

2024–25 ANNUAL REPORT

Acknowledgement of Country

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



Acknowledgements and Feedback

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

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

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Our services are delivered on the traditional lands of the Dja Dja Wurrung people.
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Dhelkaya Health acknowledges the support of the Victorian Government





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6,363

Urgent Care
presentations



Geroe
admitted
patients

872

329
Connolly
admitted
patients



Operations
performed

3,471

2,179

Pregnancy &
post-natal
care
appointments



50
Births

28,245
Outpatient
appointments



Community
& social
support
attendances

3,609



430

Residential
care
residents

Community
Nursing
home visits
22,187



269,960
Meals
prepared

939
Hospital in
the home
days of care



OUR VISION, MISSION, VALUES AND DIRECTION



Our Purpose, Values and Promise

The 2024-25 year marks the second year of actioning our Strategic Plan. We have made significant progress across all strategic priorities: 'Local care for local people', 'A shared future', 'One Dhelkaya' and 'People first'. Key supporting plans and frameworks for these priorities have been finalised and reporting back to the community has been ongoing through regular news releases, information published on our website and through social media, and disseminated via consumers who sit on committees such as the Community Advisory Committee and the Health Equity and Community Wellbeing Committee.

Our purpose and role

Healthier Together – We engage and empower individuals and community

Our values

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



Empathetic

We are caring, compassionate and kind



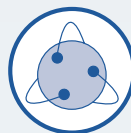
Inclusive

We are welcoming, trustworthy and warm



Professional

We are dependable, expert and ethical



Transformative

We are curious, progressive and creative

Our core values

As reflected by the Victorian Public Sector:

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

Our promise

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



The 2024–25 year has been one of remarkable progress and meaningful impact for Dhelkaya Health. Across every area of our work, we've reached important milestones that demonstrate the strength of our goals and the dedication of our teams. We are proud of what we have accomplished, and the progress made, all while staying true to our core values: empathy, inclusion, professionalism, and transformation.

Our Strategic Plan sets a bold ambition – to become 'One Dhelkaya'. This vision goes beyond organisational boundaries, seeking to unite our culture, align our systems, and build a sustainable, collaborative health service. It means thriving together, no matter where each person's role sits within our organisation. At its heart, 'One Dhelkaya' is about putting people first – because we cannot be healthier together unless we truly prioritise the needs and wellbeing of our community and each other.

Our organisation has established a strong culture of staff engagement, through leadership and a focus on quality and safety. This cultural shift is reflected in the consecutive People Matters Survey results which demonstrate improvements across all domains. Performance has significantly improved over the past 12 months, with a financial operating surplus of \$1.85 million and achievement of our activity target, sitting over 100% across the year. All service streams remain fully accredited and a minimum of a 3-star rating maintained across all residential aged care facilities.

Living our 'people first' commitment has been central to our work this year. We were proud to be awarded full Rainbow Tick accreditation and NDIS accreditation, demonstrating our capability and commitment to embedding inclusive practices throughout every area of our service. This milestone builds on our ongoing focus on LGBTIQ+ awareness and Aboriginal Cultural Awareness training. Staff have been supported through targeted initiatives such as asking the question, "Are you Aboriginal or Torres Strait Islander?" during intake, and a Dhelkaya Health-specific LGBTIQ+ inclusive practice module.



Together, these efforts ensure our services remain welcoming, respectful, and safe for everyone.

The Kindness Works Here campaign, focused on improving healthcare quality and safety through kindness, continues to inspire and shape our culture. Our senior leaders engaged in workshops on sustainable empathy and inclusion – learning how to be present and supportive for their teams, especially during challenging times. This focus on kindness, empathy and inclusion strengthens the foundation of our workplace and ensures our teams can deliver compassionate care every day.

At the core of our service is a commitment to delivering healthcare that matters most to our clients, patients, and residents. Being a community-oriented health service means local care for local people. To strengthen this connection, we have expanded our partnership with local media to publish monthly columns that promote events, share health information, and spotlight employment opportunities within Dhelkaya Health. Additionally, we now publish a monthly health-focused feature that highlights a specific service, program, or health issue, helping keep our community informed and engaged.

Inside the organisation, small but meaningful initiatives have made a

positive difference to staff wellbeing and engagement. We launched a monthly magazine that brings together inspiring stories and the latest news from across Dhelkaya Health. Our weekly free staff immunisation clinic has supported health and safety, while extended café hours, take-home meals, and 'Healthy Choices' food options have contributed to a more supportive workplace. We have also taken important steps from our Gender Equality Action Plan, including conducting an all-staff survey on work-life balance to better understand what matters most to our people.

Reconciliation remains a cornerstone of our organisational ethos, firmly guided by the 'Innovate – Implement Change' pillar of our Reconciliation Action Plan (RAP). This year, our Aboriginal Health and Inclusion Team led collaborative sessions to gather insights and co-create an aspirational vision for Dhelkaya Health. We also participated in the Australian Reconciliation Barometer and held meaningful Reconciliation Week and NAIDOC Week celebrations. Recognising the importance of history and culture, we acknowledged National Apology Day and published a calendar of First Nations Dates of Significance on our website. We continue to work actively toward finalising our Aboriginal Employment Plan.

Cultural engagement extended into experiential learning, with staff touring Murnong Mummas, an Indigenous-led social enterprise bush tucker farm at the foot of Liyanganyuk Banyul (Mount Alexander), led by Gunditjmara person Ira Barker. In April, members of our Board, Executive, and RAP Steering



Committee were honoured to participate in a cultural tour on Dja Dja Wurrung Country led by Uncle Rick Nelson. These experiences deepen our understanding and strengthen our relationships with First Nations communities and businesses – relationships that are vital to delivering culturally safe and inclusive care.

After 4 years as an online event only, we were pleased to hold our annual Memorial Service as an in-person service once again. The inclusive, non-religious service, which began in 2019, provides an avenue through which family members, friends, staff and the wider community can remember and give thanks for the lives of patients, residents and clients of Dhelkaya Health who died between 1 December 2023 and 30 November 2024.

We have also seen exciting progress on infrastructure upgrades across our hospital sites. These developments are vital to improving patient care, enhancing staff experience, and ensuring our facilities meet the needs of our community. A new car park at the main entrance has been completed and is in regular use, while the reception area received a significant refurbishment – creating a welcoming and functional space that improves the visitor experience. In the Urgent Care Centre, a new triage window was installed to enhance visibility, streamline patient flow, and improve the experience for those seeking urgent care.

A major milestone for the region is the completion of the \$4 million Learning Hub at Castlemaine campus, developed in partnership with Bendigo TAFE. Starting in July 2025 the Certificate III in Individual Support (Ageing and Disability) and the Certificate IV in Allied Health Assistance are being delivered, with the Diploma of Nursing commencing in 2026. These courses pave the way for future programs and pathways for local learners.

Our 3 residential aged care facilities in Castlemaine are undergoing comprehensive upgrades aimed at improving residents' quality of life. The works include upgraded heating systems, new doors and window furnishings, replacement of flooring, and enhancements to entrances and kitchen areas. Additionally, infrastructure improvements to the Central Sterile Supply Department are underway, focused on enhancing sterilisation processes and infection control standards, with completion expected by late 2025.

Looking ahead, Dhelkaya Health remains focused on continuous improvement and innovation in healthcare delivery. We are energised by the opportunities before us and committed to building on our achievements to further enhance care for our community.

None of this progress would be possible without the dedication of the people who make up Dhelkaya Health. We extend our heartfelt thanks to our staff, volunteers, general practitioners, visiting medical officers, committee members, and board directors for their invaluable contributions. We also acknowledge the essential role of our First Nations communities, whose knowledge and partnership are fundamental to delivering culturally safe and inclusive care.

