong progress across our four strategic priorities: 'Local care for local people', 'A shared future', 'One Dhelkaya', and 'People first'.

To support these priorities, a number of key plans and frameworks have been finalised, providing a strong foundation for our future direction. Throughout the implementation of our strategy, we have remained committed to transparency and accountability, regularly sharing updates on our progress through news releases, our website, and social media channels. Community representatives have also played an important role in communicating and shaping our work through committees such as the Community Advisory Committee and the Health Equity and Community Wellbeing Committee, ensuring community voices remain at the heart of our decision-making.

OUR PURPOSE AND ROLE

Healthier Together – We engage and empower individuals and community

Our values

Our 'Breakthrough Values' are beliefs that are shared, and visible as behaviours, and that propel us to our desired future. These are:



Empathetic

We are caring, compassionate and kind



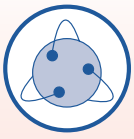
Inclusive

We are welcoming, trustworthy and warm



Professional

We are dependable, expert and ethical



Transformative

We are curious, progressive and creative

Our core values

- Responsiveness
- Integrity
- Impartiality
- Accountability
- Respect
- Leadership
- Human rights

Our promise

- We're here for you
- We listen
- We respond to change
- We aim for the best results every time

Our Message to the Community

The 2025-26 year has been one of significant achievements and positive impact. Across all areas of our organisation, we have continued to make strong progress and reach important milestones that reflect both the ambition of our strategic goals and the dedication of our people. These accomplishments are especially meaningful given the challenges that have profoundly affected our community.



A notable highlight was being named the Premier's Medium Health Service of the Year at the 2025 Victorian Public Healthcare Awards. We were proud to be awarded Victoria's highest accolade for medium-sized health services. It is a testament to the many significant achievements and outcomes delivered for our clients, residents and community, and our contribution to the Victorian health system. Our Cycling Without Age Trishaw program was also selected as a finalist in the Excellence in Public Sector Residential Aged Care Services category, recognising the program's powerful impact on residents' lives and the broader community.

The year also marked the third and final year of our 2023-26 Strategic Plan, which saw us finalising key plans and frameworks and laying the groundwork for the next phase of our strategic direction. Always looking ahead, in early 2026 we commenced a highly consultative planning process involving surveys, community forums, cross-campus workshops and partner roundtables to help shape our next strategic plan. As always, community voices are fundamental to determining our future direction. We are not simply planning for the future. We are building it as One Dhelkaya, with people and community at the centre of everything we do.

While the year brought many achievements, it was also marked by extraordinary challenges. On 9 January 2026, the Ravenswood-Fogarty's Gap Road fire devastated local communities, resulting in the loss of 47 homes, three businesses and significant livestock. The fire also destroyed the Harcourt Cooperative Cool Store facility, impacting more than 90 small businesses that stored wine, beer, apples and other produce at the site. The effects of this event were keenly felt across our region and proved personally devastating for a number of our staff and local families.

In the aftermath of the fires, Dhelkaya Health's community services and wellbeing teams played a vital role in Harcourt supporting community relief and recovery efforts. Staff provided practical assistance, health and wellbeing advice, mental health support, referrals and housing coordination for people affected by the fires, while also delivering targeted programs for children and at-risk community members. As needs evolved, our teams remained a visible and trusted presence within recovery hubs and across the community. The response demonstrated the professionalism, empathy, initiative and teamwork that define Dhelkaya Health, and was one of many examples throughout the year of our people turning challenging circumstances into opportunities to make a meaningful difference.

While the impacts and challenges of the bushfires will be felt for many years, important projects and plans continued to progress, ensuring momentum was maintained across key areas of Dhelkaya Health's work.

We've continued to grow a strong culture of staff engagement thanks to visible leadership and a focus on quality and safety. Dhelkaya Health has used a multimodal approach to improving and supporting workplace culture in alignment with our values of

Our Message to the Community

Empathetic, Inclusive, Professional and Transformative. This included a positive focus on developing our people, strengthening our systems and processes, and planned activities and celebrations. The People Matter Survey results showed continued improvement, with highlights including improvement in collaboration, speaking up for safety and responsiveness.

Building on our commitment to reconciliation and increasing opportunities for Aboriginal and Torres Strait Islander peoples within our organisation, we launched the *Aboriginal Employment Plan 2025-28*. The Plan builds on the work that commenced in 2016 with our first Aboriginal Employment Plan and aligns with our ongoing commitment to meaningful reconciliation, supporting greater Aboriginal participation, employment and career development across Dhelkaya Health.

The new Learning Hub was officially opened in August 2025, providing a world-class training facility for regional healthcare students and workers. Delivered through a partnership between Dhelkaya Health and Bendigo TAFE, the state-of-the-art Learning Hub supports hands-on training, staff development, and pathways to local placements and employment, helping students to study, train and build their careers close to home.

A key milestone for the Learning Hub was the first intake of Bendigo TAFE's Diploma of Nursing in April 2026. The program enables local students to train as enrolled nurses within their community, gaining practical experience in a real health service environment while creating pathways to meaningful local employment.

In addition to the Learning Hub, our Castlemaine Campus main building also received a major upgrade. Main Reception, the Urgent Care Centre and main visitor and patient thoroughfare leading to the operating theatres and Dhelkaya Café all received significant aesthetic improvements, with old fittings and furnishings removed and new vinyl flooring installed. The walls have been freshly painted, giving these areas a clean and welcoming new look. New triage desks welcome visitors to the Urgent Care Centre and temporary signage gives staff, visitors and patients a first look at the new signage and wayfinding that will be rolled out over the coming year.

We continued to expand the community wellbeing services available at our Maldon Campus. In Maldon, too, we farewelled Dr Christian Fowler, who retired after 37 years of dedicated service. We extended our heartfelt thanks to Dr Fowler for his many years of compassionate care and welcomed Goldfields Medical Hub who continue his legacy for patients and residents at the Maldon Campus, and the wider Maldon community.

In March 2026 we welcomed the National Safety and Quality Health Service assessors for an accreditation visit. It was a fantastic opportunity to showcase the high quality care Dhelkaya Health provides. The assessment team were very complimentary of the person-centred care provided to our patients and community, and with how well our teams work together. Assessors were also impressed with the high level of engagement from Community Advisory Committee members and the work of the committee. The visit was finalised with a positive outcome.

Finally, this year we farewelled Board Chair Ms Vanessa Healy. Ms Healy's knowledge of our community, strong local connections and strategic leadership made a valuable contribution to our health service through the years.

Sue Race, CEO and
Dr Heather Holst, Board Chair

RESPONSIBLE BODIES DECLARATION

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

Dr Heather Holst

Dhelkaya Health Board Chair
Castlemaine
2 October 2026

I am proud to share Dhelkaya Health's many achievements from 2025-26 and encourage you to read our Annual Report.

Ms Sue Race

Dhelkaya Health CEO
Castlemaine
2 October 2026

Our Organisation

Dhelkaya Health is a community-oriented health service with an integrated hospital, primary care service, residential aged care and a wide range of community and at home services. It is predominantly a nurse and allied health-led service supported by locally credentialled general practitioners and visiting medical officers.

Dhelkaya Health is located in central Victoria in the Mount Alexander Shire. Its two main campuses are located in Cornish Street, Castlemaine and Chapel Street North, Maldon. Dhelkaya Health also operates a Community Health Information Hub co-located with Castlemaine Community House in Templeton Street, Castlemaine, and the Primary Care Clinic at the Tarrengower Women's Prison in Nuggetty.

Dhelkaya Health provides a comprehensive range of low to moderate complexity services to a population of more than 20,000 people.

Locally we deliver:

- Urgent care
- Minor Injuries and Illnesses Clinic
- Residential aged care (Penhall, Thompson House and Ellery House in Castlemaine; Mountview Home and Jessie Bowe House in Maldon)
- Surgical services
- Medical and sub-acute inpatient services
- Transition care
- Allied health services
- Community rehabilitation
- NDIS and children's services
- Maternity and women's health services (Level 2 Midwifery Group Practice model partnered with Bendigo Health)
- Specialist outpatient services
- Outreach programs (District Nursing, Palliative Care, Post-Acute Care, Hospital in the Home, and Residential in Reach)
- Home and community care, and social support services
- Community health, family and housing services
- Alcohol and other drugs and counselling services
- In-reach primary care services to Tarrengower Women's Prison
- Aboriginal health and liaison
- LGBTIQA+ liaison and engagement
- Clinical support services in partnership with Austin Pathology and Bendigo Radiology.

We partner with:

- Loddon Mallee Local Health Service Network as a member agency
- Mount Alexander Shire Council as a service provider and partner in building healthier local communities
- First Nations communities and Traditional Owners, as well as Bendigo & District Aboriginal Co-operative, Nalderun Education Aboriginal Corporation, and DJAARA to ensure cultural safety in our health practices
- La Trobe University, Bendigo TAFE, Federation University and Monash University through our education work.

Our Governance

Dhelkaya Health is a public health service established under the *Health Services Act 1988 (Vic)*. Our responsible ministers for 2025-26 were as follows:

Minister for Health
Minister for Ambulance Services

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

Minister for Health
Minister for Ambulance Services

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

Minister for Health Infrastructure

The Hon Melissa Horne MP
(1 July 2025 to 30 June 2026)

Minister for Mental Health
Minister for Ageing

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)

BOARD OF DIRECTORS

The Board of Directors is appointed by the Governor in Council on the recommendation of the Victorian Minister for Health and is governed by the principles contained within the *Health Services Act 1988* (as amended).

The Board provides governance of Dhelkaya Health and is responsible for its financial performance, strategic directions, the quality of its health care services and strengthening community involvement through greater partnerships. Dhelkaya Health's by-laws enable the Board to delegate certain responsibilities. The by-laws are supported by the delegations of executive and operational responsibility, enabling designated executives and staff to perform their duties through the exercise of specified authority. The *Health Services Act 1988* requires directors to act with integrity and objectivity at all times. They must declare a pecuniary interest during board debate when applicable and withdraw from proceedings. There were no occasions that required declaration this year. Conflict of interest is declared during board proceedings, in accordance with Dhelkaya Health's by-laws. The Board of Directors meets on the first Thursday (excluding January) of each month to deal with a formal agenda and the Chief Executive Officer reports on the health service's performance. In addition to general board meetings, directors also meet



L to R (top): Ms Vanessa Healy, Dr Heather Holst, Ms Margaret Lewis
(centre): Dr Claudia Meyer, Ms Genevieve Schreiber, Ms Emma Carnovale
(above): Ms Robyn Hunter, Mr Stuart Read, Mr Tobias O'Hehir

Our Governance

BOARD MEMBER	POSITION	FIRST APPOINTMENT	APPOINTMENT EXPIRES	2025–26 ATTENDANCE
Ms Vanessa Healy	Chair (until 4 February 2026)	1 March 2022	30 June 2026	11
Dr Heather Holst	Chair (from 5 February 2026)	1 March 2022	30 June 2027	11
Ms Margaret Lewis	Director	1 March 2022	30 June 2028	10
Dr Claudia Meyer	Director	18 July 2023	30 June 2029	11
Ms Genevieve Schreiber	Director	1 July 2024	30 June 2027	10
Ms Emma Carnovale	Director	1 July 2024	30 June 2027	11
Ms Robyn Hunter	Director	1 July 2025	30 June 2028	10
Mr Stuart Read	Director	1 July 2025	30 June 2028	10
Mr Tobias O'Hehir	Director	1 July 2025	30 June 2028	11

annually to review the progress against our strategic directions and alignment of risk appetite. The Board presents the Annual Report to the community at our Annual General Meeting held in December each year. The Dhelkaya Health Board has met formally on 11 occasions in the year 2025-26.

At the close of the 2025-26 year, we bid farewell to our long-standing Board Chair Ms Vanessa Healy. Ms Healy took on the role of Maldon Hospital Board President in 2018 and transitioned to Board Chair of the newly established Dhelkaya Health in March 2022. We thank Ms Healy for her contribution through some exceptional years.

We also acknowledge Ms Emma Carnovale who commenced on the Board of Directors in July 2024 and sat on the Audit, Finance and Risk Committee and the Clinical Governance, Quality and Safety Committee during her tenure.

We are deeply grateful to our retiring directors and wish them all the best.

REMUNERATION COMMITTEE

The Remuneration Committee included the following board directors: Ms Vanessa Healy (Chair), Dr Heather Holst and Ms Robyn Hunter. The Remuneration Committee is responsible for advising and making recommendations to the Board in relation to matters involving the performance of the Chief Executive Officer, executive staff remuneration, and executive recruitment and terms and conditions of employment. The committee met on 2 occasions in 2025-26.

AUDIT, FINANCE AND RISK COMMITTEE

The Audit, Finance and Risk Committee membership comprises 3 board directors and at least one member independent of the agency, in accordance with the independence requirements of the Standing Directions of the Minister of Finance under the *Financial Management Act 1994*. The committee comprised Ms Vanessa Healy (Chair, until 12 March 2026), Mr Stuart Read (Chair, from 14 May 2026), Ms Genevieve Schreiber, Ms Claudia Meyer and Mr Stephen Bigarelli (Independent member). Dr Heather Holst, as Board Chair, is an ex-officio member of the committee, effective 5 February 2026. All the committee members are independent of management. The Audit, Finance and Risk Committee meets bi-monthly and assists the Board in monitoring compliance with laws, regulations, standards and internal controls. Key responsibilities include monitoring the hospital's enterprise risks, developing and overseeing the hospital's internal audit plan, review of the draft annual accounts and review of the relevant policies and procedures. The committee met on 5 occasions in 2025-26.

CLINICAL GOVERNANCE, QUALITY AND SAFETY COMMITTEE

The Clinical Governance, Quality and Safety Committee membership comprises 4 board directors and 2 independent members. The membership included the following board directors: Dr Claudia Meyer (Chair), Ms Margaret Lewis (Board Director), Mr Tobias O'Hehir (Board Director) and Ms Robyn Hunter (Board Director from 12 February 2026), Dr Helen McBurney (Independent Member), and Dr Louise Bettiol (Medical Staff Group representative).

The Clinical Governance, Quality and Safety Committee aims to ensure that the community receives high-quality and safe care close to home and that Dhelkaya Health is committed to the constant improvement of all clinical and care services. The committee meets bi-monthly to review and analyse information detailing the clinical care activities undertaken at Dhelkaya Health. The committee met on 6 occasions in 2025-26.

COMMUNITY ADVISORY COMMITTEE

The Community Advisory Committee meets every 2 months to discuss and progress matters relating to consumer participation, community engagement,

and how best to maintain responsive and inclusive services for patients, families and the wider community.

The committee comprises 2 board directors and independent members of the community. The Community Advisory Committee membership includes Ms Margaret Lewis (Board Director), Mr Tobias O'Hehir (Board Director), Ms Elizabeth Grainger (Chair, Independent Member), Ms Bev Orgill (Independent Member), Mr Paul Kent (Independent Member), Mr John Barnier (Independent Member), Ms Lorraine Le Plastier (Independent Member), Ms Catherine Samsury (Independent Member), Ms Kate Ward (Independent Member) and Ms Marleen Plate (Independent Member).

During the 2025-26 year we welcomed Ms Marleen Plate as a new member and bid farewell to Mr Kevin Saide. We thank Mr Saide for his contribution to the committee during his tenure.

HEALTH EQUITY AND COMMUNITY WELLBEING COMMITTEE

The Health Equity and Community Wellbeing Committee membership comprises 3 board directors, 4 agency stakeholder members (Mount Alexander Shire Council, Castlemaine Community House, Maldon Neighbourhood House and the Loddon Mallee Public Health Unit) and up to 4 independent members. Membership includes Ms Lexi Randall-L'Estrange (Chair until last 2025 meeting on 10 November 2025), Dr Heather Holst (Board Director), Ms Robyn Hunter (Board Director and Chair from first 2026 meeting on 16 March 2026), Mr Stuart Read (Board Director), Mr Ian Gould (Independent Member), Ms Lyn McKenzie (Independent Member), Ms Tallace Bissett (Independent Member) and Ms Arkeria Armstrong (Independent Member).

