HEYWOOD
Rural Health



2025 Victorian Public Healthcare Awards Winner - Premier's Small Health Service of the Year

2025-26
Annual Report

Acknowledgement

Heywood Rural Health respectfully acknowledges the traditional owners of the land, the Gunditjmara People. We pay our respects to Elders past, present and emerging leaders.



Board of Directors attending the Indigenous Protected Area at Tyrendarra for 'On Country' cultural training.

HEYWOOD
Rural Health

Heywood Rural Health comprises of acute services, residential aged care, primary and community health, including a GP Medical clinic.

The Health Service is incorporated under the Health Services Act 1988 and operates under the provisions of the Act.

How to contact us:

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HEYWOOD
Rural Health

2025-26 Annual Report

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Introduction

It is with great pleasure, on behalf of Heywood Rural Health Board Directors, employees, volunteers and consumers we present the 2025-26 Annual Report of Heywood Rural Health prepared in accordance with the *Financial Management Act 1994*.

Our Vision

Heywood Rural Health is committed to the health and wellbeing of our community.

Our Purpose

To achieve better health outcomes, improved client experiences, greater equity and sustainability across the lifespan.

Our Principles of Care

Our commitment to a healthy Heywood means we will deliver a high quality and safe experience for every person, every time.

Our Values

Respect

- We make mutual respect the basis of all interactions.
- We respect diversity and respect the dignity of each person.
- We embrace the differences in people and perspectives.

Responsiveness

- We take actions and opportunities to create results.
- We provide services that are person-centred and focused on outcomes.
- We keep our commitments and promises.

Care

- We care about the people and the community in within which we work and live.
- We care about our colleagues and ourselves.
- We support people to develop and build on their strengths.

Integrity

- We uphold our professional ethics at all times.
- We are honest and fulfil our commitments.
- We are accountable for our actions.



Photo: Annette, resident in Aged Care home enjoying artwork session



Photo: Noma Ngwenya (Aged Care Nurse)

Board Chair and Chief Executive Officer Report

A Year of Recognition, Partnership and Community Impact

On behalf of the Board of Directors and Executive team, we are proud to reflect on a remarkable year for Heywood Rural Health — a year defined by growth, collaboration, cultural leadership, innovation in care, and statewide recognition.

Over the past twelve months, our health service has continued to demonstrate that a small rural organisation can deliver meaningful, measurable and lasting outcomes for its community. The most significant milestone was being named the **2025 Premier's Small Health Service of the Year**, an award that recognised outstanding achievement in safety, quality, innovation, leadership and community impact across Victoria's public healthcare system.

This award was not won through a single project or moment in time. It reflected years of hard work by our staff, Board, volunteers, residents, consumers, community members and partner organisations. Heywood Rural Health was selected from approximately 20 entrants and was one of only three statewide finalists before taking out the top honour at the Victorian Public Healthcare Awards. Judges recognised our strong workplace culture, community-focused model of care, deep partnership with Winda-Mara Aboriginal Corporation, full accreditation across services, and our leadership in improving access to care across the Great South Coast.



2026 Victorian Public Healthcare Awards

A defining feature of our success has been the strength of our partnerships. Our ongoing relationship with **Winda-Mara Aboriginal Corporation** continued to deliver tangible outcomes in cultural safety, trust and service responsiveness. In January 2026, our CEO presented a custom-made engraved leaf to Winda-Mara CEO John Bell in recognition of Winda-Mara's leadership in arranging and overseeing our 2025 On Country Cultural training. An impressive 97 per cent of staff and Board members participated in this training, demonstrating a shared commitment to deepening cultural understanding and ensuring cultural safety is embedded in our service.

This partnership was again visible during Reconciliation Week 2026, when our annual Reconciliation Week Breakfast brought together staff, Winda-Mara partners, respected Elders and the Boorie Kids group under the theme "All In". The event was a powerful reminder that reconciliation is a shared journey, strengthened when organisations and communities show up, listen, learn and act together. Through our ongoing collaboration and joint Memorandum of Understanding with Winda-Mara, we continue to work toward culturally safe, welcoming and responsive healthcare for everyone in our community.

Reconciliation Week also saw the launch of two remarkable murals in our Residential Aged Care home. Created by renowned Warrnambool artist Jimmi Buscombe and talented young local Aboriginal artist Saige Bell, the murals were designed around collaboration, reconciliation and mutual respect. Their artwork draws on the Budj Bim Cultural Landscape, Gunditjmara dreaming stories, native species, travelling footprints and the connection between people, land and animals. These murals now enrich the residential environment, creating a permanent and meaningful cultural presence for residents, families, staff and visitors.

During the year, the Heywood Rural Health community also paused to acknowledge the passing of respected Gunditjmara Elder and former Board Director **Aunty Laura Bell**. Aunty Laura served on the Heywood Rural Health Board from 1995 to 2004 and was a highly valued contributor to both the organisation and the wider community. Her dedication, leadership and commitment helped shape the organisation during an important period in our history. We extend our sincere condolences to the Bell, Lovett and Rose families and honour Aunty Laura's enduring legacy with gratitude and respect.



A week of celebrations at Heywood Rural Health for Reconciliation Week, which included the launch of the beautiful wall artwork painted and designed by renowned artist, Jimmi Buscombe and local Aboriginal artist, Saige Bell.

Our commitment to person-centred aged care has also been strengthened through our participation in the **Maggie Beer Foundation Trainer Mentor Program**. In November 2025, CEO Leigh Parker and Head Chef Brad Forbes were invited to Admiralty House in Sydney to meet the Governor-General, Her Excellency Ms Sam Mostyn AC, and Maggie Beer AO as part of a national celebration of the program's progress. This recognition reflected the dedication of our food services team and our belief that meals in aged care are about far more than nutrition; they are about dignity, respect, choice and wellbeing.

The outcomes of this work have been significant. Through mentoring, tailored menu planning and practical chef training, our team has transformed mealtimes for residents. Staff have observed residents becoming more mobile, more social and more engaged in daily activities as nutrition and dining experiences have improved. The success of this work continued in 2026 with the growth of our Breakfast Club, which began as a once-a-week cooked breakfast and evolved into a much-loved program running multiple days each week. Residents now gather in the dining room, speak directly with the chef, make choices about their meals and enjoy a more social and engaging start to the day.

Meaningful resident engagement continued throughout the year through a range of activities that strengthened connection, wellbeing and community participation. One particularly significant initiative saw residents and staff work together to create commemorative **ANZAC Day wreaths**, which were presented to the Heywood RSL for inclusion in the town's ANZAC Day service. This annual activity provides residents with an opportunity to honour and remember those who have served while strengthening community connections and fostering a shared sense of remembrance and respect.

Innovation in residential aged care has taken many forms. In July 2025, we shared the introduction of aromatherapy as a complementary therapy supporting relaxation, sleep, emotional wellbeing and comfort for residents and patients. Led by Aged Care Services Advisor Rebecca Ross, who holds specialist clinical aromatherapy qualifications, the program was carefully developed with safety, documentation and resident preference at its centre. Six additional staff members were trained to support delivery, ensuring residents could benefit from electronic diffusers, gentle hand massage and personalised aromatherapy approaches.







In May 2026, we welcomed another form of comfort and connection through regular visits from Portland District Therapy Dogs. Weekly visits from therapy dogs, including Ruby Rose and her handler Lesley Yuill, have brought joy, companionship and conversation to residents. For many residents, the dogs evoke memories of pets, farming life, family and home, helping to create emotional connection and comfort within the aged care environment.

Supporting older people and their families to navigate the aged care system has also been a priority. In February 2026, we announced a free Aged Care Information Session designed to help community members understand aged care services, reforms, financial considerations and practical supports. The session brought together expertise from Services Australia, Boyd McDowell and LiveUp. When held in March, the event filled the Moorayt Room with community members seeking trusted information about residential aged care, home supports, My Aged Care, funding changes, independence and planning for the future.

Access to primary care remained a major focus throughout the year. After welcoming Dr Adam Barrett to the HRH GP clinic in September 2025, we then welcomed Dr Mohamed Almohamed to our Medical Clinic in February 2026. Both arrivals strengthened our medical workforce and increased access to care for local patients, with the clinic offering a range of services including testing, blood pressure checks, cervical screening and general medical care.

This growth continued in April 2026 with the arrival of Dr Jamie Mattner which was followed by the arrival of Dr Ali Anjum in June 2026. Dr Ali brought more than 25 years of experience from Pakistan, Saudi Arabia and Brunei, along with a strong affinity for rural communities. All appointments were part of a broader strategic recruitment effort that saw Heywood Rural Health grow from one doctor in the latter part of 2025 to four doctors by mid-2026.

While celebrating this growth in our medical workforce, we also acknowledged the retirement of long-serving General Practitioner **Dr Gopi Patel**. Over 19 years of dedicated service, Dr Patel provided care to residents in our Residential Aged Care service, supported the Acute Hospital and, in later years, served as the sole doctor within the Medical Clinic. Her commitment, professionalism and dedication to residents, patients and the wider community have made a lasting contribution to Heywood Rural Health, and we thank her sincerely for her years of service.

Workforce development remained a strategic priority throughout the year. We were delighted to welcome **Graduate Registered Nurse**, Ava, to Heywood Rural Health, strengthening our commitment to developing the next generation of rural healthcare professionals. Through rotations across acute care, aged care, community health and outreach services, Ava has been able to gain valuable hands-on experience while contributing to local healthcare delivery. Supporting graduate clinicians is an important investment in the future sustainability of rural health services and our ongoing workforce pipeline.



The year also saw important developments in governance. In July 2025, we welcomed two new Board Directors, Jack Rethus and Vinod Vijayan. Jack brought a strong local perspective, lived experience, a commitment to inclusion and an interest in consumer engagement. Vin brought extensive information technology expertise, adding a valuable new lens to Board decision-making. Their appointments strengthened the diversity, capability and future focus of our governance.

We also farewelled and thanked retiring Board Directors Caryn Lyszcarz and Cathryn Patterson. Caryn served one three-year term and chaired the Asset Management and Planning Committee, while Cathryn served three terms over nine years and contributed through clinical governance, consumer engagement and asset management. Their service reflected the best of community governance: thoughtful leadership, commitment to local outcomes and a willingness to place community interests at the centre of decision-making.

The year also provided an opportunity to recognise one of our most dedicated community volunteers. In 2026, **Thelma Hoggan** was appointed as a Life Governor of Heywood Rural Health in recognition of 35 years of outstanding volunteer service. Throughout that time, Thelma has generously supported our Leisure and Lifestyle Team, Meals on Wheels, Community Transport services and the Consumer Advisory Committee. Her compassion, empathy and unwavering commitment to residents, clients and community members have helped ensure that Heywood Rural Health remains connected and responsive to the people it serves.

Our 2025 Annual General Meeting continued the theme of connection, with guest speaker Sophie O'Keeffe, Director of the South West Local Health Service Network, presenting on "Strength in Connection: Implementing Local Health Service Networks for a more equitable health system". This focus aligned strongly with our own direction as a rural health service committed to collaboration, partnership and improved access across the region.

Building a sustainable future workforce also involved strengthening our engagement with local education providers. During the year, representatives from Heywood Rural Health participated in the **South West TAFE Health and Community Services Career Day**, promoting career opportunities in nursing, allied health, aged care and community services. The event provided valuable opportunities to engage with students considering careers in healthcare and generated strong interest in employment opportunities within rural health settings.

The Premier's Small Health Service of the Year Award brought together many of these achievements. The submission recognised our 60 per cent workforce growth over two years, full accreditation across acute care, aged care, medical clinic, home care and community health, leadership of the Your Care Path program across five local government areas, expansion of allied health and group exercise programs, improved residential aged care dining and nutrition, and major gains in workplace culture. Reports of workplace bullying had reduced from 40 per cent in 2018 to just 7 per cent in 2024, reflecting sustained work to create a safer, healthier and more supportive workplace.



Photo from left: Ava Mallon (Graduate Nurse), Lauren Newman (Workplace Coach), Lisa Pryor (Acting Director Clinical Services), Lisa Johnson (Education nurse)

Our commitment to creating safe, inclusive and respectful communities extends beyond healthcare delivery. During the year, Heywood Rural Health again participated in the international **16 Days of Activism Against Gender-Based Violence** campaign. Through awareness activities and staff engagement, we encouraged reflection on the role each of us can play in promoting respect, challenging inequality and helping prevent violence. This initiative aligns closely with our organisational values and our commitment to fostering safe and supportive environments for staff, patients, residents and the broader community.

As Board Chair and Chief Executive Officer, we acknowledge that these achievements belong to many people. They belong to our staff, who provide care with compassion and professionalism every day. They belong to our volunteers and Board Directors, who give their time and expertise in service of the community. They belong to our partners, particularly Winda-Mara Aboriginal Corporation, the Maggie Beer Foundation, Portland District Therapy Dogs, Services Australia, Boyd McDowell, LiveUp, local artists, Elders and community organisations who help us achieve more together than we could alone.

As we reflect on the achievements of the past twelve months, it is important to acknowledge the many people and organisations whose contribution has supported Heywood Rural Health's ongoing success.

We extend our sincere thanks to the dedicated staff and leadership team of Heywood Rural Health, our General Practitioners, volunteers, project managers and contractors. Their professionalism, care, commitment and willingness to go above and beyond have been central to the quality of services delivered across our health service.

We also acknowledge the valued support of our many partners and stakeholders, whose collaboration strengthens our ability to respond to the needs of our community. This includes the Heywood Men's Shed, Western Victorian Primary Health Network, SWARH, and surrounding health services and partner organisations including Winda-Mara Aboriginal Corporation, Dartmoor Bush Nursing Centre, Portland District Health, Western District Health Service, Moyne Health Services and South West Healthcare.

Heywood Rural Health is only as strong as the community it serves, and we are fortunate to be supported by a generous and engaged local community. Throughout the year, this support has been demonstrated through both in-kind contributions and financial donations.

Community spirit was also demonstrated through the generosity of our staff during the annual **Friends Are For Christmas** appeal. Staff donated food, toys and essential items that were distributed through the Heywood Lions Club and local community networks to support families experiencing financial hardship during the festive season. The initiative reflects the compassion of our workforce and their commitment to supporting community wellbeing beyond the walls of the health service.

#callitout #16daysofactivism



"I will call it out when I witness sexism, sexual harassment and disrespect towards women."



We take this opportunity to sincerely thank and recognise the organisations and individuals who have contributed financially to Heywood Rural Health, with donations totalling $11,088.10 this financial year. These contributions are deeply appreciated and help us continue to enhance care, services and support for the people of Heywood and the surrounding region.

Most importantly, these achievements belong to the Heywood community. Our role is to provide care that is personal, safe, effective and connected, and this year has shown what is possible when a rural health service is deeply embedded in the community it serves.

The recognition we received in 2025 gives us confidence and momentum, but it also brings responsibility. We will continue to build on this work by expanding access, strengthening partnerships, listening to residents and consumers, supporting our workforce, and shaping healthier and more equitable outcomes for our region.

The story of Heywood Rural Health this year is one of small service, big impact. It is a story of cultural safety, clinical growth, aged care innovation, community partnership and local pride. Above all, it is a story of people working together with care, respect, responsiveness and integrity — values that will continue to guide us into the future.

Photo: Riverwood Social Group visiting Tae Rak



South West Local Health Service Network – Year One Highlights

The South West Local Health Service Network (SW LHSN) was established to strengthen collaboration across our region and support member health services to address shared challenges and improve outcomes for our communities.

Our first year focused on building strong foundations for long-term success. Together, we established governance arrangements, developed a shared three-year strategy, strengthened regional partnerships, and commenced initiatives to support more coordinated, equitable and sustainable healthcare across South West Victoria.

Key achievements included progressing regional workforce planning, re-establishing the Residential In-Reach program, advancing the Network Clinical Services Plan, improving regional approaches to planned surgery and patient flow, supporting recognition of prior learning, strengthening safety and quality collaboration, and coordinating work in diversity, inclusion and family violence.

