



BEST**CARE**  
*@ Benalla*  
HEALTH

**24 | 25**

ANNUAL REPORT



## Best Care

Benalla Health acknowledges the Traditional Owners of the lands from across our region. Our commitment to improving the health and wellbeing of Aboriginal and Torres Strait Island peoples is supported by our recognition and respect for their connection to their ancestral lands.

We value our community diversity. We are committed to being an inclusive health service and work environment where people of all cultures, beliefs, abilities, genders, sexualities, and ages feel safe, accepted, affirmed, and celebrated.



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## About this report

This annual report outlines the operational and financial performance for Benalla Health from 1 July 2024 to 30 June 2025. We are a public hospital established under the *Health Services Act 1988 (Vic)*.





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# History

With a ten-bed bush nursing hospital established in 1935, the Benalla community has always been committed to supporting and promoting a local health service to meet the needs of the community. Today, Benalla Health provides a range of acute, midwifery, residential aged care, community health and urgent care services and is one of the largest employers in Benalla. The health service has evolved in recent years to increase its focus on community-based services and has become recognised for its expertise in ophthalmology. We believe our greatest strength is our people, their passion and commitment to provide best care, every person, every time.

## Our Vision

Healthy, thriving and resilient communities in and around Benalla.

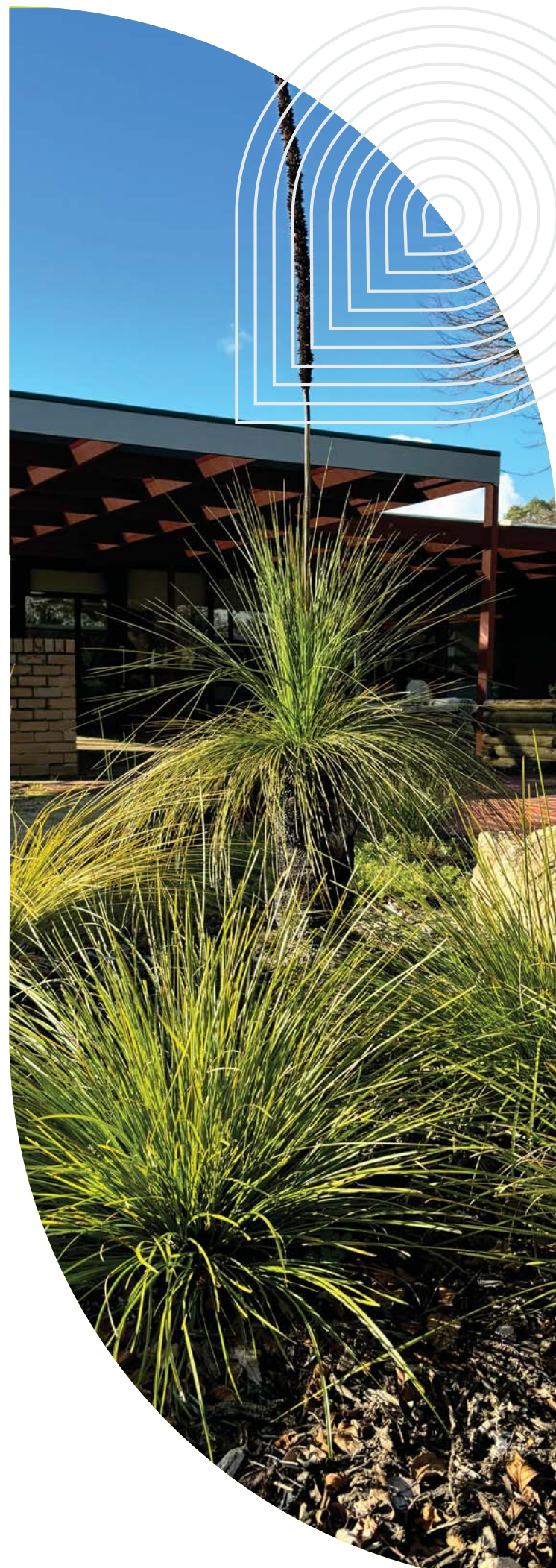
## Our Purpose

To care for our community by providing safe, high-quality healthcare for everyone.

## Registered Objectives

**The objectives of the hospital are to:**

1. Organise and provide health care services in the Benalla district and, in particular hospital based services, including services provided jointly with other agencies in accordance with the *Health Services Act 1988*, and all existing or future relevant Acts and Regulations;
2. Utilise appropriate physical and personal resources, knowledge and available technologies to promote health and to prevent, treat and alleviate disease, disability, injury and suffering so far as is possible in the prevailing conditions;
3. Set and achieve standards consistent with prevailing principles of quality patient care and community health needs;
4. Foster continuing improvement in standards through education, research and training and;
5. Manage and maintain a Community Health Service which will provide facilities, personnel and services to achieve the following aims:
  - promoting health awareness;
  - improving health standards;
  - fostering awareness and prevention of illness and disability;
  - supporting persons in their home environment; and
  - rehabilitation.



# Disclosure Index

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

Legislation	Requirement	Page Reference
<b>Standing Directions and Financial Reporting Directions</b>		
<b>Report Of Operations</b>		
<b>Charter and purpose</b>		
FRD 22	Manner of establishment and the relevant Ministers	Part 1 - 11
FRD 22	Purpose, functions, powers and duties	Part 1 - 4 & 7 - 8
FRD 22	Nature and range of services provided	Part 1 - 36
FRD 22	Activities programs and achievements for the reporting period	Part 1 - 7 - 8
FRD 22	Significant changes in key initiatives and expectations for the future	Part 1 - 7 - 8
<b>Management and structure</b>		
FRD 22	Organisational structure	Part 1 - 17
FRD 22	Workforce data/employment and conduct principles	Part 1 - 18
FRD 22	Workforce Inclusion Policy	Part 1 - 26
FRD 22	Occupational Health and Safety	Part 1 - 18
<b>Financial and other information</b>		
FRD 22	Summary of the financial results for the year	Part 1 - 19
FRD 22	Significant changes in financial position during the year	Part 1 - 20
FRD 22	Operational and budgetary objectives and performance against objectives	Part 1 - 32 - 33
FRD 22	Subsequent events	Part 2 - 83
FRD 22	Details of consultancies under \$10,000	Part 1 - 20
FRD 22	Details of consultancies over \$10,000	Part 1 - 20
FRD 22	Disclosure of ICT expenditure	Part 1 - 21
FRD 22	Asset Management Accountability Framework	N/A
FRD 22	Disclosure of emergency procurement	N/A
FRD 22	Disclosure of Social Procurement under the Social Procurement Framework	Part 1 - 21
FRD 22	Disclosure of procurement complaints	N/A
FRD 22	Disclosure of reviews and study expenses	Part 1 - 22
FRD 22	Disclosure of grants and transfer payments	N/A
<b>Legislation</b>		
FRD 22	Application and operation of <i>Freedom of Information Act 1982</i>	Part 1 - 23
FRD 22	Compliance with building and maintenance provisions of <i>Building Act 1993</i>	Part 1 - 23
FRD 22	Application and operation of <i>Public Interest Disclosure Act 2012</i>	Part 1 - 23
FRD 22	Statement on National Competition Policy	Part 1 - 23
FRD 22	Application and operation of <i>Carers Recognition Act 2012</i>	Part 1 - 23
FRD 22	Additional information available on request	Part 1 - 26
FRD 24	Environmental data reporting	Part 1 - 24 - 25
FRD 25	<i>Local Jobs First Act 2003</i> disclosures	Part 1 - 26
<b>Compliance Attestation and Declaration</b>		
SD 5.1.4	Financial Management Compliance attestation	Part 1 - 8
SD 5.2.3	Declaration in report of operations	Part 1 - 27
Attestation on Data Integrity		Part 1 - 27
Attestation on Managing Conflicts of Interest		Part 1 - 27
Attestation on Integrity, fraud and corruption		Part 1 - 27
Compliance with HealthShare Victoria (HSV) Purchasing Policies		Part 1 - 27

# Disclosure Index

Legislation	Requirement	Page Reference
<b>Standing Directions and Financial Reporting Directions</b>		
<b>Other Reporting Requirements</b>		
	Reporting of outcomes from Statement of Priorities 2024-2025	Part 1 - 28 - 31
	Occupational Violence reporting	Part 1 - 19
	Reporting obligations under the <i>Safe Patient Care Act 2015</i>	Part 1 - 27
	Reporting of Compliance regarding Car Parking Fees (if applicable)	N/A
<b>Financial Statements</b>		
<b>Declaration</b>		
SD 5.2.2	Declaration in Financial Statements	Part 2 - 38
<b>Other requirements under Standing Directions 5.2</b>		
SD 5.2.1(a)	Compliance with Australian accounting standards and other authoritative pronouncements	Part 2 - 45
SD 5.2.1(a)	Compliance with Standing Directions	Part 2 - 38
SD 5.2.1(b)	Compliance with Model Financial Report	Part 2 - 45
<b>Other disclosures as required by FRDs in notes to the financial statements (a)(b)</b>		
FRD 11	Disclosure of Ex gratia Expenses	Part 2 - N/A
FRD 103	Non-Financial Physical Assets	Part 2 - 55
FRD 110	Cash Flow Statements	Part 2 - 43
FRD 112	Defined Benefit Superannuation Obligations	Part 2 - 51
FRD 114	Financial Instruments – general government entities and public non-financial corporations	Part 2 - 65 - 73
<b>Legislation</b>		
	<i>Freedom of Information Act 1982 (Vic) (FOI Act)</i>	Part 1 - 23
	<i>Building Act 1993</i>	Part 1 - 23
	<i>Public Interest Disclosures Act 2012</i>	Part 1 - 23
	<i>Carers Recognition Act 2012</i>	Part 1 - 23
	<i>Local Jobs Act 2003</i>	Part 1 - 26
	<i>Financial Management Act 1994 (b)</i>	Part 2 - 79

## Notes:

- (a) References to FRDs have been removed from the Disclosure Index if the specific FRDs do not contain requirements that are in the nature of disclosure.
- (b) Refer to the Model financial statements section (Part two) for further details.





# Board Chair & Chief Executive Officer's Report

We are delighted to present the 2024-2025 Annual Report for Benalla Health on behalf of the Board of Directors and all staff.

We would like to express our gratitude to the Board of Directors for their dedication, and invaluable contributions. We welcome aboard our new Directors, Dr. David Smallwood and Kelly Hayden, and look forward to their valuable contributions.

There have been some fabulous achievements in 2024-2025, notably the introduction of the Support at Home Program, terrific demand for our nurse practitioner-led urgent care service and the inaugural Benalla Health Winter Ball, break even budget and over achievement of our activity targets. Changes have involved the announcement of the Health Services Plan which has enabled us as an organisation to partner with the region on a number of initiatives now and into the future, the timely re-imagining of our maternity model which will ensure best care for all expectant mothers and families and give care closest to home.

We acknowledge and appreciate the exceptional efforts of our staff and medical professionals. Their dedication to delivering personalised, high-quality care, even under pressure, is a testament to their resilience and commitment to our patients and the community.

This year we delivered our new Strategic Plan for 2025-2028. Developed through extensive engagement with staff, community members, and regional partners, this plan will guide us towards excellence in healthcare delivery. Our Vision is for Healthy, thriving and resilient communities in and around Benalla and we are committed to providing equitable healthcare services that meet the unique needs of our community, providing care and guidance through every step of their health journey.

The most significant achievements for the health services were delivering a balanced budget and exceeding activity targets. This represents a huge amount of work across the health service.

We are widely regarded for our excellence in Hospital in the Home (HITH) Services, ophthalmology, and colonoscopy procedures, performing 1,402 procedures in 2024-2025.

The Urgent Care Centre goes from strength to strength providing care to 6,934 presentations in 2024-2025, a 10% increase on the previous year. In 2024 we introduced a new service for the Benalla community. "Since its commencement in February, the Support at Home Program has delivered 254 client visits through to the end of July. The program is focused on supporting older adults to live safely and comfortably in their own homes, with the majority of services provided in domestic assistance, personal care, and shopping support.

Enhancing Aboriginal Cultural Safety and building our relationship with the local Yorta Yorta community are important priorities for our health service and this year we have been pleased to have completed our first Reconciliation Action Plan, and to have recruited an Aboriginal Patient and Family Support Officer, appointed in collaboration with the local Aboriginal community. This is a very important role, supporting the health journey of Aboriginal people through our health service. Indeed, Benalla Health was entrusted with hosting NAIDOC week celebrations for the Benalla community this year, with our fabulous new Aboriginal Patient and Family Support Liaison Officer taking a lead. There were over 450 attendees, 150 of whom were school aged children.

Enhancements to the dining and lifestyle amenities in the Morrie Evans Wing were made possible through \$23,500 in funding from the Work Health and Safety Australia Consultancy (WHSAC) Specialist Equipment Grant, provided by Western Health Services and Aged Care. We also extend our sincere gratitude to the Benalla and District Memorial Hospital Auxiliary, whose fundraising efforts contributed \$40,000 to purchase essential equipment for departments across Benalla Health, including a new Advanced Life Support (ALS) mannequin for the Education Department.

Benalla Health has embraced a range of new technologies to support our staff in delivering Best Care. Miya screens, installed in nurses' stations, enable teams to remain fully informed of each patient's needs, ensuring care that is safe, clinically effective, and efficient. In the Morrie Evans Wing, the introduction of the Electronic Medication Management Administration system (EMMA) has strengthened communication around prescriptions and medicine orders, enhancing both safety and efficiency for residents and staff. The adoption of Vocera has further streamlined communication across care teams. In partnership with the Hume Region Health Alliance, the ongoing roll-out of the region-wide Patient Administration System (PAS) across 15 health services is another significant step toward optimising safety, efficiency, and shared regional capacity.