The Health Equity and Community Wellbeing Committee aims to ensure services provided by Dhelkaya Health meet the current and emerging needs of our communities and that the views of the community, users and providers are considered. The committee also supports effective links and strategic relationships between Dhelkaya Health and other local health and community services, promote environments in which people can be healthy, with a focus on prevention and guide service planning that reduces inequalities in health status and outcomes.

At the close of the 2025-26 year, we bid farewell to Ms Lexi Randall-L'Estrange who served as Chair since the Committee was convened in May 2022. Ms Randall- L'Estrange championed the inclusion of this subcommittee in the organisation's governance model to enable an appropriate and ongoing strategic focus on community health and wellbeing activities of the integrated service, including community-wide health prevention and promotion activities.

CASE STUDY

Medium Health Service of the Year Winner



Dhelkaya Health was named the 2025 Premier's Medium Health Service of the Year at the Victorian Public Healthcare Awards, the highest honour for a medium-sized health service in Victoria.

The organisation was also a finalist for Excellence in Public Sector Residential Aged Care Services for its Trishaw Program, delivered with Cycling Without Age Castlemaine. The volunteer-led program gives aged care residents the chance to reconnect with their community through trishaw rides, supporting mobility, wellbeing and social connection.

Together, the awards recognise Dhelkaya Health's commitment to high-quality care, strong leadership, innovation and outstanding outcomes for rural and regional communities. The recognition also reflects the dedication of staff, volunteers and partners working together to deliver exceptional care and create meaningful experiences for the people they support every day.

Our Leadership

Chief Executive Officer

Ms Sue Race
BAgrSc (Hons), BNutDiet, MPPM, FCHSM, CHE, GAICD

The Chief Executive Officer is accountable to the Board for the efficient and effective management of Dhelkaya Health. Primary responsibilities include executive leadership, development and management of operational policy and strategic priorities agreed with the Board and in accordance with the funding, planning and regulatory frameworks of Victorian and Australian government departments. The Chief Executive Officer also champions and oversees the Communications and Marketing, Aboriginal Health and Inclusion and Major Capital Projects portfolios.



L to R (top): Ms Sue Race, Ms Andrea Floyd, Ms Kerryn James, Ms Vicky Mellington
(above) Ms Shannon Vaughan, Ms Catherine Gaskell, Ms Linda McPherson, Dr Andrew Walby

Executive Director Clinical and Aged Care Services and Chief Nursing and Midwifery Officer

Ms Andrea (Andy) Floyd
MLead, BN, DipHlthSc

This role leads the delivery of inpatient clinical services, maternity services, residential aged care services, clinical support services, after-hours management and Maldon Hospital. The role also has professional responsibility and leadership for all nursing and midwifery staff.

Executive Director Community Services and Wellbeing and Chief Allied Health Officer

Ms Kerryn James
BSpPath, GradDipPsych, MHSM, AFCHSM

This role leads the delivery of ambulatory care, community nursing, pastoral care, child, youth and family services, Living Well programs and housing, AOD, counselling and custodial health services. This includes outreach and in-home services and coordination of the volunteers. The role also has professional responsibility and leadership for all allied health staff.

Executive Director People, Safety and Experience

Ms Vicky Mellington
GDipMan

This role oversees delivery of a range of people and culture services in a safe and inclusive manner. These include human resource management, employee relations, payroll, worker wellbeing, work health and safety and emergency management and security, and health support services. The role is also responsible for a range of human resources shared services.

Executive Director Quality, Development and Improvement

Ms Shannon Vaughan
BPod, GDip Public Administration

This role is responsible for the effective leadership and management of quality improvement, health information services, organisational risk management, accreditation, assurance and compliance programs, learning, development and research. The role also has oversight of coordination and support of student learners and graduate staff.

Executive Director Financial Management and Compliance and Chief Financial Officer

Ms Catherine Gaskell
CPA, BBus(Acc), Grad Dip Business Management, RCA, IPA PPC

This role is responsible for effective financial management, embedding a strong culture of financial accountability, financial performance, reporting and compliance.

Executive Director Commercial Operations and Sustainability and Chief Procurement Officer

Ms Linda McPherson

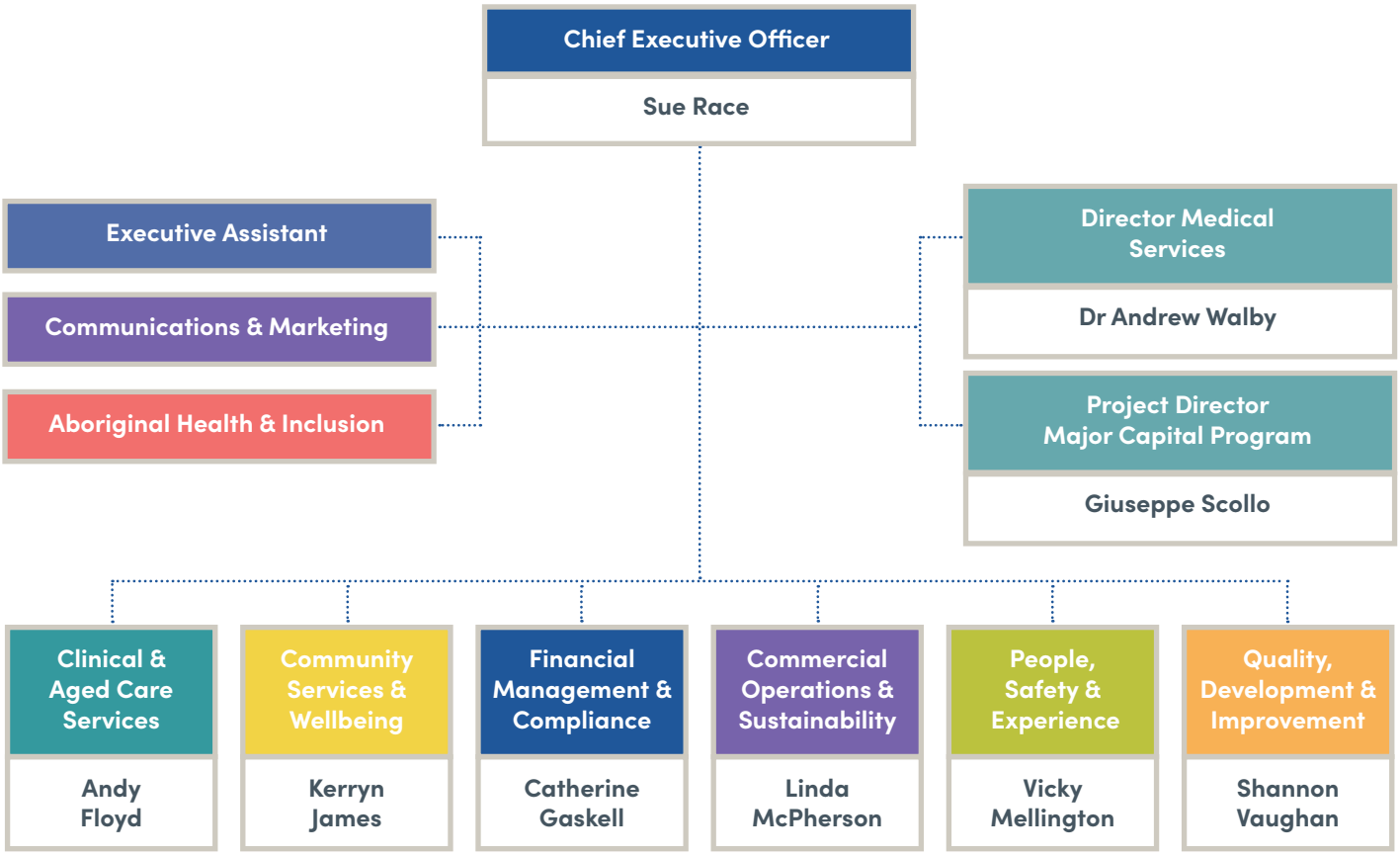
This role oversees delivery of a range of support services in a sustainable manner. These include procurement and contract management, information technology, facilities management, asset management and environmental sustainability.

Director Medical Services and Chief Medical Officer

Dr Andrew Walby
MBBS, DipRACOG, FACEM, AFRACMA

This role is responsible for the effective leadership and management of the medical workforce. This includes oversight of credentialling, defining clinical scope of practice and medico-legal advice and support.

Our Leadership



FUNCTIONS

- After Hours Site Management
- Clinical Care Services
  - Urgent & Acute Care
  - Maternity Services
  - Subacute Care
- Maldon Hospital
- Residential Aged Care Services
- RACS Wellbeing
- Infection Prevention Control
- Clinical Support Services
  - Pharmacy
  - Pathology & Radiology
- Allied Health
- Ambulatory Care
- @ Home Services
- Community Nursing & Palliative Care
- Children's, Youth & Family Services
- NDIS Services
- Community Health
- Home Care, Social Support Services & Volunteers
- Housing, AOD & Counselling Services
- Custodial Health
- Pastoral Care
- Financial Management & Reporting
- Financial Compliance
- Internal and external audit support
- Cash Management
- Accounting & Reconciliations
- Debtor/Creditor Management
- Procurement
- Contract Management
- ICT
- Facilities Management
- Asset Management
- Fleet Management
- Environmental Sustainability
- People & Culture
- Payroll
- Staff Heath, Safety & Wellness
- Support Services
- Employee Relations
- Emergency Management & Security
- Career Pathways
- Organisational Development
- Human Resources Shared Services
- Patient Safety
- Quality Improvement
- Consumer Experience
- Learning & Education
- Research & Development
- Risk Management
- Systems Improvement
- Internal Audit
- Governance Support & Coordination
- Health Information Services

Our People

MERIT AND EQUITY

Further to the requirements of the *Public Administration Act 2004*, Dhelkaya Health has established the organisational values of empathetic, inclusive, professional and transformative to align with the public sector values of responsiveness, integrity, impartiality, accountability, respect, leadership and human rights.

Dhelkaya Health is committed to upholding the principles of merit and equity in all aspects of the employment relationship. To this end, we have policies and practices in place to ensure all employment-related decisions, including recruitment and selection, promotion, training and retention, are based on merit. Any complaints, allegations or incidents involving racism, discrimination, vilification, bullying or harassment are taken seriously and addressed respectfully and in a timely manner. All staff are provided with education and training on their rights and responsibilities and are provided with the necessary resources to ensure equal opportunity principles are upheld.

Dhelkaya Health has an established Code of Conduct, which aligns with and supports the public sector employment principles.

ORGANISATIONAL DEVELOPMENT

Accredited training supported throughout the financial year included:

- Diplomas in Counselling and Nursing
- Certificates IV in Leadership and Management, Health Administration, Interpret and Apply Medical Terminology Course, Workplace Health and Safety, Career Planning
- Certificate III Horticulture and Supply Chain Operations.

In addition, we have supported apprentices and trainees in the areas of administration, commercial cookery and human resources.

The Workforce Skills Capability and Mobility Working Group was formed to provide opportunities for staff upskilling and career pathway support. This group surveyed health and allied services employees, management and administration on their training needs. The findings of this survey helped inform the direction and type of training initiatives offered for staff.

WORKPLACE WELLBEING

Health and wellbeing have been a key focus for employee initiatives over the 2025-26 year. With the continuation of the Kindness in Action Program, staff were offered webinars through lunch and learn sessions and encouraged to get involved in activities surrounding kindness in the workplace.

Various days of recognition were celebrated over the 2025-26 year including International Nurses Day with a BBQ lunch, R U OK Day with morning tea and conversation, Corporate Services Day BBQ lunch and 16 Days of Activism. 16 Days of Activism involved participation in a community gathering at the local botanical gardens with stalls set up offering information from various assistance services and a march around the gardens.

In May 2026, we focused on an awareness month around the safety of those at home exposed to domestic violence both physically and emotionally. Information around recognising violence at home and assistance services were displayed and offered in the staff cafeteria and on our intranet to encourage conversation around this topic.

HOSPITALS LABOUR CATEGORY	JUNE CURRENT MONTH FTE		AVERAGE MONTHLY FTE	
	2025	2026	2025	2026
Nursing	247.18	255.46	239.51	248.81
Administration and Clerical	91.78	94.37	87.39	93.15
Medical Support	76.38	91.04	78.98	82.43
Hotel and Allied Services	90.89	91.17	87.66	90.69
Medical Officers	0.52	1.15	0.39	0.74
Hospital Medical Officers	0.87	0.90	0.98	0.52
Sessional Clinicians	0	0	0	0
Ancillary Support (Allied Health)	20.53	29.09	19.61	24.20
Total	**528.15**	**563.17**	**514.52**	**540.54**

Our People

Throughout the year, staff have been provided with monthly webinar sessions on various topics from our Employee Assistance Program provider MindFit.

Our staff have been making good use of our gymnasium and a group has formed utilising this space for daily exercise sessions.

WORKFORCE INCLUSION POLICY AND GENDER EQUITY

Over the past 12 months, the outstanding commitments outlined in our 2024-2025 Gender Equality Plan have been completed. Key initiatives focused on increasing staff awareness and understanding of flexible work options and streamlining the process for requesting flexible work arrangements.

Policies and procedures relating to discrimination, bullying and sexual harassment were reviewed and enhanced to improve accessibility for staff and provide managers with clearer, more practical tools to support effective workplace responses.

Awareness of family violence leave entitlements and the workplace supports available to victim-survivors were strengthened.

Our second Gender Equality Plan 2026-2030 was completed in May 2026. Implementation of this plan will be overseen and supported by the newly established Social Impact and Community Engagement Committee, which will monitor progress and support the formation of dedicated working groups to deliver key initiatives.

A significant new initiative is the rollout of the RespectX online psychosocial harm prevention system. The system provides staff with access to an anonymous reporting platform. Together with case management workflows, RespectX enables the timely and effective management of concerns.

Unconscious bias training is part of the mandatory training suite for all staff. The training promotes awareness of the ways in which automatic assumptions, attitudes or stereotypes can influence decisions and interactions.

ABORIGINAL EMPLOYMENT PLAN

The Aboriginal Employment Plan 2025-2028 was published in December 2025 and complements our Reconciliation Action Plan. The plan's key focus is creating more accessible pathways into our workforce for Aboriginal and Torres Strait Islander peoples. It also prioritises fostering culturally safe and supportive workplaces where Aboriginal and Torres Strait Islander employees can thrive.

The plan encourages us to continue developing and embedding culturally safe and appropriate recruitment processes, while building cultural capability and awareness across our teams. It also highlights the importance of partnering with community organisations to strengthen employment opportunities and improve outcomes for Aboriginal and Torres Strait Islander peoples.

CASE STUDY

Dr Christian Fowler retires after 37 years of dedicated service



Dhelkaya Health marked the end of an era in 2025 with the retirement of General Practitioner Dr Christian Fowler after 37 years of dedicated service to the community at the Maldon Hospital site.

Since arriving in Maldon in 1988, Dr Fowler provided generations of local residents with compassionate care through general practice, urgent care and aged care services. His commitment to rural health was recognised in 2023 with a Rural Workforce Agency Victoria *Length of Service* Award.

Dr Fowler's contribution reflects the values that have guided Maldon Hospital since it first opened in 1859 – care, connection and community. While his retirement marks a significant milestone, his legacy lives on in the countless lives he touched and the strong foundations he helped build for healthcare in Maldon.

CASE STUDY

Building a more prepared community

Dhelkaya Health was proud to participate in the 2025 Castlemaine Emergency Expo, connecting with community members and local emergency services at Western Reserve.



Represented by our community nursing team, the event provided an opportunity to share information about our health services and discuss the important role healthcare plays before, during and after emergencies.

The family-friendly expo brought together the SES, CFA, Victoria Police, Ambulance Victoria, Red Cross, Mount Alexander Shire and many other organisations, offering practical advice, interactive displays and live demonstrations. Hundreds of visitors explored emergency vehicles, learned how to prepare for fires, storms and floods, and gained valuable knowledge about emergency planning.

The event highlighted the strength of local partnerships and the importance of community preparedness.

HUMAN RESOURCE SHARED SERVICES

Dhelkaya Health continued as a regional provider of Payroll Services. Nine partner agencies have been supported by our payroll team during 2025-26.

The People and Culture consultancy service delivery has continued across Boort District Health, Inglewood and Districts Health Service, Heathcote Health, and Cohuna District Hospital.

