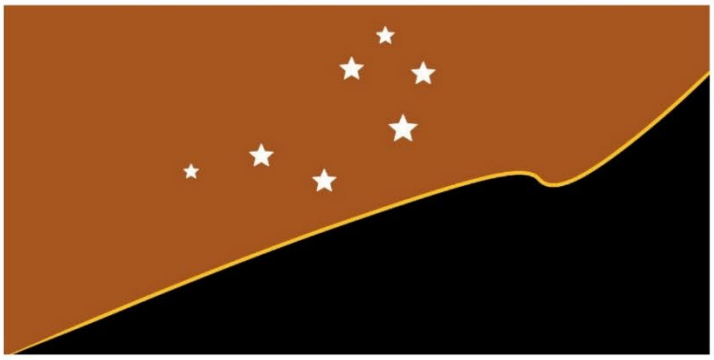
Yea & District
MEMORIAL HOSPITAL



Yea & District Memorial Hospital
ANNUAL REPORT 2025-2026



Photography Credits
Front Cover: James Cox
Finance Cover: Jessie Bishop
Back Cover: Jessie Bishop



Yea & District Memorial Hospital (YDMH) acknowledges the traditional owners of the land, the Waring-illam-balluk clan, on which the health service operates. We pay respect to their elders, past and present. We celebrate their continuing culture and the diversity of cultures.



Health Service Establishment

Yea and District Memorial Hospital is a public hospital established under the *Health Services Act 1988* (Vic).

In 1928 the Fernley Private Hospital opened in Mary Street, Yea. In 1939 the name of the hospital was changed to the Yea Bush Nursing Hospital. The hospital and Charities Commission assumed responsibility for the hospital in 1948 and took the current name of Yea & District Memorial Hospital. A Public Appeal was commenced in the same year to fund the construction of a new ten bed hospital building. Building work commenced in 1956 and the new acute beds were first occupied in 1958.

In 1972 funding for an additional three acute bed wing was provided by the Apex Club of Yea and planning for Rosebank Hostel commenced the following year when property in Miller Street was purchased and approval obtained to build Rosebank Hostel. The hostel welcomed its first residents in 1979.

In 1985 a ten-bed Rosebank Nursing Home was built. The Hostel and Nursing Home were managed by a Committee of Management separate to the Hospital Board of Management until they amalgamated with the Hospital in 2004.

Funds provided by the Yea community and the State Government in 1990/91 enabled complete rebuilding of the Hospital's Urgent Care Centre area. Then between 2001 and 2003 a capital works program enabled renovation of the acute care section of the hospital and the rebuilding of Rosebank Nursing Home and Hostel so that the three facilities existed under the one roofline. These works were made possible by State Government funding, public donations and organisational reserves.

Simultaneously and at the direction of The Department of Human Services, Murrindindi Community Health Service was dissolved and Yea and District Memorial Hospital assumed responsibility for the provision of community health services in the western side of Murrindindi Shire while Alexandra District Hospital took over service provision in the eastern side of the Shire.

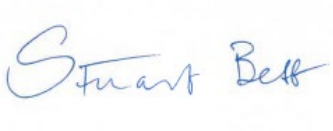
The original hostel building was renovated to accommodate the new Community Health program as well as the Yea Medical Centre and a range of Allied Health services. The refurbished building was renamed "The Grace Bennetts Centre" in recognition of the contribution made by Mrs Grace Bennetts to the development of residential aged care facilities in Yea.

Yea and District Memorial Hospital continues to be named as the community's memorial to the men and women of Yea and surrounding areas who enlisted in World War Two.

Responsible Ministers

Minister for Health Minister for Ambulance Services Minister for Health Minister for Ambulance Services & Minister for Water	The Hon Mary-Anne Thomas MP (1 July 2025 to 15 April 2026) Hon Harriet Shing MP (15 April 2026 to 30 June 2026)
Minister for Health Infrastructure	The Hon Melissa Horne MP (1 July 2025 to 30 June 2026)
Minister for Mental Health Minister for Ageing	The Hon Ingrid Stitt MP (1 July 2025 to 30 June 2026)
Minister for Disability Minister for Children	The Hon Lizzie Blandthorn MP (1 July 2025 to 30 June 2026)

In accordance with the *Financial Management Act 1994,* I am pleased to present the report of operations for Yea & District Memorial Hospital for the year ending 30 June 2026.
Stuart Bett
Chair, Board of Directors
Yea & District Memorial Hospital
30th June 2026



Stuart Bett, Board Chair

Life Governors

1959	Keith Bryant
	Fred Pilfoot
1964	Arthur Bett MBE
1965	Harry Gordon
	G Henderson
	Alec Robinson
1968	Arnold Bennetts
	Grace Bennetts OAM
1969	Gerald Coonan
	Owen Jackson
1970	Dinah Purvis
	Tom Dignam
1971	Pamela Henneberry
1972	Ivy Morgan
	Dot Bassett
	Michael Coonan
1973	Katherine Byrne
	Jessie Tosh
	Kath Homewood
1979	Florence Knight
	Dorothy Patterson MBBS
	Charles Hosking MBBS
1981	Harold Bamford
1984	Dougal Drysdale
1986	Colin Egan
	Robert Morgan
	Noel Moore
1989	Mary Walker
1992	Joan Coles
1994	Norma Tobias
2004	Alan Cuthbertson FRACS
2006	John Benston
2009	Judy Hard
	Margaret Mahon
2014	Ruth Crockett
2022	Lorina Gray
	Joy Anderson
2024	Jan Beer
	Neil Beer
2025	Meg Heres
2026	Ian Marshman

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The year in review

Report from the Board Chair

The 2025-26 financial year has been one of significant achievement for Yea and District Memorial Hospital (YDMH). We have continued to strengthen existing services and implement new initiatives that improve access to quality healthcare for our rural community, ensuring more people can receive care closer to home.

Significant progress has been made in delivering the priorities of our Strategic Plan 2025-2030, including:

- Strengthening partnerships with Eastern Health and Northern Health to support the transfer of patients to YDMH for step-down care.
- Expanding District Nursing Services to enable more patients to receive care in their own homes.
- Increasing medical workforce capacity through the recruitment of specialist doctors and an additional Visiting Medical Officer.
- Continuing to deliver high-quality, safe care at Rosebank, which was again rated 4 and 5 stars for the Nursing Home and Hostel respectively.
- Commissioning artworks by local LGBTIQA+ and Aboriginal artists for public display throughout the hospital.
- Increasing utilisation of inpatient beds through a range of service maximisation initiatives.
- Expanding outreach services by supporting the commissioning of a mobile health van, enabling greater access to healthcare across local communities.
- Further expanding primary mental health services for people living in our region.
- Working closely with community partners to guide service design, development and evaluation, ensuring our services remain responsive to local needs and priorities.

In January 2026, YDMH, together with the broader region, responded to significant bushfire events. The organisation's response demonstrated the dedication, professionalism and resilience of our staff. YDMH provided vital care and support to those affected during and after the emergency, and staff and volunteers were formally recognised for their outstanding contributions at a community thank you event.

In July 2025, the East Metropolitan & Murrindindi Local Health Service Network (EMMLHSN) was established. This marked the beginning of new partnerships with Eastern Health and St Vincent's Hospital Melbourne, while strengthening our longstanding relationship with Alexandra District Health. Throughout the year, considerable progress was made on the development of the EMMLHSN Strategic Plan and Clinical Service Plan. YDMH has played an active role in this work and continues to collaborate with network partners to strengthen local healthcare services and support patients to return closer to home whenever appropriate.

Quality and safety remain a central focus for the Board and Executive. Our mid-cycle National Disability Insurance Scheme (NDIS) accreditation assessment identified no recommendations for improvement. Rosebank Aged Care continues to achieve some of the strongest quality ratings in the state. The organisation has also undertaken extensive work to prepare for and comply with the new Aged Care Quality Standards introduced in November 2025. Two external audits were completed during the year, both with strong results. YDMH also maintained full compliance with the Standing Directions and finished the year in a sound financial position.

The Consumer Engagement Strategy Board Subcommittee continued to provide valuable advice on issues affecting local communities. Comprised of five community representatives, the committee works collaboratively with the Board to ensure consumer perspectives inform service planning and improvement activities.

During the year, the Board approved the acquisition of a property adjoining the hospital site, funded through existing reserves. This strategic purchase supports future expansion opportunities and ensures YDMH now owns all properties adjoining its current campus. The acquisition strengthens our capacity to expand community, specialist and allied health services into the future.

A highlight of the year was YDMH's Annual Community Meeting, featuring guest speaker Mr Warren Davies, known as *The Unbreakable Farmer*. A rural mental health speaker, advocate and educator, Warren shared his journey of losing his farm, overcoming significant personal and financial challenges, and rebuilding his life. His message of resilience, hope and community connection strongly resonated with the people of Murrindindi, who at the time were experiencing one of the region's most severe droughts and are now working to recover from the impacts of the January 2026 bushfires.

The achievements of YDMH are only possible because of the dedication and commitment of our people. We are fortunate to be supported by an experienced and engaged Board, an exceptional leadership team, highly skilled staff, committed volunteers and the ongoing support of our Auxiliary. As a small rural health service, YDMH plays a vital role within our community, and we are fortunate to receive such strong and enduring community support in return.

In closing, 2025-26 has been a year of strong progress and achievement. We have continued to build a solid foundation for future growth and remain committed to delivering safe, high-quality healthcare services close to home for all members of our community.



Stuart Bett
Board Chair
Yea and District Memorial Hospital

Report from the Chief Executive Officer

I am pleased to present this report and reflect on another year of growth, innovation and responsiveness at Yea and District Memorial Hospital (YDMH). While the year brought significant challenges, it also showcased the strength, resilience and commitment of our staff, partners and community as we continued to advance our mission of delivering high-quality, accessible healthcare close to home.

A defining event of the year was the devastating fires of 9 January. As is often the case during times of crisis, the response demonstrated the very best of our organisation and our community. The professionalism, compassion and dedication of our staff were evident throughout the emergency and recovery phases. Equally important were the strong partnerships that enabled a coordinated response and the deep connection YDMH shares with the communities we serve. The events reinforced the value of strong local relationships, and internal governance and leadership. These things enabled the organisation to respond swiftly and effectively when it mattered most.

Significantly, the year saw the culmination of a long-held vision developed in partnership with the Alexandra Traders Association and Jayco Caravans. Together, we established a fully equipped mobile health van designed to support our successful Yea Saleyards Program and extend healthcare access to underserved communities across the Murrindindi Shire. Thanks to the generosity and commitment of our partners, the van was officially launched just one day before the January fires.

What had been envisaged as an innovative service expansion quickly became a critical component of our emergency response and recovery efforts. Following consecutive years of drought, floods and now bushfire impacts, the cumulative effect on many individuals, families and communities has been significant. The mobile clinic has enabled YDMH to continue delivering services at the Yea Saleyards while establishing outreach clinics in Kinglake, Toolangi and Flowerdale, and supporting community recovery hubs in fire-affected areas across the Shire. Through our ongoing partnerships with Elders Pty Ltd and the Rotary Club of Yea, plans to further expand our place-based services are well advanced and nearing fruition.

Innovation has continued to be a hallmark of our organisation. During the year, YDMH launched a world-first research initiative in partnership with the University of Melbourne and the Melbourne Dental School. The project which has received NHMRC funding, focuses on the early detection of oral cancers, which occur at significantly higher rates within agricultural communities. YDMH clinicians have been trained to capture a series of photographic images of a person's mouth, which are then transmitted to an oral medicine specialist for assessment and care planning. This exciting initiative has the potential to transform access to early diagnosis and specialist care for rural populations.