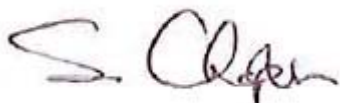
The inaugural Benalla Health Winter Ball, held in August 2024, was the high point of our social calendar and very successful. We are very grateful to our volunteer organisers and our sponsors. Our annual community fundraiser, including the Winter Ball, raised more than \$60,000 this year. Fundraising for a Phillips K2 monitoring, which will enable CTG (Cardiotocography) monitoring for

pregnant women either antenatally or during labour at Benalla Health, to be externally seen for prompt interpretation and guidance by Obstetricians at larger birthing hospitals whenever required.

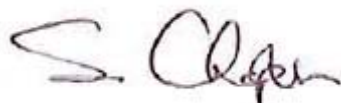
At our Awards Ceremony in December we celebrated a number of staff reaching exciting service milestones. There were: 2 staff recognised for 10 years of service; 2 staff recognised for 15 years of service; and 1 member of staff recognised for 20 years of service. On behalf of Benalla Health, including past Chief Executives, Board Directors and all staff, I would like to again congratulate everyone who passed a significant service milestone this year.

A number of staff have had their own or their loved ones' health journeys. We have been able to support many of these staff through our Frank O'Connor Fund and through flexible work arrangements. Well done to the entire team for looking after each other. It is important to acknowledge that sometimes our carers need caring for.

We would like to thank all who have contributed to the ongoing success of Benalla Health during another challenging but rewarding year.

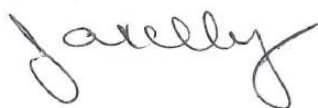


**Sarah Chaplin**  
Board Chair



**Sarah Chaplin**  
Board Chair

**5th September 2025**



**Jackie Kelly**  
Chief Executive Officer

In accordance with the *Financial Management Act 1994*, I am pleased to present the report of operations for Benalla Health for the year ending 30th June 2025.



# Corporate Governance – Board

The organisation is governed by a board appointed by the Governor-in-Council upon the recommendation of the Minister for Health.

## Government Policy

Health service boards are responsible to the Minister for setting the strategic directions of rural public healthcare agencies within the framework of Government policy. They are accountable for ensuring that rural public healthcare agencies:

- Are effectively and efficiently managed;
- Provide high quality care and service delivery;
- Meet the needs of the community; and
- Meet financial and non-financial performance targets.

The Government is committed to ensuring that there is strong governance and accountability of the board for the performance of the organisation and delivery of health services. Each rural public healthcare agency needs a balanced board, which has the right mix of relevant skills, knowledge, attributes and expertise to be effective and achieve its objectives. This includes skills and expertise relating to the governance of health services, and an ability to represent the views of the community.



## Board Committees

### Finance and Audit Committee

The committee receives and makes recommendations relating to internal and external audit reports and ensures compliance with any matters raised by the Auditor General's office. The Committee assists the Board of Directors in fulfilling its responsibilities by acting in an advisory capacity and providing recommendations to the Board to improve the financial performance, management and control mechanisms of Benalla Health. The committee meets monthly.

### Community Advisory Committee

The committee provides direction and leadership in relation to the integration of consumer care and community views across all levels of health service planning, development and operations. The committee meets bimonthly.

### Medical Consultative Committee

The committee provides a forum for local medical practitioners to meet with the Board to discuss common issues. The committee meets as required.

### Quality and Safety Committee

The Quality and Safety Committee provides clinical governance leadership and monitors the delivery of care, quality improvement and risk management (both clinical and non-clinical) throughout the organisation. The committee meets monthly.

### Pecuniary Interest

Members of the Board of Directors are required at each meeting to declare any pecuniary interest which might give rise to a conflict of interest. The Board has developed a Policy and Code of Conduct which clarifies the responsibilities of Board Directors.







# Responsible Ministers During the Financial Year

Benalla Health is a public hospital established under the *Health Services Act 1988 (Vic)*.

The responsible Minister is the Minister for Health:

Minister for Health

**The Hon Mary-Anne Thomas MP**

From 1 July 2024 to 30 June 2025

Minister for Ambulance Services

**The Hon Mary-Anne Thomas MP**

From 1 July 2024 to 30 June 2025

Minister for Health Infrastructure

**The Hon Mary-Anne Thomas MP**

**The Hon Melissa Horne**

From 1 July 2024 to 19 December 2024

From 19 December 2024 to 30 June 2025

Minister for Mental Health

**The Hon. Ingrid Stitt**

From 1 July 2024 to 30 June 2025

Minister for Ageing

**The Hon. Ingrid Stitt**

From 1 July 2024 to 30 June 2025

Minister for Disability / Minister for Children

**The Hon. Lizzie Blandthorn**

From 1 July 2024 to 30 June 2025

**Auditors:** RSD Chartered Accountants, Agents for the Auditor General

**Banker:** National Australia Bank



# Board of Directors



**Committee Membership**  
Community Advisory  
Medical Consultative  
Quality & Safety

## Dr Sarah Chaplin (Chair)

*BSC (Hons) Leeds; MSC Edin; PHD Gla; GCERT Uniteach Melb; GAICD*

Sarah Chaplin is an animal welfare specialist with expertise in project management, analysis, communication and stakeholder engagement. She is employed as a Senior Policy Officer in Animal Welfare Victoria, providing policy advice to the Victorian government on matters relating to animal welfare. Sarah was born in England and came to Australia in 2000 to take up a lecturing position at the University of Melbourne. She was based at Dookie Campus for nearly 10 years and both her children were born at Benalla Hospital. Sarah is a Fairley Fellow (2017) and a graduate of the Australian Institute of Company Directors. Sarah runs a Murray Grey stud at Yabba North with her husband.



**Committee Membership**  
Finance & Audit  
(Chair)  
Quality & Safety

## Binda Gokhale (Treasurer)

*GAICD, FCPA, MBA, BEC*

Binda joined the Benalla Health Board of Directors in July 2021. Binda has considerable experience in corporate finance, strategic planning, and governance. Binda holds directorships at Melbourne Water, Melbourne Polytechnic, TAC, and is a member of the Audit and Risk Committee at the Victorian Disability Worker Commission, City of Monash and City of Whitehorse. Binda has held previous directorships with the Satellite Foundation and Trust for Nature. Binda has previously worked at Wyndham City Council and Telstra in senior executive roles. She currently participates on the Executive Committee of the Victorian Local Government Finance Professionals. Binda is a graduate of the Melbourne Business School, a graduate member of the Australian Institute of Company Directors, Fellow CPA and holds a Bachelor of Economics from Monash University. Binda is keen to work with her fellow Board members and Benalla Health's Executive on strengthening community engagement and service outcomes in the health sector.



**Committee Membership**  
Finance & Audit

## Melinda Lawley

*MPH, GCertScCommun, BEd(HSc)*

Melinda was appointed to the Benalla Health Board of Directors in July 2023 and is a member of the Finance and Audit Committee and the Maternity Redesign Governance Committee. Melinda has extensive experience working with Boards and Executive teams across Health, Education and Community Services. Currently the CEO of a community service organisation specialising in support to Young People, and a Director with Benalla community's Tomorrow Today Foundation where she is Deputy Chair, and Chair of the Aboriginal Garden Advisory Committee, Melinda has a demonstrated record in governance and strategic planning. Her studies in Public Health drive her desires to improve the health of the population, focusing on local, community-based solutions to access quality health care. She and is committed to collaboration and believes partnerships are key delivering the best outcomes.

## Board of Directors cont.



### Committee Membership

Finance & Audit  
Quality & Safety  
(Chair)

### Leanne Turner (Vice Chair)

*RN, BHealthSci (Nursing), PostGradDip (Health Administration), MBA, GAICD*

Leanne was appointed to the Benalla Health Board in July 2021. Leanne is currently the Executive Director Operations and Chief Nursing Officer at the Royal Victorian Eye and Ear Hospital. Prior to this, Leanne was the Chief Operating Officer at Yooralla and responsible for leading the delivery of all client services.

Before joining Yooralla in 2017, Leanne was the Executive Director of the Royal Dental Hospital of Melbourne at Dental Health Services Victoria for three years where she developed new models of care and implemented a new clinical governance framework. Prior to joining Dental Health Services Victoria, Leanne was the Director of Specialty Services at Austin Health for eight years. In this role, she was responsible for the strategic leadership and operational management of Cardiac Services, Vascular Surgery, Neurosciences, Neuropsychology and Respiratory Services. Leanne's qualifications include a Bachelor of Health Sciences (Nursing), a Post Graduate Diploma in Health Administration (La Trobe University) and a Master of Business Administration (RMIT). She is also a Graduate of the Australian Institute of Company Directors. Leanne has extensive experience in clinical governance and risk management, service planning and financial management. She is passionate about improving patient outcomes. Leanne has previously held Board Director position with the Eastern Domestic Violence Service and in Community Health organisations. Leanne holds the role of Vice Chair and chairs the Quality and Safety Committee. She is also a member of the Finance and Audit Committee and the Performance and Remuneration Committee.



Committee Membership  
Finance & Audit  
Quality & Safety  
Medical Consultative

### Associate Professor David Smallwood

*MBBS FRACP PhD GradCertClinTeach MHLM*

David Smallwood has been a practising Respiratory and General Physician for over 30 years. He is also an Associate Professor in the Department of Medical Education at the University of Melbourne. He has worked for 4 large metropolitan health services and recent roles include the Deputy Chief Medical Officer – Academia, at Epworth Healthcare.

David has held many other leadership roles including the Director of Medical Education at RMH and the Director of General Medicine at the Austin Hospital. He has served on national accreditation committees for the Australian Medical Council, The Advisory Committee for Prescription Medicines for the TGA, and chaired the Royal Australian College of Physicians CPD Committee.

He has a particular interest in high quality patient care, patient safety, and ensuring strong clinical governance systems in health services. He holds a Master's degree in Health Leadership and Management (MHLM) and is due to complete his training with the Royal Australian College of Medical Administrators later in 2025.

## Board of Directors cont.



**Committee Membership**  
Community Advisory  
Medical Consultative  
Quality & Safety

### Dr Dennis O'Brien

*BSc (AG) University of Sydney; MSc, University of Manitoba Canada; PhD, Oregon State University USA*

After graduating with his PhD, Dennis worked for five years in the Philippines and Indonesia. He has also worked in Canada, USA, Bangladesh, Singapore, Malaysia, Sri Lanka, Vietnam, Papua New Guinea and China. He and Gail returned to Australia with their three children in 1985 to take up a position at the University of Wollongong. He moved to Southern Cross University in 1993, where he was Head of the School of Business. In 2002 he was appointed Associate Professor and Head of the Dookie Campus of the University of Melbourne. He was the foundation Director of Postgraduate Studies at Marcus Oldham College from 2009 to 2010. In addition to his current role as a Director on the Benalla Health Board, he is currently interim CEO of the Winton Wetlands Committee of Management and a member of the Waminda Board. He has a long history of commitment to community development locally and in his home state of NSW. He and Gail operate a small Wagyu cattle farm at Goomalibee.



**Committee Membership**  
Quality & Safety

### Dr Naveen Tenneti

*FAFPHM, BSc (Economics and Development), MBBS, BMedSci (Hons), MPH*

Naveen was appointed to the Benalla Health Board of Directors in July 2023. Naveen is a Public Health Physician and is currently working as Medical Director at the Loddon Mallee Public Health Unit, Bendigo Health. He is also an Adjunct Associate Professor with the La Trobe Rural Health School. He has previously held senior executive roles across the Victorian Department of Families, Fairness and Housing and Department of Health and as a Research Fellow at the Nossal Institute for Global Health. He has worked as a doctor at Monash Health and Researcher at the Grattan Institute. Naveen was a 2014 Monash Community Leadership Scholar and 2017 Westpac Future Leader Scholar. He has tertiary qualifications in Medicine & Surgery, Public Health and Economics and Development. Naveen has extensive experience across the health sector in clinical, academic and public service roles. He is committed to building strong health systems underpinned by a social determinants approach.



**Committee Membership**  
Quality & Safety  
Community Advisory

### Kelly Hayden

*BPubHealth HealthProm(Hons) MHLthAdmin*

Kelly Hayden is a healthcare leader with over a decade of strategic experience across both Victoria and the UK, specialising in project management, service redesign, strategic planning, and operational management. Currently serving as a Director of Operations, Outpatient Services at Northern Health. Kelly previously contributed to capital planning initiatives at the Royal Women's Hospital and held roles within the National Health Service (NHS) in Scotland. Kelly holds a Bachelor of Public Health and Health Promotion (Honors) and a Master of Health Administration and is an active member of Benalla Health's Quality and Safety Committee and Community Advisory Committee. Kelly's values-driven leadership focuses on advancing patient-centered strategies, strengthening governance structures, and ensuring healthcare services align with quality and safety objectives to meet evolving community needs.



# Executive Team



## Chief Executive Officer

**Jackie Kelly**

*BNurs, MLD, Dip. HR.*

The Chief Executive Officer is responsible to the Board of Directors for the efficient and effective management of the Health Service. Key responsibilities include the development and implementation of operational and strategic planning, maximising service efficiency, quality improvement and minimisation of risk.

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## Executive Director of Clinical Services

**Lisa Waite**

*RN, RM, Bachelor of Nursing, MHA.*

The Executive Director of Clinical Services (EDCS) is responsible for all clinical services. The EDCS role encompasses leadership of clinical services, clinical governance, clinical leadership and standards of practice, service and strategic planning, clinical risk management, quality improvement and resource management.

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## Executive Director of Finance & Corporate Services

**Mewan Dissanayake**

*MBA(USQ), CA, CPA, GAICD, FCMA(UK), CGMA, FCA(SL), BBA Hons (Specialised in Financial Mgt)*

The Executive Director of Finance and Corporate Services is responsible for the finance and administration, ICT, health information, supply, linen and hospitality departments. The Executive Director of Finance and Corporate Services provides leadership in the management of financial and corporate support services.

## Executive Team cont.



### Director of Medical Services

#### Dr Ken Cheng

*MBBS, BMedSc (Hons), MBA, M Com (Dist), MHM, MPH, FRACMA, FCHSM, CHE, MAICD*

As Director of Medical Services Dr Cheng ensures all visiting medical officers are credentialed and have appropriate clinician privileges for the Organisation. The DMS role involves liaison with visiting specialists and General Practitioners as well as the provision of senior medical administrative support, advice and guidance to staff on clinical governance, medical services, quality and medico-legal matters.