Importantly, the SW LHSN has built on the region's long history of collaboration by strengthening existing partnerships rather than creating new ones, providing a formal mechanism for member health services to work together while respecting each organisation's autonomy.

As the Network enters its second year, the focus will shift from establishing foundations to delivering measurable improvements for patients, communities and staff, supported by strong governance, dedicated resources and a shared commitment to improving healthcare across South West Victoria.



SW LHSN Executive (CEO) Committee (L-R): Sophie O'Keeffe (SW LHSN), Leigh Parker (HRH), Gary Castledine (TDHS), Karena Prevett (PDH), Katharina Reford (MHS), Rowena Clift (WDHS), Julia Ogdin (TMHS), Craig Fraser (SWH).

Leigh Parker
Chief Executive Officer
2 September 2026

Courtney Nash
Chair Board of Directors
2 September 2026

RESPECT RESPONSIVENESS CARE INTEGRITY

OVERVIEW OF HEYWOOD RURAL HEALTH

Small rural health service, with acute hospital, urgent care centre, RAC, & primary care services

164 workforce members and 50 volunteers

Residential Aged Care (45 beds), Acute (5 beds), Urgent Care (2 beds)

2592 active community care clients

$15.8M Budget

BED BASED SERVICES

Residential Aged Care	Acute Hospital	Urgent Care
45 Beds	5 beds	2 beds

OUR CATCHMENT



Catchment area
22,883 square kilometres

COMMUNITY / PRIMARY CARE SERVICES

GP Clinic
GP and Nursing Services
Active Clients - **1257**

Allied Health/Your Care Path
Dietetics, Occupational Therapy, Physiotherapy, Podiatry, Community Nursing, Diabetes Education.
Active Clients - **1023**

Support At Home
Active Clients - **101**

Commonwealth Health Support Program
District Nursing, Home Maintenance, Domestic Assistance, Personal Care, Flexible Respite, Social Support, Meals, Occupational Therapy
Active Clients - **211**

OUR PEOPLE "OUR MOST VALUABLE ASSET"

4 Physiotherapists
46 Nurses
4 GP's
29 Health Care Workers
2 Care Partners
1 Dietitian
1 Allied Health Assistant
1 Diabetes Educator
2 Podiatrists
1 Occupational Therapist



Management/ Project team
Executive team
Food Services team
Administration team
People & Culture team
Finance team
Maintenance team

FORMAL PARTNERSHIPS

Moyne Health Services
Western District Health Service
Harrow Bush Nursing Centre
Terang & Mortlake Health Service
Dartmoor Bush Nursing Centre
South West Allianz of Rural Health (SWARH)

Barwon Health
South West Healthcare
South West Local Health Network
Portland District Health
Winda-Mara Aboriginal Corporation
Heywood Men's Shed
Worn Gundidj

Performance at a glance

Performance against Operational and Budgetary Objectives:

Heywood Rural Health reported an operating surplus of $24K for the 2025-26 financial year which exceeded the operational and budgetary break-even target.

Significant Changes in Financial Position:

Commonwealth operating grants increased by $508K on the prior year with improved occupancy of the residential aged care facility and the level of AN-ACC funding achieved for each resident.

Agency expenses reduced by $613K with a successful recruiting drive of employed / salaried staff.

Cash increased by $931K across the year, $359K of that related to monies held in trust (refundable accommodation contribution) with the remainder being the positive overall result prior to depreciation.

Significant events occurring after balance date:

There were no events occurring after balance date which would significantly affect the health services operations in subsequent reporting periods.

	2026 $000	2025 $000	2024 $000	2023 $000	2022 $000
Operating Result*	24	36	(677)	15	36
Total Revenue	18,398	17,340	14,917	12,701	11,088
Total Expenses	(19,017)	(17,550)	(15,637)	(12,848)	(11,396)
Net Result from transactions	**(619)**	**(210)**	**(720)**	**(147)**	**(308)**
Total other economic flows	(51)	11	78	(79)	(35)
Net Result	**(670)**	**(199)**	**(642)**	**(226)**	**(343)**
Total Assets	37,003	37,301	36,021	27,329	26,101
Total Liabilities	11,919	11,547	10,068	10,389	8,935
Net Assets / Total Equity	**25,084**	**25,754**	**25,953**	**16,940**	**17,166**

* The Operating result is the result for which the Health Service is monitored in its Statement of Priorities

Reconciliation of Net Result from Transactions and Operating Result	2025-26 ($000)
Net operating result*	24
Capital purpose income	1,350
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	(172)
Depreciation and amortisation	(1,856)
Impairment of non-financial assets	(16)
Finance costs (other)	0
Net result from transactions	**(670)**

* The net operating result is the result which the Health Service is monitored against in its Statement of Priorities.

RESPONSIBLE BODIES DECLARATION

In accordance with the *Financial Management Act 1994* we are pleased to present the Report of Operations for Heywood Rural Health for the year ending 30th June 2026.

Courtney Nash
Chair Board of Directors
2 September 2026

Board of Directors



DIRECTOR – BOARD CHAIR

Anthony Oxford

Appointed: 1st July 2018
Term Expires: 30th June 2027

Committees:
Finance Risk & Audit
People, Performance & Remuneration (Chair)



DIRECTOR

Vin Vijayan

Appointed: 1st July 2025
Term Expires: 30th June 2028

Committees:
Asset Management & Planning



DIRECTOR – DEPUTY CHAIR

Jennifer Tod

Appointed: 1st July 2022
Term Expires: 30th June 2028

Committees:
Finance, Risk & Audit (Chair)
People, Performance & Remuneration



DIRECTOR

Bronwyn Roberts

Appointed: 21st Nov 2023
Term Expires: 30th June 2026

Committees:
Clinical Governance (Chair)



DIRECTOR

Karyn Cook

Appointed: 1st July 2019
Term Expires: 30th June 2028

Committees:
Clinical Governance
People, Performance & Remuneration



DIRECTOR

Jessica Feeney

Appointed: 1st July 2023
Term Expires: 30th June 2026

Committees:
Clinical Governance



DIRECTOR

Jack Rethus

Appointed: 1st July 2025
Term Expires: 30th June 2027

Committees:
Consumer Advisory



DIRECTOR

Andrew Morecroft

Appointed: 1st July 2024
Term Expires: 30th June 2027

Committees:
Finance, Risk & Audit
People, Performance & Remuneration



DIRECTOR

Courtney Nash

Appointed: 1st July 2020
Term Expires: 30th June 2026

Committees:
Consumer Advisory (Chair)



DIRECTOR

Deborah Loraine

Appointed: 1st July 2024
Term Expires: 30th June 2026

Committees:
Finance, Risk & Audit
Asset Management & Planning (Chair)

NOTE: All Board positions as at 30 June 2026.

BOARD OF DIRECTORS MEETING ATTENDANCE 2025-26

Karyn Cook	08/11	Jessica Feeney	10/11
Courtney Nash	10/11	Bronwyn Roberts	10/11
Anthony Oxford	10/11	Andrew Morecroft	10/11
Deborah Loraine	11/11	Jack Rethus	10/11
Jennifer Tod	10/11	Vinod Vijayan	09/11

The Board of Heywood Rural Health is responsible for governance and legislative compliance and works within the framework of the *Health Services Act 1988* to establish policies and deliver, within its financial limitations, a strategic direction for the management of Heywood Rural Health. Members of the Board of Directors are appointed by the Governor-in-Council on the recommendation of the Minister for Health. The usual term of office is three years, with members able to seek re-appointment.

To ensure the Board maintains its ability to undertake its role, Board Directors participate in ongoing education programs. During the year to improve governance performance, Board Directors participated in a self-assessment process to gauge their knowledge and understanding of governance matters, and the maturity of governance systems and processes.

On 30 June 2025 we farewelled Cathryn Patterson after serving an impressive nine years on the Board and Caryn Lyszcarz serving three years.



Photo: Caryn Lyszcarz (retiring Director), Anthony Oxford (Board Chair) and Cathryn Patterson (retiring Director)

On 1 July 2025 we welcomed Jack Rethus and Vinod Vijayan as new Board Directors on the Board of Management.



Conflict of Interest

At the commencement of each Board meeting, Directors are asked to declare any conflict of interest. There were five conflicts of interests declared at each Board meeting, all of which had management plans in place.

Board Meetings

The Department of Health requires Board Directors to attend 75 percent of Board meetings during the reporting period.

The Board of Directors holds its business meeting on the fourth Tuesday of each calendar month and is supported by a number of Principal Committees.

Finance Risk & Audit Committee

This Committee oversees the development and monitoring of the organisation's annual strategic financial plan and risk management systems. The purpose of the Finance, Risk & Audit Committee is to assist the Board in the effective discharge of its responsibilities for financial reporting, risk management, internal controls and compliance with statutory requirements. This Committee does not relieve any Board Directors of their responsibilities for these matters.

The Finance, Risk & Audit Committee meets on the fourth Tuesday bi-monthly.

Clinical Governance Committee

This Committee's primary function is to assist the Board of Directors to ensure a high standard of quality health care, continuous improvement of service, and an environment that supports clinical excellence across Heywood Rural Health.

The Committee has a governance role centred on improvement strategy and ensuring that this is translated into effective organisational practice in relation to safe and high-quality healthcare.

The Clinical Governance Committee specifically reviews, monitors and evaluates the effectiveness of initiatives around the following domains within the Clinical Governance Framework:

- Risk Management;
- Clinical Practice; and
- Partnering with Consumers

The Committee is responsible for ensuring the organisation provides effective clinical governance.

The Clinical Governance Committee meets on the third Thursday bi-monthly.

People, Performance & Remuneration Committee

This Committee's primary purpose is to assist the Board in the effective discharge of its responsibilities for oversight of:

- The appointment of a Chief Executive Officer;
- Setting and reviewing Executive remuneration; and key performance indicators;
- Monitoring and performance of organisational culture, health and wellbeing; and
- Board appointment recommendations to the Minister for Health.

The People, Performance & Remuneration Committee meets on a quarterly basis.

Consumer Advisory Committee

The representatives on this Committee play a vital role in ensuring that the health service delivers safe, high quality, person-centred care. They bring lived experience, community insight, and a consumer perspective to guide planning, service improvement, and organisational decision-making. Their contribution helps ensure services are accessible, culturally safe, equitable, and responsive to the needs of patients, families, carers, and the broader community.

Partnering with consumers is about Heywood Rural Health actively working with people who use our health services to ensure that health information and services meet people's needs.

The Consumer Advisory Committee consumer role is to provide feedback, consumer experiences and support practical strategies and partnerships, including people partnering in their own health care that is safe, person-and family-centred, equitable and clinically effective.

The Consumer Advisory Committee meets on the second Monday bi-monthly.

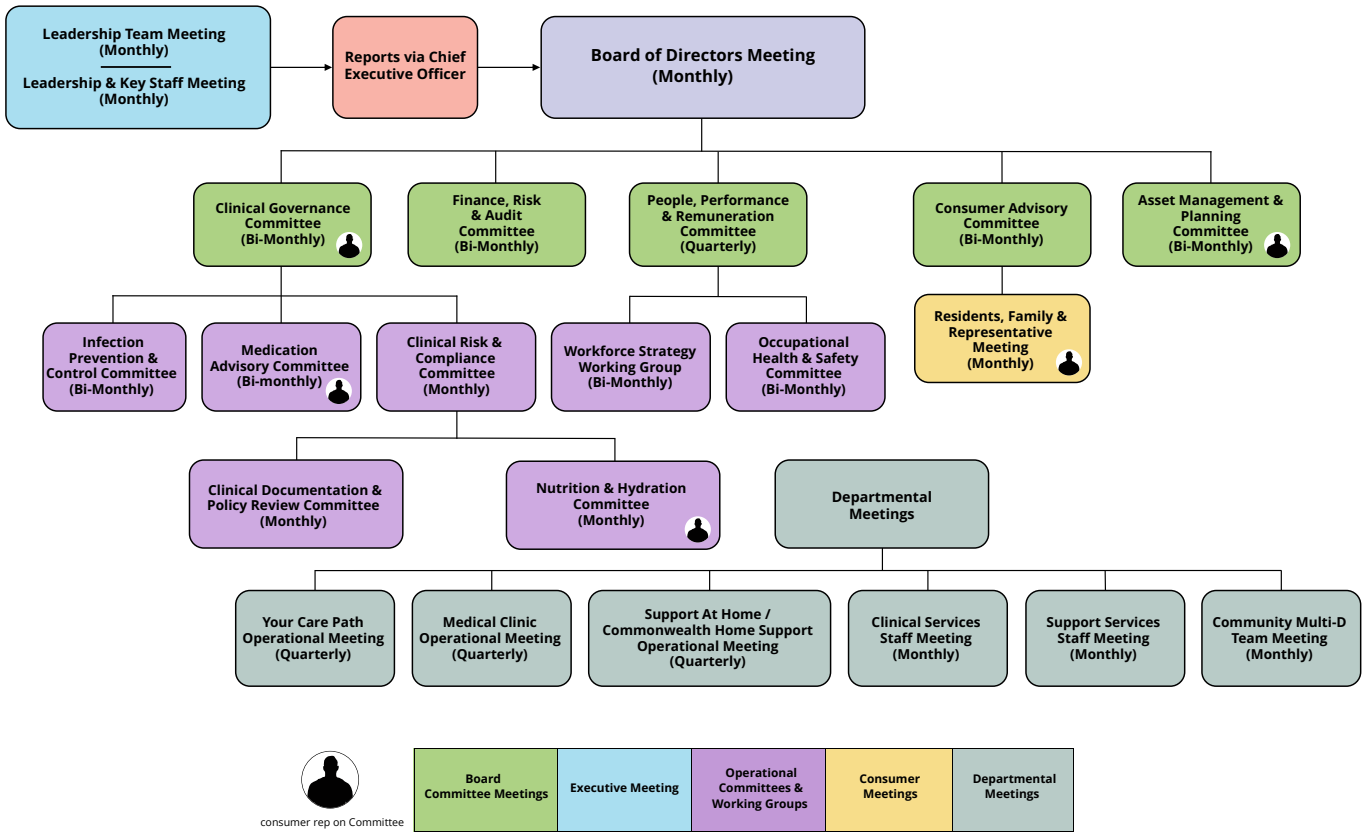
Asset Management and Planning Committee

This Committee reports to the Board to provide advice and recommendations and acts as the Project Control Group when capital building and infrastructure projects are underway.

The Committee's primary objective is to assist the Board of Directors in corporate governance oversight of Heywood Rural Health's building and infrastructure program.

The Committee meets on the third Friday bi-monthly.