EMERGENCY MANAGEMENT

Emergency management and business continuity plans have been reviewed over the last year. This review, led by emergency management consultants from ResilientCo, has resulted in a clearer suite of three foundation documents – Code Response Plan, Incident Management Plan and Business Continuity Plan.

In addition to the development of these new plans, technology and equipment has been reviewed to ensure robust communication capabilities in the event of power and network outages. Emergency management and business continuity staff training has been undertaken.

WORKPLACE HEALTH AND SAFETY

The Workplace Health and Safety team, supported by the Health and Safety Representatives, continue to share and promote key safety practices and messaging across the organisation. Bi-monthly workplace health and safety meetings have been well attended and this, coupled with an increased focus on updating and promoting work health and safety noticeboards, frequent safety contributions to the staff newsletter and the preparation and circulation of safety alerts has further enhanced our safety presence.

An Occupational Violence and Aggression (OVA) and Psychosocial Hazard Committee has been convened. The committee reviews controls and develops targeted actions to strengthen governance, leadership capability, reporting, and OVA risk management across the organisation.

Seven new standard WorkCover claims were made which is a reduction from previous years. Manual handling remains one of the most significant factors resulting in a claim.

Occupational Health and Safety Data

OCCUPATIONAL HEALTH AND SAFETY STATISTICS	2025-26	2024-25	2023-24
The number of reported hazards/incidents for the year per 100 FTE	47.07	55.2	54.95
The number of 'lost time' standard WorkCover claims for the year per 100 FTE	1.29	2.14	3.48
The average cost per WorkCover claim for the year ('000)	$10.08	$10.69	$5.38

Occupational Violence Statistics

OCCUPATIONAL VIOLENCE STATISTICS	2025–26
WorkCover accepted claims with an occupational violence cause per 100 FTE	0
Number of accepted WorkCover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	0
Number of occupational violence incidents reported	73
Number of occupational violence incidents reported per 100 FTE	12.96
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	11%

Definitions

- Occupational violence – any incident where an employee is abused, threatened or assaulted in circumstances arising out of, or in the course of their employment.
- Incident – an event or circumstance that could have resulted in, or did result in, harm to an employee. Incidents of all severity rating must be included. Code Grey reporting is not included, however, if an incident occurs during the course of a planned or unplanned Code Grey, the incident must be included.
- Accepted Workcover claims – 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 required time off work or submitted a claim.

CASE STUDY

Learning Hub opens new pathways for local healthcare training



In August 2025, Dhelkaya Health and Bendigo TAFE celebrated the official opening of the new Learning Hub, a purpose-built training facility supporting the future healthcare workforce in our region.

Designed to deliver hands-on learning in allied health, aged care and, from 2026, nursing, the Hub can train up to 60 students at a time using realistic healthcare simulation spaces. The partnership gives students the opportunity to study, train and work locally while supporting staff development and education.

A major milestone was achieved in April 2026 with Bendigo TAFE officially opening enrolments for the Diploma of Nursing, enabling local students to train as enrolled nurses close to home. Looking ahead, the Learning Hub will play an important role in building a skilled, sustainable healthcare workforce for our community.

LEARNING AND DEVELOPMENT

The Learning and Development Department continues to play a pivotal role in strengthening workforce capability, supporting clinical excellence, and fostering a culture of lifelong learning across Dhelkaya Health. Throughout 2025-26, our focus has remained on ensuring every staff member has access to education that supports safe, evidence-based care while preparing and developing our future workforce through meaningful partnerships and innovative learning opportunities.

This year has been one of significant growth, collaboration, and innovation. Our team has delivered education through face-to-face workshops, simulation-based learning, point-of-care teaching, online education, and workplace coaching, ensuring learning opportunities are accessible to staff across all roles and locations.

KEY PARTNERSHIPS AND COLLABORATIONS

A significant milestone was the establishment of our partnership with Bendigo TAFE, creating exciting opportunities for students and the local community. Through this partnership, students can undertake their studies within an operational health service while learning in state-of-the-art facilities.

The Learning Hub welcomed three Bendigo TAFE student cohorts throughout the year:

- Certificate III in Individual Support
- Certificate IV in Allied Health Assistance
- Diploma of Nursing.

These programs have created additional pathways into healthcare careers while supporting local workforce development. Dhelkaya Health remains committed to strengthening this partnership through expanded placement opportunities and supporting students to transition successfully from education into employment within our organisation.

BUILDING CAPABILITY ACROSS THE ORGANISATION

Education continues to be delivered through a blended learning model, combining practical, hands-on education with a comprehensive online Learning Management System. Staff are supported through mandatory training, role-specific competency development, and professional learning opportunities that promote continuous improvement and workforce capability.

This commitment to staff development is reflected in the most recent People Matter Survey, with 81% of staff

agreeing or strongly agreeing with the statement, "I develop and learn in my role." This result demonstrates the value our workforce places on professional growth and reflects Dhelkaya Health's ongoing investment in education and development.

DIVERSITY, INCLUSION AND CULTURAL SAFETY

Dhelkaya Health remains committed to fostering an inclusive workplace where staff, volunteers, consumers, and community members feel respected, valued, and safe.

To strengthen organisational culture from the commencement of employment, both LGBTQIA+ Inclusive Practice and Aboriginal Cultural Awareness training are required as mandatory pre-employment learning requirements. These programs ensure all new employees develop an understanding of culturally safe, respectful, and inclusive healthcare practices from their first day of employment.

To complement these initiatives, Unconscious Bias training has been assigned to all staff. This education increases awareness of unconscious bias, encourages self-reflection, and supports more inclusive behaviours and decision-making. Together with existing diversity and inclusion initiatives, these programs contribute to a respectful, equitable, and culturally safe environment for staff, patients, residents, clients, and the broader community.

EXCELLENCE IN MATERNITY EDUCATION

Significant investment has continued in maternity education to support the delivery of safe, high-quality maternity care.

Midwives, general practitioner obstetricians, and maternity clinicians successfully completed:

- Neonatal Resuscitation Training
- Practical Obstetric Multi-Professional Training
- Foetal Surveillance Education Program.

Staff also participated in the statewide Maternity Services Education Program in partnership with Maryborough District Health Service.

Dhelkaya Health achieved 100% compliance with all required maternity education, meeting the expectations of the Incentivising Better Patient Safety Program and demonstrating our commitment to excellence in maternity care.

CASE STUDY

Welcoming baby to Country

During NAIDOC Week (6 – 13 July 2025), Dhelkaya Health partnered with Mount Alexander Shire Council to deliver the region's first Welcome Baby to Country ceremony, celebrating Aboriginal culture while strengthening connections between families, community and Country.



Held at the Castlemaine Botanic Gardens, the ceremony welcomed local babies and toddlers through a traditional blessing led by Uncle Rick and Aunty Kerri, who placed ochre on each child's forehead as a symbol of belonging and connection. Families also received an Indigenous plant to commemorate the occasion and nurture an ongoing connection to Country.

The event was supported by Dhelkaya Health's Aboriginal Health Liaison team and the Midwifery Group Practice, reflecting a shared commitment to culturally safe, inclusive care from the earliest stages of life.

CASE STUDY

Good Friday Appeal investment strengthens paediatric care in Mount Alexander



The 2025 Good Friday Appeal delivered an extraordinary outcome for regional and rural communities, raising $5.43 million through the efforts of 214 Area Managers, CFA brigades, community groups and thousands of dedicated volunteers.

From tin shaking and raffles to fundraisers and auctions, their generosity helps provide vital support for sick children and their families.

Of the funds raised, $3 million was allocated to regional health services across Victoria, including Dhelkaya Health. A share of $600,000 will support five Loddon Mallee health services to enhance care for babies, children and adolescents with developmental and neurodiverse needs.

At Dhelkaya Health, the funding will help pilot earlier assessment, triage and intervention services, connecting local children and families with the right care closer to home.

SUPPORTING THE FUTURE WORKFORCE

Developing the next generation of healthcare professionals remains a key priority. During 2025-26, there was a 50% increase in the number of students undertaking placements at Dhelkaya Health. Students completed placements ranging from one to 18 weeks across acute, aged care, community health, and specialised clinical services.

Learner Experience Survey results remained exceptionally positive, reflecting the commitment, professionalism, and generosity of our staff, who continue to mentor, supervise, and inspire future healthcare professionals.

MONASH UNIVERSITY GOLDFIELDS HUB

2026 marked the seventeenth year of Dhelkaya Health's partnership with Monash Rural Health through the Goldfields Hub Program.

Across 2 semesters, 20 fourth-year medical students participated in facilitated education sessions at Dhelkaya Health while undertaking placements through parallel consulting in local general practice clinics. These experiences provided rich exposure to rural medicine, multidisciplinary healthcare, and community-based clinical practice.

This long-standing partnership continues to strengthen rural medical education while promoting careers in regional healthcare.

GRADUATE NURSE AND GRADUATE MIDWIFERY PROGRAM

The Graduate Program continues to provide a supportive and structured transition into professional practice.

During 2025-26, Dhelkaya Health welcomed 3 Graduate Registered Nurses and 2 Graduate Registered Midwives.

Graduates completed 3 clinical rotations across a diverse range of specialties, including acute care, rehabilitation, perioperative services, aged care, community nursing, and correctional nursing.

Six dedicated study days supported graduates in consolidating clinical knowledge, developing critical thinking skills, and building confidence as early career clinicians.

ALLIED HEALTH GRADUATE AND EARLY CAREER PROGRAM

Recognising the importance of supporting early career allied health professionals, Dhelkaya Health continued to strengthen its Allied Health Graduate and Early Career Program throughout 2025-26.

The program delivers a comprehensive education framework combining structured learning, mentoring, clinical supervision, and peer support to build capability, confidence, and professional growth. Participants engaged in a diverse learning program that supported both clinical excellence and career development.

Our Supporters

Donations, bequests and community fundraising play a vital role in helping Dhelkaya Health enhance services and purchase essential equipment for the benefit of patients, clients, families and our community. Between 1 July 2025 and 30 June 2026, Dhelkaya Health received $1,737,207 through donations, fundraising activities and bequests.

During 2025–26, fundraising efforts focused on planning and designing a new Children's Therapy Garden at Spencely House. The garden will provide a safe, calming and sensory-rich environment for children aged 0–16 years, supporting therapy, assessment and group activities. It will benefit children with physical disabilities, autism, ADHD, sensory processing needs and those who have experienced trauma.

In 2025, the dedicated volunteer committee, event volunteers and Race Director Gavin Krasner delivered the 18th Run The Maine event in support of community health, wellbeing and Dhelkaya Health. The event attracted a record 1200+ participants, the largest field in its history.

From casual walkers in the Castlemaine Toyota 5km to seasoned athletes competing in the Grainger Legal 21.1km half-marathon, the event drew strong participation across all three courses. Thanks to the organising committee, sponsors and participants, Run The Maine raised an incredible $50,000 towards the Children's Therapy Garden. We are extremely grateful to the volunteers who work so hard each year to deliver this event.

Since its inception in 2009, Run The Maine has raised $283,000 to support hospital projects, equipment and upgrades.

In April 2026 the Castlemaine Rouleurs continued their long-standing tradition of fundraising for Dhelkaya Health.

The dedicated team of riders took on a 120km route to tackle the 'Three Peaks', covering some of the most iconic climbs in the region: Liyanganyuk Banyul, Lalgambuk, and Mount Tarrengower. With the generous support of team sponsors Castlemaine's Flowserve Pump Division (Aust/NZ) and RMG Project & Engineering Services, the riders raised $1,543 towards the Children's Therapy Garden.

We are deeply grateful to the Castlemaine Rouleurs and thank all donors, volunteers, community groups, event committees, sponsors and supporters who contributed to our fundraising efforts over the past 12 months. Your generosity helps create better health and wellbeing outcomes for our community.

CASE STUDY

Running for a cause



Run the Maine continues to demonstrate the remarkable impact of community giving.

In 2025, a record-breaking 1,200+ participants took part in the event, with families, walkers and runners coming together in support of better local healthcare.

Thanks to the generosity of participants, sponsors and volunteers, the event raised an incredible $50,000 for Dhelkaya Health's Therapeutic Playspace. The purpose-built outdoor therapy space will provide children and young people with a welcoming environment that supports their physical, emotional and developmental wellbeing, while also creating a place for families to enjoy.

Every step taken on the course will help bring this transformative project to life. The overwhelming support for Run the Maine reflects the community's shared commitment to improving local health services and creating meaningful opportunities for future generations.

Our Supporters

VOLUNTEERS

Dhelkaya Health offers a comprehensive volunteer program through 26 different programs and 101 dedicated volunteers to enhance service delivery for patients, clients and residents across all areas of the organisation and the community.

We have 11 volunteers at Maldon Hospital, 68 volunteering at our Castlemaine campus in residential aged care, gardening at Ellery House, Patient Experience Survey, 1:1 Patient Support, Patient Transport Service, and Community Advisory Committee.

There are 22 volunteers in Castlemaine assisting with programs and activities in the community including Social Support Services, Nordic walking groups, companion walking, LGBTIQA+ Rainbow Steps program, Silver Rainbow, Bent Brushes and the Get Connected programs.

Our volunteer program adheres to the principles defined by Volunteering Victoria and as such all volunteers are required to maintain a satisfactory Criminal Record Check or the NDIS Screening Check which is now required for residential aged care volunteers.

All new volunteers attend the all-staff induction session and complete the LGBTIQA+ Inclusion and Aboriginal Cultural Awareness Training as part of the onboarding process.

Volunteers are also invited to set up a volunteer passport through MyPass, Volunteer Management software. MyPass provides a secure platform where volunteers can manage all their qualifications/compliance documents in one place.

New initiatives for 2025-26 include:

- Release of the Biography program into residential aged care with the completion of 3 resident biographies
- Volunteer Services Walking Group, a monthly walk for our volunteers to come together
- Meal Mates program
- Rollout of MyPass – Volunteer Management software.

The 2025–26 Volunteer yearly calendar included:

- LearnLab talk on the importance of moving your body as you age
- National Volunteer Week celebrations – Trivia afternoon
- Introduction to Nordic walking
- Meet and Greet – Mindfulness with natural materials
- International Volunteers Day – morning tea with board directors and executive leaders.

We continue to provide quarterly volunteer newsletters for our volunteers to keep them informed of upcoming events, volunteer news, new positions and information to support them through any changes to our volunteer program.

We sincerely thank all our volunteers for their commitment to Dhelkaya Health and look forward to continuing our relationship in 2026-27.

CASE STUDY

Christmas Tree Project

What began as a simple act of sharing has become a much-loved Dhelkaya Health tradition.

In 2014, after Operating Theatre renovations at the Castlemaine campus, staff received an abundance of Christmas treats from colleagues. Rather than letting the generosity go to waste, they donated a box of goods to a local housing support service. The heartfelt response inspired the Christmas Tree Project.

Today, the staff-led initiative spans both our Castlemaine and Maldon sites. Each Christmas, staff donate food and toiletries, which are sorted into festive hampers and distributed through local housing support services to people in need.

Requiring only a few hours of staff time each year, the Christmas Tree Project shows how kindness and teamwork can make a meaningful difference during the holiday season.