### Executive Director of People & Culture

#### Donovan Jacka

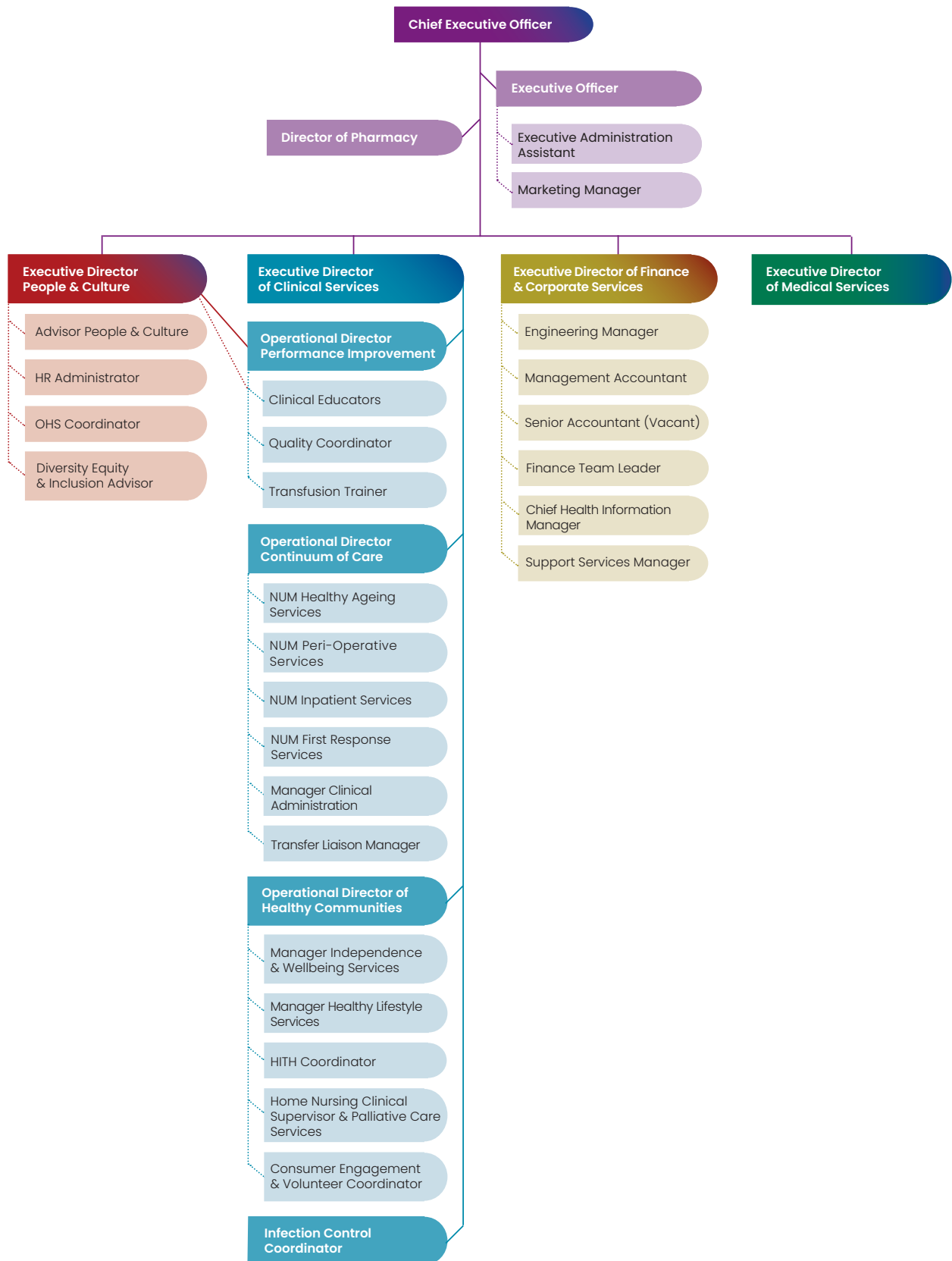
*Grad Dip HR/IR Grad Cert Mediation*

As Executive Director of People and Culture Donovan drives organisational excellence by providing strategic leadership and operational delivery of people and organisational development functions and services for Benalla Health, including management of Employment Services, Employee Relations, Industrial Relations, Diversity, Equity and Inclusion, Health and Safety, Wellbeing Services and Injury Management programs.



# Organisational Structure 2025

1st July 2025





# Workforce Information

Current Full Time Equivalent (FTE) and other payroll information is consistent with that provided to the Department in the Minimum Employee Data Set (MDS).

Hospitals Labour Category	June Current Month FTE		Average Monthly FTE	
	2024	2025	2024	2025
Nursing	118.24	119.03	112.63	117.14
Administration and Clerical	33.93	32.28	34.01	31.62
Medical Support	10.38	8.63	10.96	9.56
Hotel and Allied Services	39.49	37.87	41.07	36.34
Medical Officers	0.00	0.00	0.00	0.00
Hospital Medical Officers	0.00	0.00	0.00	0.00
Sessional Clinicians	0.00	0.00	0.00	0.00
Ancillary Staff (Allied Health)	17.67	19.59	18.79	19.14
<b>Total</b>	<b>219.71</b>	<b>217.40</b>	<b>217.46</b>	<b>213.80</b>

The FTE figures in this table exclude overtime and do not include contracted staff (i.e. agency nurses and fee for service Visiting Medical Officers) who are not regarded as employees for this purpose.

## Employment & Conduct Principles

Benalla Health is committed to applying merit and equity principles to all employment policies, programs and resources and ensures our values; Respect, Empathy, Excellence, Compassion and Accountability, are implemented throughout the organisation, including through performance planning and employee recognition processes.

# Occupational Health & Safety

The objective of Health and Safety is prevention and active response. This is achieved by supportive and ongoing consultation between management, the Occupational Health and Safety Committee, employees, volunteers, students, Visiting Medical Officers, contractors and consumers. We aim to continuously review our practices, look for improvements and evaluate our systems on a regular basis, to ensure excellence in safety management.

Occupational Health & Safety Statistics	2022-2023	2023-2024	2024-2025
Number of reported hazards/incidents for the year per 100 FTE	92	90	97
Number of lost time standard WorkCover claims for the year per 100 FTE	5	2.41	3.74
Average cost per WorkCover claim for the year	\$42,001	\$7,745	<b>\$43,157</b>

# Occupational Violence

Occupational violence statistics for 2024-2025 are reported as per the table below.

Occupational Violence Statistics	2024-2025
WorkCover accepted claims with an occupational violence cause per 100 FTE	0
Number of accepted WorkCover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	0
Number of occupational violence incidents reported	20
Number of occupational violence incidents reported per 100 FTE	9.35
Percentage of occupational violence incidents resulting in staff injury, illness or condition	0

## Definitions

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

- **Occupational violence:** Any incident where an employee is abused, threatened or assaulted in circumstances arising out of, or in the course of their employment.
- **Incident:** An event or circumstance that could have resulted in, or did result in, harm to an employee. Incidents of all severity rating must be included. Code Grey reporting is not included, however if an incident occurs during the course of a planned or unplanned Code Grey, the incident must be included.
- **Accepted WorkCover claims:** Claims accepted and lodged in 2024-2025.
- **Lost time:** Defined as greater than one day.
- **Injury, illness or condition:** This includes all reported harm as a result of the incident, regardless of whether the employee required time off work or submitted a claim.

## 5 Year Performance

	2025 \$'000	2024 \$'000	2023 \$'000	2022 \$'000	2021 \$'000
<b>Operating Result</b>	<b>16</b>	<b>(1,240)</b>	<b>245</b>	<b>682</b>	<b>197</b>
Total revenue	39,846	39,245	38,376	33,208	32,005
Total expenses	42,180	41,671	38,039	34,382	33,861
<b>Net result from transactions</b>	<b>(2,334)</b>	<b>(2,426)</b>	<b>337</b>	<b>(1,174)</b>	<b>(1,856)</b>
Total other economic flows	108	74	(54)	227	225
<b>Net result</b>	<b>(2,226)</b>	<b>(2,352)</b>	<b>283</b>	<b>(947)</b>	<b>(1,631)</b>
Total assets	67,499	67,894	50,436	48,820	46,553
Total liabilities	14,794	12,963	10,936	9,603	9,143
<b>Net assets/Total equity</b>	<b>52,705</b>	<b>54,931</b>	<b>39,500</b>	<b>39,217</b>	<b>37,410</b>

\*The Operating result is the result for which the health service is monitored in its Statement of Priorities.

Reconciliation of Net Result from Transactions and Operating Result	2024-2025 \$'000
<b>Operating result</b>	<b>16</b>
Capital purpose income	1,005
Specific income	-
COVID 19 State Supply Arrangements – Assets received free of charge or for nil consideration under the State Supply	11
State Supply items consumed up to 30 June 2025	(11)
Assets provided free of charge	-
Assets received free of charge	-
Expenditure for capital purpose	(314)
Depreciation and amortisation	(3,045)
Impairment of non-financial assets	-
Finance costs (other)	4
<b>Net result from transactions</b>	<b>(2,334)</b>

An operating surplus of \$16,000 was recorded for the year, surpassing our Statement of Priorities target of a break even result. Benalla Health had an increase in revenue from operating transactions as a result of increase in commonwealth grants and other income. However, the expenses for the year also increased mainly due to the workforce related expenses.

## Consultancies

### Details of consultancies (under \$10,000)

In 2024-2025 there were 8 consultancies where the total fees payable to the consultants were less than \$10,000 (excl. GST). The total expenditure incurred during 2024-2025 in relation to these consultancies is \$30,918 (excl. GST).

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

In 2024-2025 there was 3 consultancies where the total fees payable to the consultants were \$10,000 (excl. GST) or greater. The total expenditure incurred during 2024-2025 in relation to these consultancies is \$139,200 (excl. GST)

Consultant	Purpose of Consultancy	Start Date	End Date	Total Approved Project Fee (excluding GST)	Expenditure 2024-2025 (excluding GST)	Future Expenditure (excluding GST)
Community Projects (VIC) Latica Pty Ltd/ Laura Harris Consulting	Aged Care Capital Assistance Program – Residential based Aged Care Services & Staff Accommodation	Apr 2025	Jun 2025	\$25,125	\$24,920	Nil
NTC Architects Trust/ Grimes Family Trust	Regional Worker Accommodation Fund – Round 1	Oct 2023	May 2024	\$85,000	\$84,360	Nil
Community Projects (VIC) Latica Pty Ltd/ Laura Harris Consulting	Regional Worker Accommodation Fund – Round 2	Dec 2024	Feb 2025	\$35,375	\$29,920	Nil



# Information & Communication Technology (ICT)

The total ICT expenditure incurred during 2024–2025 is \$2.105 million (excluding GST) with details shown below:

Business As Usual (BAU) ICT Expenditure	Non-Business As Usual (non-BAU) ICT Expenditure		
Total (excluding GST) (million)	Total = Operational expenditure and Capital expenditure (excluding GST)	Operational expenditure (excluding GST) (million)	Capital expenditure (excluding GST)(million)
\$1.880 million	<b>\$0.225 million</b>	\$0 million	\$0.225 million

## Social Procurement Activities Under the Social Procurement Framework

Social Procurement Activities and Commitments	
Reporting Period:	2024–2025
Reporting Entity:	Benalla Health
Overall social procurement activities	2024–2025
Number of social benefit suppliers (direct spend) during the reporting period (\$ GST exclusive)	2
Total amount spent with social benefit suppliers (direct spend) during the reporting period (\$ GST exclusive)	\$7,662.14
Total number of mainstream suppliers engaged that have made social procurement commitments in their contracts with the Victorian Government	10
Total number of contracts that include social procurement commitments	10

### 2024–2025 SPF Reporting

SPF Objective	SPF Outcome	Metric	Unit of measure	2024–2025 (Actual)
Opportunities for Victorian Aboriginal people	Employment of Victorian Aboriginal people by suppliers to the Victorian Government	Total number of Victorian Aboriginal people employed by Victorian Government suppliers on Victorian Government contracts		–
	Purchasing from Victorian Aboriginal businesses	Total spend with Victorian Aboriginal businesses <sup>1</sup>	\$ (GST exclusive)	7,662.14
		Number of Victorian Aboriginal businesses <sup>9</sup> engaged	Number	2
Sustainable Victorian social enterprises and Aboriginal business sectors	Purchasing from Victorian social enterprises and Aboriginal businesses	Total spend with Victorian Aboriginal businesses <sup>9</sup>	\$ (GST exclusive)	7,662.14
		Number of Victorian Aboriginal businesses <sup>9</sup> engaged	Number	2
		Total spend with other Victorian social enterprises <sup>8</sup>		
		Number of other Victorian social enterprises <sup>8</sup> engaged		

<sup>1</sup> Victorian Aboriginal businesses verified by Kinaway and/or Supply Nation

## Disclosure of Reviews and Study Expenses

The total review and study expenditure incurred during 2024-2025 was \$52,270 (excluding GST) with details shown below:

Review & study program	2024-2025 Estimated Cost	2024-2025 Actual Cost	Reasons for undertaking the review/study
Internal Audit Program	23,125	24,378	To provide independent assurance that Benalla Health's risk management, governance and internal control processes are operating effectively and in accordance with relevant legislative frameworks and standards
External Audit Program	27,900	27,900	Provide an unbiased opinion on whether financial statements of Benalla Health present a true and fair view of the health services financial performance and position, in accordance with relevant legislative frameworks and standards
<b>Total</b>	<b>51,025</b>	<b>52,270</b>	



# Statutory Reporting

## Freedom of Information Act 1982

Benalla Health is an agency subject to the *Freedom of Information Act 1982* (Victoria). The Chief Executive Officer is the nominated Freedom of Information Officer. Persons wishing to make an FOI request should do so by completing the FOI Request form (available from the Benalla Health website or at the hospital reception desk). The FOI Request form contains information relating to costs of accessing information, what information can be provided and timeline for provision of information to an applicant by Benalla Health. Further information about the Freedom of Information Act is available from the Office of the Victorian Information Commissioner ([www.ovic.gov.au](http://www.ovic.gov.au)).