Committee Meeting Structure



Leadership Team



Leigh Parker
Chief Executive Officer



Taneha Benson
Director Clinical Services
Returned from maternity leave on 02 February 2026

Jaime Wehl
Acting Director Clinical Services
Commenced: 31 March 2025
Ceased: 07 September 2025

Lisa Pryor
Acting Director Clinical Services
Commenced: 01 September 2025
Ceased: 01 February 2026



Peter Davies
People and Culture Manager



Jacki Barnett
Director Primary and Community Services



Rachael Moore
Innovation/Business Manager and Your Care Path (Allied Health) Manager

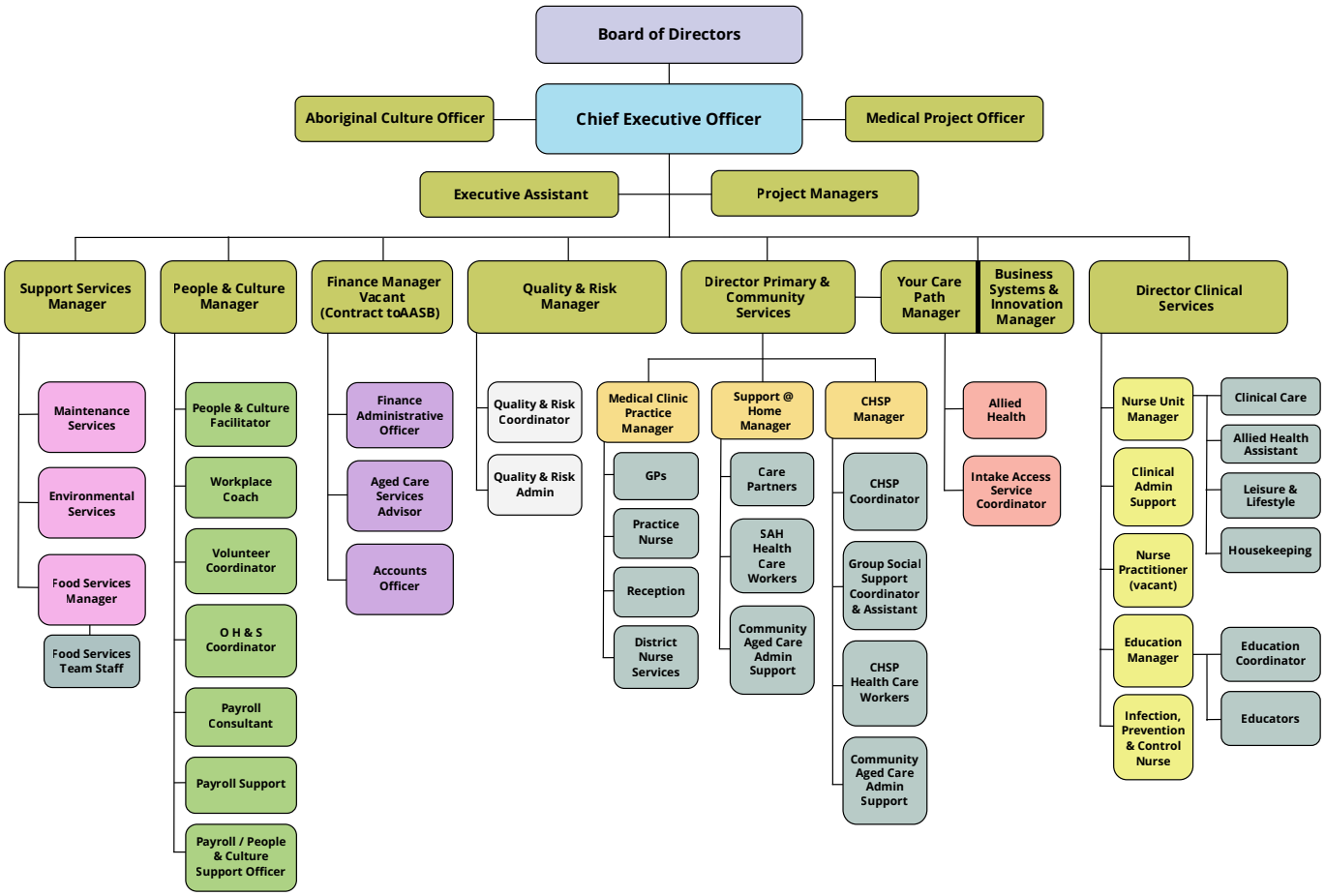


Leigh Beddows
Support Services Manager



Lauren Newman
Workplace Coach

Organisation Chart



Our Services

As a rural health service, Heywood Rural Health is an important part of the fabric of our community. Our service catchment area is identified as Heywood and the surrounding district.

We have been providing health services from our site since 1957, when a six-bed hospital was established to provide invaluable quality health care. Our facility continues to expand its services to include additional residential aged care beds.

Heywood Rural Health provides an integrated health service which comprises acute hospital beds, community health programs and residential aged care services. The Health Service has five acute inpatient beds and two Urgent Care beds, as well as 45 Residential Aged Care beds. Heywood Rural Health also has a Community Health Hub, featuring a medical clinic, allied health and community nursing services, support at home program, Commonwealth Home Support Programme (CHSP) services, pathology services and meals on wheels.

Heywood Rural Health is funded by the Victorian Department of Health under the Small Rural Health Services flexible funding model. In addition to funding received from the State, we receive funding from the Commonwealth Department of Health and Aged Care for Residential Aged Care and community-based services.

Our 2025-26 Highlights

VICTORIAN PUBLIC HEALTHCARE AWARD WINNER – SMALL HEALTH SERVICE OF THE YEAR

The Small Health Service of the Year award recognised outstanding achievement in safety, quality, innovation, leadership and community impact across Victoria's public healthcare system. The award reflected years of hard work by our staff, Board, volunteers, residents, consumers, community members and partner organisations. Judges recognised our strong workplace culture, community-focused model of care, deep partnership with Winda-Mara Aboriginal Corporation, full accreditation across services, and our leadership in improving access to care across the Great South Coast.

COMPLETION OF THE MAGGIE BEER FOUNDATION PROGRAM

The outcomes of the Maggie Beer foundation program have been significant. Through mentoring, tailored menu planning and practical chef training, our team has transformed mealtimes for residents. Staff have observed residents becoming more mobile, more social and more engaged in daily activities as nutrition and dining experiences have improved. The success of this work continued in 2026 with the growth of our Breakfast Club, which began as a once-a-week cooked breakfast and evolved into a much-loved program running multiple days each week. Residents now gather in the dining room, speak directly with the chef, make choices about their meals and enjoy a more social and engaging start to the day.

The success of our Maggie Beer Program has established our service as a leading example within the sector, with other Victorian Public Sector Residential Aged Care providers seeking opportunities to tour our facilities and gain insights from our experience. This has, in some cases, evolved into mentoring and knowledge-sharing partnerships led by our talented multidisciplinary team.

ACUTE ACCREDITATION

Heywood Rural Health is proud to have successfully achieved full Acute Services Accreditation during 2025-26 financial year, reflecting our ongoing commitment to delivering safe, high-quality healthcare to our community.

This significant achievement is a testament to the dedication, professionalism, and collaborative efforts of staff across all departments. The accreditation process involved a comprehensive assessment of our clinical services, governance frameworks, quality systems, and patient care practices against national standards.

The successful outcome demonstrates that Heywood Rural Health continues to provide care that meets rigorous quality and safety benchmarks while fostering a culture of continuous improvement. We acknowledge and thank all staff, visiting clinicians, volunteers, and community partners whose contributions were instrumental in achieving this result.

This accreditation reinforces our commitment to providing exceptional rural healthcare and strengthens our foundation for future growth, innovation, and excellence in patient care.

RETURN OF GRADUATE NURSES

We were delighted to reintroduce the Graduate Nurse program back to Heywood Rural Health, strengthening our commitment to developing the next generation of rural healthcare professionals. Through rotations across acute care, aged care, community health and outreach services, graduates are able to gain valuable hands-on experience while contributing to local healthcare delivery.

FOUR GENERAL PRACTITIONERS WELCOMED TO THE MEDICAL CLINIC

Improving access to primary care remained a key priority throughout the year, with significant recruitment efforts resulting in the successful appointment of four General Practitioners to the Heywood Rural Health Medical Clinic: Dr Barrett, Dr Almohamed, Dr Mattner and Dr Ali.

These appointments formed part of a broader strategic workforce initiative that saw the Medical Clinic grow from a single GP in late 2025 to a team of four doctors by mid-2026. This remarkable achievement has strengthened the sustainability of local medical services and significantly improved access to primary healthcare for the Heywood community.

With a strong team of four General Practitioners now in place, the Medical Clinic is well positioned to continue delivering high-quality, accessible healthcare and supporting the growing needs of the Heywood community.

The strength of our medical workforce will create opportunities to expand access to services and strengthen partnerships with Winda-Mara Aboriginal Corporation and other health service providers.

BRONZE AWARD FOR 2024-25 ANNUAL REPORT

Heywood Rural Health was awarded a Bronze Award at the Australasian Reporting Awards (ARA), presented in Sydney for its 2024-25 Annual Report.

To achieve a Bronze Award, a report must:

- Meet the requirements of the Australasian Reporting Awards criteria:
- Demonstrate high-quality disclosures across several key areas
- Address current legislative and regulatory requirements

This achievement recognises the organisation's strong commitment to transparency, accountability, and excellence in reporting.



Our Community

Heywood is a rural town situated in the heart of Victoria's Discovery Coast, within the Glenelg Shire region and in close proximity to the larger communities of Portland, Warrnambool, Hamilton and Mount Gambier. Our population of 1,815 people comprises 50.6 percent male and 49.4 percent female. 6.7 percent of our population are Aboriginal and/or Torres Strait Islander people. Our median age for the community is 48 years of age.

Our community consists of 457 families with an average of 1.8 children.

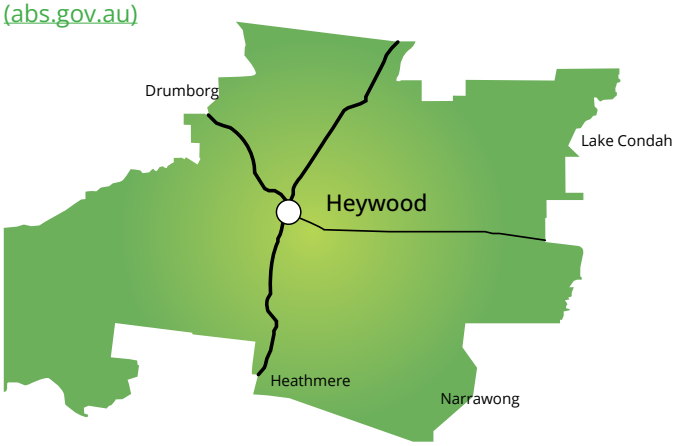
The Heywood area includes many nature reserves and State National Parks to explore. An important cultural element of the area is the Budj Bim Cultural Landscape that includes both the Tyrendarra area and Mount Eccles Lake Condah area.

The most common ancestries in Heywood were Australian 40.3 percent, English 40.1 percent, Scottish 9.6 percent, Irish 9.1 percent and Australian Aboriginal 6.7 percent.

Cultural diversity statistics indicate 80.7 percent of people were born in Australia followed by England 2.4 percent, New Zealand 1.6 percent, Netherlands 0.9 percent, Philippines 0.6 percent and Scotland 0.2 percent.

Long term health conditions for the Heywood population consists of arthritis 13.8 percent, mental health (including depression or anxiety) 11.1 percent, asthma 8.5 percent, diabetes (excluding gestational diabetes) 7.7 percent, heart disease (including heart attack or angina) 5.5 percent, cancer (including remission) 4.0 percent, lung condition (including COPD or emphysema) 3.0 percent, stroke 1.5 percent, dementia (including Alzheimer's) 1.3 percent, kidney disease 1.1 percent.

All community data was obtained from the Australian Bureau of Statistics quick stat site: 2021 Heywood, Census All persons QuickStats | Australian Bureau of Statistics (abs.gov.au)





Acclaimed Street artist Matt Adnate, assisted by Levi Geebung painted the Heywood Water Tower, artwork designed by well-known artist Thomas Day. The artwork tells a significant story of the sacrifices made by Gunditjmara servicemen and women and is a tribute to the extraordinary services provided of the Aboriginal ANZACs.

Donations

Every year, we look back with deep gratitude at the vision and generosity of our donors, without whom our work would not be possible. We value all our donors, and we are very proud to recognise the diverse group of supporters who share our commitment and vision to work together for the health and wellbeing of our community.

We thank and recognise the organisations and individuals who have kindly made a financial donation to Heywood Rural Health, amounting to $11,088.10 this financial year.

Major Donations

United Way Glenelg

General Donations

Adrien Kuffer
Fitzroy River Quilters Group
ILA Australia
Glenelg Vintage Machinery & Restoration
Heywood Hotel
Portland Pine Products
HRH Staff – Christmas Raffle

Photo from left: Leigh Beddows (HRH Support Services Manager), Bec Anderson & Jaimmi Jackway (Portland Pine Products), Brad Forbes (HRH Chef), Leigh Parker (CEO)



Donation from Portland Pine Products who donate hams every Christmas for the Aged Care residents.

Thank you for your continued support.

Life Governors and Service Awards

A Life Governorship is the highest recognition Heywood Rural Health can bestow. Our recipients have provided significant contributions to the organisation over a prolonged period of time. Additionally, we thank all our dedicated and valuable volunteers and staff for their many hours of work and support every year to our residents and community.

New Life Governors

Mrs Thelma Hoggan

Life Governors

Mr K.A Carter *
Mrs P Carter *
Mr J Cunningham *
Mrs E Evans
Mrs J Evans *
Mr E.E Field*
Mrs H Geier*
Mrs M Handreck
Mrs B Heeps
Mr L.R Holder
Mrs T Hoggan
Mr C Keating
Mrs R Lane *
Mr A Lynch *
Mrs P McLean
Mrs G Matthews *
Mrs M Mathews
Mr M Oberlander
Mrs M Parry*
Mr C.E Pevitt*
Mrs J Polkinghorn *
Mr J.V Price
Mr J.H Quayle
Mrs L.B Quayle*
Mrs E.J Rundell*
Mr P Saunders
Mrs J Savill
Mr V Sibley*
Mr T Sparrow

** Deceased*

Photo: Thelma Hoggan presented Life Governor award by Board Chair, Anthony Oxford and Courtney Nash, Board Director



Distinguished Service Awards

We acknowledged several staff and community members for their outstanding and continued long service to our organisation.

CEO Recognition Awards

Mariesa George
Annemaree Harvey
Leigh Beddows
Erin Wilson
Fiona Williams
Oren Benbow
Leesa Thomas
Leonie Bartlett
Donna Sharkey
Rebecca Ross
People & Culture Team
Medical Clinic / Reception Team
Support at Home Team
Environmental Services Team

Staff Length of Service Awards

5 Years

Navreet Gill
Shelby Heard
Amy Johnston
Mandeep Kaur
Peter O'Brien
Kirsty Robertson
Mia Wilson

10 Years

Leonie Bartlett
Leigh Beddows
Dyan Grant
Rachael Moore
Fiona Williams
Alana Wilson

20 Years

Jan Davey

25 Years

Oren Benbow
Sally McClintock

30 Years

Julie Frost
Raylene Malseed

35 Years

Jennifer Page



Photo: Donna Carter, Leisure & Lifestyle Coordinator dishing up ice-cream for the Aged Care residents to enjoy.



Photo from left: HRH Administration staff; Kate Polaski, Sheree Coulson, Michele Evans and Vicki Boulton



Photo from left: Residential Aged Care staff; Liz Nunn, Ronda Stuchbery, Dyan Grant, Mary Scott, Mia Wilson and Sue Rodgers

Volunteers

Heywood Rural Health thanks all our dedicated and valuable volunteers for the many hours of work and support every year. We are always overwhelmed by the generosity and willingness of our volunteers to dedicate and commit themselves to our residents, consumers and the health service. We truly are working together to achieve Our Vision *"Committed to the health and wellbeing of our community"*.

Joy Savill - *56 years*
Elaine Evans - *51 years*
Rhonda Barrand - *37 years*
Peter Barrand - *37 years*
Thelma Hoggan - *36 years*
Terry Sparrow - *36 years*
Denise Sparrow - *36 years*
Max Oberlander - *30 years*
Ted Taylor - *28 years*
Janice Angelino - *26 years*
John Angelino - *26 years*
Judith McKinnon - *20 years*
Keith McKinnon - *20 years*
Mary (Lou) Matthews - *19 years*
Jack Doeven - *17 years*
Lois Doeven - *17 years*
Audrey Morris - *14 years*
Kathleen (Lesley) Hillier - *12 years*
Michael Hillier - *12 years*
Margaret Woodhouse - *11 years*
Warren Finck - *10 years*
Amanda Rapley - *8 years*
Cheryl Roberts - *8 years*
Karren Fechner - *8 years*
Sandra Crone - *7 years*
Rev Ross Stanford - *7 years*
Sandra Treloar - *7 years*
Heather Millard - *5 years*
Shelley Quinn - *4 years*
Jan Malseed - *4 years*
Judy McPherson - *4 years*
Dianna Bishop - *3 years*
Bronwyn Hollis - *3 years*
Manny Cini - *2 years*
Ruth Roffy - *2 years*
Pauline Campbell - *2 years*
Bob Owen - *2 years*
Liz Owen - *2 years*
Annie Rowe - *2 years*
Tony Nash - *2 years*
Maddi Porter - *1 year*
Allan (Buck) Rogers - *1 year*
Evelyn Rogers - *1 year*
Chanel Grace - *1 year*
Janette Campbell - *1 year*
Lesley Yuill - *1 year*
Corrin Pomery - *1 year*
Kevin Donovan - *1 year*



New Volunteers 2025 2026

Lynne Kain, Brad Sing

Volunteer CEO Awards

Sandra Treloar



Photo: Tony Nash, volunteer, Cycling without Age program with two of the residents



Photo: Audrey Morris, Volunteer, with Aged Care resident having some fun during St Patrick's Day celebrations.