Our Statement of Priorities

STRATEGIC PRIORITIES (PART A)

Innovate and improve access to care

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

GOAL	DELIVERABLES	ACHIEVEMENTS	OUTCOME
Align with the Victorian Clinical Governance Framework to strengthen clinical governance systems, ensuring safe, high-quality care.	Demonstrate high quality care in which consumer engagement and input is actively sought, facilitated and used to drive system change to improve consumer experience and outcomes.	All operational agendas include a section for escalating items for consumer input. Schedule for committees to present and seek input from the Community Advisory Committee in place.	Achieved
	Ensure that health service reporting, reviews and decision-making are underpinned by a safety culture and systems that are transparent, accurate and fair for staff and consumers.	Statutory Duty of Candour and Surgical Mortality and Morbidity (M&M) processes reviewed against best practice guidelines and clinical governance framework. Clinical Governance maturity matrix self-assessment completed.	Achieved
	Health services are able to show evidence of a comprehensive training program approach that includes performance management, accountability, and continuous improvement.	Performance Development Reviews (PDR) annual cycle completed with 80% of staff completing a PDR at the end of Quarter 2. Mandatory training procedure updated and reflective of requirement of roles. Management modules sourced and available on the Learning Management System.	Ongoing
Maintain a commitment to delivering equitable and timely access to planned care and drive reform in alignment with the Planned Surgery Reform Blueprint.	Implement and scale theatre optimisation initiatives in planned surgery.	Review of surgical services as a function of the Victorian Planned Surgery Recovery Blueprint completed. Implementation of identified improvements planned for 2026-27.	Ongoing
	Proactively manage planned surgery and specialist clinics (or outpatients) waitlists.	Optimal care pathway for people living in our community on the Bendigo Health waitlist for orthopaedic surgery developed and implemented. The Hip and Knee prehab clinic commenced in May with the first cohort of participants completing the program. Early evaluation shows evidence of good outcomes for the participants.	Achieved

Our Statement of Priorities

STRATEGIC PRIORITIES (PART A)

Prudent, sustainable and effective use of resources

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

GOAL	DELIVERABLES	ACHIEVEMENTS	OUTCOME
Develop and implement initiatives to strengthen financial sustainability. By delivering sustainable, responsible budgets, we can ensure a well-managed, viable, and sustainable health system for the future.	Deliver the key initiatives outlined in the Budget Action Plan within government parameters.	Budget Action Plan (Efficiencies Initiatives) FY26 completed and submitted with Quarter 4 progress update. Savings target of $1.8M achieved.	Achieved
	Utilise data analytics and performance metrics to identify areas of inefficiency and waste and make evidence-based decisions to improve financial sustainability and operational performance.	Activity targets monitored monthly. Participation in Regional PowerBI governance group. Progress of refresh and changes to PowerBI dashboards has commenced.	Ongoing
	Use funding efficiently and effectively to optimise patient facing services. Undertake programs to reduce the cost-of-service delivery, improve safety, capacity and reduce unnecessary waiting.	Bed-based Transition Care Program (TCP) relocated from the subacute inpatient unit to a residential aged care setting to improve efficiency of the subacute unit. TCP occupancy increased by 7.5% in FY26. Subacute unit occupancy increased by 16.5%.	Achieved

CASE STUDY

Extending the life of healthcare resources

Dhelkaya Health strengthened its commitment to sustainability and community impact by donating surplus medical equipment and supplies through Rotary's Donations in Kind program.



Four patient trolleys, replaced with modern ergonomic models funded through Run The Maine, were donated from Castlemaine with support from Castlemaine Rotary Club. The Maldon campus also donated surplus medical supplies and equipment that remained in good working order but were no longer required.

Rather than sending valuable resources to landfill, these donations support hospitals and health services in developing countries and Australians experiencing disadvantage.

The initiative reflects Dhelkaya Health's commitment to responsible resource management, environmental sustainability and social responsibility, ensuring equipment continues to improve health outcomes and support vulnerable communities locally and internationally.

Our Statement of Priorities

STRATEGIC PRIORITIES (PART A)

A stronger workforce

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

GOAL	DELIVERABLES	ACHIEVEMENTS	OUTCOME
Position Victoria as a leader in employee experience, capability, and capacity by focusing on future roles and professional development in line with the Victorian Health Workforce Strategy to ensure a regenerative and sustainable workforce.	Implement processes to sustain workforce supply and fulfill obligations, including those under the *Gender Equality Act 2020* by improving employee experience in leadership, health and safety, flexibility, career development, and agility to ensure safe, high-quality care.	Workforce Skills and Capability and Mobility Working Group formed to provide opportunities for staff upskilling and career pathway development. Completed implementation of the 2024-25 Gender Equality Plan and finalised our second Gender Equality Plan 2026-30 in May 2026.	Ongoing
	Collaborate with the department to improve workforce data analytics, generate actionable insights, and enhance strategic planning.	Workforce Plan on a page completed and submitted to the Department of Health.	Achieved

CASE STUDY

Investing in safe, sustainable surgical services

Dhelkaya Health's $1.7 million Central Sterile Service Department (CSSD) redevelopment is a major investment in safe, high-quality surgical care.



Funded through the Regional Health Infrastructure Fund, the upgrade meets the AS 5369:2023 standard for reprocessing reusable medical devices.

The project introduced modern sterilisation equipment, improved workflows, enhanced separation of clean and contaminated areas, and upgraded air and water systems, while maintaining essential surgical services.

The redevelopment has increased processing efficiency, expanded theatre capacity, and improved access to planned surgery.

Our Statement of Priorities

STRATEGIC PRIORITIES (PART A)

Improving Aboriginal health and wellbeing

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

GOAL	DELIVERABLES	ACHIEVEMENTS	OUTCOME
Enhance delivery and access to culturally safe services, fostering strong connections to culture. **Address racism and provide Aboriginal people with culturally safe healthcare and referral pathways between mainstream and community-controlled health services.**	Deliver high-quality cultural safety training to all executives and staff using independent, expert, community-controlled organisations or a registered Aboriginal business.	90.36% of staff (882 enrolled) have completed Aboriginal Cultural Awareness Module 1. 89.58% of staff (86 enrolled, people management roles) have completed Aboriginal Cultural Awareness Module 2. Independent expert Cultural Humility training attended by more than 150 staff.	Ongoing
	Health service executives and senior leaders establish and maintain strong, ongoing partnerships with Aboriginal community-controlled organisations and/or recognised Aboriginal leaders within their local catchments. These partnerships must be based on regular, proactive engagement that prioritises the voices, self-determined priorities, and cultural knowledge of Aboriginal communities in the design, delivery, and evaluation of health and wellbeing services.	Partnership Agreement developed with Dumawal, DJAARA's social enterprise arm, and signed by all parties. Memorandums of Understanding remain in place with Nalderun Education Aboriginal Corporation and Bendigo & District Aboriginal Co-operative. Membership of Mount Alexander Shire Indigenous Round Table maintained and quarterly meetings attended.	Achieved
	Ensure culturally appropriate systems for identifying Aboriginal and Torres Strait Islander patients and implement responsive discharge plans and referral pathways.	Referral pathways developed in consultation with Bendigo & District Aboriginal Co-operative. Ask the Question training continues to be provided to front line and clinical staff. Consultation with Aboriginal and Torres Strait Islander patients completed to co-design the Aboriginal Health Action Plan.	Ongoing

Our Statement of Priorities

PERFORMANCE PRIORITIES (PART B)

Moving from competition to collaboration

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

GOAL	DELIVERABLES	ACHIEVEMENTS	OUTCOME
Collaborate within the Local Health Service Network to build a more integrated health system, with better access and experience for patients, strengthened workforce, consistently high-quality care, and more sustainable healthcare delivery.	Meet all objectives agreed to in the Local Health Service Network *Statement of Expectations* across priority areas (access, equity and flow, workforce, safety and quality, and shared services).	Safer Together Program initiatives ICORD Delirium and sepsis pathway projects implemented. Clinical Governance Maturity Matrix self-assessment completed. Regional credentialling project in progress with electronic platform (CGov) integrated into the Loddon Mallee SuccessFactors implementation. Governance model drafted for consultation.	Ongoing

High quality and safe care

KEY PERFORMANCE MEASURE	TARGET	RESULT
Infection prevention and control		
Percentage of healthcare workers immunised for influenza	94%	98%
Continuing care		
Average change in the functional independence measure (FIM) score per day of care for rehabilitation separations	≥ 0.645	0.728
Adverse events		
Percentage of reported sentinel events for which a root cause analysis (RCA) report was submitted within 30 business days from notification of the event	All RCA reports submitted within 30 business days	100%
Aged care		
Public sector residential aged care services (RACS) overall star rating	Minimum rating of 3 stars	100%
Patient experience		
Percentage of patients who reported positive experiences of their hospital stay	95%	98.5%
Aboriginal health		
Difference between the percentage of Aboriginal patients and non-Aboriginal patients who left against medical advice.	0%	1%

Strong governance, leadership and culture

KEY PERFORMANCE MEASURE	TARGET	RESULT
Organisational culture		
Percentage of staff with an overall positive response to safety culture questions in the People Matter Survey	80%	78%

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

Our Statement of Priorities

PERFORMANCE PRIORITIES (PART B)

CASE STUDY

Local health networks established

The Loddon Mallee Local Health Service Network marked a successful first year of collaboration across its 13-member health services which includes Dhelkaya Health.



In July 2025 our CEO, Sue Race was appointed Co-Chair helping guide a shared commitment to accessible, safe and sustainable regional healthcare.

With workforce sustainability as a major focus, the network completed its Workforce Plan on a Page, commenced priority actions to support workforce sustainability, and established the Safer Together Program team and governance arrangements. Regular communities of practice and a statewide webinar advanced patient safety. A regional Leadership Capability Framework further strengthened leadership and workforce development across the Loddon Mallee region.

Another key achievement included expanding the Residential-in-Reach program through improving specialist support and timely healthcare access for older people.

Timely access to care

KEY PERFORMANCE MEASURE	TARGET	RESULT
Home-based care		
Percentage of admitted bed days delivered at home	3.5%	6.8%

Effective financial management

KEY PERFORMANCE INDICATOR	TARGET	RESULT
Operating result ($M)	0.00	1.39
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	0.98
Variance between the forecast and actual operating result (OR) as a percentage of the forecast OR for the current financial year ending 30 June.	5% movement in forecast revenue and expenditure forecasts	Achieved

* *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.*

Our Statement of Priorities

FUNDING AND ACTIVITY (PART C)

FUNDING TYPE	2025-26 ACTIVITY ACHIEVEMENT
Consolidated Activity Funding	
Acute admitted, subacute admitted, emergency services, non-admitted NWAU	5,740
Acute Admitted	
Acute admitted DVA	16
Subacute/Non-Acute, Admitted & Non-admitted	
Subacute - DVA	6
Aged Care	
Residential Aged Care - days	54,162
HACC	2,431 hours
Primary Health	
Community health / primary care programs	5,187 hours

* *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.*

Major Capital Program

Dhelkaya Health has completed 7 major state-funded projects in 2025-26 with one project in progress at 30 June 2026.

PROJECT	SCOPE OF WORKS	INVESTMENT	STATUS
Improve Maldon Hospital Bushfire Resistance	Conduct a program of passive fire management works and commission a scoping study for the acquisition of major infrastructure and fire management improvements. Deliver wet works upgrades, including install and connection of tanks for potable water and fire sprinkler water redundancy.	$984,953	Completed in October 2025
Main Entry Works – Castlemaine campus	Creation of new car parking, re-surfacing of asphalted areas and improved signage and wayfinding. Repurposing and refurbishment of the old dry store, new front reception area and urgent care triage.	$5,073,346	Completed in December 2025
Residential Aged Care Quality and Safety Upgrade - Castlemaine campus	Upgrade each of the three facilities at Castlemaine covering interior fit-out works and improvements, and enhancements to external landscape areas and grounds.	$2,728,022	Completed in November 2025
Critical Electrical Infrastructure Works - Castlemaine campus	Design and install transfer switches and additional back-up systems for the supply of power and to develop a scoping study and asset replacement strategy in relation to the main distribution board and other critical equipment and systems.	$414,988	Completed in November 2025
Castlemaine CSSD Sterile Stock Facility	Sterile Stock Room fit-out comprising minor demolition works of existing reception area and installation of compliant air-conditioning with high efficiency filtration and air-flow, building automation system temperature control and compliant storage shelving.	$288,023	Completed in July 2025
Fire Safety and Risk Management Works - Castlemaine and Maldon campuses	Undertake infrastructure upgrades at Castlemaine and Maldon recommended from fire safety audits.	$494,860	Completed in June 2026
Upgrade AS 5369:2023 – Reprocessing of reusable medical devices – Castlemaine campus	Central Sterile Supply Department upgrade to ensure compliance with Australian Standards, including the replacement of end-of-life or non-compliant clinical equipment.	$1,679,390	Completed in October 2025
End of Life Surgical Equipment Replacement Laparoscopic Fleet	Operating two theatres 5 days a week, end of life scopes and laparoscopic equipment requires replacement to de-risk Dhelkaya Health surgical operations.	$581,744	In progress

Our Sustainability

PROCUREMENT

Dhelkaya Health maintains a strong internal control framework to ensure the procurement of goods and services is conducted in accordance with organisational requirements and delegated authorities. The Procurement Governance Framework sets out the organisation's obligations when undertaking procurement activities, including reporting requirements under HealthShare Victoria's 5 Purchasing Policies.

The Procurement Governance Framework provides guidance to all employees on procurement principles and processes, supporting compliance, transparency, accountability and value-for-money outcomes across all procurement activities.

During 2025-26, Dhelkaya Health did not undertake any emergency procurements and received no procurement-related complaints.

SOCIAL PROCUREMENT

Dhelkaya Health is committed to incorporating social, economic and environmental considerations into procurement decision-making, in line with our organisational values and sustainability objectives.

We actively support local businesses and promote ethical and responsible procurement practices throughout our supply chain. Dhelkaya Health remains committed to engaging small and medium-sized enterprises, recognising their important contribution to the strength and resilience of the regional economy.

In 2025-26, Dhelkaya Health engaged 7 social benefit suppliers, representing a total expenditure of $522,256.91.

Dhelkaya Health will continue to explore opportunities to increase engagement with social benefit suppliers in 2026-27. In addition, a significant number of suppliers that are not formally classified as social benefit suppliers have entered into social procurement contracts with the Victorian Government, including those accessed through HealthShare Victoria arrangements, further supporting positive social and economic outcomes across the state.

ENVIRONMENTAL PERFORMANCE

Dhelkaya Health is committed to the responsible management of energy, resources, and waste as part of its broader sustainability agenda.

Through initiatives aimed at reducing energy consumption, minimising waste generation, improving resource efficiency and extending the life of equipment through established reuse partnerships, Dhelkaya Health continues to embed environmentally sustainable practices across its operations.

These initiatives support the organisation's commitment to reducing its environmental footprint while delivering efficient and sustainable healthcare services to the community.

SOCIAL PROCUREMENT FRAMEWORK (SPF) OBJECTIVE	METRIC	UNIT OF MEASURE	2025-26 (ACTUAL)
Opportunities for Victorian Aboriginal People	Total spend with Victorian Aboriginal business	$ (excl. GST)	$478,071.43
	Number of Victorian Aboriginal businesses engaged	Number	5
Opportunities for Victorians with disability	Total spend with Victorian social enterprises led by a mission for people with disability and Australian Disability Enterprises (ADEs)	$ (excl. GST)	$43,630.89
	Number of Victorian social enterprises led by a mission for people with a disability and Australian Disability Enterprises (ADEs) engaged	Number	1
Opportunities for disadvantaged Victorians	Total spend with Victorian social enterprises led by a mission for the disadvantaged [a]	$ (excl. GST)	–
	Number of Victorian social enterprises led by a mission for the disadvantaged [a] engaged	Number	–
Sustainable Victorian social enterprises and Aboriginal business sectors	Total spend with Victorian social enterprises [b]	$ (excl. GST)	$554.59
	Number of Victorian social enterprises engaged [b]	Number	1

[a] *Victorians that at least fall under one of the 5 disadvantaged cohorts (long-term unemployed people, disengaged people, single parents, migrants and refugees, and workers in transition).*

[b] *All types of social enterprises verified by Social Traders and listed on the Map for impact.*

ELECTRICITY PRODUCTION AND CONSUMPTION

Last financial year, Dhelkaya Health in partnership with FG Advisory commenced a project to replace ageing gas hot water systems with electric systems across the Castlemaine and Maldon Campuses. The project concluded following the successful installation and commissioning. The project introduced additional capability and capacity providing redundancy, ensuring business continuity.

