RDHS
Robinvale District Health Services

Annual Report

Through leadership and innovation RDHS will improve the health, wellbeing and strength of our communities.

2026



Everything we do is about

caring for our community.



Robinvale sits on the traditional lands of the Latje Latje and Dadi Dadi peoples and is home to many Aboriginal families who continue to share their culture, knowledge, and deep connection to Country.

This artwork, Community and Family by Aboriginal artist Stephanie Lingwoodock, reflects the strong sense of connection in Robinvale. We are a community able and ready to help one another. We have families from many backgrounds who see Robinvale as home. Painted in acrylic on canvas, it tells the story of life along the Murray River, where neighbouring towns and communities are linked by family and shared support. Local animals and cultural symbols feature throughout, representing the land, river, and the traditions that continue to shape our thriving community.



Contents

Our Purpose, Our Vision, Our Mission, Our Values	2
Health Service Snapshot 2025–2026	3
General Information	4
Volunteers	5
Board Chair and Chief Executive Offer - A Year in Review	6
Board of Directors	10
Executive Staff	11
Organisational Structure	12
Workforce	13
Occupational Health and Safety Data	14
Occupational Violence	15
Financial Information	16
Consultancies	18
Government Advertising Campaign	18
Reviews and Study Expenses	19
Information and Communication Technology (ICT) Expenditure	19
Environmental Performance	20
Disclosures Required Under Legislation	24
Attestations and Declarations	26
MPS Service Plan: Key Achievements and Challenges	27
MPS Performance Priority and Activity Reporting	30
Disclosure Index	32
Financial Report 2025–2026	33



Robinvale District Health Services acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of the land on which we meet and acknowledges and pays respect to their Elders, past and present.

Aboriginal and Torres Strait Islander readers should be aware that this document may contain sensitive information or images of people who have since passed away.



Robinvale District Health Services celebrates, values and includes people of all backgrounds, genders, sexualities, cultures, bodies and abilities.

Our Purpose

Values Driven Care

Our Vision

Through leadership and innovation RDHS will improve the health, wellbeing and strength of our communities

Our Mission

To be accessible, build strong relationships, understand and meet people's needs and use resources wisely

Our Values



Respect

We interact with others as we would expect them to interact with us.



Professionalism

We deliver services with integrity, honesty and competence.



Care

We provide a standard of service and support which we would expect for ourselves.



Commitment

This means we are dedicated to sustained promotion and success of the organisation.



Collaboration

We work together in a positive, supportive manner.

Health Service Snapshot
2025–2026

951
Renal Dialysis Episodes

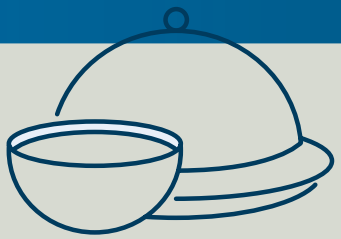
7,868
Primary Health Individual Occasions of Service

950
Midwifery Occasions of Service



113
Staff (FTE)





54,938
Meals Prepared

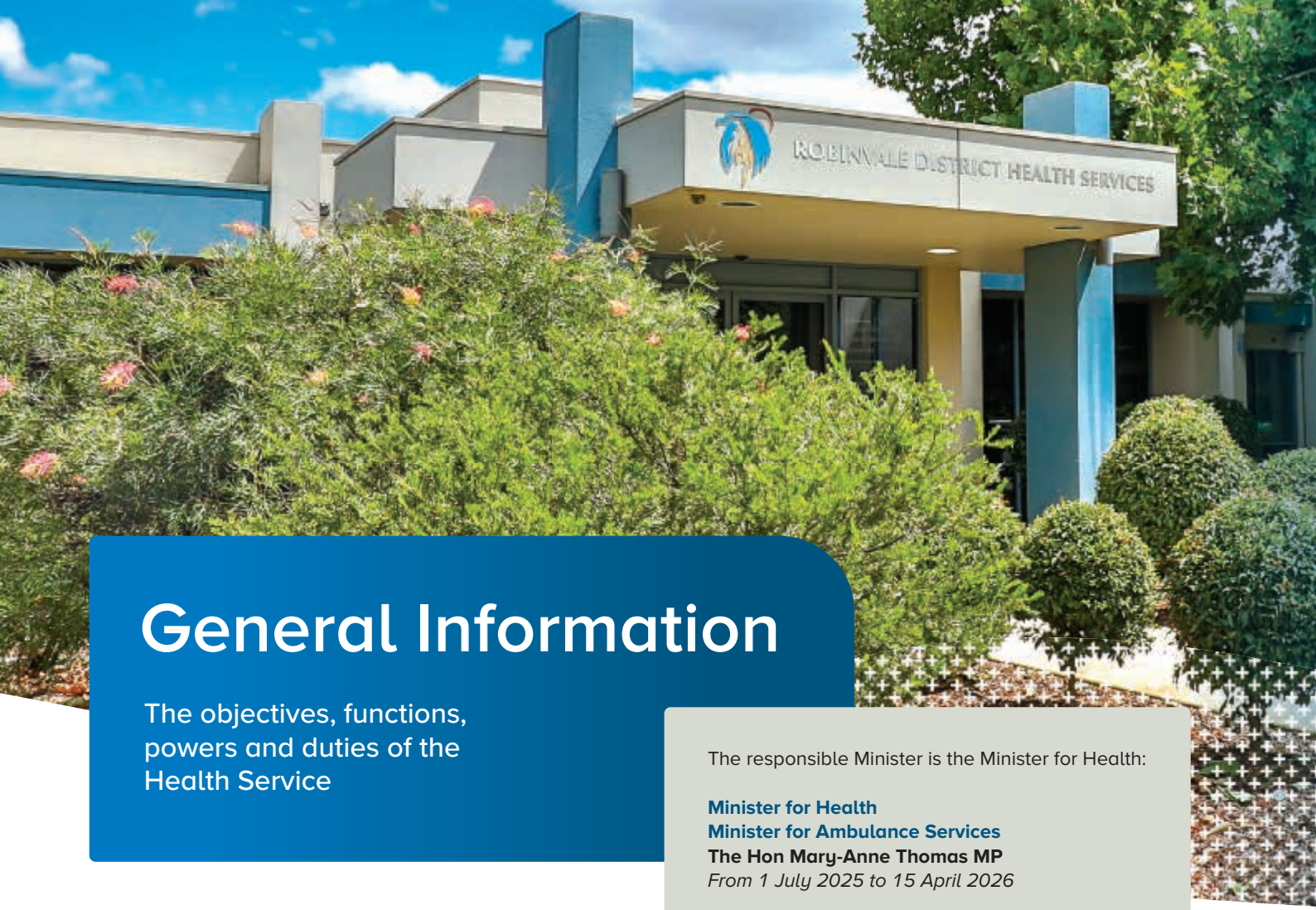
14,492
Aged Care Bed Days (Across all campuses)



1,738
Urgent Care Presentations



Early Years Groups
had participation of
6,835
attendees across the year.



General Information

The objectives, functions, powers and duties of the Health Service

The responsible Minister is the Minister for Health:

Minister for Health
Minister for Ambulance Services
The Hon Mary-Anne Thomas MP
From 1 July 2025 to 15 April 2026

Minister for Health
Minister for Ambulance Services
Minister for Water
Hon Harriet Shing MP
From 15 April 2026 to 30 June 2026

Robinvale District Health Service (RDHS) is a public agency established under the *Health Services Act 1988*. We provide public health and ancillary services as authorised under the Act and operate residential care services under the *Aged Care Act 1997*. The Board of Directors provide strategic direction to RDHS. Board Directors are individuals appointed by the Minister for Health under the Health Services Act. Our Chief Executive determines how services are delivered.

Our Services

RDHS has been providing services to the community since 1933. RDHS provides an integrated range of acute, residential aged care and allied, primary health and community care services.

These include:

Acute Care Services
- Urgent Care Centre operational 24/7, Victorian Virtual Emergency Department (VVED) and experienced, qualified nursing staff
- Acute
- Palliative and End-of-Life services
- Renal Dialysis Unit

Corporate Services
- Administration
- Customer Services
- Employer Training Programs
- Graduate Nurse Program
- Hospitality and Facilities

Management Services
- Information Technology
- Meals on Wheels
- Occupational Health and Safety
- Public Relations
- Supply and Maintenance
- Linen Service
- Volunteer Services

Consulting Services
- A range of visiting specialist consulting services including Urology, Eye Specialist, Hearing
- Teleconsulting and Telehealth

Primary & Community Health Services
Primary & Community Health Services are provided from locations in Robinvale, Manangatang, Balranald, Dareton and Wentworth.
They include:
- Aboriginal Liaison Officer
- Access & Support Worker
- Early Years Program
- Asthma Education



RDHS has been providing services to the community since 1933.

- Diabetes Education
- Health Promotion / Education
- Immunisation Program
- Men's Programs
- Dietetics
- Occupational Therapy
- Women's Health / Pap Smear Screening
- Midwifery Services Pre/Post Natal
- Physiotherapy
- Podiatry
- Social Work / Counselling
- Speech Pathology
- Visiting Nurse

Aged Care Services

- Residential Aged Care and Respite

Volunteers

Volunteers are an integral part of RDHS, providing valuable support that enhances the quality of life of many people across the Robinvale community. The volunteer role provides the opportunity for social interactions, activity programs, assistance and community support.

Volunteers can be involved in a variety of tasks within the health service which enhances the quality of service that RDHS is able to provide.

Examples of volunteering opportunities at RDHS are:

- Delivering Meals on Wheels
- Reading to residents
- Assisting with and mending of material items and many more

RDHS would like to formally acknowledge and say thank you for your willingness to give your time and services to the Health Services and broader community.



Board Chair and Chief Executive Officer
A Year in Review

Chair Report

In accordance with the *Financial Management Act 1994*, I am pleased to present the report of operations for RDHS for the year ending 30 June 2026. This year has been one of steady progress, strengthened governance and deepened community partnership. Our staff and volunteers continued to deliver safe, person centred care across acute, community and primary services and the Board has been assured by the Clinical Governance Committee that our systems for oversight and improvement remain robust. Our financial position is also strong, which sets us up for the forthcoming year.

Over the year the Board and Executive focused on embedding clearer assurance lines, improved reporting, and strengthening our relationship with the community through the establishment of a Community Advisory Committee. We completed the Safer Care Victoria clinical governance maturity assessment which has given us a practical roadmap for targeted improvement.

Our people remain our greatest strength. I am proud of the high levels of incident reporting and the way staff translate learning into change, a clear sign of a maturing safety culture. The Board recognises the dedication of clinical and non clinical teams who sustained service delivery through workforce pressures and changing demand. We also continued to prioritise cultural safety and partnership with First Nations communities, building on the important local leadership and advice that guides our work.

Governance and accountability are central to our role. As the Director's Toolkit reminds boards, "the board has ultimate accountability for the safety and quality of care." This principle has guided our committee work, risk oversight and the Board's engagement with executive performance and strategic planning.

Responsible Bodies Declaration

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

Janelle Jakowenko
Board Chair
Robinvale District Health Services
10 September 2026

We also acknowledge change in leadership this year. On behalf of the Board I extend our heartfelt thanks to Thelma Chilly for her outstanding contribution to cultural safety and First Nations health, her election to the First Peoples' Assembly is a tremendous honour and testament to her leadership. Thank you also to long-serving Director, Jessica Curran. We thank Ro Enever for her two years of committed service as CEO and wish her well in her new role at Benalla Health Service.

Looking ahead, the Board is confident in the quality and resilience of our services and in the capability of our leadership team to deliver on the priorities set out in this report. We will continue to focus on strengthening clinical governance, workforce sustainability and meaningful community partnership so that Robinvale District Health Service remains a trusted and responsive health service for our region.

I thank my fellow Directors, the Executive team and every staff member for their commitment over the past 12 months. Together we will continue to build on our achievements and pursue continuous improvement for the people we serve.