Our acute services have also continued to respond to growing community demand. Presentations to the Urgent Care Centre increased once again during the reporting period, alongside rising acute bed occupancy rates. YDMH's capacity to care for patients locally has been further strengthened through the introduction of a Virtual Admitted Care Service in partnership with Northern Health. This model enables suitable patients to be admitted and managed through a virtual care pathway, expanding our admission scope and supporting our commitment to providing safe, high-quality care as close to home as possible.

Aged care services remain a highly valued and in-demand component of our organisation, maintaining occupancy levels of 99 per cent throughout the year. As the needs of older people in our communities become increasingly complex, we have continued to develop innovative models of care. In partnership with St Vincent's Hospital and Eastern Health, YDMH has been working to establish a multidisciplinary Complex Care Clinic. This service will provide coordinated access to a broad range of specialists, including a geriatrician, continence nurse, physiotherapist, occupational therapist, dietitian, social worker and speech pathologist, together with a dedicated assessment nurse. This initiative represents an important step forward in supporting healthy ageing and improving access to specialist services locally.

Mental health remains a priority area for our organisation and community. Over the past year, YDMH's mental health services have expanded significantly and now include practitioners working directly within local schools across the Shire. This important service has been developed through a collaborative partnership involving schools, families and YDMH's mental health team, ensuring young people can access support in familiar and trusted environments.

We have also experienced substantial growth in our District Nursing service as demand for community-based healthcare continues to increase. This expansion reflects the changing healthcare needs of our population and reinforces the importance of delivering flexible, accessible services that enable people to remain connected to their homes and communities for as long as possible.

YDMH's commitment to innovation, leadership and research has been further demonstrated through our contribution to statewide and national professional forums. During the year, Dr Jennifer Keast and Naomi McNamara presented at Safer Care Victoria's Clinical Conversations, showcasing the value of relational, place-based care. The organisation has also shared its work at the Victorian Healthcare Association Conference and the Rural Health Conference. Later this year, YDMH will present at the Australasian College of Health Service Management Conference on the role of research in healthcare leadership. These opportunities highlight the growing recognition of YDMH's innovative models of care and commitment to influencing positive change beyond our local community.

As healthcare continues to evolve, so too must our organisation. During the year we strengthened our focus on cybersecurity through targeted staff training and increased organisational preparedness. We have also taken a proactive approach to understanding and embracing emerging artificial intelligence technologies. While AI presents both opportunities and challenges, we are actively exploring ways in which these rapidly developing tools can enhance healthcare delivery, improve patient outcomes and support our workforce into the future.

As I reflect on the past year, I am proud of what YDMH has achieved. Our success is built upon the commitment of all of our staff, volunteers, medical practitioners, consumers, community partners and Board of Directors. Together, we continue to demonstrate that small rural health services can lead innovation, foster strong partnerships and deliver exceptional care that is responsive to the unique needs of rural communities. I extend my sincere thanks to everyone who has contributed to YDMH's achievements during the year. With a clear strategic direction, strong community support and an unwavering commitment to excellence, YDMH remains well positioned to meet future challenges and continue improving the health and wellbeing of our community.



Elizabeth Sinclair
Chief Executive Officer
Yea and District Memorial Hospital

Nature and Range of Services and Associated Partnerships

Service	Scope of services	Key partners and funding agencies
Acute	• 10 Bed capacity.	Dept of Health
Urgent Care	• 4 bay capacity.	Dept of Health
Aged Care	• 25 bed capacity.	Dept of Health Dept of Health and Ageing
District Nursing Service	• Home based nursing services • HITH / PAC – Post Acute Care • Palliative Care.	Dept of Health Dept of Health and Ageing
Community Health and Health Promotion	• Dietitian • Diabetes Educator • Mental Health counselling • Social Work • Speech Pathology General • Speech Pathology Paediatric • Health Promotion Officer • Occupational Therapist – Mental Health • Physiotherapist.	Dept of Health Dept of Health and Ageing
Carers group	• Facilitated carers group.	Carers Victoria
Farmer Health program	Monthly saleyards health program: • Skin checks, excisions and biopsies • Audiology • Ophthalmology • Vaccinations • Cardiovascular health checks Inc. cholesterol monitoring • Mouth mapping (oral cancer screening) • Diabetes screening • Health education (prostate and bowel cancer screening, healthy eating, zoonotic disease awareness) • Mental health *major focus • Bone density screening.	Murrindindi Shire Council National Centre for Farmers Health Rotary Club Yea Latrobe University Deakin University Melbourne University Royal Melbourne Hospital Yea Saleyards Committee of Management Elders inc. Goulburn Broken Catchment Management Authority
Mobile Health Clinic	Remote town access to: • Social Work • Speech Pathology • Dietetics • Cardiovascular health checks • Diabetes screening and education • Health education (prostate and bowel cancer screening, healthy eating) • Mental health *major focus	Alexandra & District Traders & Tourism Association Alpine Outreach inc.

Service	Scope of services	Key partners and funding agencies
	• Women's Health (specifically)	
Primary Mental Health	• Primary mental health services across Mitchell and Murrindindi Shires with clinicians in Seymour, Yea, Alexandra, and Kilmore.	Murray Primary Health Network Alexandra District Health Seymour Health Northern Health
Bushfire recovery support and advocacy	• YDMH has played a leading role in providing psychosocial and mental health support to the community in the ongoing recovery from the 2026 Longwood Bushfires.	Mental Health Locals Alignment
Indigenous youth mental health	• Specialised Indigenous mental health services project.	Dept Education
Mental Health nursing in schools	• Mental health clinician situated in four local schools.	Dept Education
Our Community our Children IMOC Project	• Shire wide • Allied Health student placement in early learning centres and kindergartens.	Dept Health and Ageing (IMOC program)
MY CARE Complex Care Clinic	Under development: • Nurse led and coordinated clinic • Comprehensive assessments and care coordination. • Access to a range of specialist clinics to meet complex health care needs including gerontology, dementia care, falls prevention, continence care.	Dementia Australia
Respiratory Clinic	Under development • Inhouse spirometry testing • Access to respiratory physician.	Eastern Health
RHAN	• Research appointment in collaboration with University of Melbourne.	University of Melbourne

Objectives, Functions, Powers and Duties

The objects of the Health Service are:

- To provide to persons, entitled under the *Health Services Act 1988*, medical care, nursing assistance, and/or other support.
- To aid persons affected by disease or injured as a result of accident.
- To provide facilities for the treatment of both public and private patients as required. To provide specific services that meet the needs of the frail, aged and disabled persons in our community.

Vision and Mission

Our Vision

An exceptional rural health service serving and engaging our local community.

Our Mission

To provide coordinated services that enhance the health and wellbeing of the community.

Administrative Structure

Board of Directors	
Board of Directors	Mr Ian Marshman AM (Chair) Mr Stuart Bett (Incoming Chair) Mr Gary Pollard OAM Ms Renee Chmielewski Ms Milka Underhill Ms Lisa Somerville (resigned 31 December 2025) Ms Teresa Smith Ms Kerry Stubbings Dr Abhishek Verma
Finance Audit & Risk Committee	Ms Milka Underhill (Chair) Mr Gary Pollard OAM Mr Ian Marshman AM Mr Stuart Bett Mr Douglas Shirrefs (independent member, resigned 29 July 2025)
Clinical Governance Committee	Ms Renee Chmielewski (Chair) Ms Lisa Somerville (resigned 31 December 2025) Ms Teresa Smith Dr Abhishek Verma
Board Community Engagement Strategy Committee	Ms Teresa Smith (Chair) Mr Ian Marshman AM Ms Kerry Stubbings

Leadership Team	
Chief Executive Officer	Ms Elizabeth Sinclair Ba Nursing, CCN, GradD Education, MBA October 2022 to present
Director of Clinical Services	Ms Andrea Steele BSc Nursing RN, Masters in Health Services Management, Masters in Wound Management, GradD Rural Critical Care, GradC Tertiary Teaching, Dip in Training and Assessment, Nursing Immuniser Cert February 2025 to present
Director of Performance Improvement	Ms Maria Collins BSc Nursing, RN, Cert CC, Cert Clinical Gov (AICG) December 2021 to present
Director of Community, Strategy and Projects	Ms Naomi McNamara Ba Behavioural Science, Ba Social Work July 2023 to present
Director of Medical Services	Dr Margaret Bird MBBS FRACP AFRACMA MHM October 2025 to present
Director People & Culture	Ms Honi Smith Ba Business Management (HR), Ba Psychological Science January 2024 to present
Executive Assistant/Board Secretary	Ms Chloe Harward Ba Psychological Science, Ba Criminology January 2025 to July 2026 Ms Nicole Boon June 2026 to present
Visiting Medical Officer	Dr T C Chuah MBBS Dr C Ejiogu MBBS

Awards, Recognitions and Achievements

Staff Achievement & Recognition (STAR) Award

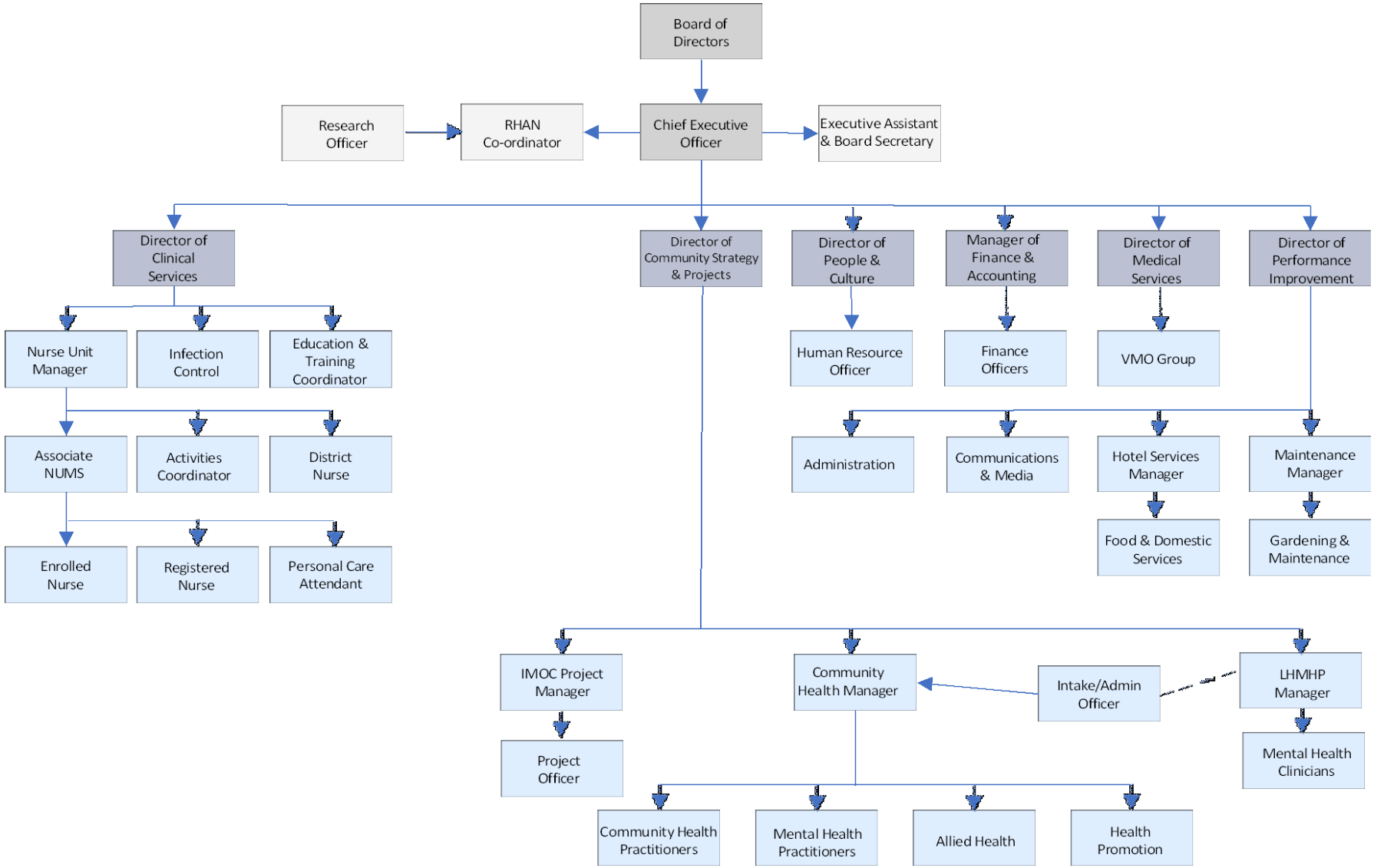
- The STAR award was awarded to: Caroline Pritchard

- The STAR Team was awarded to: Community Health

- YDMH Values in Action Award was awarded to: Lorraine Harris

Congratulations to the whole team at YDMH for a wonderful and successful year.