We are equally grateful to the many local groups and individuals who have supported us through generous donations and community events. Your ongoing support inspires us to strive for excellence as we work toward a healthier, more connected future for all.

Together, as One Dhelkaya, we are building a stronger, kinder, and more inclusive health service – one that puts people at the centre of everything we do.

Responsible bodies declaration

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

Ms Vanessa Healy

Dhelkaya Health Board Chair
Castlemaine
3rd October 2025

I am proud to share Dhelkaya Health's many achievements from 2024-25 and encourage you to read our annual report.

Ms Sue Race

Dhelkaya Health CEO
Castlemaine
3rd October 2025



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

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

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

Locally we deliver:

- Urgent Care
- Minor Injuries and Illnesses Clinic
- Residential aged care (Penhall Hostel, Thompson House and Ellery House in Castlemaine; Mountview Home and Jessie Bowe House in Maldon)
- Surgical Services
- Medical and sub-acute inpatient services
- Transition Care
- Allied Health Services
- Community Rehabilitation
- NDIS and Children's Services
- Maternity and Women's Health Services (Level 2 Midwifery Group Practice model partnered with Bendigo Health)
- Specialist Outpatient Services
- Outreach programs (District Nursing, Palliative Care, Post-Acute Care, Hospital in the Home, and Residential in Reach)
- Home and Community Care, and Social Support Services
- Community Health, Family and Housing Services.

- Alcohol and Other Drug (AOD) and Counselling Services
- In-reach primary care services to Tarrengower Women's Prison
- Aboriginal Health and Liaison
- LGBTIQ+ Liaison and Engagement
- Clinical support services in partnership with Austin Pathology and Bendigo Radiology

We partner with:

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



Dhelkaya Health is a public health service established under the *Health Services Act 1988 (Vic)*. Our responsible ministers for 2024-25 were as follows:

**Minister for Health
Minister for Ambulance Services**

The Hon. Mary-Anne Thomas
(1 July 2024 to 30 June 2025)

Minister for Health Infrastructure

The Hon. Mary-Anne Thomas
(1 July 2024 to 19 December 2024)

The Hon. Melissa Horne
(From 19 December 2024 to 30 June 2025)

**Minister for Mental Health
Minister for Ageing**

The Hon. Ingrid Stitt
(1 July 2024 to 30 June 2025)

**Minister for Disability
Minister for Children**

The Hon. Lizzie Blandthorn
(1 July 2024 to 30 June 2025)

Board of Directors

The Board of Directors is appointed by the Governor in Council on the recommendation of the Victorian Minister for Health and is governed by the principles contained within the *Health Services Act 1988* (as amended). The Board provides governance of Dhelkaya Health and is responsible for its financial performance, strategic directions, the quality of its health care services and strengthening community involvement through greater partnerships. Dhelkaya Health's by-laws enable the Board to delegate certain responsibilities. The by-laws are supported by the delegations of executive and operational responsibility, enabling designated executives and staff to perform their duties through the exercise of specified authority. The *Health Services Act 1988* requires directors to act with integrity and objectivity at all times. They must declare a pecuniary interest during board debate when applicable and withdraw from proceedings. There were no occasions that required declaration this year. Conflict of interest is declared during board proceedings, in accordance with Dhelkaya Health's by-laws. The Board of

Directors meets on the first Thursday (excluding January) of each month to deal with a formal agenda and the Chief Executive Officer reports on the health service's performance. In addition to general board meetings, directors also meet annually to review the Strategic Plan and risk appetite. The Board presents the Annual Report to the community at our Annual General Meeting held in December each year. The Dhelkaya Health Board has met formally on 11 occasions in the year 2024-25.

At the close of the 2024-25 year, we bid farewell to several long-standing board directors including Mr Jeffrey Rigby who served as Chair of the Audit, Finance and Risk Committee, Ms Shan Welham who served as Chair of the Clinical Governance, Quality and Safety Committee and Ms Lexi Randall-L'Estrange who served as Chair of the Health Equity and Community Wellbeing Committee. All board directors made impressive and valued contributions to our organisation, as well as sound strategic leadership through some exceptional years. We are deeply grateful to them all and wish them all the best.



L to R (back row): Ms Vanessa Healy, Ms Emma Carnovale, Dr Heather Holst, Ms Shan Welham, Ms Alexandra (Lexi) Randall-L'Estrange, Dr Claudia Meyer

L to R (front row): Mr Jeffrey Rigby, Ms Margaret Lewis, Ms Genevieve Schreiber, Dr Lucie Shanahan (Resigned March 2025)



BOARD MEMBER	POSITION	FIRST APPOINTMENT	APPOINTMENT EXPIRES	2024-25 ATTENDANCE
Ms Vanessa Healy	Chair	1 March 2022	30 June 2026	11
Dr Heather Holst	Deputy Chair	1 March 2022	30 June 2027	11
Mr Jeffrey Rigby	Director	1 March 2022	30 June 2025	9
Ms Margaret Lewis	Director	1 March 2022	30 June 2028	11
Ms Shan Welham	Director	1 March 2022	30 June 2025	10
Ms Alexandra (Lexi) Randall-L'Estrange	Director	1 March 2022	30 June 2025	11
Dr Claudia Meyer	Director	18 July 2023	30 June 2026	11
Ms Genevieve Schreiber	Director	1 July 2024	30 June 2026	11
Ms Emma Carnovale	Director	1 July 2024	30 June 2027	10
Dr Lucie Shanahan	Director	1 July 2024	29 July 2025 *	5

* Resignation tendered 24 March 2025; accepted by Governor in Council 29 July 2025

Governance and Remuneration Committee

The Governance and Remuneration Committee included the following board directors: Ms Vanessa Healy (Chair), Dr Heather Holst and Mr Jeffrey Rigby. The Governance and Remuneration Committee is responsible for advising and making recommendations to the Board in relation to matters involving the performance of the Chief Executive Officer, executive staff remuneration, and executive recruitment and terms and conditions of employment. The committee met on 4 occasions in 2024-25.

Audit, Finance and Risk Committee

The Audit, Finance and Risk Committee membership comprises three board directors and at least one member independent of the agency, in accordance with the independence requirements of the Standing Directions of the Minister of Finance under the *Financial Management Act 1994*. The committee comprised Mr Jeffrey Rigby (Chair), Ms Shan Welham, Ms Genevieve Schreiber and Mr Stephen Bigarelli (Independent member). Ms Vanessa Healy, as Board Chair, is an ex-officio member of the committee. All the committee members are independent of management. The Audit, Finance and Risk Committee meets bimonthly and assists the Board in monitoring compliance with laws, regulations, standards and internal controls. Key responsibilities include monitoring the hospital's strategic and operational risks, developing and overseeing the hospital's internal audit plan, review of the draft annual accounts and review of the relevant policies and procedures. The committee met on 5 occasions in 2024-25.

Clinical Governance, Quality and Safety Committee

The Clinical Governance, Quality and Safety Committee membership comprises four board directors and three independent members. The membership included the following board directors: Dr Claudia Meyer (Chair), Ms Margaret Lewis (Board Director), Ms Emma Carnovale (Board Director) and Dr Lucie Shanahan (Board Director; until March 2025), Dr Helen McBurney (Independent Member), Mr Kevin Saide (Independent Member) and Dr Louise Bettiol (Medical Staff Group representative). The Clinical Governance, Quality and Safety Committee aims to ensure that the community receives high-quality and safe care close to home and that Dheltkaya Health is committed to the constant improvement of all clinical and care services. The committee meets bi-monthly to review and analyse information detailing the clinical care activities undertaken at Dheltkaya Health. The committee met on 6 occasions in 2024-25.