Janelle Jakowenko
GAICD, AFACHSM, MBA, MeHealth
Chair, Board of Directors
Robinvale District Health Services

Chief Executive Officer Report

It is with pleasure and privilege that I write the Chief Executive Officer's message for Robinvale District Health Services (RDHS) Annual Report 2025–2026. I was here in 2022 and on returning feel the same welcome and warmth as then, and the staff are still committed to delivering the best care for our community, they are passionate about the health of the community, you can feel it.

RDHS is defined by connection, connection with our community, our partners, and each other. RDHS does really live 'everything we do we do for our community' which features on much of our communication with our community in Robinvale, Manangatang and surrounding areas and every achievement this year reflects that purpose and our vision.

As a health service, our focus is on providing safe high-quality care, and to do this we need strong governance systems in place. I thank the Board for their governance and leadership in enabling the executive team to continue to strengthen our systems with some key areas of focus particularly on cultural safety, where a Reconciliation Action Plan was developed, and giving our community a stronger voice, with establishment of our Community Advisory Committee. Feedback from our diverse community is essential to improving our health services.

Strong governance is essential but strong teams are as critical, as our workforce is the backbone of our service delivery. Our teams continue to work tirelessly to deliver safe, compassionate care across acute services, aged care, primary, community programs, and outreach. We've welcomed new staff and said goodbye to staff and continued to build a workplace where people feel valued and supported. Our People Matters Survey showed pleasing results and RDHS is committed to providing a workplace where our team feel supported, safe and enabled to care, not only for our community but each other. In a rural setting, every staff member makes a visible difference, they bring their diversity and I am deeply grateful for their dedication.

The Robinvale community is diverse, and our team reflects the diversity of our community. Harmony Week was celebrated by recognising a different culture each day and sharing a variety of cultural foods. The initiative was warmly embraced by staff and supported by a strong social media campaign, helping to celebrate and promote cultural diversity across the organisation.



As a health service we take our role seriously in preventing domestic violence. We took part in 16 days of Activism with a strong campaign on social media and across our organisation. Staff were asked to identify what respect meant to them and many staff took the opportunity to have their say and have it published on social media. It showed great leadership on this very important matter in our society today, in saying NO to domestic violence.

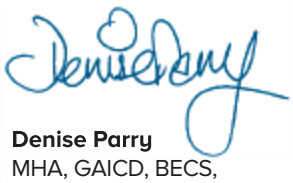
Our partnerships with other health services in the Loddon Mallee strengthen our health delivery which a number of projects benefiting RDHS. This includes the Residential In Reach Program, where a Nurse Practitioner can provide clinical support to our aged care consumers. Our partnership in Our Place Robinvale also builds connection with organisations supporting the community. Our early years team is active in many Our Place focus areas.

It would be remiss of me not to acknowledge this year's success must also be attributed to the leadership of Ro Enever who was Chief Executive Officer until the end of June. Thank you, Ro, for your dedication to ensuring that under your leadership Robinvale District Health Services can be proud of its achievements for 2025–2026 and is placed in a good position for 2026–2027.

We will be undergoing a Strategic Planning process and setting our future direction, and staff and community will be an integral part of this process.

To the team I say a heartfelt thanks and I will lead you through the next part of 2026 with commitment to achieving our goals and continuing to care for our community and each other.





Denise Parry
MHA, GAICD, BECS,
Grad Dip Hlth & Med Law, RN,
RM, JP (Tas)
Interim Chief Executive Officer
Robinvale District Health Services



Board of Directors

Janelle Jakowenko
(Board Chair)

Jessica Curran

Lane (Chengsi) Li

Dr. Rex Prabhu

Benjamin Lincoln
(Up to October 2025)

Dr. Jolene Morse

Greg Kuchel

Jason Arnheim

Thelma Chilly

Role and Responsibilities

The Board of Directors is responsible for the governance and strategic direction of RDHS and is accountable for the organisation's performance. The Board provides leadership and oversight to ensure RDHS delivers safe, high-quality and effective health services that respond to the needs of the communities it serves.

The Board's responsibilities include setting and monitoring strategic direction; overseeing organisational, financial and service performance; ensuring appropriate systems are in place for quality, safety and risk management; and ensuring RDHS meets its legislative, regulatory and government policy obligations.

The Board appoints and monitors the performance of the Chief Executive Officer, who is responsible for the day-to-day management and operations of RDHS. Through the Chief Executive Officer and senior management team, the Board monitors progress against strategic priorities, financial and operational objectives and the organisation's Statement of Priorities.

Board Committees

Executive Governance Committee
(including Capital Works and Projects)

- Janelle Jakowenko (Chair)
- Dr. Jolene Morse
- Dr. Rex Prabhu
- Thelma Chilly

Role and Responsibilities

The Executive Governance Committee provides oversight and strategic direction for the planning, delivery and monitoring of major capital works and strategic projects. The Committee is responsible for ensuring effective project governance, risk management, stakeholder engagement and resource oversight throughout project lifecycles. This includes ensuring appropriate consultation and engagement with consumers, community members, staff and service delivery partners during project planning, implementation and evaluation phases. The Committee provides advice and recommendations to the Board regarding significant project and infrastructure matters.

Finance and Audit Committee

- Guy Fielding (Independent Member)
- Mark Nish (Independent Member)
- Dr. Jolene Morse (Chair)
- Lane (Chengsi) Li
- Jason Arnheim
- Greg Kuchel

Role and Responsibilities

The Finance, Risk and Audit Committee assists the Board to fulfil its governance and oversight responsibilities in relation to financial management, risk, internal controls, audit and compliance.

The Committee reviews financial reporting and performance, monitors the effectiveness of risk management and internal control systems, and oversees the internal and external audit functions. It considers audit findings and recommendations and monitors actions taken by management in response to identified issues.

The Committee reports to and advises the Board, providing assurance that appropriate systems and controls are in place to support sound financial management, effective risk management, accountability and compliance.

Clinical Governance Committee

- Dr. Rex Prabhu (Chair)
- Janelle Jakowenko
- Jason Arnheim

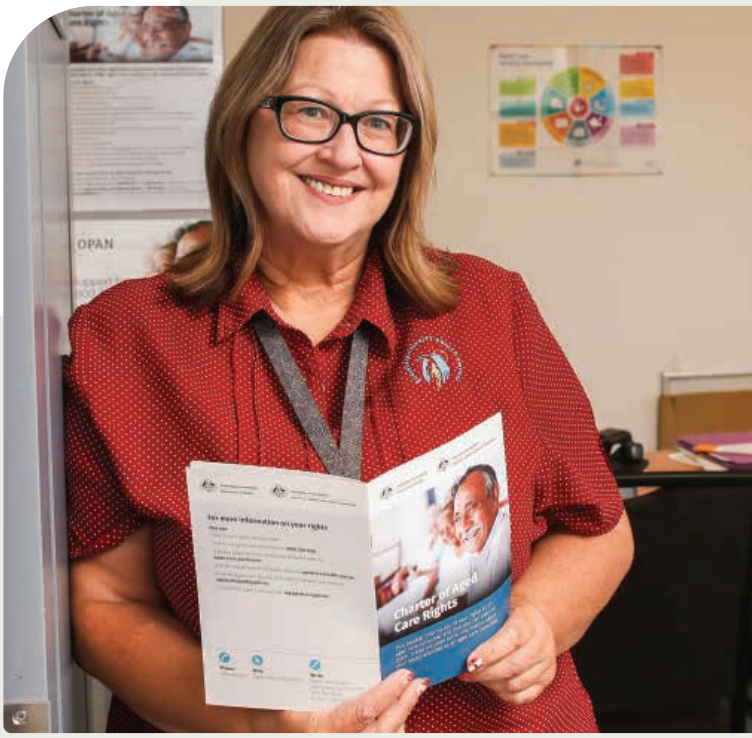
Role and Responsibilities

The Clinical Governance Committee is a committee of the Board with delegated authority to monitor, support and promote the delivery of safe, high-quality and consumer-centred care. The Committee provides oversight of clinical governance systems, quality and safety performance, clinical risk management, accreditation activities, and quality improvement initiatives. The Committee makes recommendations to the Board and provides assurance that appropriate systems and processes are in place to support best-practice clinical care and continuous improvement.

Community Advisory Committee

- Thelma Chilly
- Janelle Jakowenko
- Dr. Rex Prabhu

Executive Staff



Chief Executive Officer

Ro Enever

The Chief Executive officer is responsible to the Board of management for the efficient and effective management of RDHS. Major responsibilities include the development and implementation of operational and strategic planning, maximising service efficiency and quality improvement and minimising risk.

Deputy Chief Executive Officer / Director of Corporate Services

Vicki Shawcross

The Director of Corporate Services has operational responsibility for corporate support services provided to support the organisation. The role also has responsibility for Financial Services, People and Culture, Health Information Systems, Information Communication Technology, Capital Projects, Hotel Services, Procurement, Maintenance, Fleet, Administration/Customer Services, Corporate Reporting & Publications, and the Robinvale/ Euston Tourist Information Centre.

Executive Director of Nursing

Gianne Bawaan

The Executive Director of Nursing has professional and executive responsibility for planning, coordination, management, monitoring, evaluation and improvement of clinical services in acute, residential aged care, renal dialysis and infection control areas. Major areas of responsibility include clinical governance, clinical leadership, standards of practice, service and strategic planning, clinical risk management and quality improvement.

Director of Primary and Community Services

Caroline Martin

The Director of Primary and Community Services provides oversight of the Health and Wellbeing team and Early Years staff. This includes allied health clinicians, nursing and midwifery and education staff. In addition, the Director of Primary and Community Services has responsibility for contracts and supporting the delivery of clinical and other services.

Director of Medical Services

Dr Craig Winters

The Director of Medical Services provides medical leadership and governance to the organisation.

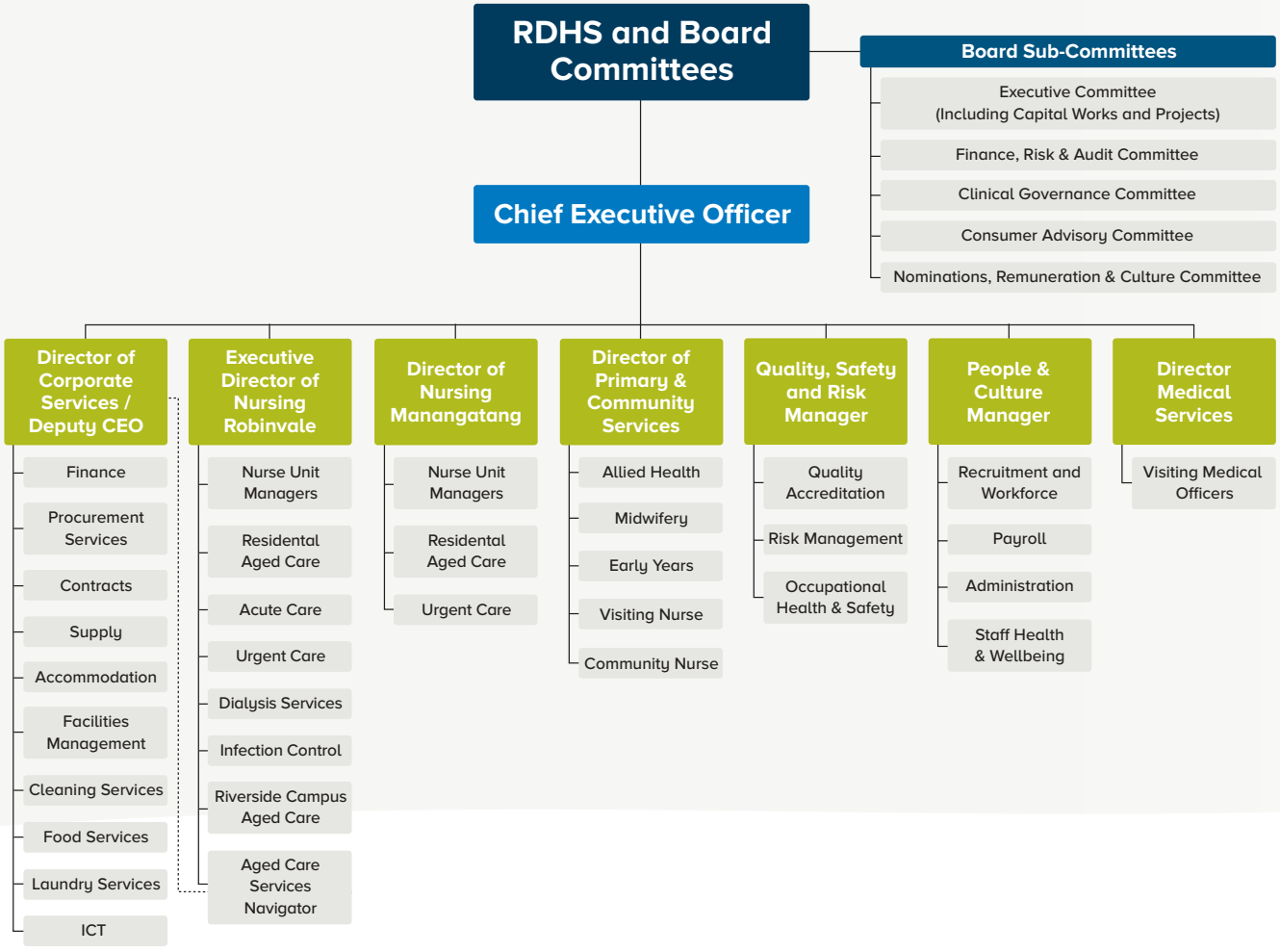
Visiting Medical Officer

Dr Kane Treble

The Visiting Medical Officer (VMO) is contracted by the health service to provide specific medical services nominated by the health service.