Organisational Chart 2025 – 2026



Organisational Values

Responsiveness

We aim to deliver the right care at the right time, proactively addressing care needs. This is supported by providing frank, impartial and timely advice to our consumers, attending to individual needs. We aim to identify and promote best practice to provide exceptional service and care delivery every time.

Integrity

We aim to provide accurate, open and honest information to our consumers, building trust and confidence in our services. We will respect individual privacy and confidentiality to promote dignified care delivery. We will avoid conflicts of interest and be transparent in our dealings with anyone who enters our facility.

Impartiality

We aim to make decisions and provide advice based on merit, without bias, favouritism or self-interest, acting in the best interests of our consumers. We will protect YMDH intellectual property, reputation and systems at all times, adhering to applicable standards.

Accountability

We intend to act in the best interests of YDMH, accepting responsibility for our actions and decisions and seeking to achieve best use of YDMH resources. We commit to adhering to relevant policy and procedure to maintain high quality service delivery that is safe and effective. We will record and report all information accurately and honestly considering all relevant facts.

Respect

We will actively listen, show empathy and seek to understand individual needs. We will treat all others fairly and objectively with respect for individual choice, ensuring freedom from discrimination, harassment, bullying and negative behaviours. We will be inclusive and consider all facts to improve service delivery.

Leadership

We will champion VPSC and YDMH values and mission to deliver exceptional care, that is patient-centred and considered. We will lead by example, contributing to YDMH in a positive and professional manner that values others and seeks to work collaboratively to provide exceptional care.

Commitment to Human Rights

We commit to make decisions and provide advice that considers human rights and our responsibilities to be fair and objective. We value diversity, are inclusive and treat all others respectfully to actively promote and support individual human rights.

Workforce Data

Labour Category	June monthly FTE*		Average monthly FTE*	
	2025	2026	2025	2026
Nursing	31.07	31.70	26.97	31.78
Administration and Clerical	14.62	11.47	11.29	12.71
Medical Support	0.42	0.84	0.45	0.64
Hotel & Allied Services	17.67	16.28	18.54	15.88
Sessional Clinicians	0.00	0.00	0.15	0.00
Ancillary Staff (Allied Health)	0.84	3.72	1.57	2.64
Total	64.62	64.01	58.97	63.65

*The FTE figures in the above table excludes overtime and contracted staff (i.e. Nurse agency, Fee-for-Service or Visiting Medical Officers) and consistent with the information provided in the Minimum Employee Data Set.

Occupational Health and Safety

YDMH is committed to providing a safe environment for employees, consumers and members of the public. The Health Service complies with the requirements of the Occupational Health and Safety Act (Vic) 2004 and the Victorian Occupational Health and Safety Regulations 2017.

There is strong and proactive engagement with Health and Safety Representatives to find ways to eliminate or mitigate the risk of injury within the workplace. Where injury has occurred, the organisation seeks to achieve the safe, appropriate, supportive and timely return to work of its employees.

Occupational Health and Safety Statistics	2025-26	2024-25	2023-24
The number of reported hazards / incidents for the year per 100 FTE	120	119.4	97.10
The number of 'lost time' standard WorkCover claims for the year per 100 FTE	3.17	3	3
The average (net incurred) cost per WorkCover claim for the year	$64,530.06	$84,283	$17,673

*An increase in reporting demonstrates greater staff engagement with incident reporting processes, resulting in higher reported numbers.

Reported Incidents

There remains a strong emphasis on reducing workplace injuries. The Occupational Health and Safety Committee deals with matters of workplace safety through the early identification of workplace risks and timely and effective risk mitigation. All employees are encouraged and supported to report hazards and incidents. Training has been provided for representatives of the committee. The committee has continued to implement improvements that were identified in the 10 Point ANMF Occupational Violence self-assessment. OVA incidents reported are regularly reported to the Board.

This has included:

- Installation of screens in receptions
- Extension of CCTV across the organisation
- Updating of CCTV monitors
- WorkSafe Guardian Mobile duress alarms for visiting Clinical Staff
- Regular meetings with local police to build relationships and promote organisational safety
- Face to Face mandatory training days for staff and provision training on managing occupational violence
- Staff able to access mental health clinicians to assist with management of mental health clients
- Review of organisational procedures for OVA related procedure
- Anonymous online grievance reporting link
- Diversity Australia.

Victorian Public Health Services are required to monitor and publicly report incidents of occupational violence in the health service annual report. To ensure consistency in annual reporting, health services are required, as a minimum, to report the following occupational violence statistics in the following format, including the definitions listed underneath the table.

Occupational Violence

Occupational Violence statistics	2025-26	2024-25
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	1	4
Number of occupational violence incidents reported	6	7
Number of occupational violence incidents reported per 100 FTE	9.3	11.87
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	1	0

Social Procurement Framework

All health services subject to the Standing Directions 2018 under the *Financial Management Act 1994* must report under the Social Procurement Framework (SPF).
Social procurement can be grouped into two broad approaches:

- Direct – Purchasing of goods, services or construction directly from a social benefit supplier which includes a:
  - Victorian social enterprise;
  - Victorian Aboriginal business; and
  - Australian Disability Enterprise.

- Indirect – Using the invitation to supply process and clauses in contracts with the private sector to seek social and sustainable outcomes for Victorians.

Sustainable Procurement ***Social Procurement Activity***	**2025-26**	**2024-25**
Total Number of Suppliers	217	197
Total Spend with all Suppliers	$2,568,537	$2,811,059
Social Benefit Suppliers	1	0
Total Spent with Social Benefit Suppliers	$10,000	$0
Number of Aboriginal Businesses Engaged	1	0
Total Expenditure with Victorian Aboriginal Businesses (excl GST)	$10,000	$0
Number of social enterprises engaged	0	-
Total Expenditure with Victorian social enterprises (excl. GST)	$0	-

YDMH continues to proactively monitor for opportunities to directly or indirectly procure from social enterprises, Australian Disability Enterprises or Aboriginal businesses.

YDMH procurement activities align with Health Share Victoria purchasing guidelines.

YDMH had ‘nil reports’ of emergency procurement being activated, resulting in nil spending for emergency procurements.

YDMH had ‘nil reports’ of procurement complaints received in 2025 – 2026.

Building Equality Policy

The Building Equality Policy was implemented to create training and opportunities for women through government procurement for building, infrastructure, civil engineering, and any other capital works projects.
Yea and District Memorial Hospital did not undertake any publicly funded construction projects valued at $20 million or more in 2025-26, therefore this Policy was not applicable.

General Information

Freedom of Information Act 1982

During 2025-2026 Yea & District Memorial Hospital received 5 applications. Of these requests 3 were from Solicitors, Health Insurance Companies or the Department. The remaining 2 were from the general public.

There were 5 decisions made within the statutory time periods. Of the total decisions made, 5 were granted access to documents in full.

Freedom of Information applications are made to the Freedom of Information Officer and are dealt with in accordance with the Act. Any charges applied are in accordance with the Act and Regulations. Information on making a Freedom of Information request can be found at https://yeahospital.org.au/foi-request/. Applications may be submitted by post or in person

Building Act 1993

Yea & District Memorial Hospital has met the requirements of the Building Act 1993 in accordance with Department of Health Capital Development Guidelines (Minister for Finance Guideline Building Act 1993/Standards for Publicly Owned Buildings 1994/Building (Interim) Regulations 2005 and Building Code of Australia 2004).

Public Interest Disclosure Act 2012

Complaints about certain serious misconduct or corruption involving public health services in Victoria can be made by individuals directly to the Independent Broad-based Anti-corruption Commission (IBAC). Individuals who have concerns about corrupt or improper conduct are encouraged to raise the matter directly with IBAC.
Yea & District Memorial Hospital is committed to extending the protections under the *Public Interest Disclosure Act 2012* (Vic) to individuals who make protected disclosures under that Act, or who cooperate with investigations into protected disclosures. Websites of interest for complaint procedures regarding this Act are: http://www.ombudsman.vic.gov.au and http://www.health.vic.gov.au/hsc.

Statement on National Competition Policy

Yea & District Memorial Hospital complies with the National Competition Policy and with the requirements of the *Competitive Neutrality Policy Victoria*.

Local Jobs First Act 2003

There were no contracts undertaken requiring reporting in this category in 2025-26.

Workforce Inclusion Policy

The Gender Equality Act 2020 commenced on 31 March 2021 and requires defined entities, including Yea and District Memorial Hospital (YDMH), to meet a range of reporting and accountability obligations to promote and advance gender equality in the workplace.

YDMH's current Gender Equality Action Plan (GEAP) has been reviewed and updated in line with organisational priorities and legislative requirements- submitted on 1 May 2026. A readable version of the revised GEAP has been endorsed and ratified by the Board and will be published on the YDMH Intranet to

ensure transparency and accessibility for all employees. YDMH has also submitted its most recent Workplace Gender Audit, which was assessed as compliant with the requirements of the Commission.

Past and Upcoming Gender Equality Reporting Obligations

- Workplace Gender Audit – Due 1 December 2025 – submitted on time (assessed as compliant)
- Gender Equality Action Plan (GEAP) – Due 1 May 2026 – submitted on time
- Progress Report – Due 1 May 2026 – submitted on time
- Workplace Gender Audit – Due 1 December 2027
- Progress Report – Due 1 May 2028.

YDMH continues to embed gender equality actions within its strategic goals and organisational planning processes. The organisation's commitment to inclusion, diversity and equity remains a key strategic priority, supporting a workplace culture that is respectful, inclusive and representative of the communities it serves.

YDMH has continued to make progress against its gender equality commitments through the following initiatives:

- Delivery of Gender Equality, Diversity and Inclusion education and awareness programs for staff
- Continued participation in the Hume Regional Gender Equality Working Party and associated regional collaboration activities
- Leadership in securing a regionally funded Gender Equality resource to support implementation of regional initiatives
- Collection and monitoring of gender equality workforce data for new and existing employees
- Completion of Gender Impact Assessments to inform organisational programs, policies and service delivery
- Ongoing review of workforce practices, policies and procedures to support equitable employment outcomes and foster an inclusive workplace culture.