During 2024–2025, Benalla Health received 32 applications. Of these requests, 17 were from the public, and 15 were from legal parties. Benalla Health made 32 FOI decisions during the 12 months ended 30 June 2025. There were 32 decisions made within the statutory time periods. A total of 32 FOI access decisions were made where access to documents was granted in full.

## Public Interest Disclosure Act 2012

Benalla Health is an agency subject to the *Public Interest Disclosure Act 2012*. The *Public Interest Disclosure Act 2012* enables people to make disclosures about improper conduct within the public sector without fear of reprisal. The Act aims to ensure openness and accountability by encouraging people to make disclosures and protecting them when they do. Policies and guidelines are in place to protect people against actions that might be taken against them if they choose to make a protected disclosure. Access to the Benalla Health Public Interest Disclosure Policy can be found via our Feedback page on the Benalla Health website [www.benallahealth.org.au](http://www.benallahealth.org.au). There were no disclosures in 2024–2025.

## Carers Recognition Act 2012

Benalla Health is an agency subject to the *Carers Recognition Act 2012*. The *Carers Recognition Act 2012* formally recognises and values the role of carers and the importance

of care relationships in the Victorian community. The Act includes a set of principles about the significance of care relationships, and specifies obligations for State Government agencies, local Councils, and other organisations that interact with people in care relationships.

Benalla Health has taken all practical measures to comply with its obligations under the Act. These include considering the care relationships principles set out in the Act when setting policies and providing services (e.g. reviewing our employment policies such as flexible working arrangements and leave provisions to ensure that these comply with the statement of principles in the Act).

## Building Act 1993

Each year Benalla Health is required to confirm compliance with the *Building Act 1993* (Vic) and associated regulations. This sign-off demonstrates that the organisation has appropriate systems in place to ensure:

- All buildings are maintained in a safe condition and used in accordance with their approved purpose.
- Essential safety measures (such as fire systems, exits, alarms, and other safety features) are regularly tested, maintained, and recorded.
- Any building works undertaken during the year comply with relevant approvals, permits, and regulatory requirements.
- Risk management processes are in place to protect staff, patients, visitors, and the broader community from hazards associated with the built environment.

The annual declaration confirms Benalla Health's ongoing commitment to maintaining a safe and compliant healthcare environment in accordance with Victorian building legislation.

## National Competition Policy

It is Government policy that the costing policies of publicly funded organisations should reflect any competitive advantage available to the private sector. Benalla Health complies with the National Competition Policy and Competitive Neutrality Policy Victoria and its subsequent reforms.



# Environmental Performance Summary

Over the past three reporting years Benalla Health has demonstrated encouraging progress in reducing its greenhouse gas (GHG) emissions particularly in electricity consumption (Scope 2) and waste-related Scope 3 emissions.

Greenhouse Gas Emissions	2024-2025	2023-2024	2022-2023
<b>Total Scope 1 (direct) greenhouse gas emissions (CO2-e(t))</b>			
Carbon Dioxide	595.81	623.24	642.79
Methane	1.14	1.15	1.21
Nitrous Oxide	0.40	0.53	0.47
<b>Total</b>	<b>597.34</b>	<b>624.92</b>	<b>644.47</b>
<b>Total Scope 2 (indirect electricity) greenhouse gas emissions (CO2-e(t))</b>			
Electricity	883.98	1,011.38	988.58
<b>Total Scope 2 (indirect electricity) greenhouse gas emissions (CO2-e(t))</b>	<b>883.98</b>	<b>1,011.38</b>	<b>988.58</b>
<b>Total Scope 3 (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (CO2-e(t))</b>			
Commercial air travel	0	0	0
Waste emissions (WR5)	81.39	98.88	99.99
Indirect emissions from Stationary Energy	165.64	170.62	175.43
Indirect emissions from Transport Energy	2.50	8.85	6.36
Water emissions	20.60	15.44	13.11
Any other Scope 3 emissions	0	0	0
<b>Total Scope 3 greenhouse gas emissions (CO2-e(t))</b>	<b>270.11</b>	<b>293.79</b>	<b>294.89</b>
<b>Net greenhouse gas emissions (CO2-e(t))</b>			
<b>Gross greenhouse gas emissions (S1 + S2 + S3) (CO2-e(t))</b>	<b>1,751.44</b>	<b>1,930.09</b>	<b>1,927.95</b>
Total gross reported greenhouse gas emissions per bed-day (CO2-e(t)/OBD)	0.08	0.09	0.10
Any Reduction Measures Offsets purchased (EL4-related)	0	0	0
Any Offsets purchased	0	0	0
<b>Net greenhouse gas emissions (CO2-e(t))</b>	<b>1,751.44</b>	<b>1,930.09</b>	<b>1,927.95</b>

The hospital made substantial strides in lowering total electricity consumption, natural gas use and fleet vehicle energy. The pronounced reductions in purchased electricity and fleet emissions particularly underscore more sustainable practices. While self-generated renewable electricity fluctuated, the overall energy and emissions profile shifted decisively downward, supporting both environmental goals and operational cost savings.

Electricity Use	2024-2025	2023-2024	2022-2023
<b>EL1 Total electricity consumption segmented by source (MWh)</b>			
Purchased	1,340.47	1,537.71	1,439.09
Self-generated	107.70	246.47	184.48
<b>EL1 Total electricity consumption (MWh)</b>	<b>1,448.17</b>	<b>1,784.18</b>	<b>1,623.57</b>
<b>EL2 On site-electricity generated (MWh) segmented by:</b>			
Solar Electricity	107.70	246.47	184.48
<b>Total Consumption behind-the-meter (MWh)</b>	<b>107.70</b>	<b>246.47</b>	<b>184.48</b>

Water Use	2024-2025	2023-2024	2022-2023
Potable water (kL)	12,591.00	9,200.00	7,742.00
<b>Total units of water consumed (kL)</b>	<b>12,591.00</b>	<b>9,200.00</b>	<b>7,742.00</b>

Waste and Recycling	2024-2025	2023-2024	2022-2023
<b>WR1 Total units of waste disposed of by waste stream and disposal method (kg)</b>			
<b>Landfill (total)</b>			
General waste - skips	55,201.50	68,643.00	67,077.00
<b>Off-site treatment</b>			
Clinical waste - incinerated	304.29	305.50	377.00
Clinical waste - sharps	718.29	719.95	703.62
Clinical waste - treated	6,478.60	6,489.27	8,882.21
<b>Recycling/recovery (disposal)</b>			
Cardboard	Est. 14,891.40	16,087.50	21,120.00
Commingled	Est. 6,156.00	6,600.00	8,580.00
Paper (confidential)	95.69	97.50	98.49
<b>Total units of waste disposed (kg)</b>	<b>83,845.77</b>	<b>98,942.72</b>	<b>106,838.32</b>

## Additional Information

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

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

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

This information is available on request from:  
Executive Director of Finance & Corporate Services  
Phone: (03) 5761 4222  
Email: executive@benallahealth.org.au

(More information is available at Compliance with Financial Reporting Direction 22.)

## Local Jobs First Act 2003

No projects undertaken by Benalla Health during 2024–2025 met the threshold for *Local Jobs First Act 2003* policy application. As such, no Local Industry Development Plans were required or submitted.

## Gender Equality Act 2020

Gender equality is the enjoyment of equal opportunities, resources and wellbeing by all people, regardless of their gender. By achieving greater gender equality, it allows for a more just, inclusive and fair society for everyone. Since the implementation of the *Gender Equality Act 2020*, Benalla Health has gained momentum towards gender equality within the organisation and community.

Our key focus is to implement actions outlined in the *Gender Equality Act 2020*. Benalla Health undertook Gender Equality data collection and found the following;

- 88% of Benalla Health's workforce are female.
- 62% of Benalla Health's leadership team are female, 38% are male.
- 80% of Benalla Health's management team are female, 20% are male.

In 2024–2025 Benalla Health has continued to make progress on the Gender Equality Action Plan 2024–2025, this summarises Benalla Health's commitments to gender equality and outlines an action plan. Benalla Health has continued to embed Gender Equality into operations, such as its inclusion in Orientation Programs, Individual Development Plans, and reviewing remuneration for pay disparities. Benalla Health has partnered with Women's Health Goulburn North-East recognising their expertise in Gender Equality to make a commitment in addressing gender inequality within the workforce by embedding prevention activities under the Gender Equality Act.

Benalla Health's Maternity Ward continues to actively promote gender equality through the Baby Makes 3 program which seeks to prevent violence against women and challenges the rigid belief of gender-based roles.

In 2024–2025 Benalla Health conducted a major review of a suite of policies related to Workplace Equal Opportunity, Human Rights and Diversity, and this included the initial development of a Workforce Inclusion Policy. Work is currently under way to implement inclusion targets in 2026. These targets will include the proportion of people with disability; LGBTQ+ people; and, people from multicultural and multifaith backgrounds.



# Attestation & Declaration

There are a number of specific compliance requirements that health services must meet and declare during the course of operations. Accordingly, the following attestations are made:

## Ministerial Standing Direction 5.1.4 Financial Management Compliance

I, Sarah Chaplin, on behalf of the Responsible Body, certify that Benalla Health has no Material Compliance Deficiency with respect to the applicable Standing Directions under the *Financial Management Act 1994* and instructions.



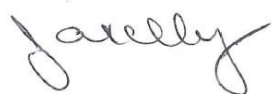
**Dr Sarah Chaplin**  
Board Chair

### Responsible Officer

Benalla Health  
05/09/2025

## Integrity, Fraud & Corruption

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



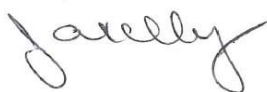
**Jackie Kelly**  
Chief Executive Officer

### Accountable Officer

Benalla Health  
05/09/2025

## Compliance with Health Share Victoria (HSV) Purchasing Policies

I, Jackie Kelly, certify that Benalla Health 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.



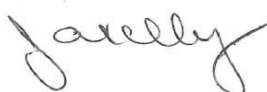
**Jackie Kelly**  
Chief Executive Officer

### Accountable Officer

Benalla Health  
05/09/2025

## Data Integrity

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



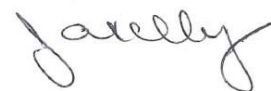
**Jackie Kelly**  
Chief Executive Officer

### Accountable Officer

Benalla Health  
05/09/2025

## Conflict of Interest

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



**Jackie Kelly**  
Chief Executive Officer

### Accountable Officer

Benalla Health  
05/09/2025

## Safe Patient Care Act 2015

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

# Department of Health Strategic Plan

In 2023–2025 Benalla Health will contribute to the achievement of the Victorian Government's commitments by:

### Excellence in clinical governance

*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.*

Goals	Health Service Deliverables	2024–2025 Achievements / Outcome
<b>MA2</b> Strengthen all clinical governance systems, as per the Victorian Clinical Governance Framework, to ensure safe, high-quality care, with a specific focus on building and maintaining a strong safety culture, identifying, reporting, and learning from adverse events, and early, accurate recognition and management of clinical risk to and deterioration of all patients.	<b>MA2</b> Implement Best Care @ Benalla Clinical Governance Framework.	<b>Status: Achieved</b> <b>Commentary:</b> <ul style="list-style-type: none"> <li>Benalla Health Clinical Governance Framework has been updated to align with the new Safer Care Victoria Clinical Governance Framework.</li> </ul>
	<b>MA2</b> Improve paediatric patient outcomes by implementing the "ViCTOR track and trigger" observation chart and escalation system whenever children have observations taken.	<b>Status: Achieved</b> <b>Commentary:</b> <ul style="list-style-type: none"> <li>All age group ViCTOR charts utilised in our Urgent Care Centre.</li> </ul>
<b>MA4</b> Identify and develop clinical service models where face to face consultations can be substituted by virtual care wherever possible (using telehealth, remote monitoring), while ensuring strong clinical governance, safety surveillance and patient choice.	<b>MA4</b> Adopt the Department of Health 'Virtual Care Operational Framework' and formulate governance and procedures to align with those outlined within the Framework.	<b>Status: Achieved</b> <b>Commentary:</b> <ul style="list-style-type: none"> <li>Benalla Health policy mirrors Department of Health framework.</li> <li>Victorian Virtual Emergency Department (VVED) option for patients presenting to our Urgent Care Centre (UCC).</li> </ul>
	<b>MA4</b> Identify appropriate clinical cohorts that would benefit from virtual care. At all times ensuring consumers are made aware of the available options and the range of modalities available to support their care requirements.	<b>Status: Achieved</b> <b>Commentary:</b> <ul style="list-style-type: none"> <li>Regular advertising of all forms of services – in person, virtual and via phone consultations on multiple platforms attended throughout the year.</li> <li>Adoption of Information &amp; Communication Technology (ICT) platforms that conform with accredited standards, guidelines and frameworks measures.</li> <li>Clinical governance for virtual health is maintained through the committee structure with reporting lines through to Board Quality and Safety Committee.</li> </ul>

## Operate within budget

Ensure prudent and responsible use of available resources to achieve optimum outcomes.

Goals	Health Service Deliverables	2024-2025 Achievements / Outcome
<b>MB1</b> Develop and implement a health service Budget Action Plan (BAP) in partnership with the Department to manage cost growth effectively to ensure the efficient operation of the health service.	<b>MB1</b> Deliver on the key initiatives as outlined in the Budget Action Plan.	<b>Status: Achieved</b> <b>Commentary:</b> <ul style="list-style-type: none"> <li>Finalised Budget Action Plan (BAP) approved by Executives and Board of Directors and shared with Department of Health.</li> <li>BAP initiatives are in progress, reviewed quarterly and reported to the Board of Directors and Department of Health.</li> <li>Financial Year 2024-2025 closed with a \$16,000 SOP result after implementing several BAP initiatives.</li> </ul>
	<b>MB1</b> 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.	<b>Status: Achieved</b> <b>Commentary:</b> <ul style="list-style-type: none"> <li>Monthly monitoring of budgets against actuals through financial reporting system.</li> <li>Continue to monitor budgets and activity levels with actual achievement. Share the financial / activity variance analysis information with Department of Health, Board of Directors, Executives and departmental Managers.</li> </ul>

## A Stronger Workforce

There is increased supply of critical roles, which supports safe, high-quality care. Victoria is a world leader in employee experience, with a focus on future roles, capabilities and professional development. The workforce is regenerative and sustainable, bringing a diversity of skills and experiences that reflect the people and communities it serves. As a result of a stronger workforce, Victorians receive the right care at the right time closer to home.