Organisational Structure





Workforce

Workforce Data

Hospitals Labour Category	June Current Month Full Time Equivalent (FTE)*		Average Monthly Full Time Equivalent (FTE)**	
	2025	2026	2025	2026
Nursing	43.69	50.31	39.91	45.36
Administration and Clerical	14.66	14.60	16.07	15.32
Medical Support	0	0	0	0
Hotel and Allied Services	28.84	27.42	28.00	28.02
Medical Officers	0.13	0.05	0.08	0.07
Hospital Medical Officers	0	0	0	0
Sessional Clinicians	0	0	0	0
Ancillary Staff (Allied Health)	25.54	24.60	24.16	25.34

The FTE figures required in the table are those excluding overtime. These do not include contracted staff (e.g. Agency nurses, Fee-for-Service Visiting Medical Officers) who are not regarded as employees for this purpose. The data should be consistent with that provided in the Minimum Employee Data Set. The order of the fields in the hospitals labour category must not be changed. Note Ambulance Victoria's workforce data table may differ.

Employment and conduct principles

RDHS is committed to applying the public sector employment and conduct principles, including merit and equity in recruitment and employment practices, fair and reasonable treatment of employees, equal employment opportunity, respect for human rights and appropriate avenues for the resolution of workplace concerns.

RDHS policies and procedures support professional, ethical and respectful conduct and provide guidance in areas including conflicts of interest, gifts and benefits, workplace behaviour and the management of misconduct.

RDHS confirms that employees have been correctly classified in the workforce data collections presented in this report.

Workforce Inclusion Policy

Robinvale District Health Services (RDHS) continues to foster an inclusive and diverse workplace culture by promoting awareness of gender equality, diversity and inclusion across our organisation and the communities we serve.

To support these objectives, RDHS has focused on several key priority areas during the reporting period:

- All meetings, events and significant gatherings commence with an Acknowledgement of Country, reinforcing our commitment to cultural respect, inclusion, diversity and gender equality.

Continued...

- **Data Collection and Analysis**: RDHS continues to strengthen workforce data collection and reporting systems to enable more effective monitoring and analysis of gender equality indicators. Employees are provided with opportunities to contribute demographic and workforce information during the pre-employment process, including information relating to flexible working arrangements.
- **Gender Equality Training**: All new employees are required to complete mandatory gender equality training designed to increase understanding of gender inequality, discrimination and expected workplace behaviours. This training is also included in the annual mandatory training program for all staff.
- **Cultural Awareness Education**: All staff complete a mandatory online Aboriginal Cultural Awareness module, complemented by face-to-face Cultural Awareness training delivered throughout the year to enhance understanding and respect for First Nations peoples and cultures.
- **Inclusive Recruitment Practices**: A comprehensive review of recruitment policies and procedures has been undertaken to ensure alignment with contemporary best-practice principles. Recruitment processes incorporate strategies to support the employment of First Nations peoples and promote equitable access to employment opportunities.
- **Commitment to Inclusive Employment**: All recruitment policies and procedures explicitly reinforce RDHS's commitment to being an inclusive employer that values diversity and provides equal employment opportunities for all applicants.

Through these initiatives, RDHS continues to strengthen an organisational culture that values diversity, promotes equity and fosters a safe, respectful and inclusive environment for employees, consumers and the broader community.

Occupational Health and Safety Data

Occupational Health and Safety Statistics	2023–2024	2024–2025	2025–2026
The number of reported hazards/incidents for the year per 100 FTE	18	26	17
The number of 'lost time' standard WorkCover claims for the year per 100 FTE	0.95	0	0
The average cost per WorkCover claim for the year ('000)	$17	$0	$0

Monitoring of Occupational Health and Safety of staff within RDHS occurs through incident analysis and investigation. RDHS works collaboratively with staff to identify and control risk through the Occupational Health and Safety Committee.

Key Performance Indicators (KPIs) including Occupational Health and Safety Incidents, Occupational Violence and Aggression Incidents, Bullying Claims, Environmental Inspections and Staff Injuries are all reported to the Executive / Occupational Health and Safety Committee and Board on a regular basis.



Occupational Violence

Occupational Violence Statistics	2024–2025	2025–2026
WorkCover accepted claims with an occupational violence cause per 100 FTE	0	0
Number of accepted WorkCover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	0	0
Number of occupational violence incidents reported	4	5
Number of occupational violence incidents reported per 100 FTE	3.7	4.4
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	0	0

Definitions of occupational violence

Occupational violence
Any incident where an employee is abused, threatened, or assaulted in circumstances arising out of, or in the course of their employment.

Incident
An event or circumstance that could have resulted in, or did result in, harm to an employee. Incidents of all severity rating must be included. Code Grey reporting is not included, however, if an incident occurs during a planned or unplanned Code Grey, it must be included.

Accepted WorkCover claims
Claims accepted and lodged in 2025–2026.

Lost time
Defined as greater than one day.

Injury, illness or condition
This includes all reported harm as a result of the incident, regardless of whether the employee required time off work or submitted a claim.





Financial Information

Significant changes in financial position

Total revenue increased by $2.040 million in 2025–2026, from $19.759 million to $21.799 million, while total expenses increased by $1.401 million, from $21.741 million to $23.142 million.

The stronger growth in revenue compared with expenditure contributed to an improvement in the net result from transactions, with the deficit reducing from $1.982 million in 2024–2025 to $1.343 million in 2025–2026.

Total assets decreased by $926,000 to $41.916 million, while total liabilities increased by $368,000 to $8.749 million. Net assets and total equity at 30 June 2026 were $33.167 million.

Performance against operational and budgetary objectives

The health service reported an operating surplus of $472,000 for 2025–2026, a significant improvement on the $18,000 operating surplus achieved in 2024–2025.

After taking into account capital-related items, including $866,000 in capital purpose income, $44,000 in expenditure for capital purposes and $2.637 million in depreciation and amortisation, the health service recorded a net result from transactions deficit of $1.343 million. After other economic flows of $49,000, the overall net result was a deficit of $1.294 million.

Significant events occurring after balance date

There are no events subsequent to balance date that will have a significant effect on the operations of the health service or the balances and disclosures within this report.



Financial Information	2026 $000	2025 $000	2024 $000	2023 $000	2022 $000
OPERATING RESULT*	472	18	(377)	97	140
Total revenue	21,799	19,759	18,855	18,106	16,667
Total expenses	(23,142)	(21,741)	(20,037)	19,800	17,521
Net result from transactions	(1,343)	(1,982)	(1,182)	(1,694)	(854)
Total other economic flows	49	69	70	(15)	48
Net result	(1,294)	(1,913)	(1,112)	(1,709)	(806)
Total assets	41,916	42,842	44,893	29,328	30,854
Total liabilities	8,749	8,381	8,519	7,545	7,362
Net assets/Total equity	33,167	34,461	36,374	21,783	23,492

* 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	2025–2026 $000
Operating result	**472**
Capital purpose income	866
Expenditure for capital purpose	(44)
Depreciation and amortisation	(2,637)
Net result from transactions	**(1,343)**

Consultancies

Details of consultancies (under $10,000)

In 2025–2026, there were three consultancies where the total fees payable to the consultants were less than $10,000. The total expenditure incurred during 2025–2026 in relation to these consultancies is $12,777 (excl. GST)

Details of consultancies (over $10,000)

In 2025–2026, there was one consultancy where the total fees payable to the consultants were $10,000 or greater. The total expenditure incurred during 2025–2026 in relation to this consultancy was $29,400 (excl. GST). Robinvale District Health Services secured the services of Sychronicity Consulting to complete a strategic plan. This consultancy was valued at more than $10,000 and will be completed over two financial years.

Consultancies over $10,000

Consultant	Purpose	Start	End	Total Approved Project Fee (Excluding GST)	Expenditure 2025–2026 (Excluding GST)	Future Expenditure (Excluding GST)
Synchronicity Consulting	Strategic Planning	1/06/2026	30/11/2026	$58,800	$29,400	$29,400

Government Advertising Campaign

Nil reports. In 2025–2026, Robinvale District Health Services did not undertake any activities that required disclosure of government advertising expenditure.



Reviews and Study Expenses

During 2025–2026, there were no applicable reviews and studies expenses undertaken at RDHS.

Information and Communication Technology (ICT) Expenditure

For the 2025–2026 reporting period, Robinvale District Health Services had a total ICT expenditure of 0.78 million, with the details shown below.

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 (excluding GST) (a)	Capital Expenditure (excluding GST) (b)
Total (excluding GST)	**Total = Operational Expenditure and Capital Expenditure (excluding GST) (a) + (b)**		
$0.78 million	**$0.00 million**	$0.00 million	$0.00 million





Environmental Performance

Robinvale District Health Services (RDHS) reports environmental performance across all operations, facilities and activities under its operational control. This includes healthcare services, residential aged care services, community health services, administrative functions and support services provided by RDHS.

RDHS has assessed its organisational boundary in accordance with Victorian Government environmental reporting requirements. Where applicable, the organisational boundary includes operations of public assets and services under RDHS operational control. Where another public sector entity operates entirely within RDHS facilities, these operations are included in reporting where agreed between the relevant entities. Private concessions or third-party services operating within RDHS facilities, such as leased retail or commercial spaces, are excluded from reporting unless their resource consumption cannot be practically separated from RDHS operations. In such instances, any inclusion of these activities is noted within the relevant environmental reporting disclosures.

Environmental Sustainability
RDHS is committed to improving environmental sustainability within the healthcare sector. Initiatives undertaken to reduce environmental impact include the installation of solar panels at the Robinvale and Manangatang campuses, procurement practices that support suppliers using recycled packaging, recycling of batteries and printer cartridges, garden mulching programs and the planting of drought-resistant vegetation.

RDHS will continue to explore environmentally sustainable practices and opportunities to improve resource efficiency, reduce emissions and strengthen environmental performance across its operations.