Photo: Sandra Treloar being awarded the CEO Volunteer of the Year award by Leigh Parker, CEO.

Investing in Our Staff

Our people are at the heart of everything we do. Their expertise, compassion and commitment underpin the safe, high-quality care we provide to our communities every day. Investing in our workforce is therefore one of our most important priorities, ensuring our staff are supported, empowered and equipped to meet the evolving needs of the communities we serve.

Workforce Development and Learning

Throughout 2025–26, we continued to strengthen capability across our workforce by expanding access to professional development, education and training. Staff participated in a broad range of learning opportunities, including clinical leadership programs, cultural safety training, scholarship initiatives and digital capability development. These investments foster lifelong learning, build organisational capability and support excellence in patient care.

Wellbeing and Support

Supporting the health and wellbeing of our workforce remains fundamental to creating a positive and sustainable workplace. During the year, we enhanced employee wellbeing through strengthened Employee Assistance Program services, greater access to flexible work arrangements and targeted wellbeing initiatives designed to promote resilience, reduce burnout and strengthen team engagement. Feedback from the annual People Matter Employee Survey continues to shape our wellbeing priorities and informs ongoing improvements to the employee experience.

Equity, Inclusion and Belonging

We remain committed to fostering a workplace where every person feels valued, respected and empowered to contribute. During the year, we progressed initiatives to strengthen gender equity in leadership, improve career pathways and support for Aboriginal and Torres Strait Islander employees, and celebrate the rich cultural diversity of our workforce. By embedding equity, inclusion and cultural safety into our workplace, we strengthen our ability to deliver responsive, person-centred care to the diverse communities we serve.

Recognising Excellence

Recognising and celebrating the contributions of our people is central to building a culture of engagement and pride. Throughout the year, we acknowledged outstanding achievements through staff awards, peer recognition programs and appreciation events. These initiatives celebrate excellence across every part of our organisation and reinforce the vital role every employee plays in delivering exceptional care and services.

Our investment in people is an investment in the future of healthcare. By fostering a capable, connected and supported workforce, we are building a resilient organisation that continues to deliver compassionate, innovative and high-quality care for the communities we serve—today and into the future.

Workforce Data

Industrial (Workforce) Key Performance Indicators

Labour Category: (FTE) Full Time Equivalent Staff **100.25**

Labour category	JUNE Current Month FTE		Average Monthly FTE	
	2025	2026	2025	2026
Nursing	33.41	36.33	31.44	36.61
Administration and Clerical	22.56	23.46	21.13	23.60
Hotel and Allied Services	33.91	36.50	36.01	36.42
Medical Officers	0.01	0.01	0.01	0.01
Ancillary Staff (Allied Health)	4.12	3.95	3.88	3.34
TOTAL	**94.01**	**100.25**	**92.47**	**99.98**

All employees have been correctly classified in the workforce data collection.

Workforce Inclusion Policy

In line with the *Gender Equality Act 2020*, Heywood Rural Health continues its commitment to a range of initiatives to support workforce inclusion. One of these initiatives includes the Gender Equality Action Plan (GEAP) 2022-2026 which is in its fourth and final reporting year. We have successfully submitted to the Royal Commission our final Gender Audit and GEAP Progress Report. We now look towards planning and commencing our new four-year GEAP.

We have also been fortunate to have the support of the South West Local Health Service Network Diversity and Inclusion Coordinator, who brings her wealth of experience and knowledge of gender equality to the region.

To support a workplace that fosters and celebrates diversity, inclusion, and equity, we continue to review our policies, procedures and services to ensure these values are embedded in our everyday work and to bring about sustained change.

Occupational Health and Safety Data (43 actual hazards/incidents)

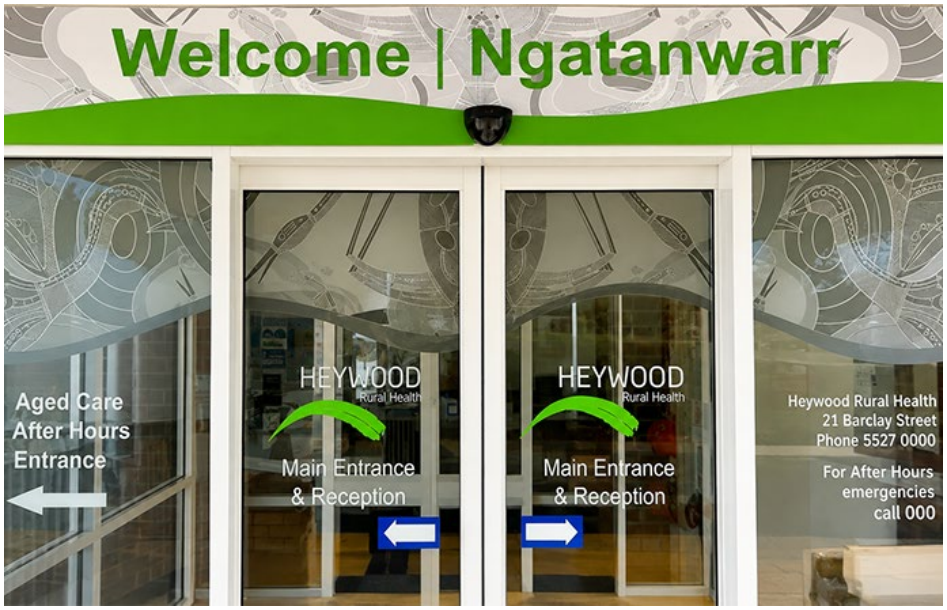
Occupational Health and Safety Statistics	2025-26	2024-25	2023-24
The number of reported hazards/incidents for the year per 100 FTE.	43	38	48
The number of 'lost time' standard WorkCover claims for the year per 100 FTE.	5	1	2
The average cost per WorkCover claim for the year.	$12,369	$16,297	$32,665

Occupational Violence

Heywood Rural Health is committed to addressing occupational violence incidents.

During the reporting period, there were 25 incidents with nil WorkCover accepted claims.

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	25
Number of occupational violence incidents reported per 100 FTE	25
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	0







Deepening Cultural Understanding

Heywood Rural Health is committed to advancing reconciliation and strengthening partnerships with Aboriginal and Torres Strait Islander peoples. Working in close partnership with Winda-Mara Aboriginal Corporation, we continue to build cultural capability across our organisation through meaningful engagement with Traditional Owners, Aboriginal Community Controlled Organisations and community.

A key initiative has been the delivery of immersive 'On Country' Cultural Awareness training at the Tyrendarra Indigenous Protected Area (IPA), located within the Budj Bim World Heritage-listed landscape. These four-hour sessions have been completed by 97% of Heywood Rural Health staff and Board Directors. Due to the success and impact of the 'On Country' training we plan to extend this training to volunteers in 2027.

The training begins with a traditional Smoking Ceremony and includes cultural education led by Aunty Janice Lovett, who shares the significance of creating culturally safe and welcoming healthcare environments. Participants gain a deeper understanding of Gunditjmara history, continuing connection to Country, cultural practices, and the importance of self-determination in Aboriginal health and wellbeing.

The experience provides a powerful opportunity for staff to learn directly from Traditional Owners, fostering greater cultural understanding, respect, and appreciation of the enduring custodianship of Country. Participants also visit the Winda-Mara Aboriginal Corporation Health Centre, recognising its significance as a community-led health service and an important milestone in delivering culturally appropriate care.

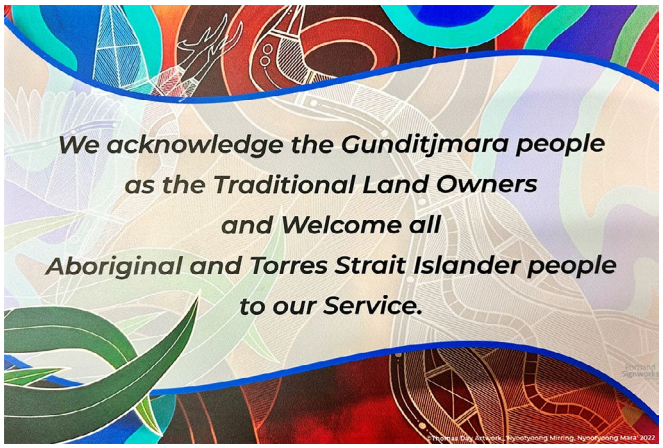
Heywood Rural Health's approach to Aboriginal and Torres Strait Islander health is founded on strengthening cultural safety, genuine partnership, and person-centred care. Through co-design with Winda-Mara Aboriginal Corporation, Aboriginal Cultural Officer, Elders, and community leaders, we continue to strengthen Aboriginal governance, enhance workforce cultural capability, and embed culturally responsive models of care across the organisation.



Photo: Andy Albert performs at Heywood Rural Health during Reconciliation Week.

Key initiatives

- Maintaining a Memorandum of Understanding with Winda-Mara Aboriginal Corporation, strengthening collaboration and shared commitment to improving health outcomes.
- Establishing the Aboriginal Governance and Advisory Group (Yarning Group) to provide cultural guidance and strategic advice.
- Appointing an Aboriginal Cultural Officer to support and guide culturally safe care and strengthen relationships with Aboriginal patients, families, and community.
- Co-designing culturally responsive care pathways for Residential Aged Care and Palliative and end-of-life care in partnership with Aboriginal community representatives and Winda-Mara Aboriginal Corporation.
- Supporting shared learning opportunities between Heywood Rural Health and Winda-Mara Aboriginal Corporation to strengthen mutual understanding and collaboration.
- Introducing a Graduate Nurse program featuring a unique professional links rotation, enabling graduate nurses to undertake a placement at the Winda-Mara Medical Centre and gain firsthand experience delivering healthcare within an Aboriginal Community Controlled Health Organisation.
- Naming the Community Health Hub's multi-purpose space the Moorayt Room ("Active"), featuring artwork by the late Thomas Day III, a proud Gunditjmara man whose work celebrates culture, identity, and community connection.
- Installing Gunditjmara artwork by the late Thomas Day III and welcoming signage at the main entrances across the health service, creating a culturally welcoming environment.
- Displaying additional Aboriginal artwork by the late Thomas Day III throughout the Community Health Hub to celebrate Gunditjmara culture and strengthen a sense of place.
- Developing an Indigenous kitchen garden and reflective wellbeing space that promotes healing, connection to Country, and cultural inclusion. The space includes a Smoking Ceremony pit to support traditional cultural practices, ceremonies, reflection, and healing.
- Naming the acute hospital palliative care room Yana Ngathuk-a Wurni, meaning "I'm going home." The name reflects Gunditjmara spiritual connection to Country, life's journey, and passing. The room incorporates culturally appropriate resources, including options to facilitate Smoking Ceremonies and other cultural practices, supporting dignity and culturally safe end-of-life care.
- Installing Aboriginal artwork within Residential Aged Care by renowned artist Jimmi Buscombe and local Aboriginal artist Saige Bell, officially launched during National Reconciliation Week.
- Celebrating National Reconciliation Week through community events including:
  - a shared breakfast with Winda-Mara Aboriginal Corporation staff, Heywood Rural Health staff, Aboriginal Elders, and the Boorie Kids Club;
  - community music performances in the Moorayt Room; and
  - cultural cooking sessions with Aunty Janice Lovett, where Residential Aged Care residents experience traditional foods such as kooyang (eel) and damper and scones incorporating native herbs and ingredients.



Together, these initiatives demonstrate Heywood Rural Health's ongoing commitment to reconciliation and to providing culturally safe, respectful, and inclusive healthcare. By working in genuine partnership with Aboriginal communities, we are strengthening trust, improving access to services, enhancing the cultural capability of our workforce, and contributing to better health and wellbeing outcomes for Aboriginal and Torres Strait Islander peoples.

Manner of Establishment and Responsible Ministers

Heywood Rural Health is a public health service established under the *Health Services Act 1988* (Vic).

External Auditors

Victorian Auditor General's Office (VAGO)

Internal Auditors

Moore Australia

Solicitors

Health Legal (Melbourne)

Bank

Bendigo Bank
Westpac Bank

Responsible Persons Disclosure

The responsible Ministers for the reporting period were:

Minister for Health
Minister for Ambulance Services

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

Minister for Health
Minister for Ambulance Services
Minister for Water

15 April 2026 to 30 June 2026
Hon Harriet Shing MP

Minister for Mental Health
Minister for Ageing

01 July 2025 to 30 June 2026
The Hon Ingrid Stitt MP

Minister for Disability
Minister for Children

01 July 2025 to 30 June 2026
The Hon Lizzie Blandthorn MP

Minister for Health Infrastructure

01 July 2025 to 30 June 2026
The Hon Melissa Home MP

Attestations

Heywood Rural Health Financial Management Compliance Attestation Statement

I, Courtney Nash on behalf of the Responsible Body, certify that Heywood Rural Health has no Material Compliance Deficiency with respect to the applicable Standing Directions under the *Financial Management Act 1994* and Instructions.

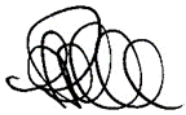


Courtney Nash

Board Chair
Heywood Rural Health
2 September 2026

Data Integrity Declaration

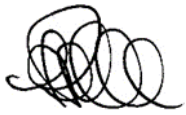
I, Leigh Parker certify that Heywood Rural Health has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance. Heywood Rural Health has critically reviewed these controls and processes during the year.



Leigh Parker
Accountable Officer
Heywood Rural Health
2 September 2026

Conflict of Interest Declaration

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



Leigh Parker
Accountable Officer
Heywood Rural Health
2 September 2026

Integrity, Fraud and Corruption Declaration

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



Leigh Parker
Accountable Officer
Heywood Rural Health
2 September 2026

Compliance with Health Share Victoria (HSV) Purchasing Policies

I, Leigh Parker, on behalf of Heywood Rural Health, certify that Heywood Rural Health has no material compliance deficiency with respect to the HSV Purchasing Policies as required by the *Health Services Act 1988* (Vic). While instances of non-material non-compliance have been identified during the reporting period, Heywood Rural Health has an agreement in place with HealthShare Victoria to address and rectify these issues. These instances do not constitute material non-compliance and have not had a significant impact on procurement governance or operational integrity. Heywood Rural Health has implemented appropriate internal controls, which have been critically reviewed throughout the year.



Leigh Parker
Accountable Officer
Heywood Rural Health
2 September 2026

Compliance Information

Safe Patient Care Act 2015

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

Freedom of Information Act 1982

The Freedom of Information Act 1982 provides the right to obtain information held by Heywood Rural Health. The Chief Executive Officer manages any requests and reports annually to the Freedom of Information (FOI) section of the Department of Justice in respect of FOI requests received.

Consumers wishing to access documents should apply in writing to the FOI Officer at Heywood Rural Health. An application fee is required to be paid at the time of submitting an application, additional cost for time and copies may be applied.

Please visit Heywood Rural Health website and go to the Freedom of Information page to learn more about these processes, application requirements and fees.

https://heywoodruralhealth.vic.gov.au/contact/freedom-of-information/

During 2025-26, Heywood Rural Health received 3 applications. Of these requests 0 were from Members of Parliament, 0 from the media, and the remainder from the general public.

Heywood Rural Health made 3 FOI decisions during the 12 months ended 30 June 2026.

There were 3 decisions made within the statutory time periods.