Electricity Use (MWh)



ELECTRICITY USE	2025-26	2024-25	2023-24	% Change previous to selected range
EL1 Total electricity consumption segmented by source (MWh)				
Purchased	2,476.51	2,349.58	2,255.47	5.29%
Self-generated	286.58	224.19	260.87	27.8%
EL1 Total electricity consumption (MWh)	**2,763.09**	**2,573.77**	**2,516.33**	**7.4%**
EL2 On site-electricity generated (MWh) segmented by:				
Consumption behind-the-meter				
Solar Electricity	286.58	224.19	260.87	27.8%
Total Consumption behind-the-meter (MWh)	**286.58**	**224.19**	**260.87**	9.49%
Exports				
Solar Electricity	3.66	2.19	2.19	67.89%
Total Electricity exported (MWh)	**3.66**	**2.19**	**2.19**	**67.89%**
EL2 Total On site-electricity generated (MWh)	**290.24**	**226.38**	**263.06**	**9.97%**
EL3 On-site installed generation capacity (kW converted to MW) segmented by:				
Diesel Generator	0.95	0.95	0.95	0.00%
Solar System	0.11	0.11	0.11	0.00%
EL3 Total On-site installed generation capacity (MW)	**1.06**	**1.06**	**1.06**	**0.00%**
EL4 Total electricity offsets segmented by offset type (MWh)				
LGCs voluntarily retired on the entity's behalf	2,254.65			
RPP (Renewable Power Percentage in the grid)	427.69	430.08	423.10	-0.66%
EL4 Total electricity offsets (MWh) [a]	**2,476.51**	**430.08**	**423.10**	**475.24%**

[a] *EL4 Total value capped to EL1 Purchased value.*

Our Sustainability

STATIONARY FUEL USE

During 2025-26 natural gas consumption decreased by 1.7% and LPG usage decreased by 18.31% compared to the previous year.

Stationary Energy (MJ)



STATIONARY ENERGY	2025-26	2024-25	2023-24	% Change previous to selected range
F1 Total fuels used in buildings and machinery segmented by fuel type (MJ)				
Natural gas	20,752,321.50	21,109,539.90	21,921,175.70	-1.7%
LPG	915,524.00	1,120,681.80	1,295,557.50	-18.31%
F1 Total fuels used in buildings (MJ)	**21,667,845.50**	**22,230,221.70**	**23,216,733.20**	**-2.5%**
F2 Greenhouse gas emissions from stationary fuel consumption segmented by fuel type (t CO^2-e)				
Natural gas	1,069.37	1,087.77	1,129.60	-1.7%
LPG	55.48	67.91	78.51	-18.31%
F2 Greenhouse gas emissions from stationary fuel consumption (t CO^2-e)	**1,124.85**	**1,155.69**	**1,208.11**	**-2.7%**

GREENHOUSE GAS EMISSIONS

In 2025-26 Total Scope 1 (direct) greenhouse gas emissions ($C0^2$-e(t)) reduced by 4.61% on prior year.

GREENHOUSE GAS EMISSIONS	2025-26	2024-25	2023-24	% Change previous to selected range
G1 Total Scope 1 (direct) greenhouse gas emissions (t CO^2-e)				
Carbon Dioxide	1,140.91	1,196.11	1,272.94	-4.61%
Methane	2.26	2.35	2.47	-2.83%
Nitrous Oxide	0.88	1.03	1.15	-13.91%
Total	**1,144.05**	**1,199.49**	**1,276.56**	-4.61%
Scope 1 GHG emissions from stationary fuel (F2 Scope 1) (t CO^2-e)	**1,124.85**	**1,155.69**	**1,208.11**	-1.98%
Scope 1 GHG emissions from vehicle fleet (T3 Scope 1) (t CO^2-e)	**19.20**	**43.80**	**68.45**	**-56.16%**
Total Scope 1 (direct) greenhouse gas emissions (t CO^2-e)	**1,144.05**	**1,199.49**	**1,276.56**	**-3.97%**
G2 Total Scope 2 (indirect electricity) greenhouse gas emissions (t CO^2-e) [a]				
Electricity	1,659.54	1,554.23	1,483.47	6.66%
Total Scope 2 (indirect electricity) greenhouse gas emissions (t CO^2-e)	**1,659.54**	**1,554.23**	**1,483.47**	**6.66%**
G3 Total Scope 3 (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (t CO^2-e)				
Waste emissions (WR5)	188.59	184.85	189.12	2.02%
Indirect emissions from Stationary Energy	326.87	318.14	297.00	2.88%
Indirect emissions from Transport Energy	4.84	11.05	17.35	-56.17%
Water emissions	69.73	70.96	70.19	-2.55%
Total Scope 3 greenhouse gas emissions (t CO^2-e)	**590.04**	**514.05**	**503.47**	**14.78%**
G(Opt) Net greenhouse gas emissions (t CO^2-e)				
Gross greenhouse gas emissions (G1 + G2 + G3) (t CO^2-e)	**3,393.63**	**3,267.76**	**3,263.49**	**3.85%**
Total gross reported greenhouse gas emissions per bed-day (t CO^2-e/OBD)	0.05	0.05	0.05	-4.21%
Carbon Neutral Electricity	0.00	0.00	0.00	
Green Power Electricity	0.00	0.00	0.00	
Purchased LGCs	-2,074.28	0.00	0.00	
Any Reduction Measures Offsets purchased (EL4-related) [b]	**-1,884.91**			
Any Offsets purchased [b]	-1,884.91			
Net greenhouse gas emissions (t CO^2-e)	**1,508.72**	**3,267.76**	**3,263.49**	**-54.78%**

[a] *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.*

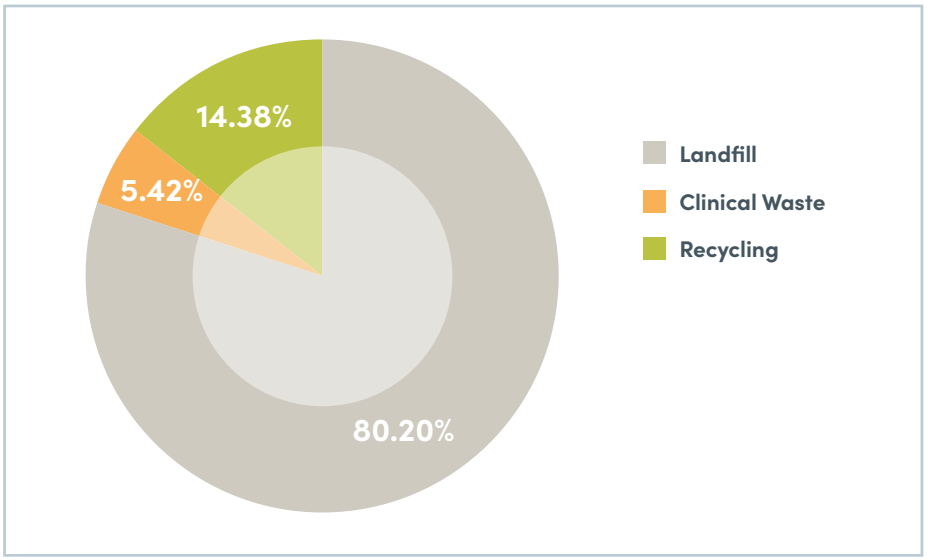
[b] *G(opt) EL4-related Reduction Measures Offsets capped to Scope2+3 Electricity.*

Our Sustainability

WASTE

Dhelkaya Health continued to focus on driving improvements to reduce waste and increase waste diversion. The focus on operational improvement initiatives to improve waste segregation delivered a 7.65% reduction in general waste.

Waste Stream by Percentage (%)



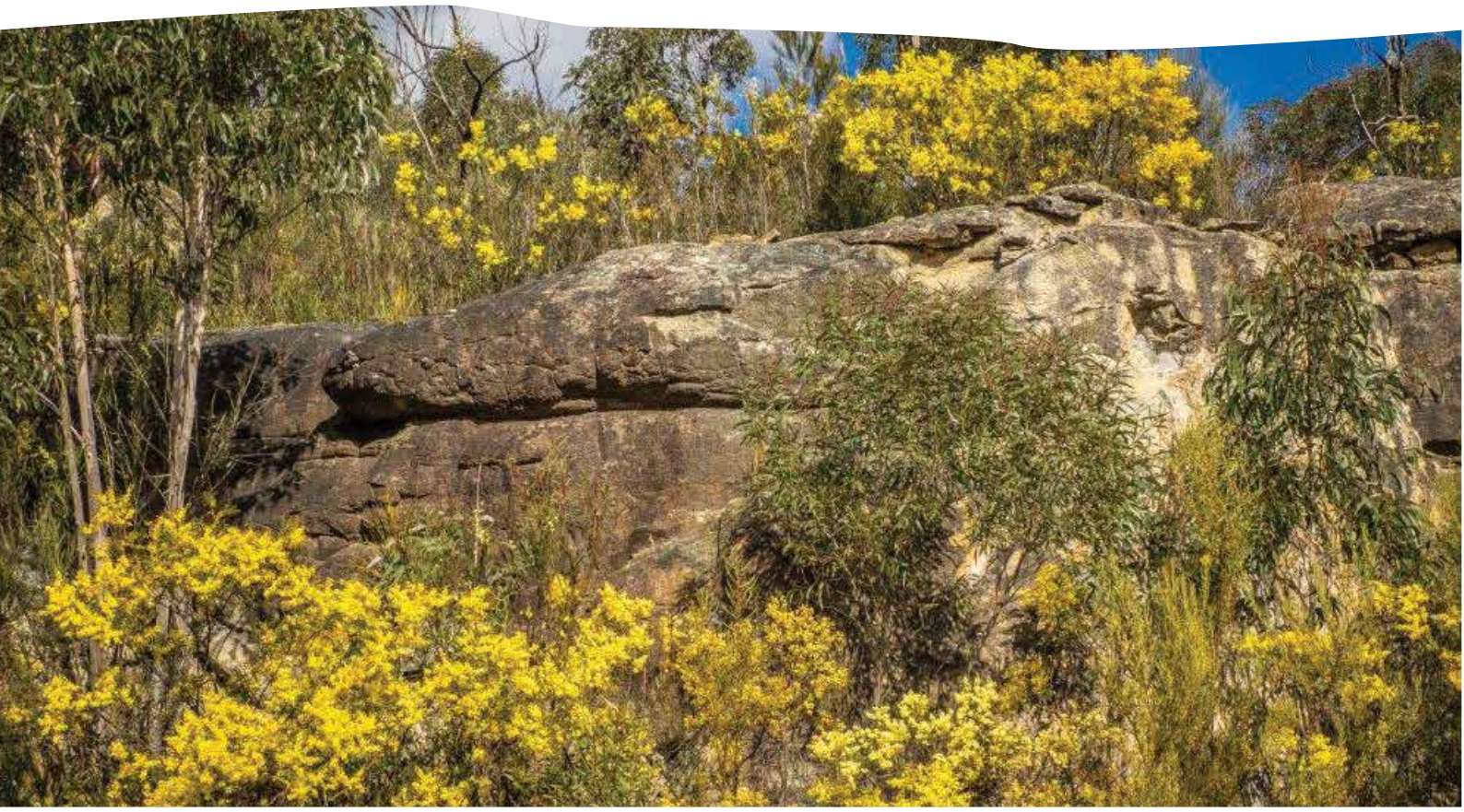


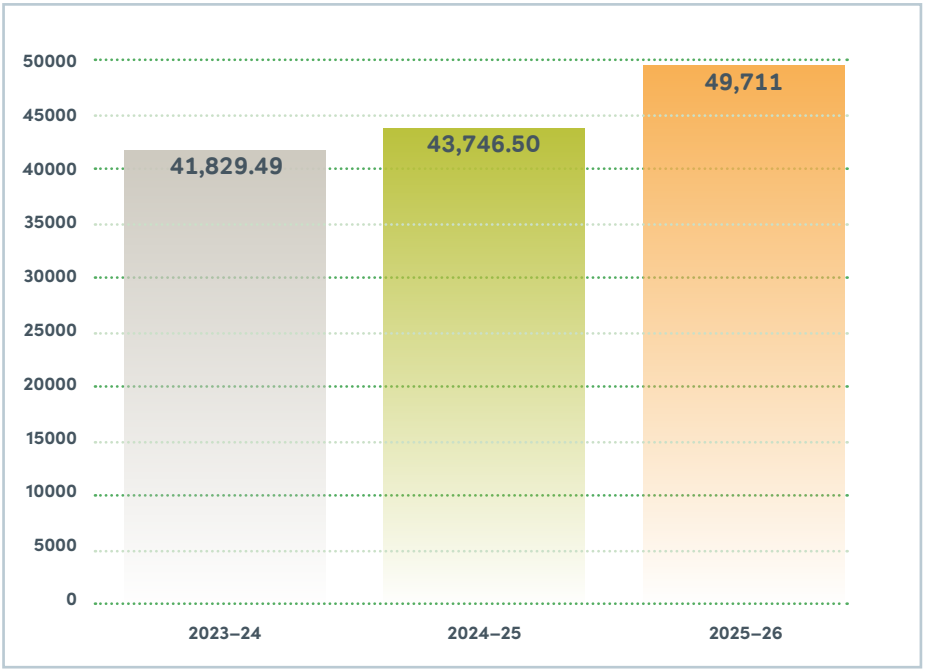
Photo credit: Bette Devine

WASTE AND RECYCLING	2025-26	2024-25	2023-24	% Change previous to selected range
WR1 Total units of waste disposed of by waste stream and disposal method (kg)				
Landfill (total)				
General waste - skips	126,333.00	136,795.50	137,155.50	-7.65%
Offsite treatment				
Clinical waste - incinerated	824.40	430.69	825.52	91.42%
Clinical waste - sharps	587.47	391.44	610.90	50.07%
Clinical waste - treated	7,130.57	4,717.48	7,154.24	51.15%
Recycling/recovery (disposal)				
Cardboard	21,047.00	46,671.30	46,777.24	
Commingled	1,596.00	10,970.22	5,470.08	
Total units of waste disposed (kg)	**157,518.44**	**199,976.62**	**197,993.47**	**-21.23%**
WR1 Total units of waste disposed of by waste stream and disposal method (%)				
Landfill (total)				
General waste	80.20%	68.41%	69.27%	39.66%
Offsite treatment				
Clinical waste - incinerated	0.53%	0.22%	0.42%	39.66%
Clinical waste - sharps	0.37%	0.20%	0.31%	39.66%
Clinical waste - treated	4.52%	2.36%	3.61%	39.66%
Recycling/recovery (disposal)				
Cardboard	13.36%	23.34%	23.63%	
Commingled	1.02%	5.49%	2.76%	
WR3 Total units of waste disposed normalised by FTE, headcount, floor area, or other entity or sector specific quantity, by disposal method				
Total waste to landfill per patient treated ((kg general waste)/PPT)	1.92	2.04	2.07	-5.35%
Total waste to offsite treatment per patient treated ((kg offsite treatment)/PPT)	0.12	0.08	0.13	-5.35%
Total waste recycled and reused per patient treated ((kg recycled and reused)/PPT)	0.34	0.86	0.79	
WR4 Recycling rate (%)				
Weight of recyclable and organic materials (kg)	22,643.00	57,641.51	52,247.32	
Weight of total waste (kg)	145,337.94	199,976.62	197,993.47	-28.40%
Recycling rate (%)	**15.60%**	**28.82%**	**26.39%**	
WR5 Greenhouse gas emissions associated with waste disposal (t CO^2-e)				
t CO^2-e	188.59	184.85	189.12	2.02%

WATER USAGE

Ageing infrastructure continues to be a focus area to identify opportunities to reduce water consumption.

Water Consumption (kL)



WATER USE	2025-26	2024-25	2023-24	% Change previous to selected range
W1 Total units of metered water consumed by water source (kL)				
Potable water (kL)	49,711.09	43,746.50	41,829.49	13.63%
Total units of water consumed (kL)	**49,711.09**	**43,746.50**	**41,829.49**	**13.63%**
W2 Units of metered water consumed normalised by FTE, headcount, floor area, or other entity or sector specific quantity				
Water per unit of Aged Care OBD (kL/Aged Care OBD)	0.94	0.88	0.87	6.77%
Water per unit of LOS (kL/LOS)	3.58	3.32	3.19	7.89%
Water per unit of bed-day (LOS+Aged Care OBD) (kL/OBD)	0.75	0.70	0.68	7.01%
Water per unit of Separations (kL/Separations)	10.34	8.98	8.36	15.15%
Water per unit of floor space (kL/m^2)	2.02	1.78	1.70	13.63%

TRANSPORTATION

Dhelkaya Health has a fleet of 44 vehicles that are essential to the provision of health support services. Of the 44 vehicles, 10 are petrol, 9 diesel, 17 hybrid and 8 zero emissions vehicles (ZEVs).