Electricity Use

EL1 Total electricity consumption segmented by source [MWh]	2025–2026	2024–2025	2023–2024
Purchased	843.85	864.08	917.96
Self-generated	72.89	135.33	34.51
EL1 Total electricity consumption [MWh]	**916.74**	**999.41**	**952.47**

EL2 On site-electricity generated [MWh] segmented by:	2025–2026	2024–2025	2023–2024
Consumption behind-the-meter			
Solar Electricity	72.89	135.33	34.51
Total Consumption behind-the-meter [MWh]	**72.89**	**135.33**	**34.51**
Exports			
Solar Electricity	13.12		
Total Electricity exported [MWh]	13.12		
EL2 Total On site-electricity generated [MWh]	**86.01**	**135.33**	**34.51**

EL3 On-site installed generation capacity [kW converted to MW] segmented by:	2025–2026	2024–2025	2023–2024
Diesel Generator	0.62	0.62	0.62
Solar System	0.26	0.12	0.12
EL3 Total On-site installed generation capacity [MW]	**0.88**	**0.74**	**0.74**

EL4 Total electricity offsets segmented by offset type [MWh]	2025–2026	2024–2025	2023–2024
Large-scale Generation Certificates (LGCs) voluntarily retired on the entity's behalf	690.04		
Green Power			
RPP (Renewable Power Percentage in the grid)	146.23	158.19	172.21
Certified climate active carbon neutral electricity purchased			
EL4 Total electricity offsets [MWh]	**836.27**	**158.19**	**184.20**



RDHS is committed to improving environmental sustainability.

Stationary Energy

F1 Total fuels used in buildings and machinery segmented by fuel type [MJ]	2025–2026	2024–2025	2023–2024
Liquid Petroleum Gas	1,320,101.10	1,764,425.70	1,656,900.00
F1 Total fuels used in buildings [MJ]	**1,320,101.10**	**1,764,425.70**	**1,656,900.00**

F2 Greenhouse gas emissions from stationary fuel consumption segmented by fuel type [Tonnes CO2-e]	2025–2026	2024–2025	2023–2024
Liquid Petroleum Gas	80.00	106.92	103.00
F2 Greenhouse gas emissions from stationary fuel consumption [Tonnes CO2-e]	**80.00**	**106.92**	**103.00**

Transportation Energy

T1 Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type [MJ]	2025–2026	2024–2025	2023–2024
Non-executive fleet - Gasoline	464,774.30	602,552.70	1,070,540.00
Petrol	**464,774.30**	**602,552.70**	**1,070,540.00**
Non-executive fleet - Diesel	358,690.40	353,213.20	188,365.62
Diesel	**358,690.40**	**353,213.20**	**188,365.62**
Total energy used in transportation (vehicle fleet) [MJ]	**823,464.70**	**955,765.90**	**1,258,905.96**

T2 Number and proportion of vehicles in the organisational boundary segmented by engine/fuel type and vehicle category
6 x Hybrid | 4 x Diesel | 11 x Unleaded

T3 Greenhouse gas emissions from transportation (vehicle fleet) segmented by fuel type [Tonnes CO2-e]	2025–2026	2024–2025	2023–2024
Non-executive fleet - Gasoline	31.43	40.74	53.07
Petrol	**31.43**	**40.74**	**53.07**
Non-executive fleet - Diesel	25.26	24.87	13.24
Diesel	**25.26**	**24.87**	**13.24**
Total Greenhouse gas emissions from transportation (vehicle fleet) [tonnes CO2-e]	**56.68**	**65.61**	**66.31**

T4 Total distance travelled by commercial air travel (passenger km travelled for business purposes by entity staff on commercial or charter aircraft)	2025–2026	2024–2025	2023–2024
Total distance travelled by commercial air travel	Not Reported	Not Reported	Not Reported

Total Energy Use

E1 Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) [MJ]	2025–2026	2024–2025	2023–2024
Total energy usage from stationary fuels (F1) [MJ]	1,320,101.10	1,764,425.70	1,656,900.00
Total energy usage from transport (T1) [MJ]	823,464.70	955,765.90	
Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) [MJ]	**2,143,565.80**	**2,720,191.60**	**1,656,900.00**

E2 Total energy usage from electricity [MJ]	2025–2026	2024–2025	2023–2024
Total energy usage from electricity [MJ]	**3,300,250.12**	**3,597,880.89**	**3,428,901.11**

E3 Total energy usage segmented by renewable and non-renewable sources [MJ]	2025–2026	2024–2025	2023–2024
Renewable	3,272,966.28	1,056,645.29	787,364.12
Non-renewable (E1 + E2 - E3 Renewable)	2,170,849.64	5,261,427.20	2,641,536.98

E4 Units of Stationary Energy used normalised: (F1+E2)/normaliser	2025–2026	2024–2025	2023–2024
Energy per unit of Aged Care OBD [MJ/Aged Care OBD]	336.49	422.73	280.39
Energy per unit of LOS [MJ/LOS]	3,321.60	3,792.30	2,442.24
Energy per unit of bed-day (LOS+Aged Care OBD) [MJ/OBD]	305.54	380.33	251.51
Energy per unit of Separations [MJ/Separations]	4,681.21	4,218.97	2,831.46
Energy per unit of floor space [MJ/m2]	413.27	479.63	306.70

Sustainable Buildings and Infrastructure

B1 Discuss how environmentally sustainable design (ESD) is incorporated into newly completed entity-owned buildings
Every opportunity is taken to incorporate ESD when updating facilities. This includes solar panels, lighting, low energy use electricals and reduced water.

Water Use

W1 Total units of metered water consumed by water source (kl)	2025–2026	2024–2025	2023–2024
Potable water [kL]	16,030.94	15,693.13	19,428.20
Total units of water consumed [kl]	**16,030.94**	**15,693.13**	**19,428.20**

W2 Units of metered water consumed normalised by FTE, headcount, floor area, or other entity or sector specific quantity	2025–2026	2024–2025	2023–2024
Water per unit of Aged Care OBD [kL/Aged Care OBD]	1.17	1.26	1.59
Water per unit of LOS [kL/LOS]	11.52	11.10	13.84
Water per unit of bed-day (LOS+Aged Care OBD) [kL/OBD]	1.06	1.13	1.43
Water per unit of Separations [kL/Separations]	16.24	12.35	16.04
Water per unit of floor space [kL/m2]	1.43	1.40	1.74

Waste and Recycling

WR1 Total units of waste disposed of by waste stream and disposal method [kg]	2025–2026	2024–2025	2023–2024
Offsite treatment			
Clinical waste - incinerated			
Clinical waste - sharps	110.50	110.50	110.78
Clinical waste - treated	2,805.94	2,805.94	2,813.00
Recycling/recovery (disposal)			
Total units of waste disposed [kg]	**2,916.45**	**2,916.45**	**2,945.78**

WR2 Percentage of office sites covered by dedicated collection services for each waste stream	2025–2026	2024–2025	2023–2024
Printer cartridges	100%	100%	100%
Batteries	100%	100%	100%
e-waste	100%	100%	100%

WR3 Total units of waste disposed normalised by FTE, headcount, floor area, or other entity or sector specific quantity, by disposal method	2025–2026	2024–2025	2023–2024
Total waste to offsite treatment per PPT [(kg offsite treatment)/PPT]	0.18	0.19	0.20

Waste and Recycling *Continued...*

WR4 Recycling rate [%]	2025–2026	2024–2025	2023–2024
Weight of recyclable and organic materials [kg]			
Weight of total waste [kg]	2,916.45	2,916.45	2,945.78
Recycling rate [%]			

WR5 Greenhouse gas emissions associated with waste disposal [tonnes CO2-e]	2025–2026	2024–2025	2023–2024
Tonnes CO2-e	3.79	3.79	3.82

Greenhouse Gas Emissions

G1 Total scope one (direct) greenhouse gas emissions [tonnes CO2e]	2025–2026	2024–2025	2023–2024
Carbon Dioxide	135.87	171.52	
Methane	0.28	0.37	
Nitrous Oxide	0.54	0.65	
Total	**136.68**	**172.54**	
Scope 1 GHG emissions from stationary fuel (F2 Scope 1) [tonnes CO2-e]	**80.00**	**106.92**	
Scope 1 GHG emissions from vehicle fleet (T3 Scope 1) [tonnes CO2-e]	**56.68**	**65.61**	
Total scope one (direct) greenhouse gas emissions [tonnes CO2e]	**136.68**	**172.54**	

G2 Total scope two (indirect electricity) greenhouse gas emissions [tonnes CO2e]	2025–2026	2024–2025	2023–2024
Electricity	565.07	570.20	603.77
Total scope two (indirect electricity) greenhouse gas emissions [tonnes CO2e]	**565.07**	**570.20**	**603.77**

G3 Total scope three (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (tonnes CO2e)	2025–2026	2024–2025	2023–2024
Commercial air travel			
Waste emissions (WR5)	3.79	3.79	3.82
Indirect emissions from Stationary Energy	103.41	113.08	74.54
Indirect emissions from Transport Energy	14.20	16.47	
Paper emissions			
Water emissions	22.49	25.67	32.60
Any other Scope 3 emissions			
Total scope three greenhouse gas emissions [tonnes CO2e]	**143.88**	**159.01**	**110.96**

G(Opt) Net greenhouse gas emissions (tonnes CO2e)	2025–2026	2024–2025	2023–2024
Gross greenhouse gas emissions (G1 + G2 + G3) [tonnes CO2e]	**845.64**	**901.75**	**714.73**
Total gross reported greenhouse gas emissions per bed-day (t CO2-e/OBD)	0.06	0.06	0.05
Carbon Neutral Electricity	0.00	0.00	0.00
Green Power Electricity	0.00	0.00	-10.91
Purchased Large-scale Generation Certificates (LGCs)	-634.84	0.00	0.00
Any Reduction Measures Offsets purchased (EL4-related)	**-634.84**		**-10.91**
Any Offsets purchased	**-634.84**		**-10.91**
Net greenhouse gas emissions [tonnes CO2e]	**210.80**	**901.75**	**703.82**

Normalisation Factors

	2025–2026	2024–2025	2023–2024
Aged Care OBD	13,731.00	12,464.00	12,229.00
Full Time Equivalent (FTE)	113.00	109.00	105.00
Length Of Stay (LOS)	1,391.00	1,414.00	1,404.00
Occupied Bed Days (OBD)	15,122.00	13,878.00	13,633.00
PPT	16,109.00	15,149.00	14,844.00
Separations	987.00	1,271.00	1,211.00
Total Area M^2	11,180.00	11,180.00	11,180.00

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

Disclosures Required Under Legislation

Freedom of Information

In 2025–2026, no formal requests for access to information were received and processed under the *Freedom of Information Act 1982*.

Section 17(2A) of the Act requires payment of an application fee of $33.60 per request, unless the applicant seeks a fee waiver by providing a valid Concession Card, or due to financial hardship. Search fees, photocopying costs and postage may apply.

Freedom of Information requests must be submitted using Robinvale District Health Services' Freedom of Information Application Form, available from the Freedom of Information Officer on 03 5051 8111 or at info@rdhs.com.au.

Robinvale District Health Services complies with the mandatory reporting guidelines of data submission annually to the Office of Victorian Information Commissioner. Further information relating to freedom of information can be found at https://www.ovic.vic.gov.au or by contacting the Office of the Victorian Information Commissioner on 1300 006 842.

Building Act 1993

Robinvale District Health Services complied fully with the building and maintenance provisions of the *Building Act 1993* guidelines for publicly owned buildings. Robinvale District Health Services also complied with the relevant provisions of the National Construction Code and the Department of Health Fire Risk Management Guidelines.

Public Interest Disclosure Act 2012

Robinvale District Health Services has a protocol, including policy, consistent with the requirements of the Act that supports staff to disclose serious misconduct or corruption within the organisation and public health services in Victoria.

Robinvale District Health Services is a public body for the purposes of the *Public Interest Disclosures Act 2012* and does not tolerate detrimental action being taken against any person in reprisal for making a public interest disclosure.

Robinvale District Health Services is not able to receive public interest disclosures. Disclosures concerning RDHS, its Board members, officers or employees should be made directly to the Independent Broad-based Anti-corruption Commission (IBAC).

Robinvale District Health Services has established procedures under Part 9 of the Act for the protection of persons from detrimental action. These procedures are available to RDHS officers and employees through the RDHS Quality System. Members of the public may obtain a copy by contacting the Robinvale District Health Services Chief Executive Officer on 03 5051 8111 or info@rdhs.com.au.