Goals	Health Service Deliverables	2024-2025 Achievements / Outcome
<b>MD1</b> Improve employee experience across four initial focus areas to assure safe, high quality care: leadership, health and safety, flexibility, and career development and agility.	<b>MD1</b> Deliver programs to improve employee experience across four initial focus areas: leadership, safety and wellbeing, flexibility, and career development and agility.	<b>Status: Achieved</b> <b>Commentary:</b> <ul style="list-style-type: none"> <li>Benalla Health Diversity, Equity and Inclusion Advisor meeting with all Benalla Health Managers to discuss results of the People Matter Survey. Development of People Matter Survey action plan implemented across the organisation.</li> </ul>
	<b>MD1</b> Implement and/or evaluate a new/expanded wellbeing and safety program and its improvement on workforce wellbeing.	<b>Status: Achieved</b> <b>Commentary:</b> <ul style="list-style-type: none"> <li>Benalla Health Diversity, Equity and Inclusion Advisor received external funding for the launch of the Benalla Health Peer Support Program.</li> </ul>
	<b>MD2</b> Continual monitoring of the broader healthcare landscape to identify opportunities to modernise skills, capabilities, roles and models of care to meet future health sector needs.	<b>Status: Achieved</b> <b>Commentary:</b> <ul style="list-style-type: none"> <li>Regional Industrial Relations Managers and Hume People and Culture Managers meetings established.</li> <li>Attendance at the Human Resources Leaders Network Regional and Rural Healthcare Conference May 2025.</li> </ul>



## Improving equitable access to healthcare and wellbeing

Ensure that Aboriginal people have access to a health, wellbeing and care system that is holistic, culturally safe, accessible, and empowering. Ensure that communities in rural and regional areas have equitable health outcomes irrespective of locality.

Goals	Health Service Deliverables	2024–2025 Achievements / Outcome
<b>MC1</b> Address service access issues and equity of health outcomes for priority communities, including LGBTIQ+ communities, multicultural communities, people with disability and rural and regional people, including more support for primary, community, home-based and virtual care, and addiction services.	<b>MC1</b> CEO and executive leadership to drive and be accountable for outcomes in cultural safety and Aboriginal self-determination.	<b>Status: Achieved</b> <b>Commentary:</b> <ul style="list-style-type: none"> <li>Progression and submission of the 2024–2026 Innovate Reconciliation Action Plan to Reconciliation Australia.</li> <li>Aboriginal Cultural Safety Training delivered.</li> </ul>
	<b>MC1</b> Partner with Aboriginal community-controlled health organisations, respected Aboriginal leaders and Elders, and Aboriginal communities to deliver healthcare improvements.	<b>Status: Achieved</b> <b>Commentary:</b> <ul style="list-style-type: none"> <li>Benalla Health staff attend the Benalla Aboriginal and Torres Strait Islander Reference Group meetings, Albury Wodonga Health Service and Aboriginal Health Innovation Initiative (AHII) group meetings.</li> <li>Benalla Aboriginal Patient and Family Support Officer (APFSO) available for the community through events such as NAIDOC week and the VACCA bus.</li> </ul>
<b>MC2, MC3</b> Enhance the provision of appropriate and culturally safe services, programs, and clinical trials for and as determined by Aboriginal people, embedding the principles of self-determination.	<b>MC2</b> Alignment of health service operating hours and the availability of hospital Aboriginal Health Liaison Officer workforce.	<b>Status: Achieved</b> <b>Commentary:</b> <ul style="list-style-type: none"> <li>Benalla Health Employs a Aboriginal Patient and Family Support Officer (APFSO) for 20hrs per week.</li> <li>APFSO continues to support local Aboriginal people through their health journey with Benalla Health as needed.</li> </ul>
<b>MC4</b> Expand the delivery of high-quality cultural safety training for all staff to align with the Aboriginal and Torres Strait Islander cultural safety framework. This training should be delivered by independent, expert, community-controlled organisations or a Kinaway or Supply Nation certified Aboriginal business.	<b>MC4</b> Implement mandatory cultural safety training and assessment for all staff in alignment with the Aboriginal and Torres Strait Islander cultural safety framework, and developed and/or delivered by independent, expert, and community-controlled organisations, Kinaway or Supply Nation certified Aboriginal businesses.	<b>Status: Achieved</b> <b>Commentary:</b> <ul style="list-style-type: none"> <li>Training program delivered.</li> <li>Partnered with Mulana Kaalinya for delivery of training to all senior clinical leaders, Directors and Board.</li> </ul>

## Moving from competition to collaboration

Share knowledge, information and resources with partner health and wellbeing services and care providers. This will allow patients to experience one health, wellbeing and care system through connected digital health information, evidence, and data flows, enabled by advanced interoperable platforms.

Goals	Health Service Deliverables	2024–2025 Achievements / Outcome
<b>ME1</b> Partner with other organisations (e.g., community health, ACCHOs, PHNs, General Practice, and private health) to drive further collaboration and build a more integrated system.	<b>ME1</b> Engage local ACCHO groups in the identification and delivery of initiatives that improve Aboriginal cultural safety.	<b>Status: Achieved</b> <b>Commentary:</b> <ul style="list-style-type: none"> <li>Benalla Health has developed a discharge plan with the Hume Health Service Partnership (HHSP) as part of the Aboriginal Health Innovation Initiative (AHII).</li> <li>Aboriginal Health Wellbeing booklet completed as part of the Aboriginal Health Improvement Initiative (AHII) group.</li> </ul>
	<b>ME1</b> Work with the relevant PHN and community health providers to develop integrated service models that will provide earlier care to patients and support patients following hospital discharge.	
<b>ME2</b> Engage in integrated planning and service design approaches while assuring consistent and strong clinical governance with partners to connect the system to deliver seamless and sustainable care pathways and build sector collaboration.	<b>ME2</b> Undertake joint clinical service plans with an agreed approach to coordinating the delivery of health services at a regional level as opposed to individual health service planning.	<b>Status: Achieved</b> <b>Commentary:</b> <ul style="list-style-type: none"> <li>Maternity Services (Hume Region) in progress of joint services approach.</li> <li>Monthly steering committee meetings and monthly Hume Region Leadership meetings implemented.</li> <li>Partnership attained with Goulburn Valley Health for maternity services and Project Officer appointed to progress with the implementation.</li> </ul>
	<b>ME2</b> Reviewing specialist workforce requirements at a regional or sub-regional level and developing a shared workforce model, including coordinating efforts to attract and retain workforce at a regional or sub-regional level.	<b>Status: Achieved</b> <b>Commentary:</b> <ul style="list-style-type: none"> <li>Dates for Regional Industrial Relations Managers and Hume People and Culture Managers meetings established and set</li> <li>Participated in the establishment of new workforce strategy group with Hume Region Health Services.</li> </ul>

## Statement of Priorities Part B

# Quality Performance Report

## High Quality and Safe Care

Key Performance Measure	Target	Result
<b>Infection prevention and control</b>		
Percentage of healthcare workers immunised for influenza	94%	98%
<b>Adverse events</b>		
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	Achieved
<b>Aged care</b>		
Public sector residential aged care services overall star rating	Minimum rating of 3 stars	Achieved
<b>Patient experience</b>		
Percentage of patients who reported positive experiences of their hospital stay	95%	98.5%
<b>Aboriginal Health</b>		
The gap between the number of Aboriginal patients who discharged against medical advice <sup>2</sup> compared to non-Aboriginal patients	0%	0%

<sup>1</sup> Effective date of target change from 85% to 80% conditional on pending changes to BP3 requirements.

<sup>2</sup> Further work will be undertaken on leave event measures terminology that better captures patient experience and Aboriginal community's holistic understanding of health and wellbeing.

## Strong Governance, Leadership and Culture

Key Performance Measure	Target	Result
<b>Organisational Culture</b>		
People matter survey – Percentage of staff with an overall positive response to safety culture survey questions.	80%	75%

## Timely access to care

Key Performance Measure	Target	Result
<b>Home Based Care</b>		
Percentage of admitted bed days delivered at home	13.8%	16.9%



## Effective financial management

Key Performance Measure	Target	Result 2024-2025
<b>Organisational Culture</b>		
Operating result (\$M)	0.00	\$0.016
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	1.65
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.



## Statement of Priorities Part C

# Activity and Funding

Funding Type	2024-2025 Activity Achievement
<b>Consolidated Activity Funding</b>	
Acute admitted, subacute admitted, emergency services, non-admitted NWAU	4,006
<b>Acute Admitted</b>	
Acute admitted DVA	21
Other Admitted	-
<b>Subacute/Non-Acute, Admitted &amp; Non-admitted</b>	
Palliative Care Non-admitted	-
Subacute - DVA	1
Health Independence Program - DVA	-
<b>Aged Care</b>	
Residential Aged Care	10,699
HACC	2,212
<b>Primary Health</b>	
Community Health / Primary Care Programs	7,962
Community Health Other	-
<b>Other</b>	
Health Workforce	-
Other specified funding	-

\*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.



# Benalla and District Memorial Hospital Auxiliary

The Auxiliary had a very productive year, thanks to our tireless volunteers. We are also grateful for the many silent supporters who consistently give so generously of their time and contributions — from plants to crafts and thoughtful bequests.

We were able to provide funds to the hospital, enabling many departments to purchase much-needed equipment.

The Auxiliary held many successful events this year, including regular monthly markets, A Day in the Park, and a very special morning tea featuring a beautiful quilt display by Maryanne Richards. These events reached out to past committee members and volunteers who continue to contribute their time and effort. And, of course, we held our annual Christmas Stocking fundraiser.

On a sad note, we lost some of our prominent and long-serving members this year. We remember them with gratitude and fond memories.

We also received a few resignations this year — a natural part of life, often due to changes in health or personal circumstances. We thank

those members sincerely for their hard work and for helping make our activities such a success and a joy to be part of.

We've shared many happy times together, and as we rebuild this year, we look forward to many more. The Auxiliary is always ready to welcome new members.

The Auxiliary would not be as successful without the incredible support of hospital staff, who contribute so much of their time and assistance. We would like to sincerely thank Jackie Kelly, CEO; Simone Sammon, Executive Assistant; Kylie Hughes, Marketing Manager; the Food Services Manager; and all the other staff who have helped us with printing, publishing, advertising, and more. Nothing is ever too much trouble. Special thanks also go to the Engineering Services team for being so accommodating and cheerful in their support. We look forward to continuing our success in the year ahead.

Thank you.

**Liz Bos**  
*President*



# Benalla Health Services

## Healthy Communities

### Allied Health

- Aboriginal Patient and Family Support Officer
- Cardiac Rehabilitation
- Chronic Disease Management
- Diabetes Education
- Dietetics
- Exercise and Rehabilitation Groups
- High Risk Foot Clinic
- Lymphoedema clinic
- Occupational Therapy
- Orthopedic Rehabilitation
- Physiotherapy
- Pre-habilitation
- Pulmonary Rehabilitation
- Speech Therapy
- Social Work/Counseling

### Health Independence Programs

- Better@Home Program
- Hospital Admission Risk Program (HARP)
- Post-Acute Care (PAC)
- Sub-Acute Ambulatory Care Program (SACS)
- Support At Home Program

### Home Nursing Service

- District Nursing Service
- Hospital in the Home
- Palliative Care

## Hospital Services

- Acute Inpatient Services (includes Maternity Unit)
- Infection Control
- Pharmacy
- Perioperative Services
  - Day Procedure Unit
  - Operating Theatres
- Urgent Care Centre

### Maternity Services

- Breast Feeding Support Service
- Domiciliary
- Public Antenatal Clinic

### Performance Improvement

- Education
- Quality

### Residential Aged Care

- Morrie Evans Wing

## Other Services

- Amplifon Hearing
- CT Scan, Ultrasound, X-Ray
- Mental Illness Fellowship
- Pathology
- Planned Activity Group
- Psychology Services
- Visiting Medical Officers
  - Dentistry – Oral and Maxillofacial Surgery
  - General Medicine
  - General Practice
  - General Surgery; Colonoscopy; Gastroscopy
  - Nurse Practitioner
  - Obstetrics and Gynaecology
  - Ophthalmology
  - Palliative Care
  - Urology

## Community Services

A department of the Benalla Rural City Council provides the following services:

### Ray Sweeney Centre

- Child support
- Economic Development and Sustainability
- Family liaison
- Family services
- Maternal and Child Health service
- Northeast Health Wangaratta Dental Service

### Other Visiting Services Include

- Audiology
  - Hearing Australia & Connect Hearing
- Breast Care Nurse – McGrath Foundation
- Centre Against Violence
- Community Interlink
- Dental
  - Technician
  - Central Hume Dental Service
- Gateway Health
- Financial Counsellor
  - Upper Murray Family Care
- Mental Health services
  - Albury Wodonga Health
  - Gateway Health
  - Mental Health and Wellbeing Local
- North East Multicultural Association
- Sexual Health Clinic
- Victorian Aboriginal Child Care Agency



# Financial Statements



# Financial Statements

## Financial Year ended 30 June 2025

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

The attached financial statements for Benalla Health have been prepared in accordance with Direction 5.2 of the Standing Directions of the Minister for Finance under the *Financial Management Act 1994* , applicable Financial Reporting Directions, Australian Accounting Standards including Interpretations, and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2025 and the financial position of Benalla Health at 30 June 2025.

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 5th September, 2025.