CASE STUDY

Supporting safer births in Castlemaine

Dhelkaya Health's midwifery services received a significant boost this year thanks to a major gift from Metcash, delivered through the Humpty Dumpty Foundation.

The donation of an Atom Infant Warmer resuscitation cot has strengthened emergency support for newborns and expanded access to midwifery care, particularly for women with planned caesarean births.



Further support from the Humpty Dumpty Foundation's Mother's Day Appeal provided a portable breast pump, enabling midwives to assist breastfeeding mothers in hospital or during home visits.

The Humpty Dumpty Foundation has raised over \$100 million for children's healthcare, with a strong focus on rural and regional communities. Their contribution has played a vital role in delivering high-quality, local maternity care in the Mount Alexander shire and surrounding areas, improving early health outcomes and ensuring more families can access services close to home.

Community Advisory Committee

The Community Advisory Committee meets every two months to discuss and progress matters relating to consumer participation, community engagement, and how best to maintain responsive and inclusive services for patients, families and the wider community. The committee comprises two board directors and independent members of the community. The Community Advisory Committee membership includes Ms Margaret Lewis (Board Director), Ms Lexi Randall-L'Estrange (Board Director), Ms Elizabeth Grainger (Chair, Independent Member), Ms Bev Orgill (Independent Member), Mr Paul Kent (Independent Member), Mr Kevin Saide (Independent Member), Mr John Barnier (Independent Member), Ms Lorraine Le Plastier (Independent Member), Mr Catherine Samsury

(Independent Member) and Ms Kate Ward (Independent Member).

During the 2024-25 year we welcomed new members and bid farewell to several long-standing independent members including Ms Ann Roman, Mr Bob Forde, Ms Marlene Bell and Ms Joan Casley. Each of these members made a significant contribution to the committee during their tenure.

Health Equity and Community Wellbeing Committee

The Health Equity and Community Wellbeing Committee membership comprises three board directors, four agency stakeholder members (Mount Alexander Shire Council, Castlemaine Community House, Maldon Neighbourhood House and the Loddon Mallee Public Health Unit) and up to four independent members.

Membership includes Ms Lexi Randall-L'Estrange (Chair), Dr Heather Holst (Board Director), Dr Claudia Meyer (Board Director), Mr Ian Gould (Independent Member), Ms Lyn McKenzie (Independent Member), and Ms Tallace Bissett (Independent Member). The Health Equity and Community Wellbeing Committee aims to ensure services provided by Dhelkaya Health meet the current and emerging needs of our communities and that the views of the community, users and providers are considered. The committee also supports effective links and strategic relationships between Dhelkaya Health and other local health and community services, promote environments in which people can be healthy, with a focus on prevention and guide service planning that reduces inequalities in health status and outcomes.



Chief Executive Officer

Ms Sue Race

BAgrSc (Hons), BNutDiet, MPPM, FCHSM, CHE, GAICD

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



L to R: Ms Vicky Mellington, Ms Kerry James, Ms Andrea Floyd, Ms Sue Race, Ms Shannon Vaughan, Dr Andrew Walby

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

Ms Andrea (Andy) Floyd

MLead, BN, DipHlthSc

The Executive Director Clinical and Aged Care Services is responsible for leading the delivery of inpatient clinical services, maternity services, residential aged care services, clinical support services, after-hours management and Maldon Hospital. The role also has professional responsibility and leadership for all nursing and midwifery staff.

Executive Director Community Services and Wellbeing and Chief Allied Health Officer

Ms Kerry James

BSpPath, GradDipPsych, MHSM, AFCHSM

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

Executive Director Quality, Development and Improvement

Ms Shannon Vaughan

BPod, GDip Public Administration

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

Director Medical Services and Chief Medical Officer

Dr Andrew Walby

MMBS, DipRACOG, FACEM, AFRACMA

The Director Medical Services is responsible for the effective leadership and management of the medical workforce. This includes oversight of credentialing, defining clinical scope of practice and medico-legal advice and support.

Executive Director People, Safety and Experience

Ms Vicky Mellington

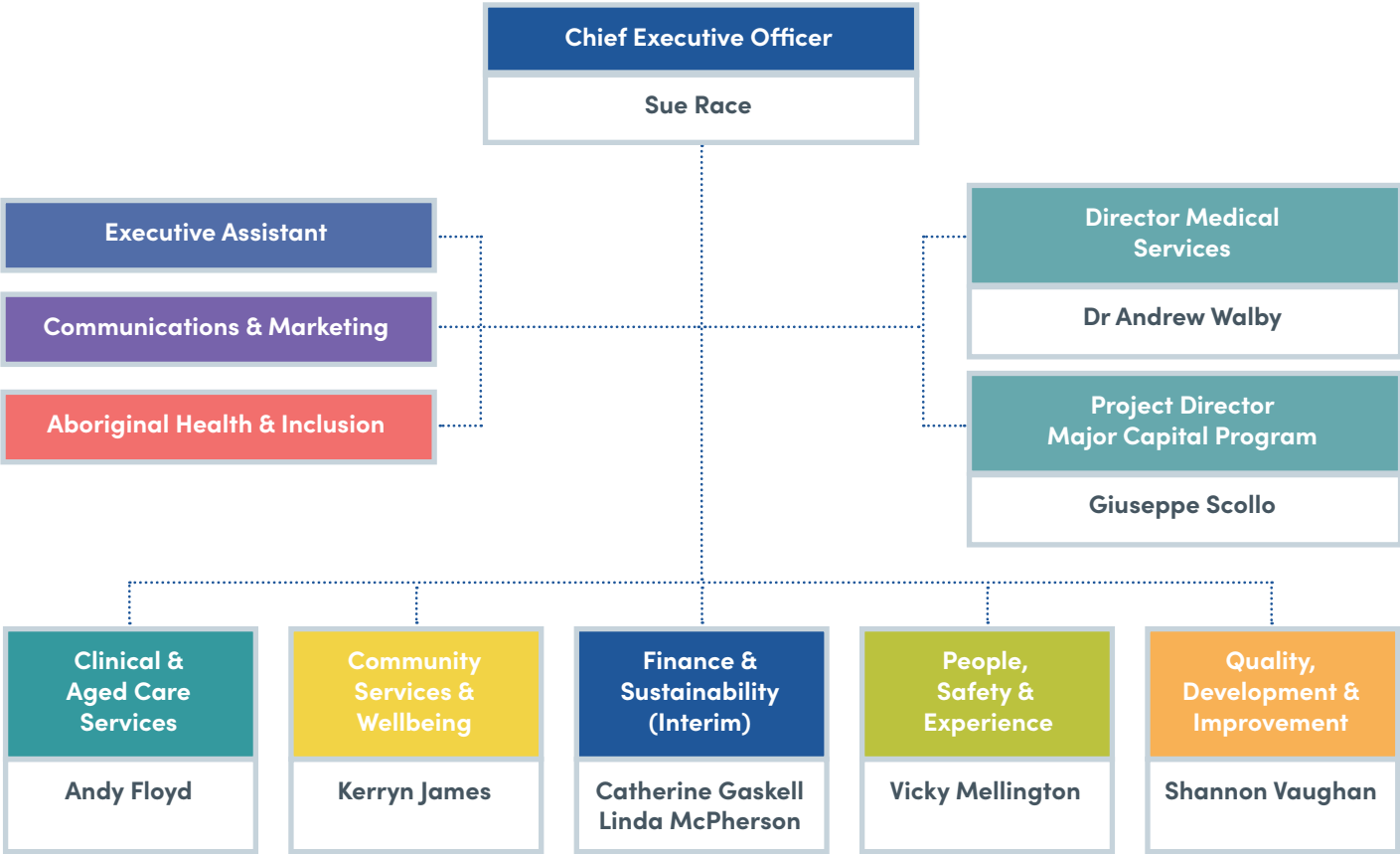
GDipMan

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

Executive Director Finance and Sustainability

The Executive Director Finance and Sustainability oversees delivery of a range of support services in a sustainable manner. These include financial management, procurement and contract management, information technology, facilities management, asset management and environmental sustainability.