Further information is available at https://www.ibac.vic.gov.au Robinvale District Health Services received no notifications during the 2025–2026 financial year.

National Competition Policy Compliance

Robinvale District Health Services supports and complies with the Victorian Government's National Competition Policy, including compliance with the requirements of the policy statement 'Competitive Neutrality Policy Victoria', and any subsequent reforms. There have been no changes to Robinvale District Health Services significant business activities during the reporting period. Robinvale District Health Services has not received any complaints in relation to competitive neutrality.

Our Commitment to Social Procurement

At Robinvale District Health Services, we are committed to embedding social procurement principles into our operations, in alignment with the Victorian Government's Social Procurement Framework (SPF).

As a small rural health service located in northern Victoria, Robinvale District Health Services plays a vital role in supporting the health and wellbeing of our diverse and geographically dispersed community. We recognise that our procurement activities can help address disadvantage, support Aboriginal businesses and communities, improve economic inclusion, and contribute to environmental sustainability. Robinvale District Health Services is committed to delivering social, economic and environmental value directly and indirectly through procurement by:

- Creating Opportunities for Disadvantaged Victorians
- Supporting Aboriginal Participation and Engagement
- Strengthening Local Economic Outcomes
- Promoting Gender Equality and Workplace Diversity
- Fostering Sustainable Business Practices

Robinvale District Health Services reports no direct spend with social benefit suppliers for the 2025–2026 period. We do however have indirect spend with a number of non-registered social benefit suppliers and will continue to encourage them to register.

There are also indirect benefits where Robinvale District Health Services tender processes include social benefit requirements for suppliers and where Robinvale District Health Services utilises HealthShare Victoria contracts.

Grants and Transfer Payments

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

Carers Recognition Act 2012

Robinvale District Health Services has taken all practical measures to comply with its obligations under the *Carers Recognition Act 2012* (the Act).

These include:

- Considering the care relationships principles set out in the Act when setting policies and providing services (e.g. reviewing our employment policies such as flexible working arrangements and leave provisions to ensure that these comply with the statement of principles in the Act, developing a satisfaction survey for distribution at assessment and review meetings between workers, carers and those receiving care).

- 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).

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) 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:
Robinvale District Health Services
Phone: (03) 50518111
Email: info@rdhs.com.au

Local Jobs First Act 2003

Robinvale District Health Services has complied with the *Local Jobs First Act 2003* and the Victorian Industry Participation Policy. Robinvale District Health Services has commenced and/or completed no contracts in the financial year to which the Victorian Industry Participation Policy Plan was required. Robinvale District Health Services has had one conversation with the Industry Capability Network that corresponded with the registration and issue of an Interaction Reference Number.

Safe Patient Care Act 2015

Robinvale District Health Services has no matters to report in relation to its obligations under section 40 of the *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015*.

Gender Equality Act 2020

RDHS has continued to embed the principles of the *Gender Equality Act 2020* through the implementation of the Gender Equality Action Plan 2021–2025 and ongoing consultation with staff and the promotion of a respectful, diverse and inclusive workplace culture. Gender equality and cultural safety considerations have been incorporated into organisational planning, policies and workforce initiatives. Mandatory training programs relating to diversity, inclusion and cultural safety continue to be provided to staff, supporting awareness and accountability across the organisation. Staff feedback mechanisms remain in place to monitor perceptions of inclusion, respect and psychological safety, with opportunities identified for continuous improvement. RDHS remains committed to fostering a workplace environment where all employees, volunteers and community members feel valued, respected and supported.

Attestations and Declarations

Financial Management Compliance Attestation

I, Janelle Jakowenko, on behalf of the Responsible Body, certify that the Robinvale District Health Services has no Material Compliance Deficiency with respect to the applicable Standing Directions under the *Financial Management Act 1994* and Instructions.



Janelle Jakowenko
Responsible Officer
Robinvale District Health Services
10 September 2026

Data Integrity Declaration

I, Denise Parry, certify that Robinvale District Health Services has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance. Robinvale District Health Services has critically reviewed these controls and processes during the year.



Denise Parry
Accountable Officer
Robinvale District Health Services
10 September 2026

Conflict of Interest Declaration

I, Denise Parry, certify that Robinvale District Health Services 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 Robinvale District Health Services 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.



Denise Parry
Accountable Officer
Robinvale District Health Services
10 September 2026

Integrity, Fraud and Corruption Declaration

I, Denise Parry, certify that Robinvale District Health Services has put in place appropriate internal controls and processes to ensure that Integrity, fraud, and corruption risks have been reviewed and addressed at Robinvale District Health Services during the year.



Denise Parry
Accountable Officer
Robinvale District Health Services
10 September 2026

MPS Service Plan: Key Achievements and Challenges

Several implementation actions are required to achieve the implementation of the service plan. These are outlined below:

Objective	Action	Deliverable	Outcome
Continue capital and infrastructure planning to reduce infrastructure risks and ensure facilities support current and future service needs.	Undertake ongoing capital and infrastructure planning, maintenance, upgrades and renewal projects informed by organisational priorities and community needs.	• Infrastructure that meets the needs of RDHS and the community. • Strategic planning that supports future service delivery. • Improved safety and upgraded facilities for residents. • Facilities that meet current infection control and food safety standards.	• Ongoing improvements and maintenance of existing infrastructure are being carried out. • A Department of Health-funded Yield Analysis is informing future planning for Aged Care Services.

Objective	Action	Deliverable	Outcome
Progress workforce planning in collaboration with the Local Health Service Network and partner organisations to enhance workforce sustainability, strengthen local service provision, and build workforce capability.	• Implement workforce planning initiatives in collaboration with the Loddon Mallee Local Health Service Network and other health and community providers. • Continue active recruitment strategies, including international recruitment. • Support staff development through professional development opportunities, mentoring, supervision, and specialised training. • Provide and support student placements to strengthen future workforce pipelines. • Facilitate specialised training in priority areas including Renal Dialysis, Infection Control and Immunisation.	• Workforce plan actions implemented. • Ongoing international recruitment of Nursing and Allied Health Professionals. • Financial assistance provided to support professional development and maintain workforce skills. • Increased staff capability and enhanced workforce retention. • Ongoing support for staff training in Immunisation, Renal Dialysis and Infection Control. • Increased awareness of rural health career pathways. • Successful student placements and transition of graduates into the workforce.	• Ongoing active international recruitment of Nursing and Allied Health Professionals, including incentive programs for potential staff. • Exploration of shared employment models with the Loddon Mallee Local Health Service Network to address workforce shortages. • Continued subsidisation of professional development to support staff skill development and retention. • Ongoing support for training in Immunisation, Renal Dialysis and Infection Control. • Continued mentoring and supervision for students undertaking placements at RDHS. • RDHS continues to showcase career opportunities to build future workforce capacity.

Continued...

Objective	Action	Deliverable	Outcome
Build a sustainable aged care service model and pathway that supports people from community-based care through to palliative and end-of-life care.	• Strengthen care pathways that support ageing in place and reduce unnecessary residential aged care admissions. • Provide targeted respite services to support carers and enable people to remain at home for longer. • Deliver flexible palliative care services in the most appropriate setting, including home-based and bed-based care. • Embed cultural safety principles within the palliative care pathway through training, partnerships and culturally appropriate practices. • Maintain formalised access arrangements with specialist palliative care services in the sub-region.	• Residential aged care is not the default housing option for people unable to downsize accommodation. • Increased use of intentional and targeted respite care to support people to remain at home. • Sustained or increased demand for respite care across RDHS campuses. • Effective utilisation of the RDHS Palliative Care Facility when home-based care is not feasible. • Cultural safety embedded within the palliative care pathway through staff training, collaboration with Aboriginal and multicultural health organisations, and the use of culturally appropriate resources and practices. • Formalised protocols supporting timely access to specialist palliative care physicians in Mildura and Swan Hill.	• RDHS continues to experience strong demand for respite care across all residential aged care campuses, demonstrating community trust and effective support for carers. • People at end of life are supported in their preferred setting, whether at home through Hospital in the Home (HITH) services or in the RDHS Palliative Care Facility, ensuring dignity and choice. • Cultural safety continues to be strengthened within the palliative care pathway, particularly for Aboriginal and culturally diverse clients, supported by the implementation of the End of Life Model of Care. • Strong sub-regional collaboration continues, with RDHS accessing specialist palliative care support from Mildura and Swan Hill to provide coordinated, high-quality and responsive care.

Objective	Action	Deliverable	Outcome
Develop a chronic disease management model to enhance health outcomes for the community through partnerships with Murray Primary Health Network (PHN), general practice and other key stakeholders.	• Collaborate with Murray PHN, general practitioners and partner organisations to develop and implement a chronic disease management model. • Embed the chronic disease management framework within RDHS policies, procedures and service delivery. • Promote multidisciplinary, client-centred care that supports self-management, health literacy and improved health outcomes. • Support preventive health and wellness programs. • Maintain partnerships with specialist services to enhance local access to chronic disease care.	• A chronic disease management model is established within the primary care setting. • Care for chronic conditions is client-centred, timely, evidence-based and delivered through a holistic team approach. • The model facilitates self-management, is goal-oriented and promotes health literacy. • The framework is embedded within RDHS policies and procedures to guide staff in chronic disease management service delivery. • Visiting Nephrology services from Royal Melbourne Hospital continue to support community members at the pre-dialysis stage. • Preventive health groups are available, including Aqua-Fit, Strength and Balance, and Healthy Eating Activity Lifestyle (HEAL) programs.	• Regular multidisciplinary meetings are conducted and attended by the dietitian, physiotherapist, social worker and podiatrist to strengthen care pathways and enhance chronic disease management outcomes. • RDHS continues to work collaboratively with Royal Melbourne Hospital Nephrology Services to ensure local access to high-quality renal dialysis care for community members requiring treatment. • Preventive health groups continue to be established and delivered when staffing levels permit, with support from RDHS Allied Health Assistants and Physiotherapists.

Continued...

Objective	Action	Deliverable	Outcome
Optimise the use of digital systems across RDHS to improve clinical service delivery, operational efficiency, information management and access to care.	• Maximise the utilisation of existing ICT systems across RDHS. • Develop a business case for investment in a scanned digital records system. • Expand video-enabled telehealth capacity. • Explore and implement remote patient monitoring systems for community-based patients. • Participate in regional digital health initiatives and strategic ICT planning. • Support the implementation of electronic medical records and virtual models of care.	• Continued participation in Loddon Mallee Local Health Service Network (LMLHSN) and Loddon Mallee Shared Services (LMSS) initiatives, including regional ICT strategic planning. • Implementation of Chefmax for menu and meal management. • Victorian Virtual Emergency Department (VVED) utilised to support non-life-threatening emergencies in Urgent Care and Aged Care settings. • Virtual medical management options available for local RDHS patients through sub-regional health service partnerships. • Preparation and support for the implementation of Electronic Medical Records (EMR).	• RDHS continues to participate in all available LMLHSN and LMSS initiatives. The Regional Community Platform (RCP) will provide clinicians with access to a digital patient record, with work underway to make the platform accessible to all RDHS clinicians. • Chefmax has been successfully implemented across all RDHS campuses, supporting consistent food service processes and improved operational efficiency. • VVED continues to be widely utilised across all RDHS campuses, supporting nursing staff, reducing the after-hours burden on GPs and providing a valued service to the community. • Community members can now be admitted to hospital through the Virtual Doctor Service, improving access to timely care. • As a member of the LMLHSN, RDHS will be included in future regional Electronic Medical Record implementation planning.