Safe Patient Care Act 2015

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

Carers Recognition Act 2015

YDMH has taken all practical measures to comply with its obligations under the *Carers Recognition Act 2012* (the Act). These include:

- Promoting the principles of the Act to people in care relationships who receive our services and to the wider community (e.g. providing links to state government resource materials on our website)
- Ensuring our staff have an awareness and understanding of the care relationship principles set out in the Act (e.g. providing induction and training programs discussing the Act and the statement of principles therein)
- Considering the care relationships principles set out in 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).

Financial Information

Summary of Financial Results for Last Five Years

	2026 $'000	2025 $'000	2024 $'000	2023 $'000	2022 $'000
Operating Result	**79**	**95**	**4**	**90**	**26**
Total revenue*	13,472	11,332	10,368	9,801	8,051
Total expense*	(14,148)	(11,722)	(11,056)	(9,924)	(8,120)
Net result from transactions	(676)	(390)	(688)	(123)	(69)
Total other economic flows	11	1	(9)	(8)	(89)
Net result	(665)	(389)	(697)	(131)	(19)
Total assets	36,001	34,512	36,372	21,399	21,690
Total liabilities	(8,709)	(6,555)	(8,026)	(7,316)	(8,645)
Net assets /Total equity	27,292	27,957	28,346	14,083	13,045

*The Operating result is the result for which YDMH is monitored in the Statement of Priorities.

Reconciliation of Net Result from Transactions and Operating Result

	2026 $'000
Operating result*	79
Capital purpose income	800
Expenditure for capital purpose	(15)
Depreciation and amortisation	(1,528)
Finance costs (other)	(12)
Net results from transactions	(676)

Summary of significant changes in financial position

There were no significant changes in financial position for YDMH during the year. YDMH achieved a modest operating surplus for the 2025/26 financial year.

Summary of operational and budgetary objectives and factors affecting performance

As a public hospital, YDMH is required to negotiate a Statement of Priorities (SoP) where a financial performance operating result target is agreed annually with the Department of Health (DH).

For the 2025/26 financial year, YDMH agreed to an operating result target of $0.00 (excluding capital, depreciation and specific items). YDMH achieved this target.

Consultancies

Details of consultancies (under $10,000)

In 2025-26, there were nine consultancies where the total fees payable to the consultants were less than $10,000. The total expenditure incurred during 2025-26 in relation to these consultancies is $46,031 (excluding GST).

Details of consultancies (valued at $10,000 or greater)

Consultant	Purpose of Consultancy	Start Date	End Date	Total approved project fee (exc. GST)	Expenditure 2025-26 (exc. GST)	Future expenditure (exc. GST)
Format Architects Pty Ltd	Roof Replacement Feasibility coordination and costings	26/05/2026	26/05/2026	$52,020	$ 52,020	$-

Information and Communication Technology (ICT) Expenditure

The total Information and Communication Technology expenditure during 2025-26 was $501,631 (excluding GST) with the details shown below:

Business as Usual (BAU) ICT expenditure	Non-Business as Usual (non-BAU) ICT expenditure		
Total (excluding GST)	Total = Operational expenditure and Capital expenditure (excluding GST)	Operational expenditure (excluding GST)	Capital expenditure (excluding GST)
$501,631	$0	$0	$0

Additional information available upon 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:
m) consultants/contractors engaged;
n) services provided; and
o) expenditure committed to for each engagement.
p)

This information is available on request from the Chief Executive Officer:

Elizabeth Sinclair
Yea & District Memorial Hospital
Phone: (03) 5736 0490
Email: elizabeth.sinclair@ydmh.org.au

Asset Management Accountability Framework (AMAF)

Each year, Yea and District Memorial Hospital (YDMH) undertake a self-assessment against the mandatory requirements of the AMAF assessing its compliance for the financial year.

Based on this self-assessment, YDMH can confirm that during 2025/26 the health service has taken all reasonable steps to ensure that asset management practices are consistent with the principles of the AMAF and support long-term sustainability of the health services assets.

Where opportunities for improvement are identified, appropriate actions have been planned or initiated to strengthen compliance and enhance asset management maturity.

Summary of Environmental Performance

FRD24 Report: Yea and District Memorial Hospital
Organisation Hierarchy (Jul-25 to Jun-26)

GREENHOUSE GAS EMISSIONS	FY 25/26	FY 24/25	FY 23/24	Notes	**% change previous to selected range**
G1 Total Scope 1 (direct) greenhouse gas emissions (t CO2-e)	FY 25/26	FY 24/25	FY 23/24		
Carbon Dioxide	1.97	5.21	43.04		-62.15%
Methane	0.00	0.02	0.14		-90.17%
Nitrous Oxide	0.01	0.02	0.14		-65.90%
Total	1.98	5.25	43.33		-62.26%
Scope 1 GHG emissions from stationary fuel (F2 Scope 1) (t CO2-e)	0.41	5.25	43.33		-92.17%
Scope 1 GHG emissions from vehicle fleet (T3 Scope 1) (t CO2-e)	1.57				
Medical/Refrigerant gases	nil				
Total Scope 1 (direct) greenhouse gas emissions (t CO2-e)	1.98	5.25	43.33		-62.26%
G2 Total Scope 2 (indirect electricity) greenhouse gas emissions (t CO2-e)	FY 25/26	FY 24/25	FY 23/24	The emissions calculation for electricity-related activities uses the market-based method, as opposed to the location-based method used in previous FRD report versions.	
Electricity	212.73	240.67	221.64		-11.61%
Total Scope 2 (indirect electricity) greenhouse gas emissions (t CO2-e)	212.73	240.67	221.64		-11.61%

GREENHOUSE GAS EMISSIONS	FY 25/26	FY 24/25	FY 23/24	Notes	**% change previous to selected range**
G3 Total Scope 3 (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (t CO2-e)	FY 25/26	FY 24/25	FY 23/24		
Commercial air travel					
Waste emissions (WR5)	11.22	27.83	43.40		-59.69%
Indirect emissions from Stationary Energy	29.03	34.43	41.81		-15.71%
Indirect emissions from Transport Energy	0.40				
Paper emissions					
Water emissions	6.79	8.26	14.73		-17.80%
Any other Scope 3 emissions	0.00	0.00	0.00		
Total Scope 3 greenhouse gas emissions (t CO2-e)	47.43	70.53	99.93		-32.74%

G(Opt) Net greenhouse gas emissions (t CO2-e)	FY 25/26	FY 24/25	FY 23/24		
Gross greenhouse gas emissions (G1 + G2 + G3) (t CO2-e)	262.14	316.45	364.90		-17.16%
Total gross reported greenhouse gas emissions per bed-day (t CO2-e/OBD)	0.03	0.03	0.04		-18.51%
Carbon Neutral Electricity	0.00	0.00	0.00		
Green Power Electricity	0.00	0.00	0.00		
Purchased LGCs	-251.52	0.00	0.00		
Any Reduction Measures Offsets purchased (EL4-related)	-241.61			G(opt) EL4-related Reduction Measures Offsets capped to Scope2+3 Electricity	
Any Offsets purchased	-241.61			G(opt) EL4-related Reduction Measures Offsets capped to Scope2+3 Electricity	
Net greenhouse gas emissions (t CO2-e)	20.53	316.45	364.90		-93.51%

ELECTRICITY USE	FY 25/26	FY 24/25	FY 23/24	Notes	**% change previous to selected range**
EL1 Total electricity consumption segmented by source (MWh)	FY 25/26	FY 24/25	FY 23/24		
Purchased	317.67	364.58	336.99		-12.87%
Self-generated	79.14	197.77	198.57		-59.99%
EL1 Total electricity consumption (MWh)	396.81	562.35	535.56	Significant drop in electricity consumption due to controlling of split system heating and cooling to achieve a constant temperature	-29.44%
EL2 On site-electricity generated (MWh) segmented by:	FY 25/26	FY 24/25	FY 23/24		
Consumption behind-the-meter					
Solar Electricity	79.14	197.77	198.57		-59.99%
Total Consumption behind-the-meter (MWh)	79.14	197.77	198.57		-59.99%
Exports					
Solar Electricity	1.99				
Total Electricity exported (MWh)	1.99				
EL2 Total On site-electricity generated (MWh)	81.12	197.77	198.57		-58.98%
EL3 On-site installed generation capacity (kW converted to MW) segmented by:	FY 25/26	FY 24/25	FY 23/24		
Diesel Generator	0.10	0.10	0.10		0.00%
Solar System	0.05	0.05	0.05		0.00%
EL3 Total On-site installed generation capacity (MW)	0.15	0.15	0.15		0.00%

ELECTRICITY USE	FY 25/26	FY 24/25	FY 23/24	Notes	% change previous to selected range
EL4 Total electricity offsets segmented by offset type (MWh)	FY 25/26	FY 24/25	FY 23/24		
LGCs voluntarily retired on the entity's behalf	273.40				
RPP (Renewable Power Percentage in the grid)	55.05	66.86	63.22		-17.67%
EL4 Total electricity offsets (MWh)	317.67	66.86	63.22	EL4 Total value capped to EL1 Purchased value	375.13%

STATIONARY ENERGY	FY 25/26	FY 24/25	FY 23/24	Notes	% change previous to selected range
F1 Total fuels used in buildings and machinery segmented by fuel type (MJ)	FY 25/26	FY 24/25	FY 23/24		
LPG	6,782.40	86,627.00	714,974.00	Decrease in LPG usage is due to replacement of boilers from gas to electric	-92.17%
F1 Total fuels used in buildings (MJ)	6,782.40	86,627.00	714,974.00		-92.17%
F2 Greenhouse gas emissions from stationary fuel consumption segmented by fuel type (t CO2-e)	FY 25/26	FY 24/25	FY 23/24		
LPG	0.41	5.25	43.33		-92.17%
F2 Greenhouse gas emissions from stationary fuel consumption (t CO2-e)	0.41	5.25	43.33		-92.17%

TRANSPORTATION ENERGY	FY 25/26	FY 24/25	FY 23/24	Notes	% change previous to selected range
T1 Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type (MJ)	FY 25/26	FY 24/25	FY 23/24		
Non-executive fleet - Gasoline	23,218.40			Data not available for previous years - first year reporting	
Petrol	23,218.40				
Total energy used in transportation (vehicle fleet) (MJ)	23,218.40				

TRANSPORTATION ENERGY	FY 25/26	FY 24/25	FY 23/24	Notes	% change previous to selected range
T2 Number and proportion of vehicles in the organisational boundary segmented by engine/fuel type and vehicle category	FY 25/26	FY 24/25	FY 23/24	Not reported by Eden Suite	
T3 Greenhouse gas emissions from transportation (vehicle fleet) segmented by fuel type (t CO2-e)	FY 25/26	FY 24/25	FY 23/24		
Non-executive fleet - Gasoline	1.57				
Petrol	1.57				
Total Greenhouse gas emissions from transportation (vehicle fleet) (t CO2-e)	1.57				
T4 Total distance travelled by commercial air travel (passenger km travelled for business purposes by entity staff on commercial or charter aircraft)	FY 25/26	FY 24/25	FY 23/24		
Total distance travelled by commercial air travel	nil	nil	nil	Nil air travel	