A number of changes in this position have occurred throughout 2024-25, with interim arrangements in place for the majority of this reporting period.



FUNCTIONS

After Hours Site Management	Allied Health	Financial Management	People & Culture	Patient Safety
Clinical Care Services <ul style="list-style-type: none">Urgent & Acute CareMaternity ServicesSubacute Care	Ambulatory Care	Information Technology	Payroll	Quality Improvement
Maldon Hospital	At Home Services	Procurement & Contract Management	Heath, Safety & Wellness	Learning & Education
Residential Aged Care Services	Community Nursing & Palliative Care	Asset Management	Employee Relations	Research & Development
Leisure & Wellbeing	Children’s, Youth & Family Services	Environmental Sustainability	Emergency Management & Security	Risk Management
Clinical Support Services <ul style="list-style-type: none">Infection ControlPharmacyPathology & Radiology	NDIS Services		Career Pathways	Systems Improvement
	Community Health		Organisational Development	Internal Audit
	Home Care, Social Support Services & Volunteers		Human Resources Shared Services	Governance Support & Coordination
	Housing, AOD & Counselling Services		Support Services	Health Information Services
	Custodial Health		Facilities Management	
	Pastoral Care			



Merit and Equity

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

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

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

Organisational Development

Dhelkaya Health continues to support staff to achieve formal qualifications. Accredited training supported throughout the financial year included: Diploma of Counselling, Certificate IV Leadership & Management, Certificate IV Health Administration, Interpret & Apply Medical Terminology Course, Certificate IV Workplace Health & Safety, Certificate IV Career Planning, Certificate III Horticulture via work-based delivery model and one employee recommenced Supply Chain Operations.

Dhelkaya Health supported apprentices and trainees in the areas of administration, commercial cookery and human resources.

The Workforce Skills Capability and Mobility Working Group was formed with the aim of providing opportunities for staff to upskill and enable career pathways. The group distributed a Learning Needs Analysis survey to health, allied services and administration officers and the findings of this are informing the direction and type of training initiatives most sought after by this group of staff.

Workplace Wellbeing

Staff health and nutrition has been a key focus for staff health and wellbeing initiatives. Healthy choice vending machines were introduced into 4 work areas within Dhelkaya Health, offering a selection of healthy snacks for staff. Following on from this was a TRY 4 FIVE initiative as part of National Nutrition Week. Food suggestions, activities actively involving staff, and information in regards to the benefits of healthy eating were provided. Tying in with healthy eating, there was a focus on the benefits of increased physical activity with upgrades to the staff gymnasium. This upgrade has been well received with increased gymnasium usage over the last year.

Various days of recognition continue to be celebrated over the 2024-25 year. These included International Nurses Day where a free BBQ lunch, yoga sessions and coffee were provided, R U OK Day and International Women's Day which were celebrated with a gathering in the café. We again celebrated our corporate services staff via Corporate Services day BBQ lunch and held a Staff Footy Colours Day to encourage unity, spirit and fun in the workplace.

HOSPITALS LABOUR CATEGORY	JUNE CURRENT MONTH FTE		AVERAGE MONTHLY FTE	
	2024	2025	2024	2025
Nursing	227.62	247.18	232.19	239.51
Administration and Clerical	89.49	91.78	93.30	87.39
Medical Support	89.89	76.38	85.26	78.98
Hotel and Allied Services	83.42	90.89	86.71	87.66
Medical Officers	0.60	0.52	0.52	0.39
Hospital Medical Officers	0.41	0.87	1.10	0.98
Sessional Clinicians	0	0	0	0
Ancillary Support (Allied Health)	16.46	20.53	17.73	19.61
Total	507.89	528.15	516.81	514.52



CASE STUDY

Nina: the Wellbeing Dog

Nina, our beloved wellbeing dog, plays a vital role in supporting the emotional wellbeing of residents across Penhall Hostel, Ellery House and Thompson House.



With a natural gift for sensing when someone needs comfort, Nina provides gentle companionship that brings calm and warmth to residents' lives. Her presence encourages meaningful connections and often sparks fond memories of past pets, helping residents to reminisce and feel more at ease.

Whether resting her head in a resident's lap or simply laying nearby, Nina's calming influence can bring joy not only to the residents that she interacts with, but also to our staff. A valued member of the Wellbeing team, she offers comfort and extracts plenty of smiles and laughter. Nina's work helps make Dhelkaya Health a place of genuine connection and care, one gentle nudge at a time.

Throughout the year, staff have been provided with monthly webinar sessions on various topics from our Employee Assistance Program (EAP) provider MindFit. Counselling and support have been organised utilising our EAP service for various groups of staff who have needed support during times of trauma throughout the year.

From November 2024, The Hush Foundation's 'Kindness Works Here' initiative kicked off with Kindness Week where staff were introduced to the concepts and importance of being kind to one another through our actions, values and ideas. Through this program we are working across the organisation to gain a deeper understanding of our organisational values. Initiatives within the workplace to spread kindness have included the incremental roll out of learning modules and drawing boards in the café to encourage staff feelings and feedback on kindness activities. The introduction of Escabags for staff subjected to domestic violence have

been made available to all staff, and food boxes for those facing financial difficulty.

Workforce Inclusion Policy and Gender Equity

We are making significant progress in the delivery of our Gender Equality Plan across multiple strategic focus areas. A communications strategy has been developed to increase staff engagement with the plan, with alignment to key events such as International Women's Day. Foundational work has also been completed to create a network of Gender Equality Champions.

We have embedded gender equality responsibilities into leadership position descriptions and professional development plans and ensured our policies and systems support the requirements for gender impact assessments.

Significant advancements have been made in our recruitment and

onboarding systems, including updates to ensure inclusive language and the integration of gender-diverse options in our onboarding and recruitment platforms. Across workforce composition and workplace flexibility, we have reviewed and updated onboarding materials and policy communications to reflect gender-inclusive language and support structures for all family types.

In the areas of gender pay equity and workplace safety, foundational work has begun. Pay equity audits are being scoped, gender equality pay principles have been included in our policy, while our exit interview processes have been digitised to provide stronger data capture on employee experiences.

Our efforts to address workplace sexual harassment are also progressing, with enhanced survey mechanisms introduced to gather insights into staff perceptions of safety and respect, and a review of our current induction and yearly training modules underway.



Overall, progress is well underway across all key action areas. Many of the foundational activities are complete or in progress, with several deliverables already implemented.

As we continue into the next phase, our focus will shift to embedding these changes across clinical and non-clinical environments, tracking outcomes, and ensuring leadership accountability remains central to sustaining this work.

Workplace Health and Safety

The Workplace Health and Safety team continue to focus on improving the safety culture by proactively identifying and responding to safety matters. Changes in designated work groups and new health and safety representatives (HSRs) have seen an increase in participation from work group HSRs, and this coupled with the reintroduction of monthly area hazard checks, and increased attendance at our bi-monthly Workplace Health and Safety meetings, has contributed to our enhanced safety presence.