Objective	Action	Deliverable	Outcome
Review the scope of community services provided and identify key areas of unmet demand to ensure continuity of service and care.	• Engage with the community to identify current and emerging service needs. • Establish a Community Advisory Committee to provide community input into service planning and delivery. • Develop governance structures, including Terms of Reference, to support effective committee operation. • Undertake recruitment and engagement activities to attract community representatives.	• Community Advisory Committee established to identify key areas of unmet demand and support continuity of service and care. • Community representatives actively involved in providing feedback and informing service planning. • Terms of Reference developed to guide the Committee's role, function and membership.	• RDHS recognised the need for a Community Advisory Committee with Board representation to strengthen community engagement and service planning. • An advertising campaign seeking expressions of interest from community members was undertaken but initially did not achieve the desired outcome. • Following a subsequent successful recruitment process, RDHS established a Community Advisory Committee. • The Terms of Reference have been finalised, and ongoing recruitment activities will support continued community representation and participation.

MPS Performance Priority and Activity Reporting

RDHS has prioritised activity and staffing to ensure safe, quality care outcomes are achieved. RDHS has worked in partnership with local health services to support our care services to enable relevant, timely, quality care to our patients / residents and community.

MPS Performance Priority Reporting

High Quality and Safe Care		
Key Performance Indicator	**Target**	**Result**
Health service accreditation	Full compliance	Achieved
Hand Hygiene Compliance	85%	87.7%
Percentage of healthcare workers immunised for influenza	94%	85%
Victorian Healthcare Experience Survey – percentage of positive patient experience responses	95% positive patient experience	NA[1]

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

Strong Governance, Leadership and Culture		
Organisational Culture	**Target**	**Result**
Percentage of staff with an overall positive response to safety culture questions in People Matter Survey*	80%	81%
Percentage of workers reporting nil or low/mild work-related stress	68%	59%

*Changes to the 2025–2026 Health Sector People Matter Survey have 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		
Budget and Cash Management	**Target**	**Result**
Operating result ($m)	0.00	0.47
Average number of days to pay trade creditors	60	22
Average number of days to receive patient fee debtors	60	36
Adjusted current asset ratio (ACAR)	0.70	1.81
Forecast number of days available cash, measured on the last day of each month	14.0	148.2

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

Multi-Purpose Services Activity Reporting

MPS Funded Flexible Aged Care Places

Campus	Number
Robinvale	14
Manangatang	10

MPS Utilisation of Flexible Aged Care Places

Campus	Number of Bed Days	Occupancy Level %
Flexible Aged Care		
Robinvale - Permanent	3,580	84.89%
Robinvale - Respite	758	
Manangatang - Permanent	2,211	67.95%
Manangatang - Respite	269	
Other - Riverside		
Riverside - Permanent	7,159	69.87%
Riverside - Respite	492	

MPS Acute Care Activity

Service	Type of Activity	Actual Activity 2025–2026
Medical inpatients Robinvale	Bed days	1,403
Urgent care Robinvale	Presentations	1,739
Urgent care Manangatang	Presentations	145
Non-admitted patients Robinvale	Occasions of service	3,184
District nursing Robinvale	Occasions of service	658
District nursing Manangatang	Occasions of service	13
Maternity	Number of clients	629
Renal dialysis	Number of clients	951

MPS Primary Health Care Activity

Service	Actual Activity 2025–2026 (specify unit of activity i.e.occasions of service/hours of service etc.)	
Allied Health Assistant*	Group Attendees	869
Cultural Officer*	Individual Occasions of Service	237
Dietetics*	Individual Occasions of Service	1,258
Early Years*	Group Attendees	6,835
Occupational Therapy*	Individual Occasions of Service	821
Physiotherapy*	Individual Occasions of Service	1,311
	Group Attendees	344
Planned Activity Group*	Number of Group Sessions	18
	Group Attendees	906
Podiatry*	Individual Occasions of Service	1,087
Social Work*	Individual Occasions of Service	1,910
Speech Pathology*	Individual Occasions of Service	1,303

*Includes services that are not funded or only partly funded through the MPS Tripartite Agreement

Disclosure Index

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

Legislation	Requirement	Page
Standing Directions and Financial Reporting Directions		
Report of operations		
Charter and purpose		
FRD 22	Manner of establishment and the relevant Ministers	4
FRD 22	Purpose, functions, powers and duties	4
FRD 22	Nature and range of services provided	5
FRD 22	Activities, programs, and achievements for the reporting period	6–23
FRD 22	Significant changes in key initiatives and expectations for the future	6–23
Management and structure		
FRD 22	Organisational structure	12
FRD 22	Workforce data / employment and conduct principles	13
FRD 22	Workforce inclusion policy	13
FRD 22	Occupational Health and Safety	14
Financial and other information		
FRD 22	Summary of the financial results for the year	16
FRD 22	Significant changes in financial position during the year	16
FRD 22	Operational and budgetary objectives and performance against objectives	16
FRD 22	Subsequent events	16
FRD 22	Details of consultancies under $10,000	18
FRD 22	Details of consultancies over $10,000	18
FRD 22	Disclosure of government advertising expenditure	18
FRD 22	Details of ICT expenditure	19
FRD 22	Asset Management Accountability Framework	NA
FRD 22	Disclosure of social procurement activities under the Social Procurement Framework	24
FRD 22	Disclosure of reviews and study expenses	19
FRD 22	Disclosure of grants and transfer payments	24
FRD 22	Application of the operation of *Freedom of Information Act 1982*	24
FRD 22	Compliance with building and maintenance provisions of *Building Act 1993*	24
FRD 22	Application and operation of *Public Interest Disclosures Act 2012*	24
FRD 22	Statement of National Competition Policy	24
FRD 22	Application and operation of *Carers Recognition Act 2012*	25
FRD 22	Additional information available on request	25
FRD 24	Environmental data reporting	20
FRD 25	*Local Jobs First Act 2003* disclosures	20
Compliance attestation and declaration		
SD 5.1.4	Financial Management Compliance attestation	26
SD 5.2.3	Declaration in Report of Operations	7
	Attestation on Data Integrity	26
	Attestation on managing Conflicts of Interest	26
	Attestation on Integrity, Fraud, and Corruption	26
Other reporting requirements		
	Reporting of Key Achievements and Challenges (MPS Service Plan)	27
	Occupational Violence reporting	15
	Reporting obligations under the *Safe Patient Care Act 2015*	25
Financial statements		
Declaration		
SD 5.2.2	Declaration in financial statements	34
Other requirements under Standing Directions 5.2		
SD 5.2.1(a)	Compliance with Australian accounting standards and other authoritative pronouncements	34
SD 5.2.1(a)	Compliance with Standing Directions	34
SD 5.2.1(b)	Compliance with Model Financial Report	34
Other disclosures as required by FRDs in notes to the financial statements [(a)(b)]		
FRD 11	Disclosure of ex-gratia expenses	68
FRD 103	Non-Financial Physical Assets	52
FRD 110	Cash Flow Statements	39
FRD 112	Defined Benefit Superannuation Obligations	47
FRD 114	Financial Instruments – general government entities and public non-financial corporations	63
Legislation		
Freedom of Information Act 1982 (Vic) (FOI Act)		24
Building Act 1993		24
Public Interest Disclosures Act 2012		24
Carers Recognition Act 2012		24
Local Jobs Act 2003		25
Financial Management Act 1994 [(b)]		26

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.



Financial Report
2025–2026

Financial Statements
Financial Year ended 30 June 2026

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

The attached financial statements for Robinvale District Health Services 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 Robinvale District Health Services 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 10th September, 2026.

Board member	**Accountable Officer**	**Chief Finance & Accounting Officer**
		
Janelle Jakowenko	Denise Parry	Andrew Arundell
Chair	Chief Executive Officer (Interim)	Chief Financial and Accounting Officer (Contract)
Robinvale 10th September, 2026	Robinvale 10th September, 2026	Robinvale 10th September, 2026

Independent Auditor's Report

VAGO
Victorian Auditor-General's Office

To the Board of Robinvale District Health Services

Opinion	I have audited the financial report of Robinvale District Health Services (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 its 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.



MELBOURNE
14 September 2026

Simone Bohan
as delegate for the Auditor-General of Victoria

Comprehensive Operating Statement
Robinvale District Health Services
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)	5,666	5,257
Government Grants	2.1 (b)	13,566	12,338
Other sources of income	2.1 (c)	2,567	2,164
Total revenue and income from transactions		**21,799**	**19,759**
Expenses from transactions			
Employee expenses	3.1 (a)	(14,888)	(14,258)
Supplies and consumables	3.1 (c)	(1,101)	(924)
Depreciation and amortisation	4.1(a), 4.2	(2,637)	(2,612)
Other operating expenses	3.1 (d)	(4,516)	(3,947)
Total expenses from transactions		**(23,142)**	**(21,741)**
Net result from transactions - net operating balance		**(1,343)**	**(1,982)**
Other economic flows included in net result			
Net gain/(loss) on sale of non-financial assets		20	71
Net gain/(loss) on financial instruments		(18)	(5)
Other gain/(loss) from other economic flows		47	3
Total other economic flows included in net result		**49**	**69**
Net result		**(1,294)**	**(1,913)**
Comprehensive result		**(1,294)**	**(1,913)**

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

Balance Sheet
Robinvale District Health Services
As at 30 June 2026

	Note	2026 $'000	2025 $'000
Financial assets			
Cash and cash equivalents	6.1	11,877	11,182
Receivables	5.1	1,156	1,090
Total financial assets		**13,033**	**12,272**
Non-financial assets			
Prepayments		256	127
Inventories		88	81
Property, plant and equipment	4.1	28,539	30,362
Total non-financial assets		**28,883**	**30,570**
Total assets		**41,916**	**42,842**
Liabilities			
Payables	5.2	1,339	1,110
Contract liabilities	5.3	1,197	1,046
Borrowings		365	259
Employee benefits	3.1(b)	2,900	2,926
Monies held in trust	5.4	2,948	3,040
Total liabilities		**8,749**	**8,381**
Net assets		**33,167**	**34,461**
Equity			
Reserves		22,857	22,857
Contributed capital		22,352	22,352
Accumulated surplus/(deficit)		(12,042)	(10,748)
Total equity		**33,167**	**34,461**

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

Cash Flow Statement
Robinvale District Health Services
For the Financial Year Ended 30 June 2026

	Note	2026 $'000	2025 $'000
Cash flows from operating activities			
Receipts from Government		17,663	16,230
Commercial activity revenue received		482	354
Donations and bequests received		1	16
Net GST received from ATO		578	535
Other receipts		3,721	2,902
Total receipts		**22,445**	**20,037**
Payments to employees		(14,996)	(14,027)
Payments to suppliers and consumables		(1,642)	(1,768)
Other payments		(4,331)	(3,537)
Total payments		**(20,969)**	**(19,332)**
Net cash flows from/(used in) operating activities		**1,476**	**705**
Cash flows from investing activities			
Proceeds from sale of non-financial assets		20	71
Purchase of non-financial assets		(641)	(430)
Net cash flows from/(used in) investing activities		**(621)**	**(359)**
Cash flows from financing activities			
Repayment of borrowings and principal portion of lease liabilities		(67)	(5)
Net repayment of accommodation deposits		(93)	(690)
Net cash flows from/(used in) financing activities		**(160)**	**(695)**
Net increase/(decrease) in cash and cash equivalents held		**695**	**(349)**
Cash and cash equivalents at beginning of year		11,182	11,531
Cash and cash equivalents at end of year	6.1	**11,877**	**11,182**

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

Statement of Changes in Equity
Robinvale District Health Services
For the Financial Year Ended 30 June 2026

	Property, Plant and Equipment Revaluation Surplus	Contributed Capital	Accumulated Surplus/(Deficit)	Total
	$'000	$'000	$'000	$'000
Balance at 1 July 2024	**22,857**	**22,352**	**(8,835)**	**36,374**
Net result for the year	-	-	(1,913)	(1,913)
Balance at 30 June 2025	**22,857**	**22,352**	**(10,748)**	**34,461**
Net result for the year	-	-	(1,294)	(1,294)
Balance at 30 June 2026	**22,857**	**22,352**	**(12,042)**	**33,167**

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

Notes to the Financial Statements
Robinvale District Health Services
For the Financial Year Ended 30 June 2026

Structure

1.1 Basis of preparation
1.2 Material accounting estimates and judgements
1.3 Reporting entity
1.4 Economic dependency

Note 1 About this Report

These financial statements represent the financial statements of Robinvale District Health Services for the year ended 30 June 2026.