TOTAL ENERGY USE	FY 25/26	FY 24/25	FY 23/24	Notes	% change previous to selected range
E1 Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)	FY 25/26	FY 24/25	FY 23/24		
Total energy usage from stationary fuels (F1) (MJ)	6,782.40	86,627.00	714,974.00		-92.17%
Total energy usage from transport (T1) (MJ)	23,218.40				
Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)	30,000.80	86,627.00	714,974.00		-65.37%
E2 Total energy usage from electricity (MJ)	FY 25/26	FY 24/25	FY 23/24		
Total energy usage from electricity (MJ)	1,428,513.29	2,024,468.00	1,928,015.07		-29.44%

TOTAL ENERGY USE	FY 25/26	FY 24/25	FY 23/24	Notes	% change previous to selected range
E3 Total energy usage segmented by renewable and non-renewable sources (MJ)	FY 25/26	FY 24/25	FY 23/24		
Renewable	1,428,513.50	952,671.86	942,469.53	E3 Renewable value capped to EL1 Purchased value (consumed-behind-meter is never capped)	49.95%
Non-renewable (E1 + E2 - E3 Renewable)	30,000.59	1,158,423.14	1,700,519.54		-97.41%
E4 Units of Stationary Energy used normalised: (F1+E2)/normaliser	FY 25/26	FY 24/25	FY 23/24		
Energy per unit of Aged Care OBD (MJ/Aged Care OBD)	168.62	252.37	318.93		-33.19%
Energy per unit of LOS (MJ/LOS)	1,530.17	2,267.56	2,583.57		-32.52%
Energy per unit of bed-day (LOS+Aged Care OBD) (MJ/OBD)	151.88	227.10	283.89		-33.12%
Energy per unit of Separations (MJ/Separations)	9,697.94	11,728.31	19,723.80		-17.31%
Energy per unit of floor space (MJ/m2)	312.36	459.43	575.19		-32.01%

SUSTAINABLE BUILDINGS AND INFRASTRUCTURE	FY 25/26	FY 24/25	FY 23/24	Notes	% change previous to selected range
B1 Discuss how environmentally sustainable design (ESD) is incorporated into newly completed entity-owned buildings	FY 25/26	FY 24/25	FY 23/24	Not reported by Eden Suite	
B2 Discuss how new entity leases meet the requirement to preference higher-rated office buildings and those with a Green Lease Schedule	FY 25/26	FY 24/25	FY 23/24	Not reported by Eden Suite	
B3 NABERS Energy (National Australian Built Environment Rating system) ratings of newly completed/occupied Entity-owned office buildings and substantial tenancy fit-outs (itemised)	FY 25/26	FY 24/25	FY 23/24	Not reported by Eden Suite	

SUSTAINABLE BUILDINGS AND INFRASTRUCTURE	FY 25/26	FY 24/25	FY 23/24	Notes	% change previous to selected range
B4 Environmental performance ratings (eg. NABERS, Green Star, or ISCAIS rating scheme) of newly completed Entity-owned non-office building or infrastructure projects or upgrades with a value over $1 million	FY 25/26	FY 24/25	FY 23/24	Not reported by Eden Suite	
NABERS Energy					
B5 Environmental performance ratings achieved for Entity-owned assets portfolio segmented by rating scheme and building, facility, or infrastructure type, where these ratings have been conducted	FY 25/26	FY 24/25	FY 23/24	Not reported by Eden Suite	
Rating scheme					

SUSTAINABLE PROCUREMENT	FY 25/26	FY 24/25	FY 23/24	Notes	% change previous to selected range

WATER USE	FY 25/26	FY 24/25	FY 23/24	Notes	% change previous to selected range
W1 Total units of metered water consumed by water source (kL)	FY 25/26	FY 24/25	FY 23/24		
Potable water (kL)	4,841.57	5,051.02	8,775.57		-4.15%
Total units of water consumed (kL)	4,841.57	5,051.02	8,775.57		-4.15%
W2 Units of metered water consumed normalised by FTE, headcount, floor area, or other entity or sector specific quantity	FY 25/26	FY 24/25	FY 23/24		
Water per unit of Aged Care OBD (kL/Aged Care OBD)	0.57	0.60	1.06		-5.80%
Water per unit of LOS (kL/LOS)	5.16	5.43	8.58		-4.86%
Water per unit of bed-day (LOS+Aged Care OBD) (kL/OBD)	0.51	0.54	0.94		-0.06
Water per unit of Separations (kL/Separations)	32.71	28.06	65.49		16.58%
Water per unit of floor space (kL/m2)	1.05	1.10	1.91		-4.15%

WASTE AND RECYCLING	FY 25/26	FY 24/25	FY 23/24	Notes	% change previous to selected range
WR1 Total units of waste disposed of by waste stream and disposal method (kg)	FY 25/26	FY 24/25	FY 23/24		
Landfill (total)					
General waste - bins	8,190.94	20,581.00	19,957.00		-60.20%
General waste - skips			12,528.00		
Offsite treatment					
Clinical waste - incinerated	30.44		28.78		
Clinical waste - sharps	36.81		48.40		
Clinical waste - treated	381.00	826.12	827.90		-53.88%
Recycling/recovery (disposal)					
Commingled	2,029.00	5,528.00	12,245.00		-63.30%
Organics (garden)	687.05				
Total units of waste disposed (kg)	11,355.24	26,935.12	45,635.08		-57.84%
WR1 Total units of waste disposed of by waste stream and disposal method (%)	FY 25/26	FY 24/25	FY 23/24		
Landfill (total)					
General waste	72.13%	76.41%	71.18%		-5.60%
Offsite treatment					
Clinical waste - incinerated	0.27%		0.06%		
Clinical waste - sharps	0.32%		0.11%		
Clinical waste - treated	3.36%	3.07%	1.81%		9.40%
Recycling/recovery (disposal)					
Commingled	17.87%	20.52%	26.83%		-12.94%
Organics (garden)	6.05%				
WR2 Percentage of office sites covered by dedicated collection services for each waste stream	FY 25/26	FY 24/25	FY 23/24		
Printer cartridges			Not reported by Eden Suite		
Batteries			Not reported by Eden Suite		
e-waste			Not reported by Eden Suite		
Soft plastics			Not reported by Eden Suite		

WASTE AND RECYCLING	FY 25/26	FY 24/25	FY 23/24	Notes	% change previous to selected range
WR3 Total units of waste disposed normalised by FTE, headcount, floor area, or other entity or sector specific quantity, by disposal method	FY 25/26	FY 24/25	FY 23/24		
Total waste to landfill per patient treated ((kg general waste)/PPT)	0.85	2.17	3.44		-60.71%
Total waste to offsite treatment per patient treated ((kg offsite treatment)/PPT)	0.05	0.09	0.10		-46.43%
Total waste recycled and reused per patient treated ((kg recycled and reused)/PPT)	0.28	0.58	1.30		-51.49%
WR4 Recycling rate (%)	FY 25/26	FY 24/25	FY 23/24		
Weight of recyclable and organic materials (kg)	2,716.05	5,528.00	12,245.00		-50.87%
Weight of total waste (kg)	11,355.24	26,935.12	45,635.08		-57.84%
Recycling rate (%)	23.92%	20.52%	26.83%		16.54%
WR5 Greenhouse gas emissions associated with waste disposal (t CO2-e)	FY 25/26	FY 24/25	FY 23/24		
t CO2-e	11.22	27.83	43.40		-59.69%

NORMALISATION FACTORS	FY 25/26	FY 24/25	FY 23/24	Notes	% change previous to selected range
1000km (Corporate)					
1000km (Non-emergency)					
Aged Care OBD	8,512.00	8,365.00	8,287.00		1.76%
ED Departures	0.00	0.00	0.00		
FTE	66.00	69.00	59.00		-4.35%
LOS	938.00	931.00	1,023.00		0.75%
OBD	9,450.00	9,296.00	9,310.00		1.66%
PPT	9,598.00	9,476.00	9,444.00		1.29%
Separations	148.00	180.00	134.00		-17.78%
TotalAreaM2	4,595.00	4,595.00	4,595.00		0.00%

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

This data has been extracted from Eden Suite provided by the Department of Health - Budget, Finance & Investment Division.

Statement of Priorities 2025-26

Achievements/Outcomes

In 2025-26 Yea and District Memorial Hospital (YDMH) committed to contributing to the achievement of the Victorian Government's commitments in the following ways:

Innovate and improve access and care	
We aim for the best patient experience and care outcomes by assuring safe practice, leadership of safety, an engaged and capable workforce, and continuing to improve and innovate care.	
GOAL	
Align with the Victorian Clinical Governance Framework to strengthen clinical governance systems, ensuring safe, high-quality care.	
Health Service Deliverables	**Achievements/Outcome**
Demonstrate high quality care in which consumer engagement and input is actively sought, facilitated and used to drive system change to improve consumer experience and outcomes	**Status: Achieved** • YDMH reviewed its Clinical Governance Committee (CGC) Terms of Reference (TOR) ensuring alignment with Safer Care Victoria's (SCV) clinical governance framework • Implementation of an annual compliance calendar • TOR of the YDMH Safety and Quality committee were also reviewed to align with TOR for CGC and SCV clinical governance framework.
Ensure that health service reporting, reviews and decision-making are underpinned by a safety culture and systems that are transparent, accurate and fair for staff and consumers.	**Status: Achieved** • MA2 completed - education provided to all clinical staff caring for children • Monthly compliance auditing undertaken • Part of 2025/26 Safer Together local program to implement an updated track and trigger chart planned.
Health services are able to show evidence of a comprehensive training program approach that includes performance management, accountability, and continuous improvement.	**Status: Achieved** • Rolling mandatory online training undertaken by all staff • 78% annual individual performance reviews completed • Strong commitment to capability growth through funding and facilitation of staff educational opportunities • 86% of staff completed annual face to face mandatory training day.

Prudent, sustainable and effective use of resources	
We are innovative and resourceful in balancing improved patient care, operational performance, and system management to ensure a financially secure health system. We invest in a skilled and future-ready workforce, maintaining a modern, safe, and resilient healthcare system for all Victorians.	
GOAL	
Develop and implement initiatives to strengthen financial sustainability. By delivering sustainable, responsible budgets, we can ensure a well-managed, viable, and sustainable health system for the future.	
Health Service Deliverables	Achievements/Outcome
Deliver the key initiatives outlined in the Budget Action Plan within Government parameters.	**Status: Achieved** • Budget Action Plan (BAP) target for the 2025/26 financial year was met and delivered in full; and • YDMH achieved its Statement of Priorities (SoP) Operating result target and have reported a small operating result surplus for the 2025/26 financial year.
Utilise data analytics and performance metrics to identify areas of inefficiency and waste and make evidence-based decisions to improve financial sustainability and operational performance.	**Status: Achieved** • YDMH continues to identify and realise efficiency improvements through the implementation and ongoing monitoring of initiatives outlined in its 2025/26 Budget Action Plan (BAP); • Financial performance is closely monitored through a monthly Finance and Activity Scorecard, enabling timely review of key financial and operational indicators thereby supporting informed decision-making; and • Workforce and FTE performance are also reviewed monthly, with targeted strategies implemented to ensure staffing levels remain aligned with budget while also maintaining safe and effective service delivery.
Use funding efficiently and effectively to optimise patient facing services. Undertake programs to reduce the cost-of-service delivery, improve safety, capacity and reduce unnecessary waiting.	**Status: Achieved** • Through YDMH's partnership with the University of Melbourne RHAN program, all service development strategy is underpinned by research and a rigorous evaluation process • YDMH continues to lead delivery of PHN-funded Primary Mental Health Services across both Murrindindi and Mitchell Shires • Continued delivery of the Commonwealth-funded Innovative Model of Care (IMOC) program in local kindergartens, improving access to early intervention and community-based support services. By providing services in community settings and strengthening referral pathways, these initiatives increased access to care, supported earlier intervention, and reduced demand on higher-cost, more intensive health services. • Developed a locally based infusion clinic as part of the acute care program, enabling the delivery of regularly required infusions for local patients and eliminating the need to travel to metropolitan centres for treatment • Implemented the HIRAID assessment tool in the YDMH Urgent Care Centre to enhance clinical assessment, evaluation and management of patients, while standardising nursing documentation, assessment processes, care management and clinical handover

	• Established and operationalised Hospital in the Home (HITH) contracts with four metropolitan health services • Expanded District Nursing Services from 1.0 EFT to 2.0 EFT. • Expanded the YDMH Farmer Health (sale yards) Program, with significant focus on responding to the health impacts of the 9 January bushfire event • Established a mobile health clinic operating from a community-funded, purpose-fitted health bus. The clinic now provides residents in bush fire community hubs as well as remote townships with access to a broad range of healthcare services. • Implementation of Dept of Education funded Mental Health in Schools program.