Aggression, manual handling and use of equipment are the key factors resulting in the majority of reported occupational health and safety events. In response to this occupational violence and aggression, training is being provided for our most impacted front-line staff work groups with further training for all staff under development. Eleven new WorkCover claims were made which is a reduction from previous years. Manual handling remains our highest contributing factor resulting in a claim.

A range of targeted actions continue to be implemented to improve our workplace health and safety culture, environment and outcomes whilst operating with the ongoing challenges of ageing infrastructure and grounds.

These actions include:

- Traffic management initiatives across the Castlemaine site to ensure the safe transit of pedestrians, forklift and other vehicle operators
- Respiratory Protection Program (Fit Testing) operated through a weekly clinic
- Introduction of the Mindful Edge program that will support the development, implementation and review of psychological risk assessments
- Review of duress alarms and trial implementation of these in the Support at Home team.

Occupational Health and Safety Data

OCCUPATIONAL HEALTH AND SAFETY STATISTICS	2022-23	2023-24	2024-25
The number of reported hazards/incidents for the year per 100 FTE	67.69	54.95	55.2
The number of 'lost time' standard WorkCover claims for the year per 100 FTE	4.5	3.48	2.14
The average cost per WorkCover claim for the year ('000)	\$11.30	\$5.38	\$10.69

Occupational Violence Statistics

OCCUPATIONAL VIOLENCE STATISTICS	2024-25
WorkCover accepted claims with an occupational violence cause per 100 FTE	0.39
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	92
Number of occupational violence incidents reported per 100 FTE	18.08
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	86.96

Definitions

- Occupational violence – any incident where an employee is abused, threatened or assaulted in circumstances arising out of, or in the course of their employment.
- Incident – an event or circumstance that could have resulted in, or did result in, harm to an employee. Incidents of all severity rating must be included. Code Grey reporting is not included, however, if an incident occurs during the course of a planned or unplanned Code Grey, the incident must be included.
- Accepted Workcover claims – accepted Workcover claims that were lodged in 2024-25.
- Lost time – is defined as greater than one day.
- Injury, illness or condition – this includes all reported harm as a result of the incident, regardless of whether the employee required time off work or submitted a claim.



CASE STUDY

Memorial service returns to in-person event



After four years as a virtual-only event, Dhelkaya Health's annual Memorial Service of reflections and memories returned to an in-person format in 2025.

Held on Tuesday 27 May at the hospital auditorium in Castlemaine, the service invited the community to gather, remember, and honour patients, residents, and clients who passed away between December 2023 and November 2024.

Initiated in 2019, this inclusive, non-religious service provides a compassionate space for family, friends, staff, and the broader community to acknowledge their grief. Pastoral care coordinators Danni Moore and Kynan Sutherland led the 30-minute program, which was followed by light refreshments.

Attendees were encouraged to bring photos or mementos, while support staff and memorial booklets were available. The shift back to a physical gathering reflected a desire for deeper human connection, offering comfort and presence that a screen cannot replicate. This year's service was able to blend the intimacy of in-person attendance with the tradition of communal remembrance, reinforcing our commitment to compassionate care.

Learning and Development

The Learning and Development team delivers regular face-to-face and online training to build staff capability, ensuring they have the necessary skills and knowledge to provide high-quality care and support to our community.

The team have focussed on delivering education at the point of care providing real time feedback and guidance. The most recent People Matter Survey showed a 5% increase in agreement with the statement: *"My organisation places a high priority on the learning and development of staff"*.

In addition to face to face training our online Learning Management System (LMS) provides each staff member with an individualised training schedule, including mandatory and professionally recommended learning modules.

Speaking Up for Safety

The Speaking Up for Safety (SUFS) program plays a vital role in fostering a culture of safety by empowering staff to speak up with confidence to prevent unintended patient harm.

Training is delivered through multiple channels, including new staff induction, team meetings, and a hybrid model designed to accommodate night shift workers. To date, 83% of staff have completed SUFS training, positioning Dhelkaya Health as a regional leader in program implementation and reinforcing our strong commitment to embedding a proactive safety culture across the organisation.

Diversity and Inclusion

Diversity and Inclusion training continues to be a priority with online, face-to-face and group format training being provided to all staff and volunteers. To assist with embedding a positive culture throughout the organisation, the LGBTQIA+ Inclusive training and the Aboriginal Cultural Awareness training modules are now mandated to be completed prior to commencement.

This ensures our current and new staff are aware of the importance of these modules and have an understanding of their role in ensuring a safe and inclusive workplace.



Maternity Education

Dhelkaya Health is committed to ensuring all patients receive a safe and positive experience, and this has been a particular focus over the past 12 months through our ongoing investment in maternity services.

We have prioritised the professional development of all staff involved in maternity care, including general practitioners – obstetricians (GPOs), midwifery group practice (MGP) midwives, and core midwifery staff. This has included completion of key training programs such as:

- Neonatal Resuscitation
- Practical Obstetric Multi-Professional Training (PROMPT)
- Foetal Surveillance Education Program (FSEP).

In addition, staff have been supported to attend the Maternity Services Education Program (MSEP) – a statewide clinical education initiative designed to strengthen clinical knowledge and enhance interpersonal skills across Victorian maternity services. These study days were delivered in collaboration with Maryborough District Health Service, reinforcing our commitment to the subregional partnership.

We are proud to report that Dhelkaya Health has achieved 100% staff participation in these core training requirements, meeting the expectations outlined in the Incentivising Better Patient Safety (IBPS) Program.

Supporting Students to Learn and Grow

Dhelkaya Health continues to support the development of the future healthcare workforce by offering clinical placement opportunities across a broad range of disciplines.

Effective 1 January 2025, the number of clinical placements available has increased to meet growing demand and support workforce readiness. During the 2024 financial year, Dhelkaya Health hosted 240 students across both campuses, reflecting our strong commitment to education and training.

We maintain formal partnerships with a number of universities and training organisations, including La Trobe University, Federation University, Monash University, and Bendigo Kangan Institute. Student placements range from one to 18 weeks, depending on course requirements, and are tailored to ensure that each student meets their learning objectives.

Feedback received over the past 12 months has been overwhelmingly positive. All measures of Learner Experience scored close to 100%, consistently exceeding the statewide average, highlighting the quality of our placement environments and the support provided by staff.

Monash University Goldfields Hub

2025 marks the 16th year of Dhelkaya Health's involvement in coordinating the 4th Year Medical Student Goldfields Hub, in partnership with Monash Rural Health Bendigo.

Throughout the year we hosted 16 medical students, 7 in Semester 2 2024 and 9 in Semester 1 2025. This opportunity to support the learning and growth of future medical staff in a rural environment is a highlight for our team.

Students attend the Castlemaine campus one day per week, where they participate in facilitated learning sessions, led by experienced medical subject matter experts. In addition to their campus-based learning, students also complete practical placements at local general practice clinics, providing them with invaluable exposure to rural healthcare and strengthening their clinical skills in a regional context.

Dhelkaya Health Graduate Nurse Program

The Graduate Nurse and Graduate Midwifery Program at Dhelkaya Health is a cornerstone initiative aimed at fostering continuous education and building a skilled healthcare workforce. In 2025, the 13 graduate registered nurses and 2 graduate registered midwives participated in the program.

Each graduate participates in 3 clinical rotations across a wide range of settings, including theatre, acute, medical, rehabilitation, aged care, community nursing, and correctional nursing, offering broad exposure and diverse experience.

To support clinical skill development and the transition into professional roles, graduates also complete 6 intensive study days focused on consolidating knowledge and enhancing practical capability. This structured, supportive program reflects Dhelkaya Health's strong commitment to quality care, workforce development, and long-term sustainability in healthcare delivery.