#### Board member



Dr Sarah Chaplin

Chair

Benalla  
5th September, 2025

#### Accountable Officer



Jackie Kelly

Chief Executive Officer

Benalla  
5th September, 2025

#### Chief Finance & Accounting Officer



Mewan Dissanayake

Chief Financial Officer

Benalla  
5th September, 2025



## Independent Auditor's Report

### To the Board of Benalla Health

<b>Opinion</b>	<p>I have audited the financial report of Benalla Health (the health service) which comprises the:</p> <ul style="list-style-type: none"> <li>• balance sheet as at 30 June 2025</li> <li>• comprehensive operating statement for the year then ended</li> <li>• statement of changes in equity for the year then ended</li> <li>• cash flow statement for the year then ended</li> <li>• notes to the financial statements, including material accounting policy information</li> <li>• board member's, accountable officer's, and chief finance &amp; accounting officer's declaration.</li> </ul> <p>In my opinion the financial report presents fairly, in all material respects, the financial position of the health service as at 30 June 2025 and their financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the <i>Financial Management Act 1994</i> and Australian Accounting Standards – Simplified Disclosures.</p>
<b>Basis for Opinion</b>	<p>I have conducted my audit in accordance with the <i>Audit Act 1994</i> which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the <i>Auditor's Responsibilities for the Audit of the Financial Report</i> section of my report.</p> <p>My independence is established by the <i>Constitution Act 1975</i>. 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 <i>Code of Ethics for Professional Accountants (including Independence Standards)</i> (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.</p> <p>I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.</p>
<b>Board's responsibilities for the financial report</b>	<p>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 <i>Financial Management Act 1994</i>, and for such internal control as the Board determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.</p> <p>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.</p>



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**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.

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MELBOURNE  
9 September 2025

Simone Bohan  
*as delegate for the Auditor-General of Victoria*

## Comprehensive Operating Statement Benalla Health For the Financial Year Ended 30 June 2025

	Note	2025 \$'000	2024 \$'000
<b>Revenue and income from transactions</b>			
Revenue from contracts with customers	2.1	30,463	24,692
Other sources of income	2.1	8,544	13,825
Non-operating activities	2.1	839	728
<b>Total revenue and income from transactions</b>		<b>39,846</b>	<b>39,245</b>
<b>Expenses from transactions</b>			
Employee expenses	3.1	(30,872)	(31,024)
Depreciation	4.1(a),(b)	(3,045)	(2,249)
Other operating expenses	3.1	(8,263)	(8,398)
<b>Total expenses from transactions</b>		<b>(42,180)</b>	<b>(41,671)</b>
<b>Net result from transactions - net operating balance</b>		<b>(2,334)</b>	<b>(2,426)</b>
<b>Other economic flows included in net result</b>			
Net gain/(loss) on sale of non-financial assets		110	71
Net gain/(loss) on financial instruments		(10)	(14)
Other gain/(loss) from other economic flows		8	17
<b>Total other economic flows included in net result</b>		<b>108</b>	<b>74</b>
<b>Net result</b>		<b>(2,226)</b>	<b>(2,352)</b>
<b>Other economic flows - other comprehensive income</b>			
<b>Items that will not be reclassified to net result</b>			
Changes in property, plant and equipment revaluation surplus		-	17,783
<b>Total other comprehensive income</b>		<b>-</b>	<b>17,783</b>
<b>Comprehensive result</b>		<b>(2,226)</b>	<b>15,431</b>

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

**Balance Sheet**  
**Benalla Health**  
**As at 30 June 2025**

		2025	2024
	Note	\$'000	\$'000
<b>Financial assets</b>			
Cash and cash equivalents	6.2	17,723	15,592
Receivables	5.1	2,525	2,666
Contract assets		-	96
<b>Total financial assets</b>		<b>20,248</b>	<b>18,354</b>
<b>Non-financial assets</b>			
Prepayments		341	312
Inventories		23	24
Property, plant and equipment	4.1	46,887	49,203
Intangible assets		-	1
<b>Total non-financial assets</b>		<b>47,251</b>	<b>49,540</b>
<b>Total assets</b>		<b>67,499</b>	<b>67,894</b>
<b>Liabilities</b>			
Payables	5.2	3,483	2,547
Contract liabilities		423	113
Borrowings		634	540
Employee benefits	3.1(b)	6,914	6,178
Other liabilities	5.3	3,340	3,585
<b>Total liabilities</b>		<b>14,794</b>	<b>12,963</b>
<b>Net assets</b>		<b>52,705</b>	<b>54,931</b>
<b>Equity</b>			
Reserves		48,903	48,933
Contributed capital		13,293	13,293
Accumulated deficit		(9,491)	(7,295)
<b>Total equity</b>		<b>52,705</b>	<b>54,931</b>

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

## Cash Flow Statement

### Benalla Health

#### For the Financial Year Ended 30 June 2025

	Note	2025 \$'000	2024 \$'000
<b>Cash flows from operating activities</b>			
Operating grants from State Government		29,260	27,253
Operating grants from Commonwealth Government		4,691	4,671
Capital grants from State Government		653	963
Commercial activity revenue received		241	193
Donations and bequests received		60	7
GST received from ATO		904	696
Interest and investment income received		839	728
Other receipts		3,793	4,975
<b>Total receipts</b>		<b>40,441</b>	<b>39,486</b>
Payments to employees		(29,952)	(28,230)
Payments to suppliers and consumables		(3,977)	(5,986)
GST paid to ATO		(791)	(806)
Other payments		(3,148)	(3,986)
<b>Total payments</b>		<b>(37,868)</b>	<b>(39,008)</b>
<b>Net cash flows from/(used in) operating activities</b>		<b>2,573</b>	<b>478</b>
<b>Cash flows from investing activities</b>			
Proceeds from sale of non-financial assets		367	133
Purchase of non-financial assets		(530)	(1,669)
Other capital receipts		189	79
Capital donations and bequests received		19	155
<b>Net cash flows from/(used in) investing activities</b>		<b>45</b>	<b>(1,302)</b>
<b>Cash flows from financing activities</b>			
Repayment of borrowings and principal portion of lease liabilities		(361)	(213)
Repayment of accommodation deposits		(708)	(728)
Receipt of accommodation deposits		582	1,450
<b>Net cash flows from/(used in) financing activities</b>		<b>(487)</b>	<b>509</b>
<b>Net increase/(decrease) in cash and cash equivalents held</b>		<b>2,131</b>	<b>(315)</b>
Cash and cash equivalents at beginning of year		15,592	15,907
<b>Cash and cash equivalents at end of year</b>	6.2	<b>17,723</b>	<b>15,592</b>

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



**Statement of Changes in Equity**  
**Benalla Health**  
**For the Financial Year Ended 30 June 2025**

	Property, Plant and Equipment Revaluation Surplus \$'000	General Purpose Surplus \$'000	Restricted Specific Purpose Reserve \$'000	Contributed Capital \$'000	Accumulated Deficit \$'000	Total \$'000
<b>Balance at 1 July 2023</b>	<b>29,234</b>	<b>1,711</b>	<b>96</b>	<b>13,293</b>	<b>(4,834)</b>	<b>39,500</b>
Net result for the year	-	-	-	-	(2,352)	(2,352)
Other comprehensive income for the year	17,783	-	-	-	-	17,783
Movement in reserves	-	129	(20)	-	(109)	-
<b>Balance at 30 June 2024</b>	<b>47,017</b>	<b>1,840</b>	<b>76</b>	<b>13,293</b>	<b>(7,295)</b>	<b>54,931</b>
Net result for the year	-	-	-	-	(2,226)	(2,226)
Movement in reserves	-	(2)	(28)	-	30	-
<b>Balance at 30 June 2025</b>	<b>47,017</b>	<b>1,838</b>	<b>48</b>	<b>13,293</b>	<b>(9,491)</b>	<b>52,705</b>

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

## Notes to the Financial Statements

### Benalla Health

#### For the Financial Year Ended 30 June 2025

## 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 Benalla Health for the year ended 30 June 2025.

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

This section explains the basis of preparing the financial statements.

### Note 1.1 Basis of preparation

These financial statements are 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).

Benalla Health is a Tier 2 entity in accordance with FRD 101. These financial statements are the first general purpose financial statements prepared in accordance with Australian Accounting Standards – Simplified Disclosures. Benalla Health's prior year financial statements were general purpose financial statements prepared in accordance with Australian Accounting Standards (Tier 1). As Benalla Health is not a 'significant entity' as defined in FRD 101, it was required to change from Tier 1 to Tier 2 reporting effective from 1 July 2024.

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

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

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

## Notes to the Financial Statements

### Benalla Health

### For the Financial Year Ended 30 June 2025

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 Benalla Health.

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

The financial statements are presented in Australian dollars.

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

The annual financial statements were authorised for issue by the Board of Benalla Health on 5th September, 2025.

#### **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 Benalla Health.

Benalla Health's principal address is:

45-63 Coster Street  
Benalla, Victoria 3672.

#### **Note 1.4 Economic dependency**

Benalla Health is a public health service governed and managed in accordance with the *Health Services Act 1988* and its results form part of the Victorian General Government consolidated financial position. Benalla Health provides essential services and is predominantly dependent on the continued financial support of the State Government, particularly the Department of Health, and the Commonwealth funding via the National Health Reform Agreement (NHRA). The State of Victoria plans to continue Benalla Health's operations and on that basis, the financial statements have been prepared on a going concern basis.

## Notes to the Financial Statements Benalla Health For the Financial Year Ended 30 June 2025

### Note 2 Funding delivery of our services

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

#### Structure

#### 2.1 Revenue and income from transactions

##### Note 2.1 Revenue and income from transactions

		2025 \$'000	2024 \$'000
Revenue from contracts with customers	2.1(a)	30,463	24,692
Other sources of income	2.1(b)	9,383	14,553
<b>Total revenue and income from transactions</b>		<b>39,846</b>	<b>39,245</b>

##### Note 2.1(a) Revenue from contracts with customers

	2025 \$'000	2024 \$'000
Government grants (State) - Operating	23,746	18,196
Government grants (Commonwealth) - Operating	4,690	4,535
Patient and resident fees	1,640	1,613
Private practice fees	146	156
Commercial activities	241	192
<b>Total revenue from contracts with customers</b>	<b>30,463</b>	<b>24,692</b>

#### 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 Benalla Health's goods or services. Benalla Health's funding bodies often direct that goods or services are to be provided to third party beneficiaries, including individuals or the community at large. In such instances, the customer remains the funding body that has funded the program or activity, however the delivery of goods or services to third party beneficiaries is a characteristic of the promised good or service being transferred to the funding body.

This policy applies to each of Benalla Health's revenue streams, with information detailed below relating to Benalla Health's material revenue streams:



Notes to the Financial Statements  
 Benalla Health  
 For the Financial Year Ended 30 June 2025

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

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.

## Notes to the Financial Statements Benalla Health For the Financial Year Ended 30 June 2025

### Note 2.1(b) Other sources of income

Note	2025 \$'000	2024 \$'000
Government grants (State) - Operating	5,066	8,524
Government grants (Commonwealth) - Operating	1	136
Government grants (State) - Capital	653	963
Other capital purpose income	189	79
Capital donations	19	156
Assets received free of charge or for nominal consideration	476	256
Other income from operating activities	2,140	3,711
<b>Total operating income</b>	<b>8,544</b>	<b>13,825</b>
Interest Income	839	728
<b>Total non operating income</b>	<b>839</b>	<b>728</b>
<b>Total other sources of income</b>	<b>9,383</b>	<b>14,553</b>

### How we recognise other sources of income

#### Government grants

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

Income from grants without any sufficiently specific performance obligations or that are not enforceable, is recognised when Benalla Health has an unconditional right to receive cash which usually coincides with receipt of cash. On initial recognition of the asset, Benalla Health recognises any related contributions by owners, increases in liabilities, decreases in assets or revenue (related amounts) in accordance with other Australian Accounting Standards. Related amounts may take the form of:

- contributions by owners, in accordance with AASB 1004 *Contributions*
- revenue or contract liability arising from a contract with a customer, in accordance with AASB 15
- a lease liability in accordance with AASB 16 *Leases*
- a financial instrument, in accordance with AASB 9 *Financial Instruments*
- a provision, in accordance with AASB 137 *Provisions, Contingent Liabilities and Contingent Assets*.

#### Capital grants

Where Benalla Health receives a capital grant it recognises a liability, equal to the financial asset received less amounts recognised under other Australian Accounting Standards.

Income is recognised in accordance with AASB 1058 progressively as the asset is constructed which aligns with Benalla Health's obligation to construct the asset. The progressive percentage of costs incurred is used to recognise income, as this most accurately reflects the stage of completion.

**Notes to the Financial Statements**  
**Benalla Health**  
**For the Financial Year Ended 30 June 2025**

**Note 2.1(c) Fair value of assets and services received free of charge or for nominal consideration**

	<b>2025 \$'000</b>	<b>2024 \$'000</b>
Cash donations and gifts	60	25
Other Services	416	231
<b>Total fair value of assets and services received free of charge or for nominal consideration</b>	<b>476</b>	<b>256</b>

**How we recognise the fair value of assets and services received free of charge or for nominal consideration**

Contributions of assets received free of charge or for nominal consideration are recognised at their fair value when Benalla Health obtains control over the resources, irrespective of whether restrictions or conditions are imposed over the use of the contributions.

The exception to this policy is when an asset is received from another government agency or department as a consequence of a restructuring of administrative arrangements, in which case the asset will be recognised at its carrying value in the financial statements of Benalla Health as a capital contribution transfer.

**Non-cash contributions from the Department of Health**

The DH makes some payments on behalf of Benalla Health as follows:

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

## Notes to the Financial Statements Benalla Health For the Financial Year Ended 30 June 2025

### 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

	2025 \$'000	2024 \$'000
Employee expenses	30,872	31,024
Other operating expenses	8,263	8,398
<b>Total expenses incurred in the delivery of services</b>	<b>39,135</b>	<b>39,422</b>

##### Note 3.1(a) Employee expenses

	2025 \$'000	2024 \$'000
Salaries and wages	23,810	22,821
Defined contribution superannuation expense	2,722	2,320
Defined benefit superannuation expense	-	7
Agency expenses	766	1,779
Fee for service medical officer expenses	3,574	4,097
<b>Total employee expenses</b>	<b>30,872</b>	<b>31,024</b>

#### 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.

The defined benefit plan(s) provides benefits based on year of service and final average salary. The basis for determining the level of contributions is determined by the various actuaries of the defined benefit superannuation plans. Benalla Health does not recognise any defined benefit liabilities because it has no legal or constructive obligation to pay future benefits relating to its employees. Instead Benalla Health accounts for contributions to these plans as if they were defined contribution plans.