Petrol consumption increased on prior year to due to increased demand on the Fleet to meet expanded service delivery across the community.

Diesel consumption increased compared to the previous year due to ongoing grid instability and frequent power outages at the Castlemaine and Maldon campuses, which required backup diesel generators to operate for extended periods.

Vehicles are a critical enabler supporting core on-site support services including engineering, environmental services, food services and supply. Dhelkaya Health's Fleet is also a key enabler for our specialised health services, community services and district nursing delivering care in the home and locations beyond the grounds of the hospital.

In 2025-26 Dhelkaya Health continued to review the fleet portfolio with a focus on reducing fleet numbers, moving from owned to leased vehicles and converting to hybrid and ZEVs; department fit and infrastructure permitting. The mix of vehicles across the Castlemaine and Maldon campuses was also reviewed resulting in ZEVs being relocated to the Castlemaine campus to maximise the utilisation of the vehicles.

TRANSPORTATION ENERGY	2025-26	2024-25	2023-24	% Change previous to selected range
T1 Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type (MJ)				
Non-executive fleet - Gasoline	582,042.10	496,102.00	900,151.20	17.32%
Petrol	**582,042.10**	**496,102.00**	**900,151.20**	**17.32%**
Non-executive fleet - Diesel	485,969.80	145,633.80	107,694.10	233.69%
Diesel	**485,969.80**	**145,633.80**	**107,694.10**	**233.69%**
Total energy used in transportation (vehicle fleet) (MJ)	**1,068,011.90**	**641,735.80**	**1,007,845.30**	**66.42%**
T2 Number and proportion of vehicles in the organisational boundary segmented by engine/fuel type and vehicle category *				
T3 Greenhouse gas emissions from transportation (vehicle fleet) segmented by fuel type (t CO^2-e)				
Non-executive fleet - Gasoline	14.46	33.55	60.87	-56.89%
Petrol	**14.46**	**33.55**	**60.87**	**-56.89%**
Non-executive fleet - Diesel	4.74	10.25	7.58	-53.75%
Diesel	**4.74**	**10.25**	**7.58**	**-53.75%**
Total Greenhouse gas emissions from transportation (vehicle fleet) (t CO^2-e)	**19.20**	**43.80**	**68.45**	**-56.16%**
T4 Total distance travelled by commercial air travel (passenger km travelled for business purposes by entity staff on commercial or charter aircraft)				
Total distance travelled by commercial air travel	34,298.00	0.00	0.00	
T(opt1) Total vehicle travel associated with entity operations (1,000 km)				
Total vehicle travel associated with entity operations (1,000 km)	262,787.00			
T(opt2) Greenhouse gas emissions from vehicle fleet (t CO^2-e per 1,000 km)				
t CO^2-e per 1,000 km				

* *The breakdown of the 44 fleet vehicles is as follows: 37 passenger vehicles (17 x hybrid, 7 x ZEV, 10 x petrol, 3 x diesel); 3 buses (3 x diesel); 4 goods vehicles (1 x ZEV, 3 x diesel).*

TOTAL ENERGY USE

TOTAL ENERGY USE	2025-26	2024-25	2023-24	% Change previous to selected range
E1 Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)				
Total energy usage from stationary fuels (F1) (MJ)	21,667,845.50	22,073,159.50	23,216,733.20	-1.84%
Total energy usage from transport (T1) (MJ)	1,068,011.90	641,735.80	1,007,845.30	66.42%
Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)	**22,735,857.40**	**22,714,895.30**	**24,224,578.50**	**0.09%**
E2 Total energy usage from electricity (MJ)				
Total energy usage from electricity (MJ)	9,947,119.35	9,409,548.59	9,058,799.58	5.71%
E3 Total energy usage segmented by renewable and non-renewable sources (MJ)				
Renewable	9,947,119.30	2,492,140.19	2,462,282.92	299.14%
Non-renewable (E1 + E2 - E3 Renewable)	21,949,064.45	29,632,303.70	30,821,095.16	-25.93%
E4 Units of Stationary Energy used normalised: (F1+E2)/normaliser				
Energy per unit of Aged Care OBD (MJ/Aged Care OBD)	599.40	635.24	672.29	-5.64%
Energy per unit of LOS (MJ/LOS)	2,277.24	2,388.49	2,460.40	-4.66%
Energy per unit of bed-day (LOS+Aged Care OBD) (MJ/OBD)	474.51	501.79	528.02	-5.44%
Energy per unit of Separations (MJ/Separations)	6,578.23	6,464.62	6,448.66	1.76%
Energy per unit of floor space (MJ/m^2)	1,282.87	1,277.50	1,309.67	0.42%

SUSTAINABLE BUILDINGS AND INFRASTRUCTURE

SUSTAINABLE BUILDINGS AND INFRASTRUCTURE	2025-26	2024-25	2023-24	% Change previous to selected range
B1 Discuss how environmentally sustainable design (ESD) is incorporated into newly completed entity-owned buildings				
N/A				
B2 Discuss how new entity leases meet the requirement to preference higher-rated office buildings and those with a Green Lease Schedule				
N/A				
B3 NABERS Energy (National Australian Built Environment Rating System) ratings of newly completed/occupied Entity-owned office buildings and substantial tenancy fit-outs (itemised)				
N/A				
B4 Environmental performance ratings (e.g. NABERS, Green Star, or ISCAIS rating scheme) or newly completed Entity-owned non-office building or infrastructure projects or upgrades with a value over $1 million				
NABERS Energy				
N/A				
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				
N/A				

Our Finances

Summary of Financial Results For the period 1 July 2025 to 30 June 2026	2026 ($'000)	2025 ($'000)	2024 ($'000)	2023 ($'000)	2022 † ($'000)
Operating result*	**1,394**	**1,853**	**(1,951)**	**44**	**1,603**
Total revenue	102,392	95,457	81,329	76,033	26,375
Total expenses	106,042	97,813	87,351	80,945	26,585
Net result from transactions	**(3,650)**	**(2,356)**	**(6,022)**	**(4,912)**	**(210)**
Total other economic flows	248	309	135	(18)	245
Net result	**(3,402)**	**(2,047)**	**(5,887)**	**(4,930)**	**35**
Total assets	178,630	180,143	179,097	106,376	114,271
Total liabilities	50,951	49,062	45,969	46,556	49,349
Net assets/Total equity	**127,679**	**131,081**	**133,128**	**59,820**	**64,922**

** The Operating result is the result for which the health service is monitored in its Statement of Priorities*
† Dhelkaya Health was established on 1 March 2022; therefore, comparative information is for four months only.

Reconciliation of Net Result from Transactions and Operating Result	2025-26 ($'000)
Operating result	**1,394**
Capital purpose income	6,669
Specific income	0
COVID 19 State Supply Arrangements - Assets received free of charge or for nil consideration under the State Supply	0
State supply items consumed up to 30 June 2026	0
Assets provided free of charge	0
Assets received free of charge	0
Expenditure for capital purpose	(1,001)
Depreciation and amortisation	(10,712)
Impairment of non-financial assets	0
Finance costs (other)	0
Net result from transactions	**(3,650)**

Summary of significant changes in financial position during 2025-26

There were no significant changes in financial position.

Summary of major changes or factors which have affected the achievement of operational objectives for the year

There were no major changes affecting the achievement of operational objectives.

Events subsequent to balance date, which may have a significant effect on the operations of the entity in subsequent years

There are no events subsequent to balance sheet date.

Our Finances

DETAILS OF CONSULTANCIES (UNDER $10,000)

In 2025-26, there were nil consultancies where the total fees payable to the consultants were less than $10,000.

DETAILS OF CONSULTANCIES (VALUED AT $10,000 OR GREATER)

In 2025-26, there was one consultancy where the total fees payable to the consultants was $10,000 or greater. The total expenditure incurred during 2025-26 in relation to this consultancy is $67,862 (excl. GST). Details of this consultancy can be viewed at www.dhelkayahealth.org.au/about-us.

Consultancies over $10,000

CONSULTANT	PURPOSE OF CONSULTANCY	START DATE	END DATE	TOTAL APPROVED PROJECT FEE (excl. GST)	EXPENDITURE 2025-26 (excl. GST)	FUTURE EXPENDITURE (excl. GST)
Spark Strategy - Synchronicity Consulting Pty Ltd	Design and deliver a contemporary, collaborative planning process to produce the organisation's Strategic Plan 2027-31	May 2026	October 2026	$96,947	$67,862	$29,085

Reviews and study expenses

During 2025-26 there were 2 reviews and studies undertaken with the total cost of $99,175. Details of individual reviews and studies are outlined below.

NAME OF THE REVIEW	REASONS FOR REVIEW/ STUDY	SCOPE	TIMELINE	ANTICIPATED OUTCOMES	ESTIMATED COST FOR YEAR (excl. GST) ($'000)	FINAL COST IF COMPLETED ($'000)	PUBLICLY AVAILABLE (Y/N) AND URL
Disaster Management Capacity Building Program	To build organisational disaster management maturity through the delivery of a robust Disaster Management capacity building program.	Review current Disaster Management Response and Recovery Plans and design the concept format for delivery, including site specific plans.	April 2025 - Sept 2026	Development and implementation of a fit for purpose Crisis Management Framework and Plan and organisation-wide Business Continuity Plan.	81.53	148.05	N
VHA study tour	A 10-day immersive leadership program to strengthen capability across Victoria's community health sector.	The program structure included a range of professional site visits, roundtable discussions, attendance at the Alliance for Healthier Communities Annual Conference and a structured approach to synthesize collective knowledge acquired.	10 days May/June 2026	Exposure to innovative community health models of care. Increase in knowledge in application of AI in community health settings. Adaptive leadership update.	17.65	17.65	N

Our Finances

GOVERNMENT ADVERTISING CAMPAIGN

Dhelkaya Health has nil reports relating to government advertising expenditure.

GRANTS AND TRANSFER PAYMENTS

Not applicable – Dhelkaya Health did not administer any grants, transfer payments or Commercial-in-Confidence grants in 2025-26.

ICT Expenditure

For the 2025-26 reporting period, Dhelkaya Health had a total ICT expenditure of $3.09 million, with the details shown below.

ALL OPERATIONAL ICT EXPENDITURE	ICT EXPENDITURE RELATED TO PRIORITIES TO CREATE OR ENHANCE ICT CAPABILITIES		
Business as Usual (BAU) ICT expenditure	Non-business as Usual (non-BAU) ICT expenditure	Operational expenditure (excluding GST) (a)	Capital expenditure (excluding GST) (b)
Total (excluding GST)	Total = Operational expenditure and Capital expenditure (excluding GST) (a) + (b)		
$3.09 million	$0	$0	$0

Data Disclaimer

All data published in this annual report was accurate at the time of publication. Data may be subject to change following audit and data verification processes that may not have been finalised at the time of publication.

CASE STUDY

Championing Accessibility at the Mount Alexander Business Awards

Dhelkaya Health was proud to support the 2025 Mount Alexander Shire Business Awards as Silver Sponsor of the Accessibility Champion category.



Held at Boomtown Winery & Bistro, the biennial awards recognise local businesses and organisations that strengthen the community through innovation, inclusion, sustainability and service excellence.

Representing Dhelkaya Health, Kerryn James (Executive Director Community Services and Wellbeing) presented the Accessibility Champion Award, recognising businesses committed to creating more inclusive and accessible experiences.

Sponsoring the awards reflects Dhelkaya Health's ongoing commitment to supporting initiatives that celebrate local achievement, encourage inclusive practices and contribute to the social and economic wellbeing of the Mount Alexander Shire.

Our Attestations

FINANCIAL MANAGEMENT COMPLIANCE ATTESTATION STATEMENT

I, Dr Heather Holst, on behalf of the Responsible Body, certify that Dhelkaya Health has no Material Compliance Deficiency with respect to the applicable Standing Directions under the *Financial Management Act 1994* and Instructions.



Dr Heather Holst
Responsible Officer

Dhelkaya Health
2 October 2026

DATA INTEGRITY DECLARATION

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



Ms Sue Race
Accountable Officer

Dhelkaya Health
2 October 2026

CONFLICT OF INTEREST DECLARATION

I, Sue Race, certify as follows:

- Declaration of private interest forms have been completed by all executive staff within Dhelkaya Health and members of the Board.
- Conflict of interest is a standing agenda item for declaration and documenting at each executive board meeting.
- It has been determined that Dhelkaya Health's Conflict of Interest management framework does not meet all of the minimum accountabilities required by the VPSC. Dhelkaya Health is undertaking a project to remediate that framework with a target date for completion of 31 December 2026.



Ms Sue Race
Accountable Officer

Dhelkaya Health
2 October 2026

INTEGRITY, FRAUD AND CORRUPTION DECLARATION

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



Ms Sue Race
Accountable Officer

Dhelkaya Health
2 October 2026

COMPLIANCE WITH HEALTHSHARE VICTORIA (HSV) PURCHASING POLICIES

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



Ms Sue Race
Accountable Officer

Dhelkaya Health
2 October 2026

Our Statutory Compliance

FREEDOM OF INFORMATION ACT 1982

The *Freedom of Information (FOI) Act 1982 (Vic)* provides the public with a means of accessing information held by government agencies. Dhelkaya Health processes all FOI requests for access to documents in accordance with the provisions of the FOI Act.

During 2025-26, Dhelkaya Health received 36 valid FOI applications. Of these requests, 15 were from law firms acting on behalf of a patient, 17 were from an insurer, 2 from the Transport Accident Commission, and the remainder from the general public.

Dhelkaya Health generated a total of 35 FOI decisions during the 12 months ending 30 June 2026. This number included 2 decisions from applications that were commenced in the latter part of the previous financial year. All of the 35 decisions were made within the statutory time period.

Of the total 35 decisions made, all were granted access to documents in full, and the average number of days to decide a valid request was 10 days, which was under the statutory time (including any relevant extended timeframes).

During 2025-26, no requests were subject to a complaint or internal review by the Office of the Victorian Information Commissioner. No requests progressed to the Victorian Civil and Administrative Tribunal (VCAT).

Information on how to make a FOI request can be found on the Dhelkaya Health website at https://dhelkayahealth.org.au/patient-services/patient-health-information/ This page contains a link to our FOI application form which contains information about the FOI process, the amount of the application fee and other charges, contact details and a link to the website of the Office of the Victorian Information Commissioner.

2025-26 FOI APPLICATIONS	
Valid applications received	36
FOI access decisions	
Granted in full	35
Granted in part	0
Denied in full	0
Application withdrawn	0
No documents*	0
Not proceeded with	0
In progress at the end of the financial year	1

* *No documents refer to situations where a search identified no documents that fell within the scope of the FOI request*

BUILDING ACT 1993

Dhelkaya Health fully complied with the building and maintenance provisions of the *Building Act 1993* for the period 1 July 2025 to 30 June 2026. Where applicable, the appropriate Building Permits and Certificates of Occupancy were obtained in line with the requirements of the Building Act 1993. In order to ensure buildings are maintained in a safe and functional condition, ongoing maintenance programs are in place. No emergency orders and building orders were received during the reporting period.

Dhelkaya Health sites have undergone a number of asset condition assessments. The Five Yearly Fire Safety Audit was conducted at the Castlemaine Campus in 2023, noting that the Maldon campus audit was conducted in 2022. Fire and safety risk management works at both Castlemaine and Maldon sites, funded through the Regional Health Infrastructure Fund, have progressed during 2025-26.

PUBLIC INTEREST DISCLOSURES ACT 2012

This Act enables people to make disclosures about improper conduct within the public sector without fear of reprisal. The Act aims to ensure openness and accountability by encouraging people to make disclosures and protecting them when they do. The procedures established by Dhelkaya Health under Part 9 are available in the Public Interest Disclosure Policy. There were no disclosures notified to the IBAC under section 21(2) in 2025-26.

LOCAL JOBS FIRST ACT 2003

In 2025-26 there were no contracts requiring disclosure under the Local Jobs First Policy. Dhelkaya Health complies with the intent of the *Victorian Industry Participation Policy Act 2003* and has no requirements of disclosures for the 2025-26 financial year. The Act requires, wherever possible, local industry participation in supplies, taking into consideration the principle of value for money and transparent tendering processes.