Robinvale District Health Services is a not-for-profit entity established as a public agency on 1st July 2009 under the *Health Services Act 1988* (Vic). A description of the nature of its operations and its principal activities is included in the Report of Operations, which does not form part of these financial statements.

This section explains the basis of preparing the financial statements.

Note 1.1 Basis of preparation

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

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

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

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

Notes to the Financial Statements
Robinvale District Health Services
For the Financial Year Ended 30 June 2026

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

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 Robinvale District Health Services on 10th September, 2026.

Note 1.2 Material accounting estimates and judgements

Management makes estimates and judgements when preparing the financial statements.

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

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

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

Note 1.3 Reporting Entity

The financial statements include all the controlled activities of Robinvale District Health Services.

Robinvale District Health Services principal address is:

128-132 Latje Road
Robinvale, Victoria 3549

Note 1.4 Economic dependency

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

Note 2 Funding delivery of our services

Robinvale District Health Services overall objective is to provide quality health service and to be a leading regional healthcare provider delivering timely, accessible, integrated and responsive services to the local community. Robinvale District Health Services is predominantly funded by grant funding for the provision of outputs. Robinvale District Health Services also receives income from the supply of services.

Significant judgement - Grant revenue

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

Structure

2.1 Revenue and income from transactions

Note 2.1 Revenue and income from transactions

	Note	2026 $'000	2025 $'000
Revenue from contracts with customers	2.1(a)	5,666	5,257
Government Grants	2.1(b)	13,566	12,338
Other sources of income	2.1(c)	2,567	2,164
Total revenue and income from transactions		**21,799**	**19,759**

Note 2.1(a) Revenue from contracts with customers

	2026 $'000	2025 $'000
Government grants (State) - Operating	632	575
Government grants (Commonwealth) - Operating	3,365	3,246
Patient and resident fees	1,187	1,082
Commercial activities	482	354
Total revenue from contracts with customers	**5,666**	**5,257**

Notes to the Financial Statements
Robinvale District Health Services
For the Financial Year Ended 30 June 2026

How we recognise revenue from contracts with customers

Government grants

Revenue from government operating grants that are enforceable and contain sufficiently specific performance obligations are accounted for as revenue from contracts with customers under AASB 15.

In contracts with customers, the 'customer' is the funding body, who is the party that promises funding in exchange for Robinvale District Health Services goods or services. Robinvale District Health Services 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 Robinvale District Health Services revenue streams, with information detailed below relating to Robinvale District Health Services 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 Robinvale District Health Services. The performance obligations include provision of residential accommodation and care from nursing staff and personal care workers. Revenue is recognised over time when the service is provided within the residential aged care facility.

Patient and resident fees

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

Note 2.1(b) Government Grants

	Note	2026 $'000	2025 $'000
Government grants (State) - Operating		9,853	9,286
Government grants (Commonwealth) - Operating		3,355	2,917
Government grants (State) - Capital		358	135
Total Government grants		**13,566**	**12,338**

How we recognise Government grants

Government grants

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

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

Notes to the Financial Statements
Robinvale District Health Services
For the Financial Year Ended 30 June 2026

Note 2.1(c) Other sources of income

	2026 $'000	2025 $'000
Other capital purpose income	-	15
Assets received free of charge or for nominal consideration	1	16
Other income from operating activities	2,085	1,581
Income from non-operating activities	481	552
Total other sources of income	**2,567**	**2,164**

Note 3 The cost of delivering our services

This section provides an account of the expenses incurred by the health service in delivering services and outputs. In Section 2, the funds that enable the provision of services were disclosed and in this note the costs associated with the provision of services are disclosed.

Structure

3.1 Expenses incurred in the delivery of services

Note 3.1 Expenses incurred in the delivery of services

	Note	2026 $'000	2025 $'000
Employee expenses	3.1(a)	14,888	14,258
Supplies & Consumables	3.1(c)	1,101	924
Other operating expenses	3.1(d)	4,516	3,947
Total expenses incurred in the delivery of services		**20,505**	**19,129**

Note 3.1(a) Employee expenses

	2026 $'000	2025 $'000
Salaries and wages	12,067	11,173
Superannuation expense [(1)]	1,339	1,185
Agency expenses	1,352	1,764
Fee for service medical officer expenses	130	136
Total employee expenses	**14,888**	**14,258**

[(1)] Defined contribution superannuation expense and defined benefit superannuation expense have been combined.

How we recognise employee expenses

Employee expenses include salaries and wages, fringe benefits tax, leave entitlements, termination payments, WorkCover payments and agency expenses.

The amount recognised in relation to superannuation is employer contributions for members of both defined benefit and defined contribution superannuation plans that are paid or payable during the reporting period.

Notes to the Financial Statements
Robinvale District Health Services
For the Financial Year Ended 30 June 2026

Note 3.1(b) Employee related provisions

	2026 $'000	2025 $'000
Current provisions for employee benefits		
Accrued days off	66	48
Annual leave	1,186	1,191
Long service leave	1,273	1,318
Provision for on-costs	174	184
Total current provisions for employee benefits	**2,699**	**2,741**
Non-current provisions for employee benefits		
Long service leave	177	162
Provision for on-costs	24	23
Total non-current provisions for employee benefits	**201**	**185**
Total provisions for employee benefits	**2,900**	**2,926**

How we recognise employee-related provisions

Employee related provisions are accrued for employees in respect of accrued days off, annual leave and long service leave, for services rendered to the reporting date.

No provision has been made for sick leave as all sick leave is non-vesting and it is not considered probable that the average sick leave taken in the future will be greater than the benefits accrued in the future. As sick leave is non-vesting, an expense is recognised in the Statement of Comprehensive Income as sick leave is taken.

Annual leave and accrued days off

Liabilities for annual leave and accrued days off are recognised in the provision for employee benefits as current liabilities because Robinvale District Health Services 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 Robinvale District Health Services expects to wholly settle within 12 months or
- present value – if Robinvale District Health Services 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 Robinvale District Health Services 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 Robinvale District Health Services expects to wholly settle within 12 months or
- present value – if Robinvale District Health Services does not expect to wholly settle within 12 months.

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

Provisions

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

Notes to the Financial Statements
Robinvale District Health Services
For the Financial Year Ended 30 June 2026

Note 3.1(c) Supplies and consumables

	2026 $'000	2025 $'000
Drug supplies	43	28
Medical and surgical supplies (including Prostheses)	275	212
Diagnostic and radiology supplies	11	3
Other supplies and consumables	772	681
Total supplies and consumables	**1,101**	**924**

How we recognise supplies and consumables

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

Note 3.1(d) Other operating expenses

	2026 $'000	2025 $'000
Fuel, light, power and water	341	322
Repairs and maintenance	207	169
Maintenance contracts	169	203
Other administration expenses	3,778	3,244
Finance costs	21	9
Total other operating expenses	**4,516**	**3,947**

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

Note 4 Key assets to support service delivery

Robinvale District Health Services 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 Robinvale District Health Services to be utilised for delivery of services.

Significant judgement - Fair value measurement

Where the assets included in this section are carried at fair value, additional information is disclosed in Note 7.3 in connection with how those fair values were determined.

Structure

4.1 Property, plant and equipment
4.2 Depreciation and amortisation

Note 4.1 Property, plant and equipment

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2026 $'000	2025 $'000	2026 $'000	2025 $'000	2026 $'000	2025 $'000
Land at fair value - Crown	2,287	2,287	-	-	2,287	2,287
Buildings at fair value	28,879	28,568	(4,639)	(2,317)	24,240	26,251
Works in progress at cost	425	300	-	-	425	300
Plant, equipment and vehicles at fair value	4,518	5,092	(2,931)	(3,568)	1,587	1,524
Total property, plant and equipment	**36,109**	**36,247**	**(7,570)**	**(5,885)**	**28,539**	**30,362**

How we recognise property, plant and equipment

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

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

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

	Land $'000	Buildings $'000	Works in progress $'000	Plant, equipment and vehicles $'000	Total $'000
Balance at 1 July 2025	**2,287**	**26,251**	**300**	**1,524**	**30,362**
Additions	-	28	409	377	814
Net transfers between classes	-	284	(284)	-	-
Depreciation	-	(2,323)	-	(314)	(2,637)
Balance at 30 June 2026	**2,287**	**24,240**	**425**	**1,587**	**28,539**

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

Notes to the Financial Statements
Robinvale District Health Services
For the Financial Year Ended 30 June 2026

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

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

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2026 $'000	2025 $'000	2026 $'000	2025 $'000	2026 $'000	2025 $'000
Plant, equipment and vehicles [1]	455	282	(94)	(29)	361	253
Total right-of-use assets	**455**	**282**	**(94)**	**(29)**	**361**	**253**

	Plant, equipment and vehicles $'000	Total $'000
Balance at 1 July 2025[1]	**253**	**253**
Additions	173	173
Depreciation	(65)	(65)
Balance at 30 June 2026	**361**	**361**

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

How we recognise right-of-use assets

Initial recognition

When Robinvale District Health Services 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(c) Impairment of property, plant and equipment

The recoverable amount of the primarily non-financial physical assets of Robinvale District Health Services, 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.

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

Notes to the Financial Statements
Robinvale District Health Services
For the Financial Year Ended 30 June 2026

Note 4.2 Depreciation and amortisation

How we recognise depreciation

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

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

How we recognise amortisation

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

Useful lives of non-current assets

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

	2026	2025
Buildings	7 - 44 years	7 - 44 years
Plant, equipment and vehicles (including leased assets)	2 - 10 years	2 - 10 years

Note 5 Other assets and liabilities

This section sets out those assets and liabilities that arose from Robinvale District Health Services operations.

Structure

5.1 Receivables
5.2 Payables
5.3 Contract liabilities
5.4 Monies held in trust

Note 5.1 Receivables

	Note	2026 $'000	2025 $'000
Current receivables			
Contractual			
Trade receivables		569	615
Patient fees		154	81
Allowance for impairment losses		(30)	(12)
Other receivable		197	70
Total contractual receivables		**890**	**754**
Statutory			
GST receivable		70	88
Total statutory receivables		**70**	**88**
Total current receivables		**960**	**842**
Non-current receivables			
Contractual			
Long service leave - Department of Health		196	248
Total contractual receivables		**196**	**248**
Total non-current receivables		**196**	**248**
Total receivables		**1,156**	**1,090**
(i) Financial assets classified as receivables			
Total receivables		1,156	1,090
GST receivable		(70)	(88)
Total financial assets classified as receivables	7.1	**1,086**	**1,002**

Notes to the Financial Statements
Robinvale District Health Services
For the Financial Year Ended 30 June 2026

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		689	444
Accrued salaries and wages		416	498
Accrued expenses		205	125
Other		29	43
Total contractual payables		**1,339**	**1,110**
Total current payables		**1,339**	**1,110**
Total payables		**1,339**	**1,110**
(i) Financial liabilities classified as payables			
Total payables		1,339	1,110
Total financial liabilities classified as payables	7.1	**1,339**	**1,110**

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 Robinvale District Health Services 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.

Notes to the Financial Statements
Robinvale District Health Services
For the Financial Year Ended 30 June 2026

Note 5.3 Contract liabilities

	2026 $'000	2025 $'000
Current		
Contract liabilities	1,197	1,046
Total current contract liabilities	**1,197**	**1,046**
Total contract liabilities	**1,197**	**1,046**

How we recognise contract liabilities

Contract liabilities include consideration received in advance from customers in respect of activity based services. The balance of contract liabilities was slightly higher than the previous reporting period due to lower Renal NWAU and CHSP activity. There was also an increase in the LMHA joint venture share of contract liabilities as well as residential aged care subsidies received in advance.

Contract liabilities are derecognised and recorded as revenue when promised goods and services are transferred to the customer. Refer to Note 2.1.