Of the total decisions made, 3 granted access to documents in full, 0 granted access in part and 0 denied access in full. 0 decisions were made after mandatory extensions had been applied or extensions were agreed upon by the applicant.

During the 2025-26, 0 requests were subject to a compliant/internal review by Office of the Victorian information Commissioner. 0 requested progressed to the Victorian Civil and Administrative Tribunal (VCAT).

For further information on Freedom of Information please visit: https://www.oaic.gov.au/freedom-of-information

Building Act 1993

Heywood Rural Health ensures that all building works comply with the provisions of the *Building Act 1993* (Vic), the Building Regulations 2018, relevant Australian building standards/codes and the Department of Health's Capital Development Guidelines.

During the reporting period, all new building works, alterations, and maintenance conducted by Heywood Rural Health were carried out in accordance with the requirements of the Act.

There was nil building permits obtained, and nil certificate of final inspection issued in relation to buildings owned by Heywood Rural Health.

Heywood Rural Health remains committed to maintaining safe, compliant, and fit-for-purpose facilities to support the delivery of high-quality healthcare services.

There were nil major works projects whose individual values were greater than $50,000 each.

All appropriate mechanisms for inspection, reporting, scheduling, and carrying out of maintenance works on existing buildings were undertaken according to legislation and requirements.

There were no emergency orders and building orders issued in relation to buildings.

There were no buildings that have been brought into conformity with building standards during the reporting period.

Disclosure of Emergency Procurements

Heywood Rural Health had **Nil** Emergency Procurement during 2025-26.

Disclosure of Procurement Complaints

Heywood Rural Health received **Nil** formal complaints through its procurement complaints management system in 2025-26.

Public Interest Disclosures Act 2012 (Vic)

Heywood Rural Health is committed to the aims and objectives of the *Public Interest Disclosures Act 2012* (the Act). The Act encourages and facilitates disclosures of improper conduct by public officers and public bodies. It provides protection to people who make disclosures in accordance with the Act and establishes a system for the matters disclosed to be investigated and for rectifying action to be taken.

Heywood Rural Health has established procedures for the protection of persons from detrimental action in reprisal for making a public interest disclosure. These procedures are in accordance with Part 9 of the Act. To learn more go to: https://www.legislation.vic.gov.au/in-force/acts/public-interest-disclosures-act-2012/026

During the 2025–26 financial year, Heywood Rural Health:

- Did not receive any disclosures under Part 2 of the Act.
- Therefore, no disclosures were notified to the Independent Broad-based Anti-Corruption Commission (IBAC) under section 21(2) of the Act

Heywood Rural Health remains committed to the integrity and accountability of the Victorian public sector and encourages individuals to report known or suspected improper conduct.

Statement of National Competition Policy

Heywood Rural Health is committed to the principles of the National Competition Policy, including compliance with the Competitive Neutrality Policy Victoria.

During the reporting period 2025-26, the health service:

- Assessed all relevant business activities for compliance with competitive neutrality principles.
- Ensured that pricing, cost allocation, and management practices reflected a competitively neutral approach where applicable.
- Did not identify any new business activities requiring structural or procedural changes under the policy.

There were no complaints received and no investigations conducted under the competitive neutrality policy during the reporting period.

There were no material changes in the application of competitive neutrality since the previous year.

Heywood Rural Health continues to monitor its business activities to ensure ongoing compliance with competitive neutrality and to align with any future reforms arising under the National Competition Policy framework.

Carers Recognition Act 2012

The *Carers Recognition Act 2012* recognises, promotes and values the role of people in care relationships. Heywood Rural Health understands the different needs of persons in care relationships and that care relationships bring benefits to the patients, their carers and to the community.

Heywood Rural Health has taken all practical measures to comply with its obligations under the Act.

- Promoting the principles of the Act to people in care relationships who receive our services and to the wider community (e.g. distributing printed material about the Act at community events or service points; providing links to state government resource materials on our website; providing digital and/or printed information about the Act to our partner organisations)
- Ensuring our staff have an awareness and understanding of the care relationship principles set out in the Act (e.g. developing and implementing a staff awareness strategy about the principles in the Act and what they mean for staff; induction and training programs offered by the organisation include discussion of the Act and the statement of principles therein)
- Considering the care relationships principles set out in the Act when setting policies and providing services (e.g. reviewing our employment policies such as flexible working arrangements and leave provisions to ensure that these comply with the statement of principles in the Act, developing a satisfaction survey for distribution at assessment and review meetings between workers, carers and those receiving care)
- Implementing priority actions in recognising and supporting Victoria's carers: Victorian Carer Strategy 2025-2035.

Local Jobs First Act 2003

No projects undertaken by Heywood Rural Health during 2025-26 met the threshold for Local Jobs First Policy application. As such, no Local Industry Development Plans were required or submitted.

Environmental Performance

Environmental sustainability continues to be a core priority for Heywood Rural Health. In 2025–26, we have remained committed to reducing our environmental footprint and supporting public environmental health by delivering healthcare in a manner that is both sustainable and environmentally responsible. Our focus has been on minimising resource consumption, maximising recycling efforts, and transitioning to cleaner, more efficient energy sources.

We have also implemented improved reporting processes to ensure all recycling efforts are accurately captured and recorded in the Eden Suite portal. This will enable Heywood Rural Health to monitor data year-on-year, identify trends, and uncover opportunities for continuous improvement.

Our environmental initiatives are guided by our Environmental Management Plan, overseen by the Leadership Team. The Environmental Management Plan is aligned with the Global Green and Healthy Hospitals framework, which provides a strategic approach for healthcare organisations aiming to enhance sustainability and contribute positively to public environmental health.

We have developed a new environmental scorecard based on information collected from the Eden Suite portal and report this information to the Board of Directors.

Heywood Rural Health is an active member of the Environmental Sustainability Working Group, which meets regularly to collaborate on strategies for reducing the environmental impact of healthcare across the sector.

Key initiatives undertaken during 2025–26 include:

- Continue to promote our community-accessible battery recycling program, supporting the safe disposal of hazardous materials along which has been complemented by our Recycle Wall Station to collect items such as e-waste, mobile phones, cables, eyeglasses, pens, and printer cartridges.
- Embedded and embraced by staff, designated recycling stations across the organisation for landfill, co-mingled recycling, and paper/cardboard.
- Decommissioned old gas boiler and replaced with an electric heat pump to service the organisation.
- Solar panels were cleaned to maximise energy output and improve overall system efficiency.
- Introduced two new mobile coffee stations fully stocked, to reduce single-use paper cups consumption.
- Installed filtered rainwater harvesting system in the Residential Aged Care home to replace water dispensers and costs associated with this.
- 3 hybrid cars have been added to the fleet cars to complement our long-term plan for full electrification.
- Installed auto-motion sensor lights to several internal spaces within the organisation.
- Re-insulation works were completed in the Administration Building roof space to improve temperature regulation and thermal efficiency. The upgrade supports a more consistent indoor environment, improves occupant comfort, and contributes to reduced energy consumption associated with heating and cooling.

These initiatives demonstrate Heywood Rural Health's continued leadership in environmental stewardship within the healthcare sector, reinforcing our commitment to sustainable operations and a healthier future for the communities we serve.

Environmental Report

GREENHOUSE GAS EMISSIONS	2025-26	2024-25	2023-24
G1 Total Scope 1 (direct) greenhouse gas emissions (t CO2-e)			
Carbon Dioxide	120.81	116.48	97.93
Methane	0.22	0.24	0.23
Nitrous Oxide	0.46	0.45	0.32
Total	**121.49**	**117.17**	**98.48**
Scope 1 GHG emissions from stationary fuel (F2 Scope 1) (t CO2-e)	**60.95**	**67.91**	**65.99**
Scope 1 GHG emissions from vehicle fleet (T3 Scope 1) (t CO2-e)	**60.53**	**49.26**	**32.49**
Medical/Refrigerant gases			
Total Scope 1 (direct) greenhouse gas emissions (t CO2-e)	**121.49**	**117.17**	**98.48**
G2 Total Scope 2 (indirect electricity) greenhouse gas emissions (t CO2-e)			
Electricity	216.63	191.47	208.98
Total Scope 2 (indirect electricity) greenhouse gas emissions (t CO2-e)	**216.63**	**191.47**	**208.98**
G3 Total Scope 3 (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (t CO2-e)			
Commercial air travel	1.73	0.40	0.00
Waste emissions (WR5)	43.01	52.39	52.26
Indirect emissions from Stationary Energy	49.74	48.64	47.80
Indirect emissions from Transport Energy	15.23	12.36	8.24
Paper emissions	3.88	1.82	
Water emissions	6.06	6.83	6.57
Any other Scope 3 emissions	0.00	0.00	0.00
Total Scope 3 greenhouse gas emissions (t CO2-e)	**119.65**	**122.43**	**114.86**
G(Opt) Net greenhouse gas emissions (t CO2-e)			
Gross greenhouse gas emissions (G1 + G2 + G3) (t CO2-e)	**457.77**	**431.07**	**422.33**
Total gross reported greenhouse gas emissions per bed-day (t CO2-e/OBD)	0.03	0.03	0.03
Carbon Neutral Electricity	0.00	0.00	0.00
Green Power Electricity	0.00	0.00	0.00
Purchased LGCs	-266.77	0.00	0.00
Any Reduction Measures Offsets purchased (EL4-related)	**-246.05**		
Any Offsets purchased	**-246.05**		
Net greenhouse gas emissions (t CO2-e)	**211.71**	**431.07**	**422.33**

ELECTRICITY USE	2025-26	2024-25	2023-24
EL1 Total electricity consumption segmented by source (MWh)			
Purchased	323.54	289.97	317.73
Self-generated	20.21	18.86	59.53
EL1 Total electricity consumption (MWh)	**343.75**	**308.83**	**377.26**
EL2 On site-electricity generated (MWh) segmented by:			
Consumption behind-the-meter			
Solar Electricity	20.21	18.86	59.53
Total Consumption behind-the-meter (MWh)	**20.21**	**18.86**	**59.53**
Exports			
Solar Electricity	13.26	12.97	12.08
Total Electricity exported (MWh)	**13.26**	**12.97**	**12.08**
EL2 Total On site-electricity generated (MWh)	**33.47**	**31.83**	**71.60**
EL3 On-site installed generation capacity (kW converted to MW) segmented by:			
Diesel Generator	0.18	0.18	0.18
Solar System	0.09	0.09	0.09
EL3 Total On-site installed generation capacity (MW)	**0.27**	**0.27**	**0.27**
EL4 Total electricity offsets segmented by offset type (MWh)			
LGCs voluntarily retired on the entity's behalf	289.97		
RPP (Renewable Power Percentage in the grid)	56.09	53.16	59.61
EL4 Total electricity offsets (MWh)	**323.54**	**53.16**	**59.61**

STATIONARY ENERGY	2025-26	2024-25	2023-24
F1 Total fuels used in buildings and machinery segmented by fuel type (MJ)			
LPG	1,005,795.20	1,120,610.00	1,088,981.00
F1 Total fuels used in buildings (MJ)	1,005,795.20	1,120,610.00	1,088,981.00
F2 Greenhouse gas emissions from stationary fuel consumption segmented by fuel type (t CO2-e)			
LPG	60.95	67.91	65.99
F2 Greenhouse gas emissions from stationary fuel consumption (t CO2-e)	**60.95**	**67.91**	**65.99**

TRANSPORTATION ENERGY	2025-26	2024-25	2023-24
T1 Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type (MJ)			
Non-executive fleet - Gasoline	604,642.50	443,915.90	446,169.90
Petrol	**604,642.50**	**443,915.90**	**446,169.90**
Non-executive fleet - Diesel	279,055.00	273,287.90	32,983.40
Diesel	**279,055.00**	**273,287.90**	**32,983.40**
Total energy used in transportation (vehicle fleet) (MJ)	**883,697.50**	**717,203.80**	**479,153.30**
T2 Number and proportion of vehicles in the organisational boundary segmented by engine/fuel type and vehicle category			
T3 Greenhouse gas emissions from transportation (vehicle fleet) segmented by fuel type (t CO2-e)			
Non-executive fleet - Gasoline	40.89	30.02	30.17
Petrol	**40.89**	**30.02**	**30.17**
Non-executive fleet - Diesel	19.65	19.24	2.32
Diesel	**19.65**	**19.24**	**2.32**
Total Greenhouse gas emissions from transportation (vehicle fleet) (t CO2-e)	**60.53**	**49.26**	**32.49**
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	12,200.00	2,624.00	
T(opt1) Total vehicle travel associated with entity operations (1,000 km)			
Total vehicle travel associated with entity operations (1,000 km)			
T(opt2) Greenhouse gas emissions from vehicle fleet (t CO2-e per 1,000 km)			
t CO2-e per 1,000 km			

TOTAL ENERGY USE	2025-26	2024-25	2023-24
E1 Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)			
Total energy usage from stationary fuels (F1) (MJ)	1,005,795.20	1,120,610.00	1,088,981.00
Total energy usage from transport (T1) (MJ)	883,697.50	717,203.80	479,153.30
Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)	**1,889,492.70**	**1,837,813.80**	**1,568,134.30**
E2 Total energy usage from electricity (MJ)			
Total energy usage from electricity (MJ)	1,237,489.77	1,111,797.28	1,358,126.89
E3 Total energy usage segmented by renewable and non-renewable sources (MJ)			
Renewable	1,237,489.80	259,273.87	428,878.61
Non-renewable (E1 + E2 - E3 Renewable)	1,889,492.67	2,690,337.21	2,497,382.59
E4 Units of Stationary Energy used normalised: (F1+E2)/normaliser			
Energy per unit of Aged Care OBD (MJ/Aged Care OBD)	140.55	140.29	160.84
Energy per unit of LOS (MJ/LOS)	26,084.71	21,465.45	5,599.79
Energy per unit of bed-day (LOS+Aged Care OBD) (MJ/OBD)	139.79	139.38	156.34
Energy per unit of Separations (MJ/Separations)	149,552.33	139,525.45	84,383.03
Energy per unit of floor space (MJ/m2)	456.79	454.57	498.29

SUSTAINABLE BUILDINGS AND INFRASTRUCTURE	2025-26	2024-25	2023-24
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			
NABERS Energy	5	5	5
NABERS Water	4.5	3.5	3.5

WATER USE	2025-26	2024-25	2023-24
W1 Total units of metered water consumed by water source (kL)			
Potable water (kL)	4,323.14	4,175.30	3,913.60
Total units of water consumed (kL)	**4,323.14**	**4,175.30**	**3,913.60**
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)	0.27	0.26	0.26
Water per unit of LOS (kL/LOS)	50.27	40.15	8.96
Water per unit of bed-day (LOS+Aged Care OBD) (kL/OBD)	0.27	0.26	0.25
Water per unit of Separations (kL/Separations)	288.21	260.96	134.95
Water per unit of floor space (kL/m2)	0.88	0.85	0.80

WASTE AND RECYCLING	2025-26	2024-25	2023-24
WR1 Total units of waste disposed of by waste stream and disposal method (kg)			
Landfill (total)			
General waste - bins	32,838.00	39,901.68	39,987.20
Offsite treatment			
Clinical waste - treated	249.00	396.00	209.00
Recycling/recovery (disposal)			
Batteries	61.00	63.60	
Cardboard	4,284.31	4,278.62	4,290.00
Commingled	654.00		
E-waste	175.00	168.98	40.00
Paper (confidential)	1,986.00	1,414.13	1,418.00
Toner & print cartridges	19.52	14.72	22.57
Total units of waste disposed (kg)	**40,266.83**	**46,237.73**	**45,966.77**
WR1 Total units of waste disposed of by waste stream and disposal method (%)			
Landfill (total)			
General waste	81.55%	86.30%	86.99%
Offsite treatment			
Clinical waste - treated	0.62%	0.86%	0.45%
Recycling/recovery (disposal)			
Batteries	0.15%	0.14%	
Cardboard	10.64%	9.25%	9.33%
Commingled	1.62%		
E-waste	0.43%	0.37%	0.09%
Paper (confidential)	4.93%	3.06%	3.08%
Toner & print cartridges	0.05%	0.03%	0.05%
WR3 Total units of waste disposed normalised by FTE, headcount, floor area, or other entity or sector specific quantity, by disposal method			
Total waste to landfill per patient treated ((kg general waste)/PPT)	2.04	2.49	2.55
Total waste to offsite treatment per patient treated ((kg offsite treatment)/PPT)	0.02	0.02	0.01
Total waste recycled and reused per patient treated ((kg recycled and reused)/PPT)	0.45	0.37	0.37
WR4 Recycling rate (%)			
Weight of recyclable and organic materials (kg)	7,179.83	5,940.05	5,770.57
Weight of total waste (kg)	40,266.83	46,237.73	45,966.77
Recycling rate (%)	**17.83%**	**12.85%**	**12.55%**
WR5 Greenhouse gas emissions associated with waste disposal (t CO2-e)			
t CO2-e	43.01	52.39	52.26