A stronger workforce	
We strive to foster an equitable, skilled and supported workforce that builds professional capabilities to meet current and future roles.	
GOALS	
Position Victoria as a leader in employee experience, capability, and capacity by focusing on future roles and professional development in line with the Victorian Health Workforce Strategy to ensure a regenerative and sustainable workforce.	
Health Service Deliverables	**Achievements/Outcome**
Implement processes to sustain workforce supply and fulfill obligations, including those under the Gender Equality Act 2020 by improving employee experience in leadership, health and safety, flexibility, career development, and agility to ensure safe, high-quality care.	**Status: Achieved** • Enrolment of four nurses in the Registered Undergraduate Student of Nursing (RUSON) program • Engagement of Eastern Health in shared workforce opportunities for both Director of Medical Services and appointment of allied health practitioners • Establishment of two shared workforce initiatives with Alexandra District Health • Strengthening of internal succession planning processes • Leadership attendance at Gender equity in the workplace online training • Establishment of a four-year gender equality action plan • Proactive gender balanced recruitment strategy implemented.
Collaborate with the department to improve workforce data analytics, generate actionable insights, and enhance strategic planning.	**Status: Achieved** • Collection and collation of workforce data and analysis against current and future health demands for the Shire of Murrindindi.

Improving Aboriginal health and wellbeing	
Strengthen cultural safety in Victoria's health service system by fostering strong connections to Aboriginal culture, creating a holistic, accessible, and empowering health system.	
GOAL	
Enhance Delivery and Access to Culturally Safe Services, fostering strong connections to culture. Address racism and provide Aboriginal people with culturally safe healthcare and referral pathways between mainstream and community-controlled health services.	
Health Service Deliverables	**Achievements/Outcome**
Deliver high-quality cultural safety training to all executives and staff using independent, expert, community-controlled organisations or a registered Aboriginal business.	**Status: Achieved** • Executive attendance at regionally based face to face cultural safety training • 83% of Board Directors, Executive and General staff completed online cultural safety awareness training • Establishment of an aboriginal cultural safety action plan.
Health service executives and senior leaders establish and maintain strong, ongoing partnerships with Aboriginal community-controlled organisations and/or recognised Aboriginal leaders within their local catchments. These partnerships must be based on regular, proactive engagement that prioritises the voices, self-determined priorities, and cultural knowledge of Aboriginal communities in the design, delivery, and evaluation of health and wellbeing services.	**Status: Achieved** • Local delivery of onsite training for Board, Executive and staff by a Taungurung Elder • Aboriginal safety audit request submitted to the Taungurung land and waters council • Commissioning of two pieces of indigenous artwork by a local indigenous artist.
Ensure culturally appropriate systems for identifying Aboriginal and Torres Strait Islander patients and implement responsive discharge plans and referral pathways.	**Status: Achieved** • Aboriginal health record developed and implemented.

Moving from Competition to Collaboration	
We are committed to transforming Victoria's health system by partnering with care providers and health services to share knowledge, information, and resources.	
GOAL	
Collaborate within the Local Health Service Network to build a more integrated health system, with better access and experience for patients, strengthened workforce, consistently high quality care, and more sustainable healthcare delivery.	
Health Service Deliverables	**Achievements/Outcome**
Meet all objectives agreed to in the Local Health Service Network Statement of Expectations across priority areas (access, equity and flow, workforce, safety and quality, and shared services).	**Status: Achieved** *As reported in the East Metro and Murrindindi LHSN Annual report and quarterly performance updates.* Highlights: Implementation of the following programs: • Hospital in the Home • Residential In-Reach • Better at Home • RESTART – AOD counselling services.

High Quality and Safe Care

Key Performance Measure	Target	2025-26 Result
Infection prevention and control		
Percentage of healthcare workers immunised for influenza	94%	95%
Adverse events		
Percentage of reported sentinel events for which a root cause analysis (RCA) report was submitted within 30 business days from notification of the event	All RCA reports submitted within 30 business days	N/A

Key Performance Measure	Target	2025-26 Result
Aged care		
Public sector residential aged care services overall star rating	Minimum rating of 3 stars	Achieved
Patient Experience		
Percentages of patients who reported positive experiences for their hospital stay	95%	No VHES Data available to report

Key Performance Measure	Target	2025-26 Result
Aboriginal Health		
The gap between the number of Aboriginal patients who discharged against medical advice compared to non-Aboriginal patients	0%	0%*

*No Aboriginal patients during the reporting period, or the numerator was less than two or denominator less than ten.

Strong Governance, Leadership, and Culture

Key Performance Measure	Target	2025-26 Result
Organisational culture		
People matter survey – Percentage of staff with an overall positive response to safety culture survey questions	80%	69%

Effective Financial Management

Key performance indicator	Target	2025-26 result
Operating result ($m)	0.00	0.08
Adjusted current asset ratio	0.7 or 3% improved from health service base target	1.53
Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June	5% movement in forecast revenue and expenditure forecasts	Achieved

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

Activity and Funding

Funding Type	Activity Achievement 2025/26	Units
Small Rural Acute	120.36	NWAU
Small Rural Residential Care	9036	Bed days
Small Rural Primary Health & HACC	2171	Service Events
Small Rural Health Workforce	3	Positions

** 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*

Declarations

Financial Management Compliance Attestation

I, Stuart Bett, on behalf of the Responsible Body, certify that Yea & District Memorial Hospital has no Material Compliance Deficiency with respect to the applicable Standing Directions under the *Financial Management Act 1994* and Instructions.



Stuart Bett
Board Chair 30th June 2026

Data Integrity Declaration

I, Elizabeth Sinclair, certify that Yea & District Memorial Hospital has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance. Yea & District Memorial Hospital has critically reviewed these controls and processes during the year.



Elizabeth Sinclair
Chief Executive Officer
30th June 2026

Conflict of Interest Declaration

I, Elizabeth Sinclair, certify that Yea & District Memorial Hospital 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 Yea & District Memorial 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.



Elizabeth Sinclair
Chief Executive Officer
30th June 2026

Integrity, Fraud and Corruption Declaration

I, Elizabeth Sinclair, certify that Yea & District Memorial Hospital has put in place appropriate internal controls and processes to ensure that integrity, fraud and corruption risks have been reviewed and addressed at Yea & District Memorial Hospital during the year.



Elizabeth Sinclair
Chief Executive Officer
30th June 2026

Compliance with Health Share Victoria (HSV) Purchasing Policies

I, Elizabeth Sinclair, certify that Yea & District Memorial Hospital has put in place appropriate internal controls and processes to ensure that it has materially complied with all requirements set out in the HSV Purchasing Policies including mandatory HSV collective agreements as required by the Health Services Act 1988 (Vic) and has critically reviewed these controls and processes during the year.



Elizabeth Sinclair
Chief Executive Officer
30th June 2026

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Yea & District Memorial Hospital

FINANCIAL REPORT 2025-2026



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

The attached financial statements for Yea & District Memorial Hospital 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 Yea & District Memorial Hospital 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**
		
Stuart Bett	Elizabeth Sinclair	Tracey Spiers
Chair	Chief Executive Officer	Chief Financial Officer
Yea 10th September, 2026	Yea 10th September, 2026	Yea 10th September, 2026

Independent Auditor's Report

Victorian Auditor-General's Office

To the Board of Yea & District Memorial Hospital

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

Auditor's responsibilities for the audit of the financial report

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

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

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

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



MELBOURNE
10 September 2026

Simone Bohan
as delegate for the Auditor-General of Victoria

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)	4,982	3,942
Government Grants	2.1 (b)	6,398	5,704
Other sources of income	2.1 (c)	2,092	1,686
Total revenue and income from transactions		**13,472**	**11,332**
Expenses from transactions			
Employee expenses	3.1 (a)	(9,046)	(7,550)
Supplies and consumables	3.1 (c)	(496)	(506)
Depreciation and amortisation	4.1(a)	(1,528)	(1,523)
Other operating expenses	3.1 (d)	(3,078)	(2,143)
Total expenses from transactions		**(14,148)**	**(11,722)**
Net result from transactions - net operating balance		**(676)**	**(390)**
Other economic flows included in net result			
Other gain/(loss) from other economic flows		11	1
Total other economic flows included in net result		**11**	**1**
Net result		**(665)**	**(389)**
Comprehensive result		**(665)**	**(389)**

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

As at 30 June 2026

	Note	2026 $'000	2025 $'000
Financial assets			
Cash and cash equivalents	6.1	11,230	8,822
Receivables	5.1	1,374	1,207
Total financial assets		**12,604**	**10,029**
Non-financial assets			
Prepayments		72	75
Property, plant and equipment	4.1	23,321	24,404
Intangible assets		4	4
Total non-financial assets		**23,397**	**24,483**
Total assets		**36,001**	**34,512**
Liabilities			
Payables	5.2	1,345	1,034
Contract liabilities		483	435
Borrowings		126	20
Employee benefits	3.1(b)	1,789	1,471
Monies held in trust	5.3	4,966	3,595
Total liabilities		**8,709**	**6,555**
Net assets		**27,292**	**27,957**
Equity			
Reserves		29,117	29,117
Contributed capital		2,448	2,448
Accumulated surplus/(deficit)		(4,273)	(3,608)
Total equity		**27,292**	**27,957**

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

For the Financial Year Ended 30 June 2026

	Note	2026 $'000	2025 $'000
Cash flows from operating activities			
Receipts from Government		10,595	8,646
GST received from ATO		316	18
Other receipts		2,702	2,207
Total receipts		**13,613**	**10,871**
Payments to employees		(8,592)	(7,384)
Payments to suppliers and consumables		(957)	(757)
Other payments		(2,929)	(1,776)
Total payments		**(12,477)**	**(9,917)**
Net cash flows from/(used in) operating activities		**1,136**	**954**
Cash flows from investing activities			
Purchase of non-financial assets		(324)	(1,223)
Other capital receipts		222	367
Capital donations and bequests received		18	39
Net cash flows from/(used in) investing activities		**(84)**	**(817)**
Cash flows from financing activities			
Repayment of borrowings and principal portion of lease liabilities		(2)	-
Repayment of borrowings		(13)	(13)
Net Receipt/(Repayment) of accommodation deposits		1,371	(1,645)
Net cash flows from/(used in) financing activities		**1,356**	**(1,658)**
Net increase/(decrease) in cash and cash equivalents held		**2,408**	**(1,521)**
Cash and cash equivalents at beginning of year		8,822	10,343
Cash and cash equivalents at end of year	6.1	**11,230**	**8,822**

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

For the Financial Year Ended 30 June 2026

	Property, Plant and Equipment Revaluation Surplus	General Purpose Surplus	Restricted Specific Purpose Reserve	Contributed Capital	Accumulated Surplus/(Deficit)	Total
	$'000	$'000	$'000	$'000	$'000	$'000
Balance at 1 July 2024	**24,971**	**4,101**	**45**	**2,448**	**(3,219)**	**28,346**
Net result for the year	-	-	-	-	(389)	(389)
Balance at 30 June 2025	**24,971**	**4,101**	**45**	**2,448**	**(3,608)**	**27,957**
Net result for the year	-	-	-	-	(665)	(665)
Balance at 30 June 2026	**24,971**	**4,101**	**45**	**2,448**	**(4,273)**	**27,292**

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

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 Yea & District Memorial Hospital for the year ended 30 June 2026.