Allied Health New Graduate & Early Career Program

Over the past 12 months, Dhelkaya Health has proudly welcomed a number of allied health graduates and early career clinicians to our team.

To support their transition into the workforce, an Allied Health Graduate and Early Career Program has been developed, providing structured professional support and mentoring. The program includes a broad range of education topics, such as:

- Managing your wellbeing
- Career planning
- Clinical decision-making
- Professional skills
- Introduction to quality improvement projects.

In addition, the Grade 1 to Grade 2 Transition Program has been successfully developed and implemented. This initiative has been well received by staff and is playing an important role in strengthening workforce engagement and retention.



The financial donations and funding we receive enable us to improve our services to patients through the purchase of new equipment. From 1 July 2024 to 30 June 2025, we received a total of \$344,066 through donations, fundraising and bequests.

We would like to acknowledge the very special efforts of our supporters from Run the Maine, who had a hugely successful year with a record-breaking number of participants in the runs across all distances. The 2024 event raised \$40,000 which means Run the Maine has donated \$233,000 since its inception in 2009. This year the funds were combined with funds raised through other avenues and supported the purchase of community rehabilitation equipment.

A range of gym equipment has been purchased including a treadmill, reformer machines, bikes, ski machine, functional trainer and weights such as kettlebells and dumbbells. The Allied Health team are so grateful to the community for their generous support to the Equipment Appeal, as well as to Run the Maine and Murray to Moyne organisers and participants. This is a

great example of what community can achieve to improve the experience for patients, residents and staff.

We would also like to acknowledge the ongoing support from our local cycling community. In particular the Maldon Cycling Club who helped us raise funds for a permanent trishaw at our Maldon campus, and the Castlemaine Rouleurs who this year tackled the three local peaks of Liyanganyuk Banyul (Mount Alexander), Lalgambuk (Mount Franklin) and Mount Tarrengower in a bid to source sponsorship and raise funds to contribute to our rehabilitation equipment purchases.

We would like to thank our donors, committees, supporters and the local community who have supported our fundraising efforts over the past 12 months.

CASE STUDY

Run the Maine annual fundraiser

Thanks to a proactive group of community-minded local running enthusiasts this annual event has become our major fundraiser.

The 2024 event was our biggest one to date, raising a total of \$40,000. The small band of volunteers organise a full quota of running events from a short run for children, a 5 km walk/run, a 10 km run



and the pièce de résistance, the half marathon that takes runners from Castlemaine to Maldon on an old-fashioned steam train, leaving them at Maldon to run the full 21 km back to Castlemaine.

Back at the start/finish line there is plenty of entertainment, replenishing food and beverages and a real fun-filled atmosphere.

Run the Maine has grown over the last 17 years and with the funds donated we have been able to upgrade equipment, improve facilities and make a real contribution to our community's health and wellbeing.



Volunteers

Dhelkaya Health has 115 dedicated volunteers supporting our operations across our Maldon and Castlemaine campuses, and in the community. We have 9 volunteers at Maldon Hospital, 68 volunteering at our Castlemaine campus in residential aged care, gardening working bees at Ellery House, the Patient Transport Service, the Patient Transport Service, Social Support Services and the hospital.

There are 38 volunteers in Castlemaine assisting with programs and activities in the community including walking groups, companion walking, youth mentoring, the TAC L2P program and many more. Our volunteers also sit on committees, support fundraisers, and help in many other settings across Dhelkaya Health.

All volunteers are required to maintain a satisfactory Criminal Record Check or the NDIS Screening Check which is now required for residential aged care volunteers. Some roles also require a

Working with Children Check. All new volunteers attend the all-staff induction session and complete the LGBTIQ+ Inclusion and Cultural Awareness Training as part of the onboarding process. In addition, our Employee Assistance Program can now be accessed by volunteers if required.

New initiatives for 2024-25 included:

- Volunteer programs planning meetings, held three times a year, have commenced to review and discuss status of each program and to introduce new initiatives
- Quarterly volunteer newsletter produced
- Volunteer handbook developed and included in each onboarding pack
- Volunteer policy and procedure manual developed
- Volunteer LearnLab – Falls Prevention and Dementia
- Volunteer Expo in partnership with Castlemaine Community House.

In 2024-25, 3 new programs were introduced or under development:

- Patient experience volunteer
- Pastoral companionship and emotional support
- Biography – to be launched in late 2025.

A yearly planning schedule has been established which includes regular volunteer events, such as Bring a Friend morning tea, National Volunteer Week, International Volunteer Day, education and volunteer information sessions, newsletters and program induction sessions.

We sincerely thank all our volunteers for their commitment to Dhelkaya Health and look forward to continuing our relationship with them over the next 12 months. We are also grateful to the many consumers and community members who dedicate their time as volunteers to sit on our committees and working groups.

CASE STUDY

Cycling without Age Trishaw Volunteers

The Dhelkaya Health partnership with Cycling Without Age is a powerful initiative aimed at reducing social isolation and loneliness among older people by fostering social inclusion, community participation, and improved mental and physical wellbeing.



Credit: Tarrangower Times

This innovative program offers older community members, particularly those with limited mobility, the opportunity to enjoy outdoor trishaw rides, supported by a team of trained and passionate volunteer pilots.

These rides offer more than just a breath of fresh air; they bring meaningful moments of joy, conversation, and connection. The sensation of 'wind in their hair' becomes more than a slogan – it becomes a symbol of dignity, vitality, and belonging.

OUR STATEMENT OF PRIORITIES

Strategic Priorities (Part A)



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.

GOAL	DELIVERABLES	ACHIEVEMENTS	OUTCOME
MA1 MA1 Develop strong and effective relationships with consumer and clinical partners to drive service improvements as per the Partnering in healthcare framework.	MA1 Involve consumers in partnering in their own healthcare by establishing a Consumer Participation Framework.	Consumer Participation Framework established in consultation with the Community Advisory Committee and authorised by the Board of Directors in May 2025.	Achieved
MA2 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.	MA2 Improve paediatric patient outcomes by implementing the 'ViCTOR track and trigger' observation chart and escalation system whenever children have observations taken.	ViCTOR charts implemented and audits scheduled to monitor compliance with their completion. The first of these monitoring audits is being undertaken in August and results will be reported to the Recognising and Responding to Deterioration Committee for action.	Achieved
MA9 Maintain a commitment to delivering equitable access to planned surgery and drive reform in alignment with the Planned Surgery Reform Blueprint.	MA9 Proactively manage preparation lists (formerly waiting lists) including validation and support of patients into optimal care pathways.	Central Sterile Supply Department and Sterile Stock Store have been redeveloped to comply with clinical standards. Theatre usage has been maintained above expected levels during the construction period.	Ongoing
	MA9 Complete internal review of surgical services and implement recommendations.	Processes implemented to routinely monitor surgical services activity and efficiency data.	Ongoing
	MA9 Implement and deliver strategic initiatives that foster collaboration, improve timeliness of care and progress the blueprint reforms.		Ongoing

OUR STATEMENT OF PRIORITIES

Strategic Priorities (Part A)



Operate within budget

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

GOAL	DELIVERABLES	ACHIEVEMENTS	OUTCOME
MB1 Develop and implement a health service Budget Action Plan in partnership with the Department to manage cost growth effectively to ensure the efficient operation of the health service.	MB1 Deliver on the key initiatives as outlined in the Budget Action Plan.	Budget Action Plan has been implemented with savings target achieved. \$1.9 M surplus result for FY25.	Achieved
	MB1 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.	Meetings held with all key stakeholders to review content of current reports. Requests discussed with Loddon Mallee Shared Services (LMSS). Staffing shortages at LMSS continue to impact progress.	Ongoing

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.