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

Social Procurement Framework (SPF)

Social Procurement Activities and Commitments

Reporting Period 2025-26

Aggregate spend	
All suppliers	
Number of suppliers	254
Total spent with suppliers	$3,924,772.70
Social benefit suppliers	
Number of social benefit suppliers	9
Total spent with social benefit suppliers	$236,415.05

SPF Objective	SPF Outcome	Reporting Metrics	
Opportunities for Victorian Aboriginal people	Purchasing from Victorian Aboriginal businesses	Number of Victorian Aboriginal businesses engaged.	7
		Total expenditure with Victorian Aboriginal businesses (excl. GST)	$235,197.32
Opportunities for Victorians with disability	Purchasing from Victorian social enterprises and Australian Disability Enterprises.	Number of Victorian social enterprises led by a mission for people with disability and Australian Disability Enterprises engaged (ADEs) engaged.	1
		Total expenditure with Victorian social enterprises led by a mission for people with disability and BuyAbility Social Enterprises.	$60.00
Opportunities for Victorian priority jobseekers	Purchasing from Victorian social enterprises	Number of Victorian social enterprises led by a social mission for job readiness and employment of Victorian priority jobseekers engaged.	0
		Total expenditure with Victorian social enterprises led by a social mission for job readiness and employment of Victorian priority jobseekers; excl GST	$0.00
Sustainable Victorian social enterprises and Aboriginal business sectors	Purchasing from Victorian social enterprises and Australian businesses	Number of Victorian social enterprises engaged	1
		Total expenditure with Victorian social enterprises (excl GST)	$1,157.73
		Number of Victorian Aboriginal businesses engaged	0
		Total expenditure with Victorian Aboriginal businesses (excl GST)	$0.00

Heywood Rural Health also endeavours to promote social procurement practices where possible. Social Procurement is when organisations use their buying power to generate social value above and beyond the value of the goods, services, or construction being procured. Of the seven specific objectives focussed on Social Procurement under the Social Procurement Framework, Heywood Rural Health targeted the following:

- Opportunities for Victorian Aboriginal People
- Opportunities for Victorians with disability
- Opportunities for Victorian Priority Jobseekers

Heywood Rural Health engaged with 9 social benefit suppliers for a total direct spend of $236,415.05 in the financial year 2025-26. This reflects an increase on last financial year in both the number of engagements and net spend. It does not reflect indirect spend made to sub-contractors as part of construction projects undertaken during the reporting period.

Additional Information available on Request

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

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

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

This information is available on request from:

Chief Executive Officer
Heywood Rural Health
Phone: (03) 5527 0528
Email: ceo@heywoodruralhealth.vic.gov.au



Leigh Parker
Accountable Officer
Heywood Rural Health
2 September 2026

Consultancies Information

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 where the total fees payable to the consultants were $10,000 or greater. The total expenditure incurred during 2025-26 in relation to this consultancy is $19,250 (excl. GST).

Details of individual consultancies are below:

Consultant	Purpose of consultancy	Start date	End date	Total approved project fee	Expenditure 2025-26 (ex GST)	Future expenditure (ex GST)
Triplex Consulting	Development of HRH Strategic & Operational Risk register	01-02-2026	30-06-2026	$19,250	$19,250	$0.00

Review and Study Expenses

During the 2025-26, there were 2 reviews and studies undertaken with the total cost of $36,360. Details of individual reviews and studies are outlined below. (a)

Name of review	Reason for review / study	Terms of reference / scope	Timeline	Anticipated outcomes	Estimated cost for the year (excl. GST)	Final cost if completed (excl. GST)	Publicly available Y/N and URL
Review of Support at Home pricing	New Aged Care Act 2024 commencing 1 November 2025	Review HRH costs to deliver services in order to determine program pricing	3 months	HRH pricing for services delivered under Support at Home program	$16,560	$16,560	No
Workplace Culture review	Review of workplace culture following 2025 People Matter Survey results	Interview staff with respect to workplace culture	2 months	HRH receives a clearer picture to PMS results	$19,800	$19,800	No

Notes:

(a) Table does not include reviews or studies that may be Commercial-in-Confidence or commercially sensitive, or where the release may be detrimental to Government operations (e.g. by pre-empting the finalisation of policy decisions prior to their announcements by Government).

Commercial-in-Confidence (CiC) Grants

Not applicable. Heywood Rural Health did not administer any grants, transfer payments of Commercial-in-Confidence grants in 2025-26.

Government Advertising Campaign

In accordance with the Victorian Government Advertising Certification Framework, Heywood Rural Health reports that nil advertising campaigns with a total media placement expenditure of $100,000 or more were conducted during the reporting period 2025-26.

As such, nil government advertising campaigns required certification or public disclosure under the relevant state requirements during this period.

Information and Communication technology (ICT) Expenditure

ICT expenditure

All operational ICT expenditure	ICT Expenditure related to projects to create or enhance ICT capabilities		
Business as Usual (BAU) ICT expenditure	Non Business as Usual (non BAU) ICT expenditure	Operational expenditure	Capital expenditure
$0.5M	Nil	Nil	Nil



International Womens Day

Statement of Priorities

Part A: Key 2025-26 Strategic Priorities

In 2025-26 Heywood Rural Health will contribute to the achievement of the Victorian Government's commitment by:

INNOVATE AND IMPROVE ACCESS AND CARE

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

GOAL

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

Health Service Deliverables	Outcome
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	**ACHIEVED** **COMMENTARY:** - Successfully completed and embedded the Maggie Beer Foundation Program at Heywood Rural Health, enhancing the quality, nutritional value, and dining experience of meals provided to residents and Meals on Wheels recipients. - Established a Food Forum to facilitate real-time feedback from residents and families, supporting continuous improvement of menu planning and meal services. - Strengthened consumer participation through representation on key committees and forums, including the Consumer Advisory Committee, Asset Management & Planning Committee, Resident and Family Meetings, Medication Advisory Committee, and the Yarning Group in partnership with Winda-Mara Aboriginal Corporation. - Introduced an ongoing Quality of Life and Consumer Experience survey program for community clients, providing valuable insights to guide service improvements and prioritise initiatives. - Expanded feedback channels through the introduction of a dedicated consumer email address and telephone line, improving accessibility and encouraging greater consumer engagement. - Implemented a comprehensive consumer feedback framework, including a new Feedback policy, Complaints procedure, Suggestions procedure, and Compliments procedure, supported by enhanced reporting to the Board and Operational Committees. - Increased community engagement through participation in local events, including the Wood, Wine & Roses Festival and Heywood Men's Shed activities, gathering valuable community feedback through surveys and field observations. - Developed and launched a consumer feedback dashboard within the Data Hub, enabling managers to monitor trends, identify improvement opportunities, and support data-informed decision-making.

Health Service Deliverables	Outcome
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.	**ACHIEVED** **COMMENTARY:** - Developed and implemented an organisation-wide data framework, supported by the establishment of a centralised Data Hub as a single source of truth for reporting, analytics, and performance monitoring. - Achieved compliance with Department of Health MARAM requirements through comprehensive staff training, with participation and completion rates monitored and reported via the Learning Management System (LMS). - Implemented a new Audit policy to strengthen governance, support continuous improvement, and ensure a consistent approach to auditing across the organisation. - Reviewed and enhanced audit and reporting schedules for key governance committees, including the Clinical Risk & Compliance Committee, Medication Advisory Committee, Infection Prevention & Control Committee, Clinical Governance Committee, and Nutrition & Hydration Committee. - Established a standardised audit reporting template to improve consistency, transparency, and the effective communication of audit outcomes and improvement actions. - Led the development of a regional Residential Aged Care Services falls prevention audit tool, incorporating benchmarking functionality to support performance comparison and shared learning across participating health services. - Recognised for excellence in healthcare delivery as the recipient of the 2025 Victorian Public Healthcare Award for Small Health Service of the Year, reflecting Heywood Rural Health's ongoing commitment to quality, safety, and outstanding consumer care.



Leigh Parker, CEO and Bec Ross, Aged Care Advisor attending the Men's Shed roadshow in Heywood and promoting our services.

Health services can show evidence of a comprehensive training program approach that includes performance management, accountability, and continuous improvement.	**ACHIEVED** **COMMENTARY:** - Established and recruited an Education Manager role to strengthen organisational learning, workforce capability, and professional development across the health service. - Appointed a Clinical Nurse facilitator to support clinical education, staff development, and the delivery of evidence-based practice. - Reviewed and updated the employee education matrix within SOLLE (E-Learning) to ensure mandatory and role-specific training requirements are appropriately aligned across all workforce groups. - Expanded educational opportunities through a collaborative partnership with Winda-Mara Aboriginal Corporation, enabling reciprocal participation in training and professional development programs. - Strengthened workforce collaboration through the Professional Links Rotation Model with Portland District Health and Winda-Mara Aboriginal Corporation, supporting knowledge sharing and workforce development. - Provided organisation-wide access to Occupational Violence and Aggression (OVA) training through the Crisis Prevention Institute, enhancing staff capability to prevent and manage challenging situations safely. - Supported nominated Registered Nurses to complete Advanced Life Support (ALS) training, funded by Heywood Rural Health and delivered by Resuscitation Australia, strengthening emergency response capability. - Hosted multiple SafeTALK Suicide Alertness Training sessions, increasing staff awareness and confidence in identifying and responding to individuals at risk of suicide. - Successfully launched the Registered Nurse Graduate Program, supporting the transition of graduate nurses into professional practice and building future workforce capacity. - Supported graduate nurses to complete the La Trobe Assessment of the Older Person Program, funded by the Department of Health, enhancing skills in the care of older people. - Hosted an undergraduate Occupational Therapy student from Deakin University Warrnambool, contributing to student learning and future workforce development. - Strengthened partnerships with tertiary education providers to expand student placement opportunities, support workforce development, and create sustainable clinical education pathways. - Facilitated access to funded scholarships, enabling staff to undertake further education, professional development, and postgraduate study to enhance workforce capability. - Achieved an 87% mandatory training compliance rate, reflecting a significant improvement in organisational learning and workforce compliance. - Introduced Industry Day and Career Day initiatives to promote healthcare career pathways, showcase employment opportunities at Heywood Rural Health, and engage future workforce candidates. - Partnered with the Local Learning and Employment Network (LLEN) to provide meaningful work experience opportunities for secondary school students and support future health workforce development.

	- Invested in a range of educational resources to strengthen clinical knowledge, skills development, and evidence-based practice across the organisation. - Supported leadership capability through investment in the Lead to Succeed program for managers, supervisors, and team leaders. - Completed formal Australian Council on Healthcare Standards (ACHS) Root Cause Analysis Training for relevant staff, strengthening organisational capability in incident investigation and continuous improvement. - Hosted Program of Experience in the Palliative Approach (PEPA) training, enhancing staff knowledge, confidence, and delivery of best-practice palliative care.

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

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

Health Service Deliverables	Outcome
Deliver the key initiatives outlined in the Budget Action Plan within Government parameters.	**ACHIEVED** **COMMENTARY:** - 2025-26 Budget plan stipulates $200K in nurse agency savings to be achieved this year. Budget Action Plan (BAP) submitted to the Department of Health the week commencing 20 October 2025.
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	**ACHIEVED** **COMMENTARY:** - Investigated opportunities to utilise publicly available Victorian Agency for Health Information (VAHI) benchmark data to support performance monitoring, quality improvement, and comparative analysis against peer health services. - Leveraged People Matter Survey results to identify organisational priorities, inform targeted improvement initiatives, guide workforce action planning, and measure workplace culture trends against both historical performance and sector benchmarks. - Streamlined organisational data collection and reporting processes by reducing duplication, standardising methodologies, and implementing automated systems, resulting in improved efficiency, data quality, and reporting capability.

Health Service Deliverables	Outcome
Use funding efficiently and effectively to optimise patient facing services. Undertake programs to reduce the cost of service delivery, improve safety, capacity and reduce unnecessary waiting	**ACHIEVED** **COMMENTARY:** - Achieved significant progress in reducing reliance on agency staffing during the financial year, with no agency clinical staff or case managers currently engaged at Heywood Rural Health, supporting workforce stability, continuity of care, and cost containment. - Transitioned contracted physiotherapy services to a direct employment model, strengthening workforce integration, service continuity, and organisational capability. - Strengthened regional leadership and collaboration through the CEO's appointment as Chair of both the Workforce Committee and Shared Services Committee within the South West Local Health Service Network (SWLHSN). - Partnered with the South West Local Health Service Network to explore and implement shared resource opportunities, delivering greater efficiency, collaboration, and potential cost savings across the region. - Undertook a review of Urgent Care Centre presentation data from comparable health services to identify opportunities to safely expand the scope and accessibility of services delivered at Heywood Rural Health. - Secured Board endorsement for a new Acute Virtual Admission Model, incorporating My Emergency Doctor telehealth services to support timely assessment, virtual admission, and ongoing inpatient management. The model enhances access to safe, high-quality acute care and enables more patients to receive care closer to home. - Implemented an improved refrigerated medication monitoring process to strengthen medication management practices, minimise the risk of spoilage, and reduce wastage associated with damaged medications and vaccines. - Reduced rates of polypharmacy within Residential Aged Care through targeted pharmacist-led medication reviews, supporting safer medication use, optimised treatment outcomes, and improved resident wellbeing.

Aged Care resident and Elsa MacLeod Kindergarten student



A STRONGER WORKFORCE

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

GOAL

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

Health Service Deliverables	Outcome
Implement processes to sustain workforce supply and fulfil 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.	**ACHIEVED** **COMMENTARY:** - Adopted a collaborative regional approach to Gender Equality through active participation in the South West Local Health Service Network (SWLHSN), including the appointment of a dedicated Project Officer to lead community of practice initiatives and drive shared learning across the region. - Successfully completed and submitted Gender Impact Assessment data in line with legislative requirements, with the submission accepted by the Commission, demonstrating a commitment to gender-responsive planning and decision-making. - Continued to monitor and report on workforce health, wellbeing, engagement, and gender equality outcomes through the annual People Matter Survey, ensuring improvement initiatives are informed by employee feedback and evidence-based data. - Achieved a strong People Matter Survey Engagement Index score of 82, reflecting high levels of employee engagement and supporting the organisation's commitment to fostering a positive, inclusive, and respectful workplace culture.
Collaborate with the department to improve workforce data analytics, generate actionable insights, and enhance strategic planning.	**ACHIEVED / ONGOING** **COMMENTARY:** - Utilised the Department of Health's Nursing Supply and Demand Projections (2023-2035) to inform workforce planning and successfully re-establish the Graduate Nurse Program. In partnership with the Department of Health, Postgraduate Medical Council of Victoria, and the Graduate Nurse and Midwifery Program, Heywood Rural Health secured placements for three graduate nurses commencing in 2026. - Applied Nursing Supply and Demand projection data to review and strengthen future nursing workforce models, supporting sustainable workforce planning and service delivery in response to anticipated workforce challenges and community needs. - Contributed to the development and reporting of regional workforce vacancy data through active participation in the South West Local Health Service Network (SWLHSN), supporting workforce intelligence, regional planning, and advocacy with the Department of Health.