Yea & District Memorial Hospital is a not-for-profit entity established as a public agency on 15th November, 1948 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.

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 Yea & District Memorial Hospital.

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 Yea & District Memorial Hospital 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 thereto, are disclosed within the relevant accounting policy.

Note 1.3 Reporting Entity

The financial statements include all the controlled activities of Yea & District Memorial Hospital.

Yea & District Memorial Hospital's principal address is:

45 Station Street
Yea, Victoria 3717

Note 1.4 Economic dependency

Yea & District Memorial Hospital 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. Yea & District Memorial Hospital 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 Yea & District Memorial Hospital operations and on that basis, the financial statements have been prepared on a going concern basis.

For the Financial Year Ended 30 June 2026

Note 2 Funding delivery of our services

Yea & District Memorial Hospital's overall objective is to provide quality health service that promote healthy communities and improve the quality of life of Victorians. Yea & District Memorial Hospital is predominantly funded by grant funding for the provision of outputs. Yea & District Memorial Hospital also receives income from the supply of services.

Significant judgement - Grant revenue

Yea & District Memorial Hospital's 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)	4,982	3,942
Government Grants	2.1(b)	6,398	5,704
Other sources of income	2.1(c)	2,092	1,686
Total revenue and income from transactions		**13,472**	**11,332**

Note 2.1(a) Revenue from contracts with customers

	2026 $'000	2025 $'000
Government grants (State) - Operating	-	6
Government grants (Commonwealth) - Operating	4,037	2,973
Patient and resident fees	889	896
Commercial activities	56	67
Total revenue from contracts with customers	**4,982**	**3,942**

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 Yea & District Memorial Hospital's goods or services. Yea & District Memorial Hospital 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 Yea & District Memorial Hospital's revenue streams, with information detailed below relating to Yea & District Memorial Hospital's material revenue streams:

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

Patient and resident fees

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

For the Financial Year Ended 30 June 2026

Note 2.1(b) Government Grants

	Note	2026 $'000	2025 $'000
Government grants (State) - Operating		5,302	4,882
Government grants (Commonwealth) - Operating		566	202
Government grants (State) - Capital		208	360
Government grants (Commonwealth) - Capital		322	260
Total Government grants		**6,398**	**5,704**

How we recognise Government grants

Government grants

Yea & District Memorial Hospital 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 Yea & District Memorial Hospital has an unconditional right to receive cash which usually coincides with receipt of cash. On initial recognition of the asset, Yea & District Memorial Hospital 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 Yea & District Memorial Hospital 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 Yea & District Memorial Hospital's obligation to construct the asset. The progressive percentage of costs incurred is used to recognise income, as this most accurately reflects the stage of completion.

Non-cash contributions from the Department of Health

The DH makes some payments on behalf of Yea & District Memorial Hospital as follows:

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

For the Financial Year Ended 30 June 2026

Note 2.1(c) Other sources of income

	Note	2026 $'000	2025 $'000
Other capital purpose income		222	367
Capital donations		18	39
Other income from operating activities		1,406	816
Income from non-operating activities		446	464
Total other sources of income		**2,092**	**1,686**

For the Financial Year Ended 30 June 2026

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)	9,046	7,550
Supplies & Consumables	3.1(c)	496	506
Other operating expenses	3.1(d)	3,078	2,143
Total expenses incurred in the delivery of services		**12,620**	**10,199**

Note 3.1(a) Employee expenses

	2026 $'000	2025 $'000
Salaries and wages	7,804	6,705
Superannuation expense [(1)]	846	721
Agency expenses	283	-
Fee for service medical officer expenses	113	124
Total employee expenses	**9,046**	**7,550**

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

How we recognise employee expenses

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

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

Note 3.1(b) Employee related provisions

	2026 $'000	2025 $'000
Current provisions for employee benefits		
Accrued days off	8	12
Annual leave	821	648
Long service leave	620	559
Provision for on-costs	201	172
Total current provisions for employee benefits	**1,650**	**1,391**
Non-current provisions for employee benefits		
Long service leave	122	70
Provision for on-costs	17	10
Total non-current provisions for employee benefits	**139**	**80**
Total provisions for employee benefits	**1,789**	**1,471**

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 Yea & District Memorial Hospital 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 Yea & District Memorial Hospital expects to wholly settle within 12 months or
- present value – if Yea & District Memorial Hospital does not expect to wholly settle within 12 months

For the Financial Year Ended 30 June 2026

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 Yea & District Memorial Hospital 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 Yea & District Memorial Hospital expects to wholly settle within 12 months or
- present value – if Yea & District Memorial Hospital 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.

For the Financial Year Ended 30 June 2026

Note 3.1(c) Supplies and consumables

	2026 $'000	2025 $'000
Drug supplies	51	37
Medical and surgical supplies (including Prostheses)	103	101
Diagnostic and radiology supplies	8	2
Other supplies and consumables	334	366
Total supplies and consumables	**496**	**506**

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	134	132
Repairs and maintenance	108	109
Maintenance contracts	137	39
Medical indemnity insurance	34	35
Other administration expenses	2,653	1,811
Finance costs	12	17
Total other operating expenses	**3,078**	**2,143**

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 Yea & District Memorial Hospital. 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.

For the Financial Year Ended 30 June 2026

Note 4 Key assets to support service delivery

Yea & District Memorial Hospital 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 Yea & District Memorial Hospital 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 - Freehold	1,540	1,215	-	-	1,540	1,215
Buildings at fair value	23,744	23,163	(2,514)	(1,256)	21,230	21,907
Works in progress at cost	79	739	-	-	79	739
Plant, equipment and vehicles at fair value	2,273	2,077	(1,801)	(1,534)	472	543
Total property, plant and equipment	**27,636**	**27,194**	**(4,315)**	**(2,790)**	**23,321**	**24,404**

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.

For the Financial Year Ended 30 June 2026

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

	Land $'000	Buildings $'000	Works in progress $'000	Plant, equipment and vehicles $'000	Total $'000
Balance at 1 July 2025	**1,215**	**21,907**	**739**	**543**	**24,404**
Additions			246	181	427
Disposals	-	-	-	7	7
Net transfers between classes	325	581	(906)		-
Depreciation	-	(1,258)	-	(259)	(1,517)
Balance at 30 June 2026	**1,540**	**21,230**	**79**	**472**	**23,321**

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, Yea & District Memorial Hospital 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 Yea & District Memorial Hospital's revaluation cycle.

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 equipme

	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]	145	16	(24)	(13)	121	3
Total right-of-use assets	**145**	**16**	**(24)**	**(13)**	**121**	**3**

	Plant, equipment and vehicles $'000	Total $'000
Balance at 1 July 2025[1]	**3**	**3**
Additions	120	120
Depreciation	(2)	(2)
Balance at 30 June 2026	**121**	**121**

[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 futher information, refer to Note 7.3.

How we recognise right-of-use assets

Initial recognition

When Yea & District Memorial Hospital 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.

For the Financial Year Ended 30 June 2026

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 Yea & District Memorial Hospital, 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.

Yea & District Memorial Hospital Service has assessed all right-of-use assets for impairment, and no indicators of impairment are identified as at 30 June 2026.

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 - 41 years	7 - 41 years
Plant, equipment and vehicles (including leased assets)	5 - 10 years	5 - 10 years
Medical equipment	5 - 15 years	5 - 15 years
Computer equipment	3 - 10 years	3 - 10 years
Furniture and fittings	5 - 10 years	5 - 10 years
Intangible assets	1 - 3 years	1 - 3 years

For the Financial Year Ended 30 June 2026

Note 5 Other assets and liabilities

This section sets out those assets and liabilities that arose from Yea & District Memorial Hospital's operations

Structure

5.1 Receivables
5.2 Payables
5.3 Monies held in trust

Note 5.1 Receivables

	Note	2026 $'000	2025 $'000
Current receivables			
Contractual			
Inter hospital debtors		31	30
Trade receivables		276	144
Patient fees		276	284
Allowance for impairment losses		(4)	(4)
Other receivable		-	30
Total contractual receivables		**579**	**484**
Statutory			
GST receivable		63	25
Total statutory receivables		**63**	**25**
Total current receivables		**642**	**509**
Non-current receivables			
Contractual			
Long service leave - Department of Health		732	698
Total contractual receivables		**732**	**698**
Total non-current receivables		**732**	**698**
Total receivables		**1,374**	**1,207**
(i) Financial assets classified as receivables			
Total receivables		1,374	1,207
GST receivable		(63)	(25)
Total financial assets classified as receivables	7.1	**1,311**	**1,182**

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.

For the Financial Year Ended 30 June 2026

Note 5.2 Payables

	Note	2026 $'000	2025 $'000
Current payables			
Contractual			
Trade creditors		530	535
Accrued salaries and wages		318	193
Accrued expenses		276	290
Deferred capital grant income		146	-
Other		75	16
Total contractual payables		**1,345**	**1,034**
Total current payables		**1,345**	**1,034**
Total payables		**1,345**	**1,034**
(i) Financial liabilities classified as payables			
Total payables		1,345	1,034
Deferred capital grant income		(146)	-
Total financial liabilties classified as payables	7.1	**1,199**	**1,034**

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 Yea & District Memorial Hospital 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.

For the Financial Year Ended 30 June 2026

Note 5.3 Monies held in trust

	Note	2026 $'000	2025 $'000
Current monies held in trust			
Refundable accommodation deposits		4,966	3,595
Total current monies held in trust		**4,966**	**3,595**
Total other liabilities		**4,966**	**3,595**
*** Represented by:**			
- Cash assets	6.1	4,966	3,595
		4,966	**3,595**

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 Yea & District Memorial Hospital 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* .

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 Yea & District Memorial Hospital during its operations, along with interest expenses (the cost of borrowings) and other information related to financing activities of Yea & District Memorial Hospital.

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

Structure

6.1 Cash and cash equivalents
6.2 Commitments for expenditure

Note 6.1 Cash and Cash Equivalents

	Note	2026 $'000	2025 $'000
Cash at bank (excluding monies held in trust)		6,264	5,227
Total cash held for operations		**6,264**	**5,227**
Cash at bank (monies held in trust)		4,966	3,595
Total cash held as monies in trust	5.3	**4,966**	**3,595**
Total cash and cash equivalents	7.1	**11,230**	**8,822**

For the Financial Year Ended 30 June 2026

Note 6.2 Commitments for expenditure

There are no Capital or operating expenditure commitments at 30 June 2026.