Note 5.4 Monies held in trust

	Note	2026 $'000	2025 $'000
Current monies held in trust			
Patient monies		3	2
Refundable accommodation deposits		2,937	3,030
Other monies		8	8
Total current monies held in trust		**2,948**	**3,040**
Total other liabilities		**2,948**	**3,040**
*** Represented by:**			
- Cash assets	6.1	2,948	3,040
		2,948	**3,040**

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

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

Notes to the Financial Statements
Robinvale District Health Services
For the Financial Year Ended 30 June 2026

Note 6 How we finance our operations

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

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

Structure

6.1 Cash and cash equivalents
6.2 Commitments for expenditure

Note 6.1 Cash and Cash Equivalents

	Note	2026 $'000	2025 $'000
Cash on hand (excluding monies held in trust)		1	1
Cash at bank (excluding monies held in trust)		8,928	8,141
Total cash held for operations		**8,929**	**8,142**
Cash at bank (monies held in trust)		2,948	3,040
Total cash held as monies in trust	5.4	**2,948**	**3,040**
Total cash and cash equivalents	7.1	**11,877**	**11,182**

Note 6.2 Commitments for Expenditure

There were no capital or operating commitments as at 30 June 2026 (2025: Nil).

Note 7 Financial instruments, contingencies and valuation judgements

Robinvale District Health Services 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 Robinvale District Health Services activities, certain financial assets and financial liabilities arise under statute rather than a contract (for example, taxes, fines and penalties). Such financial assets and financial liabilities do not meet the definition of financial instruments in AASB 132 *Financial Instruments: Presentation.*

30 June 2026	Note	Carrying amount $'000	Total interest income/ (expense) $'000
Financial assets at amortised cost			
Cash and cash equivalents	6.1	11,877	481
Receivables	5.1	1,086	-
Total financial assets [i]		**12,963**	**481**
Financial liabilities at amortised cost			
Payables	5.2	1,339	-
Borrowings		365	(21)
Other financial liabilities - Refundable Accommodation Deposits	5.4	2,937	-
Other financial liabilities - patient monies held in trust	5.4	3	-
Total financial liabilities [i]		**4,644**	**(21)**

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

Notes to the Financial Statements
Robinvale District Health Services
For the Financial Year Ended 30 June 2026

30 June 2025	Note	Carrying amount $'000	Total interest income/ (expense) $'000
Financial assets at amortised cost			
Cash and cash equivalents	6.1	11,182	552
Receivables	5.1	1,002	-
Total financial assets [i]		**12,184**	**552**
Financial liabilities at amortised cost			
Payables	5.2	1,110	-
Borrowings		259	(9)
Other financial liabilities - Refundable Accommodation Deposits	5.4	3,030	-
Other financial liabilities - patient monies held in trust	5.4	2	-
Total financial liabilities [i]		**4,401**	**(9)**

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

How we categorise financial instruments

Financial assets at amortised cost

Financial assets are measured at amortised cost if both of the following criteria are met and the assets are not designated as fair value through net result:

- the assets are held by Robinvale District Health Services 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.

Robinvale District Health Services recognises the following assets in this category:

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

Categories of financial liabilities

Financial liabilities at amortised cost

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

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

Robinvale District Health Services 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 are not aware of any contingent assets or liabilities (2025: Nil).

Note 7.3 Fair value determination

How we measure fair value

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

The following assets and liabilities are carried at fair value:

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

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

Valuation hierarchy

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

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

Robinvale District Health Services 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.

Robinvale District Health Services 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 Robinvale District Health Services independent valuation agency for property, plant and equipment.

Fair value determination: non-financial physical assets

AASB 2022-10 *Amendments to Australian Accounting Standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities* amended AASB 13 *Fair Value Measurement* by adding Appendix F *Australian Implementation Guidance for Not-for-Profit Public Sector Entities.* Appendix F explains and illustrates the application of the principals in AASB 13 on developing unobservable inputs and the application of the cost approach. These clarifications are mandatorily applicable annual reporting periods beginning on or after 1 January 2024. FRD 103 permits Victorian public sector entities to apply Appendix F of AASB 13 in their next scheduled formal asset revaluation or interim revaluation process (whichever is earlier).

Notes to the Financial Statements
Robinvale District Health Services
For the Financial Year Ended 30 June 2026

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

Non-specialised land and non-specialised buildings

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

Specialised buildings

For Robinvale District Health Services, the current replacement cost method is used for the majority of specialised buildings, adjusting for the associated depreciation.

Vehicles

Vehicles are valued using the current replacement cost method. Robinvale District Health Services 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 Robinvale District Health Services who set relevant depreciation rates during use to reflect the utilisation of the vehicles.

Plant and equipment, furniture, fittings

Plant and equipment, furniture, fittings, (including medical equipment, computers and communication equipment) are held at fair value. When plant and equipment is specialised in use, such that it is rarely sold, fair value is determined using the current replacement cost method.

Significant assumptions

Asset class	Valuation technique	Significant assumption	Range (weighted average)[(i)]
Specialised buildings	Current replacement cost approach	Cost per square metre Useful life	$3,000 - $4,440 / m^2 7 - 44 years (10 years)
Plant, equipment and vehicles	Current replacement cost approach	Cost per unit Useful life	$265 - $134,806 ($4,922 per unit) 2 - 10 years (7 years)

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

Notes to the Financial Statements
Robinvale District Health Services
For the Financial Year Ended 30 June 2026

Note 8 Other disclosures

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

Structure

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

Note 8.1 Ex-gratia payments

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

Note 8.2 Responsible persons disclosures

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

	Period
The Honourable Mary-Anne Thomas MP:	
Minister for Health	27 Jun 2022 - 14 April 2026
Minister for Ambulance Services	2 Oct 2023 - 14 April 2026
The Honourable Harriet Shing MP:	
Minister for Health	15 April 2026 - 30 June 2026
Minister for Ambulance Services	15 April 2026 - 30 June 2026
The Honourable Melissa Horne MP:	
Minister for Health Infrastructure	19 Dec 2024 - 30 June 2026
Minister for Prevention of Family Violence	15 April 2026 - 30 June 2026
The Honourable Ingrid Stitt MP:	
Minister for Mental Health	2 Oct 2023 - 30 June 2026
Minister for Ageing	2 Oct 2023 - 30 June 2026
Minister for Multicultural Affairs	2 Oct 2023 - 30 June 2026
The Honourable Lizzie Blandthorn MP:	
Minister for Children	2 Oct 2023 - 30 June 2026
Minister for Disability	2 Oct 2023 - 30 June 2026
Governing Boards	
Thelma Chilly	1 Jul 2025 - 30 Jun 2026
Jolene Morse	1 Jul 2025 - 30 Jun 2026
Lane (Chengsi) Li	1 Jul 2025 - 30 Jun 2026
Rex Prabhu	1 Jul 2025 - 30 Jun 2026
Jessica Curran	1 Jul 2025 - 20 Apr 2026
Benjamin Lincoln	1 Jul 2025 - 24 Nov 2025
Jason Arnheim	11 Nov 2025 - 30 Jun 2026
Janelle Jakowenko	11 Nov 2025 - 30 Jun 2026
Greg Kuchel	11 Nov 2025 - 30 Jun 2026
Accountable Officers	
Ro Enever (Chief Executive Officer)	1 Jul 2025 - 30 Jun 2026

Notes to the Financial Statements
Robinvale District Health Services
For the Financial Year Ended 30 June 2026

Remuneration of Responsible Persons

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

Income Band	2026 No	2025 No
$0 - $9,999	9	7
$210,000 - $219,999	-	1
$220,000 - $229,999	1	-
Total Numbers	**10**	**8**

	2026 $'000	2025 $'000
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	**268**	**251**

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

Note 8.3 Remuneration of executives

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

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

Several factors affected total remuneration payable to executives over the year. A number of employment contracts were completed and renegotiated, and a number of executive officers retired, resigned or were retrenched in the past year. This has had a significant impact on remuneration figures for the termination benefits category.

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

	Total Remuneration	
	2026 $'000	**2025 $'000**
Total remuneration [i]	558	596
Total number of executives	4	6
Total annualised employee equivalent [ii]	3.1	3.1

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

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

Notes to the Financial Statements
Robinvale District Health Services
For the Financial Year Ended 30 June 2026

Note 8.4 Related parties

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

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

Significant transactions with government related entities

Robinvale District Health Services received funding from government related entities of $10.843 m (2025: $9.792 m) and indirect contributions of $0.431 m (2025: $0.149 m). Balances payable as at 30 June 2026 are $0.428 m (2025: $0.390 m).

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

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

The Standing Directions of the Minister for Finance require Robinvale District Health Services 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 Robinvale District Health Services and its controlled entities, directly or indirectly.

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

Entity	KMPs	Position Title
Robinvale District Health Services	Janelle Jackowenko	Chair of the Board to 30 June 2026
Robinvale District Health Services	Jessica Curran	Board Member
Robinvale District Health Services	Jolene Morse	Board Member
Robinvale District Health Services	Lane Li	Board Member
Robinvale District Health Services	Dr. Rex Prabhu	Board Member
Robinvale District Health Services	Greg Kuchel	Board Member
Robinvale District Health Services	Benjamin Lincoln	Board Member
Robinvale District Health Services	Thelma Chilly	Board Member
Robinvale District Health Services	Jason Arnheim	Board Member
Robinvale District Health Services	Ro Enever	Chief Executive Officer

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]	268	251

[i] KMPs are also reported in Note 8.2 Responsible Persons or Note 8.3 Remuneration of Executives.

Transactions with KMPs and other related parties

Given the breadth and depth of State government activities, related parties transact with the Victorian public sector in a manner consistent with other members of the public e.g. stamp duty and other government fees and charges. Further employment of processes within the Victorian public sector occurs on terms and conditions consistent with the *Public Administration Act 2004* and Codes of Conduct and Standards issued by the Victorian Public Sector Commission. Procurement processes occur on terms and conditions consistent with the HealthShare Victoria and Victorian Government Procurement Board requirements.

Outside of normal citizen type transactions with Robinvale District Health Services, 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).

Except for the transaction listed below, there were no other related party transactions required to be disclosed for Robinvale District Health Services Board of Directors, Chief Executive Officer and Executive Directors in 2026 (2025: Nil).

- Board member Jessica Curran is a joint owner of a property that Robinvale District Health Services rents for staff accommodation. All dealings are in the normal course of business and are on normal commercial terms and conditions through a rental agreement managed by Ray White Mildura. $26,376 was received in 2025/26 ($24,768 received in 2024/25).

Notes to the Financial Statements
Robinvale District Health Services
For the Financial Year Ended 30 June 2026

Note 8.5 Remuneration of Auditors

	2026 $'000	2025 $'000
Victorian Auditor-General's Office		
Audit of the financial statements	28	27
Total remuneration of auditors	**28**	**27**

Note 8.6 Events occurring after the balance sheet date

There are no events occurring after the Balance Sheet date.

Note 8.7 Joint arrangements

	Principal Activity	Ownership Interest 2026 %	Ownership Interest 2025 %
Loddon Mallee Rural Health Alliance	Provision of Information Technology Services	4.44	4.55

For the year ended 30 June 2026, Robinvale District Health Services share of the joint operations financials was:

	2026 $'000	2025 $'000
Total revenue and income	1,180	809
Total expenses	(1,213)	(945)
Total net result	(33)	(136)
Total other economic flows	-	-
Comprehensive result for the year	(33)	(136)
Total assets	1,074	1,041
Total liabilities	816	750
Total equity	258	291

Contingent liabilities and capital commitments

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

Notes

Design, Production & Print Management
VSD Creative | vsdcreative.com.au

Robinvale District Health Services
E info@rdhs.com.au
PO Box 376, Robinvale Victoria 3549
ABN 58 413 230 512

Robinvale Campus	**T** 03 5051 8111
Manangatang Campus	**T** 03 5035 1500
Primary Care Services	**T** 03 5051 8160
Riverside Campus	**T** 03 5026 1071

rdhs.com.au

RDHS
Robinvale District Health Services