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

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.

Health Service Deliverables	Outcome
Deliver high-quality cultural safety training to all executives and staff using independent, expert, community-controlled organisations or a registered Aboriginal business.	**ACHIEVED** **COMMENTARY:** - Demonstrated a strong commitment to cultural safety and inclusion, with Board Directors, leadership, and staff undertaking a unique 'On Country' Cultural Awareness Training facilitated by Winda-Mara Aboriginal Corporation, achieving an outstanding 97% completion rate. - Embedded cultural awareness and understanding across the organisation through ongoing education initiatives, with maintaining and enhancing cultural competency for both existing and new staff identified as a continuing priority. - Established plans to extend 'On Country' Cultural Awareness Training to Heywood Rural Health volunteers in 2027, further strengthening organisational understanding of Aboriginal culture, history, and community connection across all workforce groups.



Cultural Awareness training at the Indigenous Protected Area in Tyrendarra.

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.	**ACHIEVED** **COMMENTARY:** - Maintained a formal Memorandum of Understanding between Heywood Rural Health and Winda-Mara Aboriginal Corporation, providing a framework for collaborative action to strengthen partnerships, enhance cultural safety, and improve health outcomes for Aboriginal and Torres Strait Islander peoples. - Conducted quarterly Yarning Meetings with Winda-Mara Aboriginal Corporation to monitor progress, strengthen relationships, and support the implementation of key actions outlined within the Memorandum of Understanding. - Hosted an Open Day for local Aboriginal Elders during National Reconciliation Week, providing an opportunity to tour the Residential Aged Care home, participate in feedback discussions, enjoy cultural cooking and morning tea, and celebrate the launch of the Residential Aged Care murals created by Jimmi Buscombe and Saige Bell (local Aboriginal artist). - Partnered with Winda-Mara Aboriginal Corporation to host an Aboriginal Elders Community Lunch in March 2026, providing information and education on aged care services. Presentations were delivered by the Aged Care Advisor, Commonwealth Home Support Program Manager, and Support at Home Manager, covering My Aged Care navigation, residential and respite care options, and available in-home support services. - Enhanced the visibility and recognition of Aboriginal culture across the health service through the installation of Aboriginal artwork and Welcome signage in local Aboriginal language at the Main Entrance, Urgent Care Centre Entrance, and Residential Aged Care Entrance. - Further strengthened culturally welcoming environments through the installation of Aboriginal artwork wall coverings within the Community Health Hub Moorayt Room entrance. - Progressed plans for the design and installation of culturally significant totem poles at the main entrance to the health service, with implementation scheduled as a 2027 project. - Hosted the Indigenous Palliative Care Education Program (IPEPA) in November 2025, with 16 staff participating to strengthen culturally responsive palliative care knowledge and practice. Plans are underway to continue participation in late 2026. - Completed the installation of Residential Aged Care hallway murals by Jimmi Buscombe and Saige Bell (local Aboriginal artist), reflecting local landscapes, birdlife including the Yellow-tailed Black Cockatoo, the Budj Bim story, and the connection between culture, Country, and wellbeing. - Enhanced the cultural safety of palliative and acute care environments through collaboration between the Aboriginal Cultural Officer and Aged Care Advisor. Improvements included culturally appropriate resources such as Aboriginal-designed blankets, possum skin items, bush-blend aromatherapy, Aboriginal flags, culturally significant music, and guidance materials supporting Aboriginal and Torres Strait Islander preferences in advance care planning. - Introduced culturally safe Smoking Ceremony practices within palliative care settings through the use of a portable coolamon, enabling ceremonies that support cultural connection, healing, and end-of-life care preferences for Aboriginal patients and families.

Ensure culturally appropriate systems for identifying Aboriginal and Torres Strait Islander patients and implement responsive discharge plans and referral pathways.	**ACHIEVED** **COMMENTARY:** - Delivered Cultural Identification Training in partnership with Winda-Mara Aboriginal Corporation, facilitated by Jess Lovett-Murray through a culturally appropriate yarning approach. The training enhanced the confidence and capability of frontline reception and healthcare staff to respectfully ask and record Aboriginal and Torres Strait Islander identification information, supporting culturally safe and person-centred care. The program will be incorporated into the annual training calendar. - Developed a Cultural Support Advance Care Plan to support culturally responsive care planning for Aboriginal and Torres Strait Islander people. The resource was developed by the Aged Care Advisor and Aboriginal Cultural Officer and formally endorsed by the Yarning Group. - Strengthened organisational capacity and cultural leadership through the appointment of an Aboriginal Cultural Officer, supporting the delivery of culturally safe services, community engagement, and implementation of Aboriginal health initiatives. - Demonstrated a strong commitment to cultural safety and awareness, with 97% of staff and Board Directors completing 'On Country' Cultural Awareness Training, delivered in partnership with Winda-Mara Aboriginal Corporation. The training has enhanced understanding of Aboriginal culture, history, connection to Country, and culturally safe practice across the organisation.



Saige Bell presents Uncle Phil Kanoa, resident with a beautiful Aboriginal artwork designed and created by Saige that tells the story of Uncle Phil's journey.

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

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

Health Service Deliverables	Outcome
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).	**ACHIEVED / ONGOING** **COMMENTARY:** - Continued to actively support the development and implementation of both Department of Health and locally led initiatives through the South West Local Health Service Network (SWLHSN), strengthening regional collaboration and service sustainability. - Positioned as the lead sponsor for three key South West Local Health Service Network priority initiatives within the Workforce and Shared Services portfolios, including Small Rural Health Services Activity-Based Funding, the Regional Finance Model, and Regional Workforce Planning. - Strengthened regional leadership through the CEO's appointment as Chair of the newly established South West Local Health Service Network Workforce and Shared Services Committees, providing strategic oversight and direction for critical regional priorities. - Contributed to regional workforce planning and intelligence through participation in the October 2025 workforce data submission, supporting evidence-based decision-making and advocacy across the network. - Collaborated in the development of the Workforce Plan on a Page, establishing a clear and concise framework to guide regional workforce priorities and actions. - Maintained active participation at both governance and executive levels, ensuring Heywood Rural Health contributes to and influences the strategic direction of the South West Local Health Service Network. - Achieved representation across all four South West Local Health Service Network subcommittees, demonstrating a strong commitment to regional partnership, shared service opportunities, and collaborative health service improvement.

Part B: Key 2025-26 Performance Priorities

High quality and safe care

Key performance measure	Target	Outcome
Infection prevention and control		
Percentage of healthcare workers immunised for influenza.	94%	99%
Adverse events		
Percentage of reported sentinel events for which a root cause analysis (RCA) report was submitted within 30 days from notification of the event.	Submit within 30 business days	100%
Aged Care		
Public sector residential aged care services overall star rating.	Minimum rating 3 stars	100%
Patient experience		
Percentage of patients who reported positive experiences of their hospital stay.	95%	N/A*
Aboriginal Health		
Difference between the percentage of Aboriginal patients and non-Aboriginal patients who left against medical advice.	0%	N/A**

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

*** No Aboriginal and/or Torres Strait Islander patients during the reported period, or the number less than 10.*

Strong governance, leadership and culture

Key performance measure	Target	Outcome
Organisational culture		
People matter survey – Percentage of staff with an overall positive response to safety culture survey questions.	80%	81%

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

Effective financial management

Key performance measure	Target	Outcome
Operating result ($m)	($0.00)	$0.02
Adjusted current asset ratio (ACAR)	0.7 or 3% improvement from health service base target	1.38%
Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June.	5% movement in forecast revenue and expenditure forecast	Achieved

Part C: Activity and Funding

Funding Type	2025-26 Activity Achievement
Consolidated activity funding	
Small Rural Acute	14
HACC	289
Residential Aged Care	16,042

Disclaimer: 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.



Donna Carter (Leisure & Lifestyle Cooridinator) dancing with resident as part of the many activities scheduled weekly in the Residential Aged Care home.

Disclosure Index

The annual report of Heywood Rural 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.

Standing Directions and Financial Reporting Directions		
Report of Operations		
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FRD 22	Nature and range of services provided	20
FRD 22	Activities, programs and achievements for the reporting period	20
FRD 22	Significant changes in key initiatives and expectations for the future	4
Legislation	**Requirement**	**Page Reference**
Management and structure		
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FRD 22	Workforce inclusion policy	29
FRD 22	Occupational Health and Safety	29
Legislation	**Requirement**	**Page Reference**
Financial information		
FRD 22	Summary of the financial results for the year	12
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FRD 22	Disclosure of grants and transfer payments	45
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FRD 22	Compliance with building and maintenance provisions of *Building Act 1993*	34
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Compliance attestation and declaration		
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	Attestation on Data Integrity	33
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	Reporting obligations under the *Safe Patient Care Act 2015*	34

Financial Statements

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Other requirements under Standing Directions 5.2		
SD 5.2.1 [(a)]	Compliance with Australian accounting standards and other authoritative pronouncements	63
SD 5.2.1 [(a)]	Compliance with Standing Directions	63
SD 5.2.1 [(b)]	Compliance with Model Finance report	63
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	83
FRD 110	Cash Flow Statements	68
FRD 112	Defined Benefit Superannuation Obligations	73
FRD 114	Financial Instruments – general government entities and public non-financial corporations	82

Legislation	Page Reference
Freedom of Information Act 1982 (Vic) (*FOI Act*)	34
Building Act 1993	34
Public Interest Disclosures Act 2012	34
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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.



HEYWOOD
Rural Health



2025-26
Financial Report

Heywood Rural Health

Financial Report

How this report is structured

Heywood Rural Health presents its audited Tier 2 general-purpose financial statements for the financial year ended 30 June 2026 in the following structure to provide users with information about Heywood Rural Health's stewardship of the resources entrusted to it.

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

The attached financial statements for Heywood Rural 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 Heywood Rural 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 2 September 2026.

Board member

C Nash
Chair
Heywood
2 September 2026

Accountable Officer

L Parker
Chief Executive Officer
Heywood
2 September 2026

Chief Finance & Accounting Officer

A Arundell
Chief Finance and Accounting Officer
Heywood
2 September 2026

Independent Auditor's Report

Victorian Auditor-General's Office

To the Board of Heywood Rural Health

Opinion	I have audited the financial report of Heywood Rural 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.

Level 31 / 35 Collins Street, Melbourne Vic 3000
T 03 8601 7000 enquiries@audit.vic.gov.au www.audit.vic.gov.au

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
4 September 2026

Heywood Rural Health

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)	16,167	15,007
Government grants	2.1(b)	26	408
Other sources of income	2.1(c)	2,205	1,925
Total revenue and income from transactions		**18,398**	**17,340**
Expenses from transactions			
Employee expenses	3.1(a)	(13,922)	(12,870)
Supplies and consumables	3.1(c)	(733)	(663)
Depreciation and amortisation	4.1(a)	(1,856)	(1,829)
Other operating expenses	3.1(d)	(2,506)	(2,188)
Total Expenses from transactions		**(19,017)**	**(17,550)**
Net result from transactions - net operating balance		**(619)**	**(210)**
Other economic flows included in net result			
Net gain/(loss) on sale of non-financial assets		(21)	7
Net gain/(loss) on financial instruments		(39)	(1)
Other gain from other economic flows		9	5
Total other economic flows included in net result		**(51)**	**11**
Net result		**(670)**	**(199)**
Comprehensive result		**(670)**	**(199)**

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

Heywood Rural Health

Balance Sheet

AS AT 30 JUNE 2026

	Note	2026 $'000	2025 $'000
Financial assets			
Cash and cash equivalents	6.1	12,651	11,720
Receivables	5.1	1,653	1,582
Investments and other financial assets		2	2
Total financial assets		**14,306**	**13,304**
Non-financial assets			
Prepayments		176	93
Property, plant and equipment	4.1	22,521	23,904
Total non-financial assets		**22,697**	**23,997**
Total assets		**37,003**	**37,301**
Liabilities			
Payables	5.2	1,422	1,674
Contract liabilities		163	192
Borrowings		316	267
Employee benefits	3.1(b)	2,746	2,501
Monies held in trust	5.3	7,272	6,913
Total liabilities		**11,919**	**11,547**
Net assets		**25,084**	**25,754**
Equity			
Reserves		27,337	27,337
Contributed capital		5,774	5,774
Accumulated (deficit)		(8,027)	(7,357)
Total equity		**25,084**	**25,754**

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

Heywood Rural Health

Cash Flow Statement

FOR THE FINANCIAL YEAR ENDED 30 JUNE 2026

	Note	2026 $'000	2025 $'000
Cash Flows from operating activities			
Receipts from Government		13,371	13,322
Patient fees received		1,280	1,346
GST received from ATO		411	285
Interest and investment income received		518	495
Other receipts		2,724	1,814
Total receipts		**18,304**	**17,262**
Payments to employees		(14,312)	(12,722)
Payments to suppliers and consumables		(2,806)	(2,267)
GST paid to ATO		(351)	(289)
Total payments		**(17,469)**	**(15,278)**
Net cash flows from operating activities		**835**	**1,984**
Cash Flows from investing activities			
Proceeds from sale of non-financial assets		27	7
Purchase of non-financial assets		(269)	(587)
Net cash flows (used in) investing activities		**(242)**	**(580)**
Cash flows from financing activities			
Repayment of borrowings and principal portion of lease liabilities		(57)	(51)
Repayment of accommodation deposits		(1,953)	(1,894)
Receipt of accommodation deposits		2,348	2,635
Net cash flows from/(used in) financing activities		**338**	**690**
Net increase/(decrease) in cash and cash equivalents held		**931**	**2,094**
Cash and cash equivalents at beginning of year		11,720	9,626
Cash and cash equivalents at end of year	6.1	**12,651**	**11,720**

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

Heywood Rural Health

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 (Deficit)	Total
	$'000	$'000	$'000	$'000	$'000
Balance at 1 July 2024	**27,080**	**257**	**5,774**	**(7,158)**	**25,953**
Net result for the year	-	-	-	(199)	(199)
Balance at 30 June 2025	**27,080**	**257**	**5,774**	**(7,357)**	**25,754**
Net result for the year	-	-	-	(670)	(670)
Balance at 30 June 2026	**27,080**	**257**	**5,774**	**(8,027)**	**25,084**

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 Heywood Rural Health for the year ended 30 June 2026.

Heywood Rural Health is a not-for-profit entity established as a public agency in 1988 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 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 FMA 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 Heywood Rural 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 Heywood Rural Health on 25 August 2026.

Note 1.2 Material accounting estimates and judgements

Management makes estimates and judgements when preparing the financial statements.

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

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

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

Note 1.3 Reporting Entity

Heywood Rural Health's principal address is:
21 Barclay Street
HEYWOOD VIC 3304

Note 1.4 Economic dependency

Heywood Rural Health is a public health service governed and managed in accordance with the *Health Services Act 1988 (Vic)* and its results form part of the Victorian General Government consolidated financial position. Heywood Rural 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 Heywood Rural Health's operations and on that basis, the financial statements have been prepared on a going concern basis.

Note 2 Funding delivery of our services

Heywood Rural Health's overall objective is to provide quality health service that will improve the health, wellbeing and the quality of life for our community. Heywood Rural Health is predominantly funded by grant funding for the provision of outputs. Heywood Rural Health also receives income from the supply of services.

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)	16,167	15,007
Government grants	2.1(b)	26	408
Other sources of income	2.1(c)	2,205	1,925
Total revenue and income from transactions		**18,398**	**17,340**

Note 2.1(a) Revenue from contracts with customers

	2026 $'000	2025 $'000
Government grants (State) - Operating	5,591	5,306
Government grants (Commonwealth) - Operating	8,289	7,781
Patient and resident fees	1,327	1,370
Commercial activities	723	550
Assets received free of charge or for nominal consideration	237	-
Total revenue from contracts with customers	**16,167**	**15,007**

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 Heywood Rural Health's goods or services. Heywood Rural Health's 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 Heywood Rural Health's revenue streams, with information detailed below relating to Heywood Rural 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 Heywood Rural Health. The performance obligations include provision of residential accommodations and care from nursing staff and personal care workers. Revenue is recognised at the point in time when the service is provided.