30 June 2025	Less than 1 year $'000	1-5 Years $'000	Over 5 years $'000	Total $'000
Capital expenditure commitments	66	-	-	66
Total commitments (inclusive of GST)	**66**	**-**	**-**	**66**
Less GST recoverable				(6)
Total commitments (exclusive of GST)				**60**

How we disclose our commitments

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

Expenditure commitments

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

Short term and low value leases

Yea & District Memorial Hospital discloses short term and low value lease commitments which are excluded from the measurement of right-of-use assets and lease liabilities.

For the Financial Year Ended 30 June 2026

Note 7 Financial instruments, contingencies and valuation judgements

Yea & District Memorial Hospital 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

For the Financial Year Ended 30 June 2026

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

30 June 2026	Note	Carrying amount $'000	Net gain/(loss) $'000	interest income/ (expense) $'000	income/ (expense) $'000	Impairment loss $'000
Financial assets at amortised cost						
Cash and cash equivalents	6.1	11,230	-	446	-	-
Receivables	5.1	1,311	-	-	-	-
Total financial assets [i]		**12,541**	**-**	**446**	**-**	**-**
Financial liabilities at amortised cost						
Payables	5.2	1,199	-	-	-	-
Borrowings		126	-	12	-	-
Other financial liabilities - Refundable Accommodation Deposits	5.3	4,966	-	-	-	-
Total financial liabilities [i]		**6,291**	**-**	**12**	**-**	**-**

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

For the Financial Year Ended 30 June 2026

30 June 2025	Note	Carrying amount $'000	Net gain/(loss) $'000	Total interest income/ $'000	Fee income/ (expens $'000	Impairment loss $'000
Financial assets at amortised cost						
Cash and cash equivalents	6.1	8,822	-	464	-	-
Receivables	5.1	1,182	-	-	-	-
Total financial assets [i]		**10,004**	**-**	**464**	**-**	**-**
Financial liabilities at amortised cost						
Payables	5.2	1,034	-	-	-	-
Borrowings		20	-	17	-	-
Other financial liabilities - Refundable Accommodation Deposits	5.3	3,595	-	-	-	-
Total financial liabilities [i]		**4,649**	**-**	**17**	**-**	**-**

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

For the Financial Year Ended 30 June 2026

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 Yea & District Memorial Hospital 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.

Yea & District Memorial Hospital 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.

Yea & District Memorial Hospital recognises the following liabilities in this category:

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

For the Financial Year Ended 30 June 2026

Derecognition of financial assets

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

- the rights to receive cash flows from the asset have expired, or
- Yea & District Memorial Hospital retains the right to receive cash flows from the asset, but has assumed an obligation to pay them in full without material delay to a third party under a 'pass through' arrangement or
- Yea & District Memorial Hospital has transferred its rights to receive cash flows from the asset and either:
  - has transferred substantially all the risks and rewards of the asset, or
  - has neither transferred nor retained substantially all the risks and rewards of the asset but has transferred control of the asset.

Where Yea & District Memorial Hospital has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of Yea & District Memorial Hospital's continuing involvement in the asset.

Derecognition of financial liabilities

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

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

Reclassification of financial instruments

A financial asset is required to be reclassified between amortised cost, fair value through net result and fair value through other comprehensive income when, and only when, Yea & District Memorial Hospital's business model for managing its financial assets has changed such that its previous model would no longer apply.

A financial liability reclassification is not permitted.

For the Financial Year Ended 30 June 2026

Note 7.2 Contingent assets and contingent liabilities

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

Note 7.3 Fair value determination

How we measure fair value

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

The following assets and liabilities are carried at fair value:

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

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

Valuation hierarchy

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

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

Yea & District Memorial Hospital 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.

Yea & District Memorial Hospital 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 Yea & District Memorial Hospital's independent valuation agency for property, plant and equipment.

Fair value determination: non-financial physical assets

AASB 2010-10 *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).

For the Financial Year Ended 30 June 2026

The last scheduled full independent valuation of all of Yea & District Memorial Hospital's non-financial physical assets was performed by VGV on 30 June 2024. The annual fair value assessment for 30 June 2026 using VGV indices does not identify material changes in value. In accordance with FRD 103, Yea & District Memorial Hospital 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, Yea & District Memorial Hospital considers the current use as its highest and best use.

Non-specialised land and non-specialised buildings

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

Specialised land and specialised buildings

Specialised land includes Crown Land which is measured at fair value with regard to the property's highest and best use after due consideration is made for any legal or physical restrictions imposed on the asset, public announcements or commitments made in relation to the intended use of the asset.

The market approach is also used for specialised land although it is adjusted for the community service obligation (CSO) to reflect the specialised nature of the assets being valued.

The CSO adjustment reflects the valuer's assessment of the impact of restrictions associated with an asset to the extent that is also equally applicable to market participants. This approach is in light of the highest and best use consideration required for fair value measurement and considers the use of the asset that is physically possible, legally permissible and financially feasible.

For Yea & District Memorial Hospital, the current replacement cost method is used for the majority of specialised buildings, adjusting for the associated depreciation.

For the Financial Year Ended 30 June 2026

Vehicles

Vehicles are valued using the current replacement cost method. Yea & District Memorial Hospital 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 Yea & District Memorial Hospital who set relevant depreciation rates during use to reflect the utilisation of the vehicles.

Plant and equipment, furniture, fittings

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

Significant assumptions

Asset class	Valuation technique	Significant assumption	Range (weighted average)[(i)]
Specialised land	Market approach	Community Service Obligations adjustment	(20%)[(ii)]
Specialised buildings	Current replacement cost approach	Cost per square metre Useful life	$6,500/m^2 20 years
Plant, equipment and vehicles	Current replacement cost approach	Cost per unit Useful life	$4,000 per unit 5 - 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.

[(ii)] CSO adjustments of 20% were applied to reduce the market approach value for Yea & District Memorial Hospital's specialised land.

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

Note 8.1 Ex gratia payments

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

For the Financial Year Ended 30 June 2026

Note 8.2 Responsible persons disclosures

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

	Period
The Honourable Mary-Anne Thomas MP:	
Minister for Health	1 Jul 2025 - 14 April 2026
Minister for Ambulance Services	1 Jul 2025 - 14 April 2026
The Honourable Harriet Shing MP:	
Minister for Health	15 April 2026 - 30 June 2026
Minister for Ambulance Services	15 April 2026 - 30 June 2026
The Honourable Melissa Horne MP:	
Minister for Health Infrastructure	1 Jul 2025 - 30 June 2026
Minister for Prevention of Family Violence	15 April 2026 - 30 June 2026
The Honourable Ingrid Stitt MP:	
Minister for Mental Health	1 Jul 2025 - 30 June 2026
Minister for Ageing	1 Jul 2025 - 30 June 2026
Minister for Multicultural Affairs	15 April 2026 - 30 June 2026
The Honourable Lizzie Blandthorn MP:	
Minister for Children	1 Jul 2025 - 30 June 2026
Minister for Disability	1 Jul 2025 - 30 June 2026
Governing Boards	
Ian Marshman AM (Chair of the Board)	1 Jul 2025 - 30 Jun 2026
James Stuart Bett	1 Jul 2025 - 30 Jun 2026
Renee Chmielewski	1 Jul 2025 - 30 Jun 2026
Gary Pollard OAM	1 Jul 2025 - 30 Jun 2026
Teresa Smith	1 Jul 2025 - 30 Jun 2026
Lisa Somerville	1 Jul 2025 - 30 Jun 2026
Kerry Stubbings	1 Jul 2025 - 30 Jun 2026
Abhishek Verma	1 Jul 2025 - 30 Jun 2026
Milka Underhill	1 Jul 2025 - 30 Jun 2026
Accountable Officers	
Elizabeth Sinclair - Chief Executive Officer (CEO)	1 Jul 2025 - 30 Jun 2026

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	9
$250,000 - $259,999	1	1
Total Numbers	**10**	**10**

	2026 $'000	2025 $'000
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	**304**	**296**

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

For the Financial Year Ended 30 June 2026

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]	703	661
Total number of executives	5	8
Total annualised employee equivalent [ii]	4.0	3.5

[i] The total number of executive officers includes persons who meet the definition of Key Management Personnel (KMP) of Yea & District Memorial Hospital 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.

For the Financial Year Ended 30 June 2026

Note 8.4 Related parties

Yea & District Memorial Hospital 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 interest
- cabinet ministers (where applicable) and their close family members
- jointly controlled operations –the Hume Rural Health Alliance and
- all health services and public sector entities that are controlled and consolidated into the State of Victoria financial statements.

Significant transactions with government related entities

The Yea & District Memorial Hospital received funding from government related entities of $5.36 m (2025: $5.18 m) and indirect contributions of $0.145 m (2025: $0.098 m). Balances outstanding as at 30 June 2026 are $Nil (2025: $0.013 m which related to a loan issued by the Department of Health).

Expenses incurred by Yea & District Memorial Hospital 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 Yea & District Memorial Hospital 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 Yea & District Memorial Hospital and its controlled entities, directly or indirectly.

The Board of Directors and the Executive Directors of Yea & District Memorial Hospital and its controlled entities are deemed to be KMPs. This includes the following:

Entity	KMPs	Position Title
YDMH	Ian Marshman AM	Chair of the Board (to 30 June 2026)
YDMH	James Stuart Bett	Board member
YDMH	Renee Chmielewski	Board member
YDMH	Gary Pollard OAM	Board member
YDMH	Teresa Smith	Board member
YDMH	Lisa Somerville	Board member
YDMH	Kerry Stubbings	Board member
YDMH	Abhishek Verma	Board member
YDMH	Milka Underhill	Board member
YDMH	Elizabeth Sinclair	Chief Executive Officer
YDMH	Andrea Steele	Director of Clinical Services
YDMH	Maria Collins	Director of Performance Improvement
YDMH	Naomi McNamara	Director Community, Strategy and Projects
YDMH	Honi Smith	Director of People & Culture
YDMH	Tracey Spiers	Chief Finance Officer

For the Financial Year Ended 30 June 2026

Remuneration of key management personnel

The compensation detailed below excludes the salaries and benefits the Portfolio Ministers receive. The Minister's remuneration and allowances is set by the *Parliamentary Salaries and Superannuation Act 1968* and is reported within the State's Annual Report.

	2026 $'000	2025 $'000
Total compensation - KMPs [i]	1,007	957

[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 Yea & District Memorial Hospital, there were no related party transactions that involved key management personnel, their close family members or their personal business interests. No provision has been required, nor any expense recognised, for impairment of receivables from related parties. There were no related party transactions with Cabinet Ministers required to be disclosed in 2026 (2025: none).

There were no related party transactions required to be disclosed for Yea & District Memorial Hospital Board of Directors, Chief Executive Officer and Executive Directors in 2026 (2025: none).

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.

For the Financial Year Ended 30 June 2026

Note 8.7 Joint arrangements

	Principal Activity	Ownership Interest 2026 %	Ownership Interest 2025 %
Hume Rural Health Alliance (HRHA)	HRHA's primary purpose is to provide members with a wide range of core ICT products and services in order to meet the Hume region's priorities and needs. The Alliance members have committed to ICT investment facilitation, project delivery, workplace services, business application services, collaboration services and vendor management.	3.79	3.12

	2026 $'000	2025 $'000
Total revenue and income	941	512
Total expenses	(984)	(561)
Total net result	(43)	(49)
Total other economic flows	-	-
Comprehensive result for the year	(43)	(49)
Total assets	547	537
Total liabilities	462	409
Total equity	85	128

Contingent liabilities and capital commitments

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



Yea & District
MEMORIAL HOSPITAL

Caring for our Community

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