STATEMENT ON NATIONAL COMPETITION POLICY

In accordance with the Competition Principles Agreement, Victoria is obliged to apply competitive neutrality policy and principles to all significant business activities undertaken by government agencies and local authorities. Dhelkaya Health continues to comply with the National Competition Policy. The Victorian Government's competitive neutrality pricing principles for all relevant business activities have also been applied by Dhelkaya Health.

Our Statutory Compliance

CARERS RECOGNITION ACT 2012

In accordance with the *Carers Recognition Act 2012 (Vic)*, Dhelkaya Health:

- takes all practicable measures to ensure that its employees and agents have an awareness and understanding of the care relationship principles
- takes all practicable measures to ensure that persons who are in care relationships and who are receiving services in relation to the care relationship from the care support organisation have an awareness and understanding of the care relationship principles
- takes all practicable measures to ensure that the care support organisation and its employees and agents reflect the care relationship principles in developing, providing or evaluating support and assistance for persons in care relationships.

GENDER EQUALITY ACT 2020

Dhelkaya Health is a defined entity under the *Gender Equality Act 2020*.

Dhelkaya Health's legal obligations under the Act include:

- a duty to promote gender equality
- undertake gender impact assessments on policies, programs, and services
- undertake workplace gender audits in line with the Commission for Gender Equality in the Public Sector deadlines
- prepare Gender Equality Action Plans
- prepare progress reports.

Dhelkaya Health submitted a Gender Equality Action Plan and Progress report in April 2026 prior to the deadline of 1 May 2026. Dhelkaya Health's Gender Equality Action Plan will be in place until 2030 with progress reporting required in 2027. Actions within this plan are being tracked in preparation for progress reporting and is available for viewing on our website at www.dhelkayahealth.org.au/about-us.

SAFE PATIENT CARE ACT 2015

Under Part 3 – Compliance and Reporting (Clause 40) of the Act, the operator of a hospital has an obligation to report certain matters (Clause 40 subsections a to e) in its report of operations for a financial year. Hospitals to which this applies are those hospitals identified in part 1 Clause 3 'hospital', and Schedule 1 to the Act.

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

ADDITIONAL INFORMATION AVAILABLE ON REQUEST

The items listed below have been retained by Dhelkaya Health and are available to the relevant ministers, members of parliament and the public on request (subject to freedom of information requirements, if applicable):

- a statement that declarations of pecuniary interests have been duly completed by all relevant officers
- details of shares held by a senior officer as nominee or held beneficially in a statutory authority or subsidiary
- details of publications produced by the entity about itself, and how these can be obtained
- details of changes in prices, fees, charges, rates, and levies charged by the entity
- details of any major external reviews carried out on the entity
- details of major research and development activities undertaken by the entity
- details of overseas visits undertaken including a summary of the objectives and outcomes of each visit
- details of major promotional, public relations and marketing activities undertaken by the entity to develop community awareness of the entity and its services
- details of assessments and measures undertaken to improve the occupational health and safety of employees
- a general statement on industrial relations within the entity and details of time lost through industrial accidents and disputes
- a list of major committees sponsored by the entity, the purposes of each committee and the extent to which the purposes have been achieved
- details of all consultancies and contractors including: (i) consultants/ contractors engaged (ii) services provided (iii) expenditure committed to for each engagement.

This information is available on request from: Corporate Governance Coordinator

Email: boardsecretary@castlemainehealth.org.au

Disclosure Index

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

LEGISLATION	REQUIREMENT	PAGE REFERENCE
STANDING DIRECTIONS AND FINANCIAL REPORTING DIRECTIONS		
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FRD 22	Purpose, functions, power and duties	6
FRD 22	Nature and range of services provided	5
FRD 22	Activities, programs and achievements for the reporting period	20–23
FRD 22	Significant changes in key initiatives and expectations for the future	3–4
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FRD 22	Workforce inclusion policy	12
FRD 22	Occupational health and safety	14
Financial and other information		
FRD 22	Summary of the financial results for the year	37
FRD 22	Significant changes in financial position during the year	37
FRD 22	Operational and budgetary objectives and performance against objectives	37
FRD 22	Subsequent events	37
FRD 22	Details of consultancies under $10,000	38
FRD 22	Details of consultancies over $10,000	38
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Disclosure Index

LEGISLATION	REQUIREMENT	PAGE REFERENCE
STANDING DIRECTIONS AND FINANCIAL REPORTING DIRECTIONS		
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	Attestation on Data Integrity	40
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Declaration		
SD 5.2.2	Declaration in financial statements	47
Other requirements under Standing Directions 5.2		
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SD 5.2.1[(a)]	Compliance with Standing Directions	47
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Other disclosures as required by FRDs in notes to the financial statements [(a)(b)]		
FRD 11	Disclosure of Ex gratia Expenses	N/A
FRD 103	Non-Financial Physical Assets	62
FRD 110	Cash Flow Statements	50
FRD 112	Defined Benefit Superannuation obligations	58
FRD 114	Financial Instruments – general government entities and public non-financial corporations	78
LEGISLATION		
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Local Jobs Act 2003		41
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Notes

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

[(b)] *Refer to the Model Financial Statements section (Part two) for further details.*

Independent Auditor's Report

Victorian Auditor-General's Office

To the Board of Dhelkaya Health

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

Auditor General's Report

Auditor's responsibilities for the audit of the financial report

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

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

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

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



Simone Bohan
as delegate for the Auditor-General of Victoria

MELBOURNE
23 September 2026

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

Financial Year ended 30 June 2026

The attached financial statements for Dhelkaya 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 Dhelkaya 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 22nd September, 2026.

Board member	**Accountable Officer**	**Chief Finance & Accounting Officer**
		
Dr Heather Holst	Sue Race	Catherine Gaskell
Chair	Chief Executive Officer	Chief Financial Officer
Dhelkaya Health 22nd September, 2026	Dhelkaya Health 22nd September, 2026	Dhelkaya Health 22nd September, 2026

Comprehensive Operating Statement | For the Financial Year ended 30 June 2026

	Note	2026 $'000	2025 $'000
Revenue and income from transactions			
Revenue from contracts with customers	2.1 (a)	87,074	82,450
Government grants	2.1 (b)	4,056	5,063
Other sources of income	2.1 (c)	11,262	7,944
Total revenue and income from transactions		**102,392**	**95,457**
Expenses from transactions			
Employee expenses	3.1 (a)	(76,509)	(70,830)
Supplies and consumables	3.1 (c)	(5,707)	(5,753)
Depreciation and amortisation	4.1(a), 4.2	(10,712)	(10,170)
Other operating expenses	3.1 (d)	(13,114)	(11,060)
Total expenses from transactions		**(106,042)**	**(97,813)**
Net result from transactions - net operating balance		**(3,650)**	**(2,356)**
Other economic flows included in net result			
Net gain/(loss) on sale of non-financial assets		1	149
Net gain/(loss) on financial instruments		(2)	(5)
Other gain/(loss) from other economic flows		249	165
Total other economic flows included in net result		**248**	**309**
Net result		**(3,402)**	**(2,047)**
Comprehensive result		**(3,402)**	**(2,047)**

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

Balance Sheet | As at 30 June 2026

	Note	2026 $'000	2025 $'000
Financial assets			
Cash and cash equivalents	6.2	35,615	33,442
Receivables	5.1	8,029	7,225
Investments and other financial assets		3,275	1,725
Total financial assets		**46,919**	**42,392**
Non-financial assets			
Prepayments		280	961
Inventories		369	279
Property, plant and equipment	4.1	131,062	136,511
Total non-financial assets		**131,711**	**137,751**
Total assets		**178,630**	**180,143**
Liabilities			
Payables	5.2	11,250	11,326
Borrowings	6.1	1,508	1,111
Employee benefits	3.1(b)	15,880	15,510
Monies held in trust	5.3	22,313	21,115
Total liabilities		**50,951**	**49,062**
Net assets		**127,679**	**131,081**
Equity			
Reserves		83,387	83,387
Contributed capital		60,695	60,695
Accumulated surplus/(deficit)		(16,403)	(13,001)
Total equity		**127,679**	**131,081**

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

Cash Flow Statement | For the Financial Year ended 30 June 2026

	Note	2026 $'000	2025 $'000
Cash flows from operating activities			
Receipts from Government		82,224	77,692
Commercial activity revenue received		755	710
Donations and bequests received		102	25
Other receipts		16,213	13,193
Total receipts		**99,294**	**91,620**
Payments to employees		(75,015)	(68,224)
Payments to suppliers and consumables		(7,586)	(6,033)
GST paid to ATO		(1,681)	(1,743)
Other payments		(9,163)	(8,675)
Total payments		**(93,445)**	**(84,675)**
Net cash flows from/(used in) operating activities		**5,849**	**6,945**
Cash flows from investing activities			
Proceeds from sale of non-financial assets		35	596
Purchase of non-financial assets		(5,297)	(4,980)
Purchase of financial assets		(1,550)	-
Capital donations and bequests received		1,637	252
Net cash flows from/(used in) investing activities		**(5,175)**	**(4,132)**
Cash flows from financing activities			
Repayment of borrowings and principal portion of lease liabilities		(65)	(60)
Receipt of borrowings		462	157
Repayment of accommodation deposits		(6,634)	(8,174)
Receipt of accommodation deposits		7,736	9,651
Net cash flows from/(used in) financing activities		**1,499**	**1,574**
Net increase/(decrease) in cash and cash equivalents held		**2,173**	**4,387**
Cash and cash equivalents at beginning of year		33,442	29,055
Cash and cash equivalents at end of year	6.2	**35,615**	**33,442**

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

Statement of Changes in Equity | For the Financial Year ended 30 June 2026

	Property, Plant and Equipment Revaluation Surplus	Restricted Specific Purpose Reserve	Contributed Capital	Accumulated Surplus/(Deficit)	Total
	$'000	$'000	$'000	$'000	$'000
Balance at 1 July 2024	**81,381**	**2,006**	**60,695**	**(10,954)**	**133,128**
Net result for the year	-	-	-	(2,047)	(2,047)
Balance at 30 June 2025	**81,381**	**2,006**	**60,695**	**(13,001)**	**131,081**
Net result for the year	-	-	-	(3,402)	(3,402)
Balance at 30 June 2026	**81,381**	**2,006**	**60,695**	**(16,403)**	**127,679**

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 Dhelkaya Health for the year ended 30 June 2026.

Dhelkaya Health is a not-for-profit entity established as a public agency 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 Dhelkaya 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 Dhelkaya Health on 22nd September, 2026.

Note 1.2 Material accounting estimates and judgements

Management makes estimates and judgements when preparing the financial statements.

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

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

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

Note 1.3 Reporting Entity

The financial statements include all the controlled activities of Dhelkaya Health.

Dhelkaya Health's principal address is:

142 Cornish Street
Castlemaine, Victoria 3450

Note 1.4 Economic dependency

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

Note 2 Funding delivery of our services

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

Significant judgement - Grant revenue

Dhelkaya 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)	87,074	82,450
Government grants	2.1(b)	4,056	5,063
Other sources of income	2.1(c)	11,262	7,944
Total revenue and income from transactions		**102,392**	**95,457**

Note 2.1(a) Revenue from contracts with customers

	2026 $'000	2025 $'000
Government grants (State) - Operating	58,863	57,678
Government grants (Commonwealth) - Operating	21,070	18,276
Patient and resident fees	6,386	5,786
Commercial activities	755	710
Total revenue from contracts with customers	**87,074**	**82,450**

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

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

Patient and resident fees

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

Note 2.1(b) Government Grants

	2026 $'000	2025 $'000
Government grants (State) - Capital	4,056	5,063
Total Government grants	**4,056**	**5,063**

How we recognise Government grants

Government grants

Dhelkaya 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 Dhelkaya Health has an unconditional right to receive cash which usually coincides with receipt of cash. On initial recognition of the asset, Dhelkaya 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 Dhelkaya 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 Dhelkaya 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 Dhelkaya Health as follows:

Supplier	Description
Victorian Managed Insurance Authority	The Department of Health purchases non-medical indemnity insurance for Dhelkaya 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
Capital donations		1,637	252
Assets received free of charge or for nominal consideration		1,245	991
Other income from operating activities		1,452	1,054
Income from non-operating activities		6,928	5,647
Total other sources of income		**11,262**	**7,944**

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)	76,509	70,830
Supplies & Consumables	3.1(c)	5,707	5,753
Other operating expenses	3.1(d)	13,114	11,060
Total expenses incurred in the delivery of services		**95,330**	**87,643**

Note 3.1(a) Employee expenses

	2026 $'000	2025 $'000
Salaries and wages	62,854	59,192
Superannuation expense [(1)]	7,238	6,385
Agency expenses	3,074	1,928
Fee for service medical officer expenses	3,343	3,325
Total employee expenses	**76,509**	**70,830**

[(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	61	122
Annual leave	5,765	5,566
Long service leave	6,666	6,654
Provision for on-costs	2,082	2,023
Total current provisions for employee benefits	**14,574**	**14,365**
Non-current provisions for employee benefits		
Long service leave	1,116	980
Provision for on-costs	190	165
Total non-current provisions for employee benefits	**1,306**	**1,145**
Total provisions for employee benefits	**15,880**	**15,510**

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

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

Provisions

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

Note 3.1(c) Supplies and consumables

	2026 $'000	2025 $'000
Drug supplies	484	524
Medical and surgical supplies (including Prostheses)	1,823	1,892
Diagnostic and radiology supplies	331	357
Other supplies and consumables	3,069	2,980
Total supplies and consumables	**5,707**	**5,753**

How we recognise supplies and consumables

Supplies and consumable costs are recognised as an expense in the reporting period in which they are incurred. The carrying amounts of any inventories held for distribution are expensed when distributed.

Note 3.1(d) Other operating expenses

	2026 $'000	2025 $'000
Fuel, light, power and water	1,104	1,025
Repairs and maintenance	1,060	1,271
Maintenance contracts	556	229
Medical indemnity insurance	642	467
Other administration expenses	9,709	8,028
Finance costs	43	40
Total other operating expenses	**13,114**	**11,060**

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 Dhelkaya 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

Dhelkaya 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 Dhelkaya 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	8,043	8,043	(70)	(70)	7,973	7,973
Buildings at fair value	130,953	129,208	(18,121)	(9,021)	112,832	120,187
Works in progress at cost	3,706	2,987	-	-	3,706	2,987
Plant, equipment and vehicles at fair value	21,228	18,628	(14,677)	(13,264)	6,551	5,364
Total property, plant and equipment	**163,930**	**158,866**	**(32,868)**	**(22,355)**	**131,062**	**136,511**

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 & Improvements $'000	Works in progress $'000	Plant, equipment and vehicles $'000	Total $'000
Balance at 1 July 2025	**7,973**	**120,187**	**2,987**	**5,364**	**136,511**
Additions	-	1,430	1,585	2,282	5,297
Disposals	-	-	-	(34)	(34)
Net transfers between classes	-	315	(866)	551	-
Depreciation	-	(9,100)	-	(1,612)	(10,712)
Balance at 30 June 2026	**7,973**	**112,832**	**3,706**	**6,551**	**131,062**

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, Dhelkaya 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 Dhelkaya Health's revaluation cycle.