GOAL	DELIVERABLES	ACHIEVEMENTS	OUTCOME
MC3 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.	MC3 Partner with Aboriginal community-controlled health organisations, respected Aboriginal leaders and Elders, and Aboriginal communities to deliver healthcare.	Progress against the Aboriginal and Torres Strait Islander Cultural Safety Framework plan reviewed and the 2024-25 plan developed in partnership with First Nations community representatives.	Achieved
	MC3 Promote a culturally safe welcoming environment with Aboriginal cultural symbols and spaces demonstrating, recognising, celebrating and respecting Aboriginal communities and culture.	Interior design for the new Learning Hub developed in consultation with First Nations elder. First Nations Traditional Owner commissioned to create the art installation for the new Learning Hub.	Ongoing
	MC3 Finalise Reconciliation Action Plan and commence implementation.	Implementation of Reflect RAP completed with work progressed on developing an Innovate RAP.	Achieved
MC4 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.	MC4 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.	Cultural safety awareness related to identifying and 'Asking the Question' provided at Corporate Induction.	Ongoing
		The mandatory Cultural Safety Awareness module has a current completion rate of 81% and 75% of managers have also completed the Aboriginal Cultural Awareness for Manager's module.	

OUR STATEMENT OF PRIORITIES

Strategic Priorities (Part A)



A stronger workforce

There is an increased supply of critical roles that support 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.

GOAL	DELIVERABLES	ACHIEVEMENTS	OUTCOME
MD1 Improve employee experience across four initial focus areas to assure safe, high-quality care: leadership, health and safety, flexibility, and career development and agility.	MD1 Deliver programs to improve employee experience across four initial focus areas: leadership, safety and wellbeing, flexibility, and career development and agility.	Improved safety achieved through a 50% reduction in agency staffing usage and increase in recruitment to establishment vacancies.	Achieved
	MD1 Implement and/or evaluate a new/expanded wellbeing and safety program and its improvement on workforce wellbeing.	Fit Testing clinic re-established with risk assessed staff requiring review on an annual basis for mask fit. Kindness in Action Program rolled out with 10 education modules released over the course of the year.	Ongoing
MD2 Explore new and contemporary models of care and practice, including future roles and capabilities.	MD2 Pilot, implement or evaluate new and contemporary models of care and practice, including future roles and building capability for multidisciplinary practice.	Nurse practitioner (aged care) role established with the candidate fully credentialled and working across at home, in-reach and residential aged care facilities.	Achieved

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.

GOAL	DELIVERABLES	ACHIEVEMENTS	OUTCOME
ME2 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.	ME2 Actively participate in the development of a regional system of clinical governance (RSoCG).	Dhelkaya Health actively participated in a number of RSoCG Improvement Projects and working groups, including the Sepsis Pathway and Delirium Management.	Ongoing

OUR STATEMENT OF PRIORITIES

Performance Priorities (Part B)



High quality and safe care

KEY PERFORMANCE MEASURE	TARGET	RESULT
Infection prevention and control		
Percentage of healthcare workers immunised for influenza	94%	95%
Continuing care		
Average change in the functional independence measure (FIM) score per day of care for rehabilitation separations	≥ 0.645	1.096
Adverse events		
Percentage of reported sentinel events for which a root cause analysis (RCA) report was submitted within 30 business days from notification of the event	100%	100%
Aged care		
Public sector residential aged care services (RACS) overall star rating	100%	100%
Patient experience		
Percentage of patients who reported positive experiences of their hospital stay	95%	97.4%
Aboriginal health		
The gap between the number of Aboriginal patients who discharged against medical advice compared to non-Aboriginal patients	0%	0%

Strong governance, leadership and culture

KEY PERFORMANCE MEASURE	TARGET	RESULT
Organisational culture		
People matter survey – Percentage of staff with an overall positive response to safety culture survey questions	80%	74%

Timely access to care

KEY PERFORMANCE MEASURE	TARGET	RESULT
Home-based care		
Percentage of admitted bed days delivered at home	2.0%	5.7%

Effective financial management

KEY PERFORMANCE INDICATOR	TARGET	RESULT
Operating result (\$m)	0.00	1.853
Adjusted current asset ratio	0.7	0.93
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

OUR STATEMENT OF PRIORITIES

Funding and Activity (Part C)



FUNDING TYPE	2024-25 ACTIVITY ACHIEVEMENT
Consolidated Activity Funding	
Acute admitted, subacute admitted, emergency services, non-admitted NWAU	6,249
Acute Admitted	
National Bowel Cancer Screening Program NWAU	29
Acute admitted DVA	20
Other admitted	-
Acute Non-Admitted	
Specialist Clinics - DVA	8
Subacute/Non-Acute, Admitted & Non-admitted	
Palliative Care Non-admitted	64
Subacute - DVA	22
Health Independence Program - DVA	14
Aged Care	
Residential Aged Care - days	49,596
HACC	4,280
Aged Care Other	24,603
Primary Health	
Community Health / Primary Care Programs	4,436
Community Health Other - hours	-
Small Rural	
Small Rural Other specified funding	39
Other	
Health Workforce	24
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.



A key strategic priority for Dhelkaya Health is that our facilities are modernised, with a reduced environmental footprint. The Regional Health Infrastructure Fund is the primary source of major capital project funding.

Major Capital Program

Dhelkaya Health has 8 major state-funded projects completed or underway at 30 June 2025.