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 Revenue and income from transactions (cont.)

Note 2.1(b) Government grants

	2026 $'000	2025 $'000
Government grants (State) - Capital	26	408
Total government grants	**26**	**408**

How we recognise government grants

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

Supplier	Description
Victorian Managed Insurance Authority	The Department of Health purchases non-medical indemnity insurance for Heywood Rural 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

	2026 $'000	2025 $'000
Assets received free of charge or for nominal consideration	-	4
Share in JV operating activities	275	241
Other income from operating activities	1,412	1,185
Income from non-operating activities	518	495
Total other sources of income	**2,205**	**1,925**

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)	13,922	12,870
Supplies and consumables	3.1(c)	733	663
Other operating expenses	3.1(d)	2,506	2,188
Total expenses incurred in the delivery of services		**17,161**	**15,721**

Note 3.1(a) Employee expenses

	2026 $'000	2025 $'000
Salaries and wages	10,550	9,235
Superannuation expense [(i)]	1,196	988
Agency expenses	1,604	2,217
Fee for service medical officer expenses	572	430
Total employee expenses	**13,922**	**12,870**

[(i)] 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	26	23
Annual leave	955	858
Long service leave	1,037	1,036
Provision for on-costs	467	433
Total current provisions for employee benefits	**2,485**	**2,350**
Non-current provisions for employee benefits		
Long service leave	228	132
Provision for on-costs	33	19
Total non-current provisions for employee benefits	**261**	**151**
Total provisions for employee benefits	**2,746**	**2,501**

3.1 Expenses incurred in the delivery of services (cont.)

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.

Management have applied judgements and assumptions in the measurement of the present value of employee benefits including inflation, discount rate, probability factors.

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

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

Provisions

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

Note 3.1(c) Supplies and consumables

	2026 $'000	2025 $'000
Drug supplies	7	8
Medical and surgical supplies (including Prostheses)	155	143
Other supplies and consumables	571	512
Total supplies and consumables	**733**	**663**

How we recognise supplies and consumables

Supplies and consumable costs are recognised as an expense in the reporting period in which they are incurred.

3.1 Expenses incurred in the delivery of services (cont.)

Note 3.1(d) Other operating expenses

	2026 $'000	2025 $'000
Finance costs	31	22
Fuel, light, power and water	137	124
Repairs and maintenance	357	330
Maintenance contracts	110	90
Communication and IT expenses	654	624
Other administration expenses	1,217	998
Total other operating expenses	**2,506**	**2,188**

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 Heywood Rural 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(c)) and recording a corresponding expense.

Note 4 Key assets to support service delivery

Heywood Rural 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 Heywood Rural 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	2025	2026	2025	2026	2025
	$'000	$'000	$'000	$'000	$'000	$'000
Land at fair value - Crown	830	830	-	-	830	830
Buildings at fair value	23,391	21,172	(3,023)	(1,500)	20,368	19,672
Works in progress at cost	236	2,219	-	-	236	2,219
Plant, equipment and vehicles at fair value	2,714	3,532	(1,627)	(2,349)	1,087	1,183
Total property, plant and equipment	**27,171**	**27,753**	**(4,650)**	**(3,849)**	**22,521**	**23,904**

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.

4.1(a) Reconciliation of the carrying amount of each class of asset

	Land	Buildings	Works in progress	Plant, equipment and vehicles	Total
	$'000	$'000	$'000	$'000	$'000
Balance at 1 July 2025	**830**	**19,672**	**2,219**	**1,183**	**23,904**
Additions	-	-	236	285	521
Disposals	-		-	(48)	(48)
Net transfers between classes	-	2,219	(2,219)	-	-
Depreciation	-	(1,523)	-	(333)	(1,856)
Balance at 30 June 2026	**830**	**20,368**	**236**	**1,087**	**22,521**

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, Heywood Rural 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 an interim revaluation or the next scheduled formal revaluation.

Note 4.1 Property, plant and equipment (cont.)

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	2025	2026	2025	2026	2025
	$'000	$'000	$'000	$'000	$'000	$'000
Plant, equipment and vehicles	390	319	(111)	(54)	279	265
Total right-of-use assets	**390**	**319**	**(111)**	**(54)**	**279**	**265**

4.1(c) Reconciliation of the carrying amount of each class of right of use asset

	Plant, equipment and $'000	Total $'000
Balance at 1 July 2025 [(i)]	**265**	**265**
Additions	106	106
Disposals	(32)	(32)
Depreciation	(60)	(60)
Balance at 30 June 2026	**279**	**279**

[(i)] As a result of a change in FRD104 Leases effective for reporting periods from 30 June 2026, right-of-use assets are measured at cost for reporting period 2026. The comparative information for reporting period 2025 is not restated and is reported at the previously determined fair value. For further information, refer to Note 7.3.

How we recognise right-of-use assets

Initial recognition

When Heywood Rural 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 the contract gives rise to a right-of-use asset and corresponding lease liability.

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

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

Subsequent measurement

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

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

4.1(d) Impairment of property, plant and equipment

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

Heywood Rural 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 (excluding items under assets held for sale, land and investment properties) that have finite useful lives are depreciated. Depreciation is generally calculated on a straight-line basis at rates that allocate the asset's value, less any estimated residual value over its estimated useful life.

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

How we recognise amortisation

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

Useful lives of non-current assets

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

	2026	2025
Buildings	7 to 47 years	7 to 47 years
Plant, equipment and vehicles (including leased assets)	1 to 20 years	1 to 20 years

Note 5 Other assets and liabilities

This section sets out those assets and liabilities that arose from Heywood Rural 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		5	8
Trade receivables		349	348
Patient fees		220	173
Allowance for impairment losses		(51)	(14)
Share of JV receivables		60	66
Accrued revenue		-	308
Amounts receivable from governments and agencies		431	-
Total contractual receivables		**1,014**	**889**
Statutory			
GST receivable		160	256
Total statutory receivables		**160**	**256**
Total current receivables		**1,174**	**1,145**
Non-current receivables			
Contractual			
Long service leave - Department of Health		479	437
Total non-current receivables		**479**	**437**
Total receivables		**1,653**	**1,582**
(i) Financial assets classified as receivables			
Total receivables		1,653	1,582
GST receivable		(160)	(256)
Total financial assets classified as receivables	7.1	**1,493**	**1,326**

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		362	468
Accrued salaries and wages		251	393
Accrued expenses		499	439
Inter hospital creditors		91	66
Amounts payable to governments and agencies		30	63
Share of JV payables		125	145
Total contractual payables		**1,358**	**1,574**
Statutory			
GST payable		64	100
Total statutory payables		**64**	**100**
Total payables		**1,422**	**1,674**
(i) Financial liabilities classified as payables			
Total payables		1,422	1,674
GST payable		(64)	(100)
Total financial liabilities classified as payables	7.1	**1,358**	**1,574**

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 the Heywood Rural 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 5.3 Monies held in trust

	Note	2026 $'000	2025 $'000
Patient monies		101	137
Refundable accommodation deposits		7,171	6,776
Total monies held in trust		**7,272**	**6,913**
*** Represented by:**			
- Cash assets	6.1	7,171	6,142
		7,171	**6,142**

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 Heywood Rural 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, less any retention and/or 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 Heywood Rural Health during its operations, along with interest expenses (the cost of borrowings) and other information related to financing activities of Heywood Rural Health.

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

Structure
6.1 Cash and cash equivalents

Note 6.1 Cash and cash equivalents

	Note	2026 $'000	2025 $'000
Cash at bank (excluding monies held in trust)		5,480	5,578
Total cash held for operations		**5,480**	**5,578**
Cash at bank (monies held in trust)		7,171	6,142
Total cash held as monies in trust		**7,171**	**6,142**
Total cash and cash equivalents	7.1	**12,651**	**11,720**

Note 7 Financial instruments, contingencies and valuation judgements

Heywood Rural 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 Heywood Rural 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	Net gain/(loss) $'000	Total interest income/ (expense) $'000	Fee income/ (expense) $'000	Impairment loss $'000
Financial assets at amortised cost						
Cash and cash equivalents	6.1	12,651	-	518	-	-
Receivables	5.1	1,493	-	-	-	(40)
Investments and other financial assets		2	-	-	-	-
Total financial assets [i]		**14,146**	**-**	**518**	**-**	**(40)**
Financial liabilities at amortised cost						
Payables	5.2	1,358	-	-	-	-
Borrowings		316	-	(31)	-	-
Other financial liabilities - Refundable Accommodation Deposits	5.3	7,171	-	-	-	-
Other financial liabilities - patient monies held in trust	5.3	101	-	-	-	-
Total financial liabilities [i]		**8,946**	**-**	**(31)**	**-**	**-**

30 June 2025	Note	Carrying amount	Net gain/(loss) $'000	Total interest income/ (expense) $'000	Fee income/ (expense) $'000	Impairment loss $'000
Financial assets at amortised cost						
Cash and cash equivalents	6.1	11,720	-	495	-	-
Receivables	5.1	1,326	-	-	-	-
Investments and other financial assets		2	-	-	-	-
Total financial assets [i]		**13,048**	**-**	**495**	**-**	**-**
Financial liabilities at amortised cost						
Payables	5.2	1,574	-	-	-	-
Borrowings		267	-	(23)	-	-
Other financial liabilities - Refundable Accommodation Deposits	5.3	6,776	-	-	-	-
Other financial liabilities - patient monies held in trust	5.3	137	-	-	-	-
Total financial liabilities [i]		**8,754**	**-**	**(23)**	**-**	**-**

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

Note 7.1 Financial instruments (cont.)

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 Heywood Rural 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.

Heywood Rural Health recognises the following assets in this category:

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

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.

Heywood Rural Health recognises the following liabilities in this category:

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

Note 7.2 Contingent assets and contingent liabilities

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

How we measure and disclose contingent assets and contingent liabilities

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

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

Contingent assets

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

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

Contingent liabilities

Contingent liabilities are:

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

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

Note 7.3 Fair value determination

How we measure fair value

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

The following assets and liabilities are carried at fair value:

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

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

Valuation hierarchy

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

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

Heywood Rural 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.

Heywood Rural 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 Heywood Rural 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. Appendix F will be applied at the earlier of an interim revaluation or the next scheduled formal revaluation.

The last scheduled full independent valuation of all of Heywood Rural 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, Heywood Rural 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, Heywood Rural Health considers the current use as its highest and best use.

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.

During the reporting period, Heywood Rural Health held Crown Land. The nature of this asset means that there are certain limitations and restrictions imposed on its use and/or disposal that may impact their fair value.

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

Note 7.3 Fair value determination (cont.)

Vehicles

Vehicles are valued using the current replacement cost method. Heywood Rural 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 Heywood Rural Health's who set relevant depreciation rates during use to reflect the utilisation of the vehicles.

Furniture, fittings, plant and equipment

Furniture, fittings, plant and equipment (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

Description of significant assumptions applied to fair value measurement:

Asset class	Likely valuation approach	Material inputs (Level 3 only)	Range (weighted average)
Specialised land	Market approach	Community Service Obligations Adjustments (i)	20%
Specialised buildings	Current replacement cost approach	Cost per square metre	$1,006
		Useful life	14 years
Plant and equipment	Current replacement cost approach	Cost per unit	$5,170
		Useful life	6.6 years

[i] A community service obligation (CSO) of 20% was applied to the Heywood Rural Health's specialised land.

Note 8 Other disclosures

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

Structure
8.1 Responsible persons disclosures
8.2 Remuneration of executives
8.3 Related parties
8.4 Remuneration of auditors
8.5 Events occurring after the balance date
8.6 Joint arrangements

Note 8.1 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 December 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 and Multifaith Victoria	14 April 2026 – 30 June 2026
Minister for Prevention of Family Violence	18 December 2025 – 14 April 2026
The Honourable Lizzy Blandthorn MP:	
Minister for Children	2 Oct 2023 - 30 June 2026
Minister for Disability	2 Oct 2023 - 30 June 2026
Governing Boards	
Mr A Oxford	1 July 2025 - 30 June 2026
Ms K Cook	1 July 2025 - 30 June 2026
Ms B Roberts	1 July 2025 - 30 June 2026
Ms C Nash (nee Hoggan)	1 July 2025 - 30 June 2026
Ms J Tod	1 July 2025 - 30 June 2026
Ms J Feeney	1 July 2025 - 30 June 2026
Ms D Loraine	1 July 2025 - 30 June 2026
Mr A Morecroft	1 July 2025 - 30 June 2026
Mr J Rethus	1 July 2025 - 30 June 2026
Mr V Vijayan	1 July 2025 - 30 June 2026
Accountable Officers	
Mr L Parker	1 July 2025 - 30 June 2026

Note 8.1 Responsible persons disclosures (cont.)

Remuneration of Responsible Persons

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

Income Band	2026 No	2025 No
$0 - $9,999	10	10
$250,000 - $259,999	-	1
$270,000 - $279,999	1	-
Total Numbers	**11**	**11**

	2026 $'000	2025 $'000
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	**324**	284

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

Note 8.2 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.

	Total Remuneration	
	2026 $'000	2025 $'000
Total remuneration [i]	-	-
Total number of executives	-	-
Total annualised employee equivalent [ii]	-	-

[i] The total number of executive officers includes persons who meet the definition of Key Management Personnel (KMP) of Heywood Rural Health under AASB 124 *Related Party Disclosures* and are also reported within Note 8.3 Related Parties.

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

Note 8.3 Related parties

Heywood Rural 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 South West Alliance of Rural Health 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

Heywood Rural Health received funding from government related entities of $13.9m (2025: $13.5m). Balances outstanding as at 30 June 2026 are $431k receivable and $30k payable (2025: payable $63k).

Expenses incurred by Heywood Rural 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.

Note 8.3 Related parties (cont.)

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 the Heywood Rural 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 the Heywood Rural Health, directly or indirectly.

The Board of Directors and the Executive Directors of the Heywood Rural Health are deemed to be KMPs. This includes the following:

KMPs	Position Title	KMPs	Position Title
Mr A Oxford	Chair of the Board	Ms D Loraine	Board Member
Ms K Cook	Board Member	Mr A Morecroft	Board Member
Ms B Roberts	Board Member	Mr J Rethus	Board Member
Ms C Nash (nee Hoggan)	Board Member	Mr V Vijayan	Board Member
Ms J Tod	Board Member	Mr L Parker	Chief Executive Officer
Ms J Feeney	Board Member		

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]	324	284

[i] KMPs are also reported in Note 8.1 Responsible Persons and Note 8.2 Executive Officers.

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 the Heywood Rural 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 the Heywood Rural Health Board of Directors, Chief Executive Officer and Executive Directors in 2026 (2025: none).

Note 8.4 Remuneration of auditors

	2026 $'000	2025 $'000
Victorian Auditor-General's Office		
Audit of the financial statements	21	20
Total remuneration of auditors	**21**	**20**

Note 8.5 Events occurring after the balance sheet date

There are no events occurring after the Balance Sheet date.

Note 8.6 Joint arrangements

	Principal Activity	Ownership Interest 2026 %	Ownership Interest 2025 %
South West Alliance of Rural Health	ICT provision and support	0.73	0.71

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

	2026 $'000	2025 $'000
Total revenue and income	275	258
Total expenses	(277)	(265)
Total net result	(2)	(7)
Total other economic flows	1	2
Comprehensive result for the year	(1)	(5)
Total assets	243	272
Total liabilities	192	220
Total equity	51	52

Contingent liabilities and capital commitments

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



Uncle Phil Kanoa, resident and sister Dulcie enjoying celebrations at Heywood Rural Health.

Sandra Treloar (volunteer), Sharron Holmes (resident) and Audrey Morris (volunteer) enjoying the Christmas festivities.



committed to the
health and wellbeing
of our community

HEYWOOD
Rural Health

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