The Department of Treasury and Finance discloses in its annual financial statements the net defined benefit cost related to the members of these plans as an administered liability.



**Notes to the Financial Statements**  
**Benalla Health**  
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**Note 3.1(b) Employee related provisions**

	<b>2025</b>	<b>2024</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Current provisions for employee benefits</b>		
Accrued days off	64	59
Annual leave	2,684	2,446
Long service leave	2,759	2,499
Provision for on-costs	770	665
<b>Total current provisions for employee benefits</b>	<b>6,277</b>	<b>5,669</b>
<b>Non-current provisions for employee benefits</b>		
Long service leave	558	448
Provision for on-costs	79	61
<b>Total non-current provisions for employee benefits</b>	<b>637</b>	<b>509</b>
<b>Total provisions for employee benefits</b>	<b>6,914</b>	<b>6,178</b>

**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 Benalla Health does not have an unconditional right to defer settlement of these liabilities.

Depending on the expectation of the timing of settlement, liabilities for annual leave and accrued days off are measured at:

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

## Notes to the Financial Statements Benalla Health For the Financial Year Ended 30 June 2025

### Long service leave

The liability for long service leave (LSL) is recognised in the provision for employee benefits.

Unconditional LSL is disclosed in the notes to the financial statements as a current liability even where the Benalla Health does not expect to settle the liability within 12 months because it will not have the unconditional right to defer the settlement of the entitlement should an employee take leave within 12 months. An unconditional right arises after a qualifying period.

The components of this current LSL liability are measured at:

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

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

### Provisions

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

**Notes to the Financial Statements**  
**Benalla Health**  
**For the Financial Year Ended 30 June 2025**

**Note 3.1(c) Other expenses**

	<b>2025</b>	<b>2024</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Other operating expenses</b>		
Drug supplies	298	308
Medical and surgical supplies (including Prostheses)	1,515	1,801
Diagnostic and radiology supplies	235	208
Other supplies and consumables	1,143	1,196
Fuel, light, power and water	538	554
Repairs and maintenance	243	308
Replacement of equipment	404	272
Maintenance contracts	419	301
Medical indemnity insurance	358	329
Information technology expense	1,891	1,025
Other administration expenses	1,219	2,096
<b>Total other operating expenses</b>	<b>8,263</b>	<b>8,398</b>

**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.

**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.

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

Notes to the Financial Statements  
Benalla Health  
For the Financial Year Ended 30 June 2025

## Note 4 Key assets to support service delivery

Benalla Health controls infrastructure and other investments that are utilised in fulfilling its objectives and conducting its activities. They represent the key resources that have been entrusted to Benalla Health to be utilised for delivery of services.

### Structure

#### 4.1 Property, plant and equipment

#### 4.2 Depreciation

#### Note 4.1 Property, plant and equipment

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2025	2024	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Land at fair value - Crown	3,222	3,222	-	-	3,222	3,222
Buildings at fair value	41,050	41,050	(2,263)	-	38,787	41,050
Works in progress at cost	-	1,140	-	-	-	1,140
Plant, equipment and vehicles at fair value	11,860	10,405	(6,982)	(6,614)	4,878	3,791
<b>Total property, plant and equipment</b>	<b>56,132</b>	<b>55,817</b>	<b>(9,245)</b>	<b>(6,614)</b>	<b>46,887</b>	<b>49,203</b>

#### 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.



Notes to the Financial Statements  
Benalla Health  
For the Financial Year Ended 30 June 2025

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
<b>Balance at 1 July 2024</b>	<b>3,222</b>	<b>41,050</b>	<b>1,140</b>	<b>3,791</b>	<b>49,203</b>
Additions	-	-	-	985	985
Disposals	-	-	-	(257)	(257)
Net transfers between classes	-	-	(1,140)	1,140	-
Depreciation	-	(2,263)	-	(781)	(3,044)
<b>Balance at 30 June 2025</b>	<b>3,222</b>	<b>38,787</b>	<b>-</b>	<b>4,878</b>	<b>46,887</b>

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, Benalla Health has elected to apply the practical expedient in FRD 103 *Non-Financial Physical Assets* and has therefore not applied the amendments to AASB 13 *Fair Value Measurement*. The amendments to AASB 13 will be applied at the next scheduled independent revaluation, which is planned to be undertaken in 2029, in accordance with Benalla Health's revaluation cycle, or at an interim revaluation, whichever comes first.

Notes to the Financial Statements  
Benalla Health  
For the Financial Year Ended 30 June 2025

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

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

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2025	2024	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Plant, equipment and vehicles at fair value	736	703	(151)	(240)	585	463
<b>Total right-of-use assets</b>	<b>736</b>	<b>703</b>	<b>(151)</b>	<b>(240)</b>	<b>585</b>	<b>463</b>

	Plant, equipment and vehicles	Total
	\$'000	\$'000
<b>Balance at 1 July 2024</b>	<b>463</b>	<b>463</b>
Additions	455	455
Disposals	(221)	(221)
Depreciation	(112)	(112)
<b>Balance at 30 June 2025</b>	<b>585</b>	<b>585</b>

**How we recognise right-of-use assets**

**Initial recognition**

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

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

## Notes to the Financial Statements

### Benalla Health

#### For the Financial Year Ended 30 June 2025

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 fair value, with the exception of right-of-use assets arising from leases with significantly below-market terms and conditions, which are subsequently measured at cost, less accumulated depreciation and accumulated impairment losses where applicable.

Benalla Health has applied the exemption permitted under FRD 104 *Leases*, consistent with the optional relief in AASB 16.Aus25.1. Under this exemption, Benalla Health is not required to apply fair value measurement requirements to right-of-use assets arising from leases with significantly below-market terms and conditions, where those leases are entered into principally to enable the entity to further its objectives.

Right-of-use assets are also adjusted for certain remeasurements of the lease liability (for example, when a variable lease payment based on an index or rate becomes effective).

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 Benalla Health, which are typically specialised in nature and held for continuing use of their service capacity, is expected to be materially the same as fair value determined under AASB 13 *Fair Value Measurement*, with the consequence that AASB 136 *Impairment of Assets* does not apply to such assets that are regularly revalued.

## Notes to the Financial Statements

### Benalla Health

### For the Financial Year Ended 30 June 2025

#### *Note 4.2 Depreciation*

##### **How we recognise depreciation**

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

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

##### **Useful lives of non-current assets**

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

	2025	2024
Buildings	10 - 41 years	10 - 25 years
Plant and equipment	5 - 30 years	3 - 30 years
Motor Vehicles (including leased vehicles)	4 - 10 years	4 - 7 years



## Note 5 Other assets and liabilities

This section sets out those assets and liabilities that arose from Benalla Health's operations.

### Structure

#### 5.1 Receivables

#### 5.2 Payables

#### 5.3 Other liabilities

### Note 5.1 Receivables

Note	2025 \$'000	2024 \$'000
<b>Current receivables</b>		
<b>Contractual</b>		
Trade receivables	290	245
Patient fees	142	171
Allowance for impairment losses	(23)	(16)
Accrued revenue	62	57
Amounts receivable from governments and agencies	463	798
<b>Total contractual receivables</b>	<b>934</b>	<b>1,255</b>
<b>Statutory</b>		
GST receivable	112	225
<b>Total statutory receivables</b>	<b>112</b>	<b>225</b>
<b>Total current receivables</b>	<b>1,046</b>	<b>1,480</b>
<b>Non-current receivables</b>		
<b>Contractual</b>		
Long service leave - Department of Health	1,479	1,186
<b>Total contractual receivables</b>	<b>1,479</b>	<b>1,186</b>
<b>Total non-current receivables</b>	<b>1,479</b>	<b>1,186</b>
<b>Total receivables</b>	<b>2,525</b>	<b>2,666</b>
<i>(i) Financial assets classified as receivables</i>		
Total receivables	2,525	2,666
GST receivable	(112)	(225)
<b>Total financial assets classified as receivables</b>	<b>2,413</b>	<b>2,441</b>

7.1

## Notes to the Financial Statements Benalla Health For the Financial Year Ended 30 June 2025

### 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.

**Notes to the Financial Statements**  
**Benalla Health**  
**For the Financial Year Ended 30 June 2025**

**Note 5.2 Payables**

	2025	2024
Note	\$'000	\$'000
<b>Current payables</b>		
<b>Contractual</b>		
Trade creditors	1,645	1,029
Accrued salaries and wages	1,146	970
Accrued expenses	465	164
Inter hospital creditors	59	248
Amounts payable to governments and agencies	168	136
<b>Total contractual payables</b>	<b>3,483</b>	<b>2,547</b>
<b>Total current payables</b>	<b>3,483</b>	<b>2,547</b>
<b>Total payables</b>	<b>3,483</b>	<b>2,547</b>
<i>(i) Financial liabilities classified as payables</i>		
Total payables	3,483	2,547
<b>Total financial liabilities classified as payables</b>	<b>7.1 3,483</b>	<b>2,547</b>

**How we recognise payables**

Payables consist of:

- **Contractual payables**, including payables that relate to the purchase of goods and services. These payables are classified as financial instruments and measured at amortised cost. Accounts payable and salaries and wages payable represent liabilities for goods and services provided to the Benalla Health prior to the end of the financial year that are unpaid.
- **Statutory payables**, including Goods and Services Tax (GST) payable are recognised and measured similarly to contractual payables but are not classified as financial instruments and not included in the category of financial liabilities at amortised cost, because they do not arise from contracts.

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

## Notes to the Financial Statements Benalla Health For the Financial Year Ended 30 June 2025

### Note 5.3 Other liabilities

	2025	2024
Note	\$'000	\$'000
<b>Current monies held in trust</b>		
Refundable accommodation deposits	3,340	3,466
Other monies	-	119
<b>Total current monies held in trust</b>	<b>3,340</b>	<b>3,585</b>
<b>Total other liabilities</b>	<b>3,340</b>	<b>3,585</b>
<b>* Represented by:</b>		
- Cash assets	6.2 3,340	3,585
	<b>3,340</b>	<b>3,585</b>

### How we recognise other liabilities

#### Refundable Accommodation Deposit (RAD)/Accommodation Bond liabilities

RADs/accommodation bonds are non-interest-bearing deposits made by some aged care residents to Benalla Health upon admission. These deposits are liabilities which fall due and payable when the resident leaves the home.

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



## Notes to the Financial Statements

### Benalla Health

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## Note 6 How we finance our operations

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

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

### Structure

#### 6.1 Borrowings

#### 6.2 Cash and cash equivalents

#### 6.3 Commitments for expenditure

### Note 6.1 Borrowings

	2025	2024
Note	\$'000	\$'000
<b>Current borrowings</b>		
Lease liability	281	266
Advances from government	33	33
<b>Total current borrowings</b>	<b>314</b>	<b>299</b>
<b>Non-current borrowings</b>		
Lease liability	320	211
Advances from government	-	30
<b>Total non-current borrowings</b>	<b>320</b>	<b>241</b>
<b>Total borrowings</b>	<b>634</b>	<b>540</b>

### How we recognise borrowings

Borrowings refer to interest bearing liabilities mainly raised through lease liabilities and other non interest-bearing arrangements.

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

Notes to the Financial Statements  
Benalla Health  
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Terms and conditions of borrowings

		Maturity Dates									
		Weighted average interest rate (%)	Carrying Amount \$'000	Nominal Amount \$'000	Less than 1 Month \$'000	1-3 Months \$'000	3 months - 1 Year \$'000	1-5 Years \$'000	Over 5 years \$'000		
30 June 2025	Note										
Lease liabilities	6.1	3.75%	601	606	34	20	229	323	-		
Advances from government	6.1	0.00%	33	33	3	6	24	-	-		
<b>Total Financial Liabilities</b>			<b>634</b>	<b>639</b>	<b>37</b>	<b>26</b>	<b>253</b>	<b>323</b>	<b>-</b>		

		Maturity Dates									
		Weighted average interest rate (%)	Carrying Amount \$'000	Nominal Amount \$'000	Less than 1 Month \$'000	1-3 Months \$'000	3 months - 1 Year \$'000	1-5 Years \$'000	Over 5 years \$'000		
30 June 2024	Note										
Lease liabilities	6.1	1.49%	477	477	21	42	188	226	-		
Advances from government	6.1	0.00%	63	63	3	6	24	30	-		
<b>Total Financial Liabilities</b>			<b>540</b>	<b>540</b>	<b>24</b>	<b>48</b>	<b>212</b>	<b>256</b>	<b>-</b>		

**Notes to the Financial Statements**  
**Benalla Health**  
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**Note 6.1(a) Lease liabilities**

	<b>2025</b>	<b>2024</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Current lease liabilities</b>		
Lease liability	281	266
<b>Total current lease liabilities</b>	<b>281</b>	<b>266</b>
<b>Non-current lease liabilities</b>		
Lease liability	320	211
<b>Total non-current lease liabilities</b>	<b>320</b>	<b>211</b>
<b>Total lease liabilities</b>	<b>601</b>	<b>477</b>

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

	<b>2025</b>	<b>2024</b>
	<b>\$'000</b>	<b>\$'000</b>
Not longer than one year	284	284
Longer than one year but not longer than five years	323	200
Longer than five years	-	-
<b>Minimum future lease liability</b>	<b>607</b>	<b>484</b>
Less unexpired finance expenses	(6)	(7)
<b>Present value of lease liability</b>	<b>601</b>	<b>477</b>

**How we recognise lease liabilities**

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

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

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

Benalla Health's lease arrangements consist of the following:

<b>Type of asset leased</b>	<b>Lease term</b>
Leased computer equipment	3 - 5 years
Leased vehicles	1 - 3 years

## Notes to the Financial Statements

### Benalla Health

#### For the Financial Year Ended 30 June 2025

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

#### Initial measurement

The lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease if that rate is readily determinable or Benalla Health's incremental borrowing rate. The lease liability has been discounted by rates of between 1.01% to 5.32%.