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

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

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2026 $'000	2025 $'000	2026 $'000	2025 $'000	2026 $'000	2025 $'000
Land [1]	70	70	(70)	(70)	-	-
Plant, equipment and vehicles [1]	2,349	1,505	(1,053)	(465)	1,296	1,040
Total right-of-use assets	**2,419**	**1,575**	**(1,123)**	**(535)**	**1,296**	**1,040**

	Land $'000	Plant, equipment and vehicles $'000	Total $'000
Balance at 1 July 2025[1]	**-**	**1,040**	**1,040**
Additions	-	898	898
Disposals	-	(34)	(34)
Depreciation	-	(608)	(608)
Balance at 30 June 2026	**-**	**1,296**	**1,296**

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

How we recognise right-of-use assets

Initial recognition

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

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

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

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

Subsequent measurement

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

4.1(c) Impairment of property, plant and equipment

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

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

Note 4.2 Depreciation and amortisation

How we recognise depreciation

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

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

How we recognise amortisation

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

Useful lives of non-current assets

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

	2026	2025
Buildings	5 to 50 Years	5 to 50 Years
Plant, Equipment and Vehicles	3 to 15 years	3 to 15 years
Right of Use Assets - Vehicles	3 to 5 years	3 to 5 years

Note 5 Other assets and liabilities

This section sets out those assets and liabilities that arose from Dhelkaya 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		296	326
Trade receivables		890	880
Patient fees		1,273	714
Allowance for impairment losses		(155)	(157)
Other receivable		553	761
Total contractual receivables		**2,857**	**2,524**
Statutory			
GST receivable		69	267
Total statutory receivables		**69**	**267**
Total current receivables		**2,926**	**2,791**
Non-current receivables			
Contractual			
Long service leave - Department of Health		5,103	4,434
Total contractual receivables		**5,103**	**4,434**
Total non-current receivables		**5,103**	**4,434**
Total receivables		**8,029**	**7,225**
(i) Financial assets classified as receivables			
Total receivables		8,029	7,225
GST receivable		(69)	(267)
Total financial assets classified as receivables	7.1	**7,960**	**6,958**

How we recognise receivables

Receivables consist of:

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

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

Note 5.2 Payables

	Note	2026 $'000	2025 $'000
Current payables			
Contractual			
Trade creditors		1,952	2,314
Accrued salaries and wages		3,683	2,805
Accrued expenses		462	653
Deferred capital grant income	5.2(a)	392	1,683
Other		4,749	3,856
Total contractual payables		**11,238**	**11,311**
Statutory			
GST Payable		12	15
Total statutory payables		**12**	**15**
Total current payables		**11,250**	**11,326**
Total payables		**11,250**	**11,326**
(i) Financial liabilities classified as payables			
Total payables		11,250	11,326
Deferred capital grant income		(392)	(1,683)
GST payable		(12)	(15)
Total financial liabilities classified as payables	7.1	**10,846**	**9,628**

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

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

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

Note 5.2(a) Movement in deferred capital grant income

	2026 $'000	2025 $'000
Opening balance of deferred capital grant income	1,683	4,027
Grant consideration for capital works that was included in the deferred grant liability balance (adjusted for AASB 1058) at the beginning of the year	-	-
Grant consideration for capital works received during the year	392	3,270
Deferred capital grant income recognised as income due to completion of capital works	(1,683)	(4,193)
Closing balance of deferred capital grant income	**392**	**1,683**

How we recognise deferred capital grant income

Grant consideration was received from the Department of Transport and Planning via the Regional Health Infrastructure Fund (RHIF) to support the refurbishment of the Castlemaine Hospital and surgical equipment replacement.

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

Note 5.3 Monies held in trust

	Note	2026 $'000	2025 $'000
Current monies held in trust			
Patient monies		398	302
Refundable accommodation deposits		21,915	20,813
Total current monies held in trust		**22,313**	**21,115**
Total other liabilities		**22,313**	**21,115**
*** Represented by:**			
- Cash assets	6.2	22,313	21,115
		22,313	**21,115**

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 Dhelkaya 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 Dhelkaya Health during its operations, along with interest expenses (the cost of borrowings) and other information related to financing activities of Dhelkaya 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 Borrowings
6.2 Cash and cash equivalents
6.3 Commitments for expenditure

Note 6.1 Borrowings

	Note	2026 $'000	2025 $'000
Current borrowings			
Lease liability	6.1(a)	755	359
Advances from government		-	65
Total current borrowings		**755**	**424**
Non-current borrowings			
Lease liability	6.1(a)	753	687
Total non-current borrowings		**753**	**687**
Total borrowings	7.1	**1,508**	**1,111**

How we recognise borrowings

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

Borrowings are classified as financial instruments. Interest bearing liabilities are classified at amortised cost and recognised at the fair value of the consideration received directly attributable to transaction costs and subsequently measured at amortised cost using the effective interest method.

Terms and conditions of borrowings

					Maturity Dates				
30 June 2026	Note	Weighted average interest rate (%)	Carrying Amount $'000	Nominal Amount $'000	Less than 1 Month $'000	1-3 Months $'000	3 months - 1 Year $'000	1-5 Years $'000	Over 5 years $'000
Lease liabilities	6.1	3.70%	1,508	1,508	63	189	503	753	-
Total Financial Liabilities			**1,508**	**1,508**	**63**	**189**	**503**	**753**	**-**

					Maturity Dates				
30 June 2025	Note	Weighted average interest rate (%)	Carrying Amount $'000	Nominal Amount $'000	Less than 1 Month $'000	1-3 Months $'000	3 months - 1 Year $'000	1-5 Years $'000	Over 5 years $'000
Lease liabilities	6.1	3.70%	1,046	1,046	30	90	239	687	-
Advances from government	6.1	0.00%	65	65	-	-	65	-	-
Total Financial Liabilities			**1,111**	**1,111**	**30**	**90**	**304**	**687**	**-**

Note 6.1(a) Lease liabilities

Dhelkaya Health's lease liabilities are summarised below:

	2026 $'000	2025 $'000
Current lease liabilities		
Lease liability	755	359
Total current lease liabilities	**755**	**359**
Non-current lease liabilities		
Lease liability	753	687
Total non-current lease liabilities	**753**	**687**
Total lease liabilities	**1,508**	**1,046**

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

	2026 $'000	2025 $'000
Not longer than one year	786	394
Longer than one year but not longer than five years	766	716
Minimum future lease liability	**1,552**	**1,110**
Less unexpired finance expenses	(44)	(64)
Present value of lease liability	**1,508**	**1,046**

How we recognise lease liabilities

A lease is defined as a contract, or part of a contract, that conveys the right for Dhelkaya Health to use an asset for a period of time in exchange for payment.

To apply this definition, Dhelkaya Health ensures the contract meets the following criteria:

- the contract contains an identified asset, which is either explicitly identified in the contract or implicitly specified by being identified at the time the asset is made available to Dhelkaya Health and for which the supplier does not have substantive substitution rights
- Dhelkaya Health has the right to obtain substantially all of the economic benefits from use of the identified asset throughout the period of use, considering its rights within the defined scope of the contract and Dhelkaya Health has the right to direct the use of the identified asset throughout the period of use and
- Dhelkaya Health has the right to take decisions in respect of 'how and for what purpose' the asset is used throughout the period of use.

Dhelkaya Health's lease arrangements consist of the following:

Type of asset leased	Lease term
Leased land	6 years
Leased vehicles	3 years

All leases are recognised on the balance sheet, with the exception of low value leases (less than $10,000 AUD) and short-term leases of less than 12 months. Dhelkaya Health has elected to apply the practical expedients for short-term leases and leases of low-value assets. As a result, no right-of-use asset or lease liability is recognised for these leases; rather, lease payments are recognised as an expense on a straight-line basis over the lease term, within "other operating expenses" (refer to Note 3.1).

Initial measurement

The lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease if that rate is readily determinable or Dhelkaya Health incremental borrowing rate. Our lease liability has been discounted by rates of between [1.01%] to [5.38%].

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

- fixed payments (including in-substance fixed payments) less any lease incentive receivable
- variable payments based on an index or rate, initially measured using the index or rate as at the commencement date
- amounts expected to be payable under a residual value guarantee.

Subsequent measurement

Subsequent to initial measurement, the liability will be reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification, or if there are changes in the substance of fixed payments.

When the lease liability is remeasured, the corresponding adjustment is reflected in the right-of-use asset, or profit and loss if the right of use asset is already reduced to zero.

Note 6.2 Cash and Cash Equivalents

	Note	2026 $'000	2025 $'000
Cash on hand (excluding monies held in trust)		4	4
Cash at bank (excluding monies held in trust)		13,298	12,323
Total cash held for operations		**13,302**	**12,327**
Cash on hand (monies held in trust)		398	302
Cash at bank (monies held in trust)		21,915	20,813
Total cash held as monies in trust	5.3	**22,313**	**21,115**
Total cash and cash equivalents	7.1	**35,615**	**33,442**

Note 6.3 Commitments for expenditure

30 June 2026	Less than 1 year $'000	1-5 Years $'000	Over 5 years $'000	Total $'000
Capital expenditure commitments	228	-	-	228
Operating expenditure commitments	492	-	-	492
Non-cancellable short term and low value lease commitments	52	75	-	127
Total commitments (inclusive of GST)	**772**	**75**	**-**	**847**
Less GST recoverable	(70)	(7)	-	(77)
Total commitments (exclusive of GST)	**702**	**68**	**-**	**770**

30 June 2025	Less than 1 year $'000	1-5 Years $'000	Over 5 years $'000	Total $'000
Capital expenditure commitments	2,386	-	-	2,386
Operating expenditure commitments	240	-	-	240
Non-cancellable short term and low value lease commitments	20	24	-	44
Total commitments (inclusive of GST)	**2,646**	**24**	**-**	**2,670**
Less GST recoverable	(241)	(2)		(243)
Total commitments (exclusive of GST)	**2,405**	**22**	**-**	**2,427**

How we disclose our commitments

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

Expenditure commitments

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

Short term and low value leases

Dhelkaya Health discloses short term and low value lease commitments which are excluded from the measurement of right-of-use assets and lease liabilities. Refer to Note 6.1 for further information.

Note 7 Financial instruments, contingencies and valuation judgements

Dhelkaya 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 Dhelkaya 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	6.2	35,615	6,928
Receivables	5.1	7,960	-
Investments and other financial assets		3,275	-
Total financial assets [i]		**46,850**	**6,928**
Financial liabilities at amortised cost			
Payables	5.2	10,846	-
Borrowings	6.1	1,508	(43)
Other financial liabilities - Refundable Accommodation Deposits	5.3	21,915	-
Other financial liabilities - patient monies held in trust	5.3	398	-
Total financial liabilities [i]		**34,667**	**(43)**

[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	6.2	33,442	1,412
Receivables	5.1	6,958	-
Total financial assets [i]		**40,400**	**1,412**
Financial liabilities at amortised cost			
Payables	5.2	9,628	-
Borrowings	6.1	1,111	(40)
Other financial liabilities - Refundable Accommodation Deposits	5.3	20,813	-
Other financial liabilities - patient monies held in trust	5.3	302	-
Total financial liabilities [i]		**31,854**	**(40)**

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

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

Dhelkaya 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.

Dhelkaya 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
- Dhelkaya 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
- Dhelkaya 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 Dhelkaya Health has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of Dhelkaya 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, Dhelkaya 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
- Lease liabilities.

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

Valuation hierarchy

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

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

Dhelkaya 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.

Dhelkaya 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 Dhelkaya 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 principles 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 Dhelkaya 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, Dhelkaya 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, Dhelkaya 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 Dhelkaya 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. Dhelkaya 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 Dhelkaya 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	50-70% (60%)[(ii)]
Specialised buildings	Current replacement cost approach	Cost per square metre Useful life	$1,000 - $1,500/m^2 ($1,300) 30 - 60 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) 5 - 10 years (7 years)

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

(ii) CSO adjustments of 50% to 70% were applied to reduce the market approach value for Dhelkaya Health's specialised land, with the weighted average 60% reduction applied.

Note 8 Other disclosures

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

Structure

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

Note 8.1 Ex gratia payments

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

Note 8.2 Responsible persons disclosures

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

	Period
The Honourable Mary-Anne Thomas MP:	
Minister for Health	27 Jun 2022 - 14 April 2026
Minister for Ambulance Services	2 Oct 2023 - 14 April 2026
The Honourable Harriet Shing MP:	
Minister for Health	15 April 2026 - 30 June 2026
Minister for Ambulance Services	15 April 2026 - 30 June 2026
The Honourable Melissa Horne MP:	
Minister for Health Infrastructure	19 Dec 2024 - 30 June 2026
Minister for Prevention of Family Violence	15 April 2026 - 30 June 2026
The Honourable Ingrid Stitt MP:	
Minister for Mental Health	2 Oct 2023 - 30 June 2026
Minister for Ageing	2 Oct 2023 - 30 June 2026
Minister for Multicultural Affairs	2 Oct 2023 - 14 April 2026
Minister for Multicultural Affairs and Multifaith Victoria	15 April 2026 - 30 June 2026
The Honourable Lizzie Blandthorn MP:	
Minister for Children	2 Oct 2023 - 30 June 2026
Minister for Disability	2 Oct 2023 - 30 June 2026
Governing Boards	
Dr Heather Holst (Chair)	1 Jul 2025 - 30 Jun 2026
Robyn Hunter (Deputy Chair)	1 Jul 2025 - 30 Jun 2026
Dr Claudia Meyer	1 Jul 2025 - 30 Jun 2026
Emma Carnovale	1 Jul 2025 - 30 Jun 2026
Genevieve Schreiber	1 Jul 2025 - 30 Jun 2026
Margaret Lewis	1 Jul 2025 - 30 Jun 2026
Stuart Read	1 Jul 2025 - 30 Jun 2026
Tobias O'Hehir	1 Jul 2025 - 30 Jun 2026
Vanessa Healy	1 Jul 2025 - 30 Jun 2026
Accountable Officers	
Sue Race (Chief Executive Officer)	1 Jul 2025 - 30 Jun 2026

Remuneration of Responsible Persons

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

Income Band	2026 No	2025 No
$0 - $9,999	8	9
$10,000 - $19,999	1	1
$350,000 - $359,999	-	1
$390,000 - $399,999	1	-
Total Numbers	**10**	**11**

	2026 $'000	2025 $'000
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	**451**	**404**

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

Note 8.3 Remuneration of executives

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

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

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

	Total Remuneration	
	2026 $'000	2025 $'000
Total remuneration [i]	1,291	1,201
Total number of executives	6	7
Total annualised employee equivalent [ii]	6.0	5.0

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

Dhelkaya 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 Loddon Mallee Rural Health Alliance and
- all health services and public sector entities that are controlled and consolidated into the State of Victoria financial statements.

Significant transactions with government related entities

Dhelkaya Health received funding from government related entities of $60.6 m (2025: $69.7 m) and indirect contributions of $2.1 m (2025: $0.9 m). Balances outstanding as at 30 June 2026 are $3.6 m (2025: $0.37 m).

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

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

Entity	KMPs	Position Title
Dhelkaya Health	Dr Heather Holst	Chair of the Board
Dhelkaya Health	Robyn Hunter	Board Director
Dhelkaya Health	Dr Claudia Meyer	Board Director
Dhelkaya Health	Emma Carnovale	Board Director
Dhelkaya Health	Genevieve Schreiber	Board Director
Dhelkaya Health	Margaret Lewis	Board Director
Dhelkaya Health	Stuart Read	Board Director
Dhelkaya Health	Tobias O'Hehir	Board Director
Dhelkaya Health	Vanessa Healy	Board Director
Dhelkaya Health	Sue Race	Chief Executive Officer
Dhelkaya Health	Catherine Gaskell	Executive Director Financial Management and Compliance from 20/10/2025
Dhelkaya Health	Vicky Mellington	Executive Director People, Safety and Experience
Dhelkaya Health	Kerryn James	Executive Director Community Services and Wellbeing
Dhelkaya Health	Shannon Vaughan	Executive Director Quality, Development and Improvement
Dhelkaya Health	Andrea Floyd	Executive Director Clinical and Aged Care Services
Dhelkaya Health	Linda McPherson	Executive Director Commercial Operations and Sustainability from 16/09/2025

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]	1,742	1,605

[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 Dhelkaya 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 Dhelkaya 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	50	48
Total remuneration of auditors	**50**	**48**

Note 8.6 Events occurring after the balance sheet date

There are no events occurring after the Balance Sheet date.

Note 8.7 Joint arrangements

	Principal Activity	Ownership Interest 2026 %	Ownership Interest 2025 %
Loddon Mallee Rural Health Alliance	Provision of Information Technology	8.47	9.22

	2026 $'000	2025 $'000
Total revenue and income	2,251	1,639
Total expenses	(2,351)	(1,994)
Total net result	(100)	(355)
Total other economic flows	-	-
Comprehensive result for the year	(51)	(285)
Total assets	2,087	2,132
Total liabilities	1,596	1,541
Total equity	491	591

Contingent liabilities and capital commitments

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

Dhelkaya Health

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Healthier Together