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

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

#### Subsequent measurement

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

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



**Notes to the Financial Statements**  
**Benalla Health**  
**For the Financial Year Ended 30 June 2025**

**Note 6.2 Cash and Cash Equivalents**

	<b>2025</b>	<b>2024</b>
<b>Note</b>	<b>\$'000</b>	<b>\$'000</b>
Cash on hand (excluding monies held in trust)	2	2
Cash at bank (excluding monies held in trust)	14,381	12,124
<b>Total cash held for operations</b>	<b>14,383</b>	<b>12,126</b>
Cash at bank (monies held in trust)	3,340	3,466
<b>Total cash held as monies in trust</b>	<b>3,340</b>	<b>3,466</b>
<b>Total cash and cash equivalents</b>	<b>17,723</b>	<b>15,592</b>

**Note 6.3 Commitments for expenditure**

There are no commitments for expenditure to be disclosed as at 30 June 2025 (2024: Nil).

Notes to the Financial Statements  
Benalla Health  
For the Financial Year Ended 30 June 2025

## Note 7 Financial instruments, contingencies and valuation judgements

Benalla Health is exposed to risk from its activities and outside factors. In addition, it is often necessary to make judgements and estimates associated with recognition and measurement of items in the financial statements. This section sets out financial instrument specific information (including exposures to financial risks) as well as those items that are contingent in nature or require a higher level of judgement to be applied, which for the health service is related mainly to fair value determination.

### Structure

- 7.1 *Financial instruments*
- 7.2 *Contingent assets and contingent liabilities*
- 7.3 *Fair value determination*

## Notes to the Financial Statements

### Benalla Health

### For the Financial Year Ended 30 June 2025

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

		Total interest	
		Carrying amount	income/
Note	\$'000	(\$'000)	Impairment loss
			\$'000
<b>30 June 2025</b>			
<b>Financial assets at amortised cost</b>			
Cash and cash equivalents	17,723	839	-
Receivables	2,413	-	(23)
<b>Total financial assets<sup>i</sup></b>	<b>20,136</b>	<b>839</b>	<b>(23)</b>
<b>Financial liabilities at amortised cost</b>			
Payables	3,483	-	-
Borrowings	634	(27)	-
Other liabilities - Refundable Accommodation Deposits	3,340	-	-
<b>Total financial liabilities<sup>i</sup></b>	<b>7,457</b>	<b>(27)</b>	<b>-</b>

<sup>i</sup> The carrying amount excludes statutory receivables (i.e. GST receivable) and statutory payables (i.e. GST payable).

## Notes to the Financial Statements Benalla Health For the Financial Year Ended 30 June 2025

		Total interest		
		Carrying amount	income/ (expense)	Impairment loss
Note		\$'000	\$'000	\$'000
<b>30 June 2024</b>				
<b>Financial assets at amortised cost</b>				
	Cash and cash equivalents	15,592	728	-
	Receivables	2,441	-	(16)
	<b>Total financial assets<sup>i</sup></b>	<b>18,033</b>	<b>728</b>	<b>(16)</b>
<b>Financial liabilities at amortised cost</b>				
	Payables	2,547	-	-
	Borrowings	540	(5)	-
	Other liabilities - Refundable Accommodation Deposits	3,466	-	-
	Other liabilities - monies held in trust	119	-	-
	<b>Total financial liabilities<sup>i</sup></b>	<b>6,672</b>	<b>(5)</b>	<b>-</b>

<sup>i</sup> The carrying amount excludes statutory receivables (i.e. GST receivable) and statutory payables (i.e. GST payable).

## Notes to the Financial Statements

### Benalla Health

#### For the Financial Year Ended 30 June 2025

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

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

Benalla Health recognises the following assets in this category:

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

##### Categories of financial liabilities

##### Financial liabilities at amortised cost

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

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

Benalla Health recognises the following liabilities in this category:

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



## Notes to the Financial Statements Benalla Health For the Financial Year Ended 30 June 2025

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

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

### Derecognition of financial liabilities

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

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

### Reclassification of financial instruments

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

A financial liability reclassification is not permitted.

## Notes to the Financial Statements

### Benalla Health

#### For the Financial Year Ended 30 June 2025

##### Note 7.2 Contingent assets and contingent liabilities

Except for the matter described below, the Board are not aware of any contingent assets or liabilities at balance date.

##### How we measure and disclose contingent assets and contingent liabilities

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

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

##### Contingent assets

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

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

##### Contingent liabilities

Contingent liabilities are:

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

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

Benalla Health has been charged under Section 23(1) of the Occupational Health and Safety Act 2004. The charge pertains to an incident that occurred in October 2021, alleging a failure to ensure, as far as reasonably practicable, that individuals other than employees were not exposed to health or safety risks. As of the reporting date, the outcome of this charge remains unknown and is pending determination by the relevant authorities.

## Notes to the Financial Statements Benalla Health For the Financial Year Ended 30 June 2025

### 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 and
- Right-of-use assets.

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.

Benalla Health determines whether transfers have occurred between levels in the hierarchy by reassessing categorisation (based on the lowest level input that is significant to the fair value measurement as a whole) at the end of each reporting period. There have been no transfers between levels during the period.

Benalla Health monitors changes in the fair value of each asset and liability through relevant data sources to determine whether revaluation is required. The Valuer-General Victoria (VGV) is Benalla Health'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).

## Notes to the Financial Statements

### Benalla Health

#### For the Financial Year Ended 30 June 2025

The last scheduled full independent valuation of all of Benalla Health's non-financial physical assets was performed by VGV on 30 June 2024. The annual fair value assessment for 30 June 2025 using VGV indices does not identify material changes in value. In accordance with FRD 103, Benalla Health will reflect Appendix F in its next scheduled formal revaluation on 30 June 2029 or interim revaluation process (whichever is earlier). All annual fair value assessments thereafter will continue compliance with Appendix F.

For all assets measured at fair value, Benalla Health considers the current use as its highest and best use.

#### Non-specialised land and non-specialised buildings

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

#### Specialised land and specialised buildings

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

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

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

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

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

## Notes to the Financial Statements Benalla Health For the Financial Year Ended 30 June 2025

### Vehicles

Vehicles are valued using the current replacement cost method. Benalla Health acquires new vehicles and at times disposes of them before completion of their economic life. The process of acquisition, use and disposal in the market is managed by experienced fleet managers in Benalla Healths who set relevant depreciation rates during use to reflect the utilisation of the vehicles.

### Plant and equipment

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

### Significant assumptions

Asset class	Valuation technique	Significant assumption	Range (weighted average) <sup>(i)</sup>
Specialised land	Market approach	Community Service Obligations adjustment	(20%) <sup>(iii)</sup>
Specialised buildings	Current replacement cost approach	Cost per square metre Useful life	\$200 - \$3,700/m <sup>2</sup> (\$1,000) 10 - 45 years (20 years)
Vehicles	Current replacement cost approach	Cost per unit Useful life	\$14,000 - \$150,000 (\$41,000 per unit) 4 - 10 years (4 years)
Plant and equipment	Current replacement cost approach	Cost per unit Useful life	\$1,000 - \$1,090,000 (\$13,700 per unit) 5 - 30 years (9 years)

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

<sup>(iii)</sup> CSO adjustments of 20% were applied to reduce the market approach value for Benalla Health's specialised land.



## Notes to the Financial Statements

### Benalla Health

For the Financial Year Ended 30 June 2025

## Note 8 Other disclosures

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

### Structure

**8.1 Responsible persons disclosures**

**8.2 Remuneration of executives**

**8.3 Related parties**

**8.4 Remuneration of auditors**

**8.5 Events occurring after the balance date**

**8.6 Joint arrangements**

## Notes to the Financial Statements Benalla Health For the Financial Year Ended 30 June 2025

### Note 8.1 Responsible persons disclosures

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

	Period
The Honourable Mary-Anne Thomas MP:	
Minister for Health	1 July 2024 - 30 June 2025
Minister for Ambulance Services	1 July 2024 - 30 June 2025
Minister for Health Infrastructure	1 July 2024 - 19 December 2024
The Honourable Ingrid Stitt MP:	
Minister for Mental Health	1 July 2024 - 30 June 2025
Minister for Ageing	1 July 2024 - 30 June 2025
Minister for Multicultural Affairs	1 July 2024 - 30 June 2025
The Honourable Lizzy Blandthorn MP:	
Minister for Children	1 July 2024 - 30 June 2025
Minister for Disability	1 July 2024 - 30 June 2025
The Honourable Melissa Horne MP:	
Minister for Health Infrastructure	19 December 2024 - 30 June 2025
<b>Governing Boards</b>	
Dr S. Chaplin	1 Jul 2024 - 30 Jun 2025
L. Turner	1 Jul 2024 - 30 Jun 2025
B. Gokhale	1 Jul 2024 - 30 Jun 2025
Dr D. O'Brien	1 Jul 2024 - 30 Jun 2025
M. Lawley	1 Jul 2024 - 30 Jun 2025
K. Hayden	1 Jul 2024 - 30 Jun 2025
Assoc Prof D. Smallwood	1 Jul 2024 - 30 Jun 2025
Dr N. Tenneti	1 Jul 2024 - 30 Jun 2025
<b>Accountable Officers</b>	
J. Kelly (Chief Executive Officer)	1 Jul 2024 - 30 Jun 2025

**Notes to the Financial Statements**  
**Benalla Health**  
**For the Financial Year Ended 30 June 2025**

**Remuneration of Responsible Persons**

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

Income Band	2025 No	2024 No
\$0 - \$9,999	7	8
\$10,000 - \$19,999	1	-
\$250,000 - \$259,999	-	1
\$300,000 - \$309,999	1	-
<b>Total Numbers</b>	<b>9</b>	<b>9</b>
	<b>2025 \$'000</b>	<b>2024 \$'000</b>
<b>Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:</b>	<b>359</b>	<b>275</b>

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

**Note 8.2 Remuneration of executives**

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

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

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 8.3)**

	<b>Total Remuneration</b>	
	<b>2025 \$'000</b>	<b>2024 \$'000</b>
Total remuneration <sup>i</sup>	617	583
Total number of executives	3	3
Total annualised employee equivalent <sup>ii</sup>	3.0	3.0

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

<sup>ii</sup> Annualised employee equivalent is based on working 38 ordinary hours per week over the reporting period.

## Notes to the Financial Statements Benalla Health For the Financial Year Ended 30 June 2025

### Note 8.3 Related parties

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

- all key management personnel (KMP) and their close family members and personal business interests
- cabinet ministers (where applicable) and their close family members
- jointly controlled operations – 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

Benalla Health received funding from the DH of \$29.45 m (2024: \$27.67 m) and indirect contributions of \$0.405 m (2024: \$0.168 m). Balances outstanding as at 30 June 2025 are \$0.163 m (2024: \$0.113 m).

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

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

The Standing Directions of the Minister for Finance require Benalla Health to hold cash (in excess of working capital) in accordance with the State of Victoria's centralised banking arrangements. All borrowings are required to be sourced from Treasury Corporation Victoria unless an exemption has been approved by the Minister for Health and the Treasurer.

### Key management personnel

KMPs are those people with the authority and responsibility for planning, directing and controlling the activities of Benalla Health and its controlled entities, directly or indirectly.

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

Entity	KMPs	Position Title
Benalla Health	Dr S.Chaplin	Chair of the Board
Benalla Health	L. Turner	Board Member
Benalla Health	B. Gokhale	Board Member
Benalla Health	Dr D. O'Brien	Board Member
Benalla Health	M. Lawley	Board Member
Benalla Health	K. Hayden	Board Member
Benalla Health	Assoc Prof D. Smallwood	Board Member
Benalla Health	Dr N. Tenneti	Board Member
Benalla Health	J. Kelly	Chief Executive Officer
Benalla Health	M. Dissanayake	Executive Director of Finance & Corp Services
Benalla Health	L. Waite	Executive Director of Clinical Services
Benalla Health	D. Jacka	Executive Director of People and Culture

Notes to the Financial Statements  
Benalla Health  
For the Financial Year Ended 30 June 2025

Remuneration of key management personnel

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

	2025 \$'000	2024 \$'000
Total compensation - KMPs <sup>i</sup>	976	858

<sup>i</sup> KMPs are also reported in Note 8.1 Responsible Persons or Note 8.2 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 Benalla Health, there were no related party transactions that involved key management personnel, their close family members or their personal business interests. No provision has been required, nor any expense recognised, for impairment of receivables from related parties. There were no related party transactions with Cabinet Ministers required to be disclosed in 2025 (2024: none).

There were no related party transactions required to be disclosed for Benalla Health Board of Directors, Chief Executive Officer and Executive Directors in 2025 (2024: none).



Notes to the Financial Statements  
Benalla Health  
For the Financial Year Ended 30 June 2025

Note 8.4 Remuneration of Auditors

Victorian Auditor-General's Office  
Audit of the financial statements  
Total remuneration of auditors

2025 \$'000	2024 \$'000
28	27
28	27

Note 8.5 Events occurring after the balance sheet date

There are no events occurring after the Balance Sheet date.

**Notes to the Financial Statements**  
**Benalla Health**  
**For the Financial Year Ended 30 June 2025**

**Note 8.6 Joint arrangements**

		Ownership Interest	
Principal Activity		2025	2024
		%	%
Hume Region Health Alliance	Information Technology Services	6.17	6.17

	2025 \$'000	2024 \$'000
Total revenue and income	970	854
Total expenses	(1,110)	(839)
Total net result	(140)	15
Total other economic flows	-	-
Comprehensive result for the year	(140)	15
Total assets	1,063	903
Total liabilities	809	509
Total equity	254	394

**Contingent liabilities and capital commitments**

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

Notes





# Notes



Notes



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