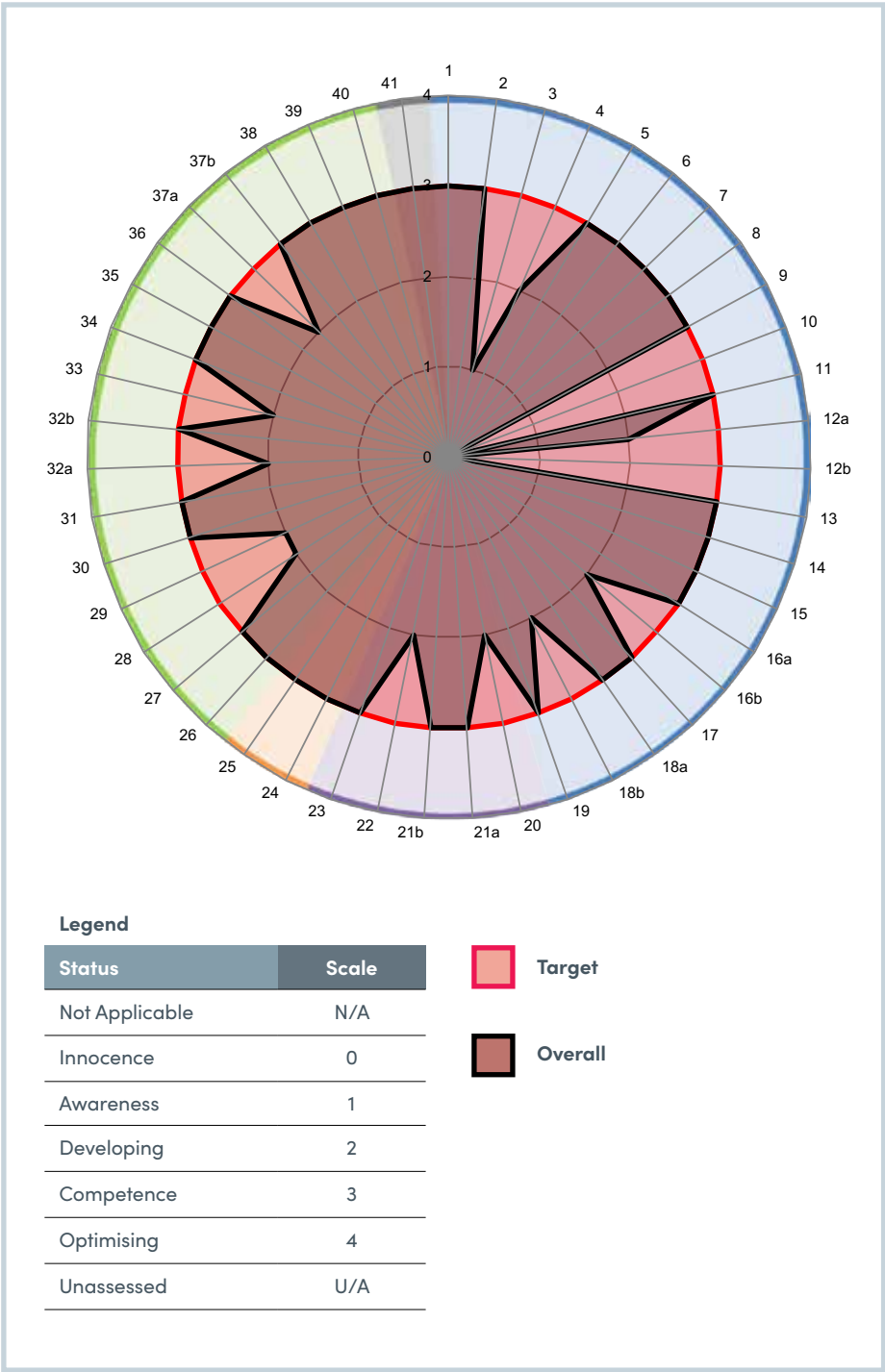
PROJECT	SCOPE OF WORKS	INVESTMENT	STATUS
Improve Maldon Hospital Bushfire Resistance	Conduct a program of passive fire management works and commission a scoping study for the acquisition of major infrastructure and fire management improvements. Deliver wet works upgrades, including install and connection of tanks for potable water and fire sprinkler water redundancy.	\$987,495	On track for completion in October 2025
Main Entry Works – Castlemaine campus	Creation of new car parking, re-surfacing of asphalted areas and improved signage and wayfinding. Repurposing and refurbishment of the old dry store, new front reception area and urgent care triage.	\$5,091,654	On track for completion in December 2025
Residential Aged Care Quality and Safety Upgrade – Castlemaine campus	Upgrade each of the three facilities at Castlemaine covering interior fit-out works and improvements, and enhancements to external landscape areas and grounds.	\$2,840,125	On track for completion in December 2025
Critical Electrical Infrastructure Works – Castlemaine campus	Design and install transfer switches and additional back-up systems for the supply of power and to develop a scoping study and asset replacement strategy in relation to the main distribution board and other critical equipment and systems.	\$420,000	Stage 1 completed, Stage 2 on track for completion in September 2025
Castlemaine CSSD Sterile Stock Facility	Sterile Stock Room fit-out comprising minor demolition works of existing reception area and installation of compliant air-conditioning with high efficiency filtration and air-flow, building automation system temperature control and compliant storage shelving.	\$288,023	Completed
Fire Safety and Risk Management Works – Castlemaine and Maldon campuses	Undertake infrastructure upgrades at Castlemaine and Maldon recommended from fire safety audits.	\$494,860	On track for completion in December 2025
Upgrade AS4187 – Reprocessing of reusable medical devices – Castlemaine campus	Central Sterile Supply Department upgrade to ensure compliance with Australian Standards, including the replacement of end-of-life or non-compliant clinical equipment	\$1,657,335	On track for completion in September 2025
Hoists and Tracking Systems Upgrade – Castlemaine and Maldon campuses	Upgrade of hoists and tracking systems at Maldon Hospital and Ellery House residential aged care facilities that are required to mitigate work health and safety issues.	\$378,000	Completed



Asset Management Accountability Framework

The Asset Management Accountability Framework (AMAF) is a non-prescriptive, devolved accountability model of asset management that requires compliance with 41 mandatory requirements. These requirements can be found on the Department of Treasury and Finance website (<https://www.dtf.vic.gov.au/infrastructure-investment/asset-management-accountability-framework>).

The Dhelkaya Health target maturity rating is ‘competence’, meaning systems and processes are in place, consistently applied and systematically meeting the AMAF requirement, including a continuous improvement process to expand system performance above AMAF minimum requirements.





Procurement

Dhelkaya Health maintains an effective internal control framework over procurement activities to ensure procurement of goods and services is authorised in accordance with business needs. The Procurement Governance Framework outlines Dhelkaya Health's obligations when conducting procurement activities, including reporting obligations in accordance with HealthShare Victoria's (HSVs) five Purchasing Policies (PPs). The Framework provides guidance to all employees of Dhelkaya Health on best-practice procurement activities to ensure compliance is achieved with the HSV PPs.

In 2024-25 no emergency procurements were undertaken and Dhelkaya Health did not receive any procurement complaints.

Social Procurement

Dhelkaya Health's Social Procurement Strategy reflects our commitment to embedding social and environmental considerations into our procurement

processes in alignment with our organisational values and sustainability goals.

By integrating social value into purchasing decisions, we actively support local businesses, nurture community growth, and promote ethical practices across our supply chain. This approach reinforces our dedication to making meaningful contributions to the communities we serve.

Dhelkaya Health remains focused on supporting small and medium enterprises, recognising the importance of the role they play in maintaining our region's economy. In 2024-25 we engaged 8 social benefit suppliers with a total spend of \$362,774.82, a significant increase from \$86,209.00 in the previous year. We will continue to expand our social procurement program and pursue opportunities to increase engagement with social benefit suppliers

While the exact number of non-social benefit suppliers who have entered into social procurement contracts with the

Victorian Government is unknown, we estimate it to be over 250, including suppliers contracted through HealthShare Victoria.

Environmental Performance

Dhelkaya Health is committed to improving the way we manage our energy, materials and waste for a sustainable and thriving future. As a health service, we have a responsibility to contribute to a sustainable environment through planned and well managed policies and actions.

At Dhelkaya Health we recognise our responsibility extends beyond the provision of health services to our community. We actively support environmental sustainability through planning and effective, well-implemented actions with a focus on reducing energy, waste and materials helping shape the wellbeing of the entire community.

SOCIAL PROCUREMENT FRAMEWORK (SPF) OBJECTIVE	METRIC	UNIT OF MEASURE	2024-25 (ACTUAL)
Opportunities for Victorian Aboriginal People	Total spend with Victorian Aboriginal business	\$ thousands (ex GST)	\$12,154.56
	Number of Victorian Aboriginal businesses engaged	Number	6
Opportunities for Victorians with disability	Total spend with Victorian social enterprises led by a mission for people with disability and Australian Disability Enterprises (ADEs)	\$ thousands (ex GST)	\$38,829.00
	Number of Victorian social enterprises led by a mission for people with a disability and Australian Disability Enterprises (ADEs) engaged	Number	1
Opportunities for disadvantaged Victorians	Total spend with Victorian social enterprises led by a mission for the disadvantaged ^(a)	\$ thousands (ex GST)	–
	Number of Victorian social enterprises led by a mission for the disadvantaged ^(a) engaged	Number	–
Sustainable Victorian social enterprises and Aboriginal business sectors	Total spend with Victorian social enterprises ^(b)	\$ thousands (ex GST)	\$311,791.26
	Number of Victorian social enterprises engaged ^(b)	Number	1

Notes:

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

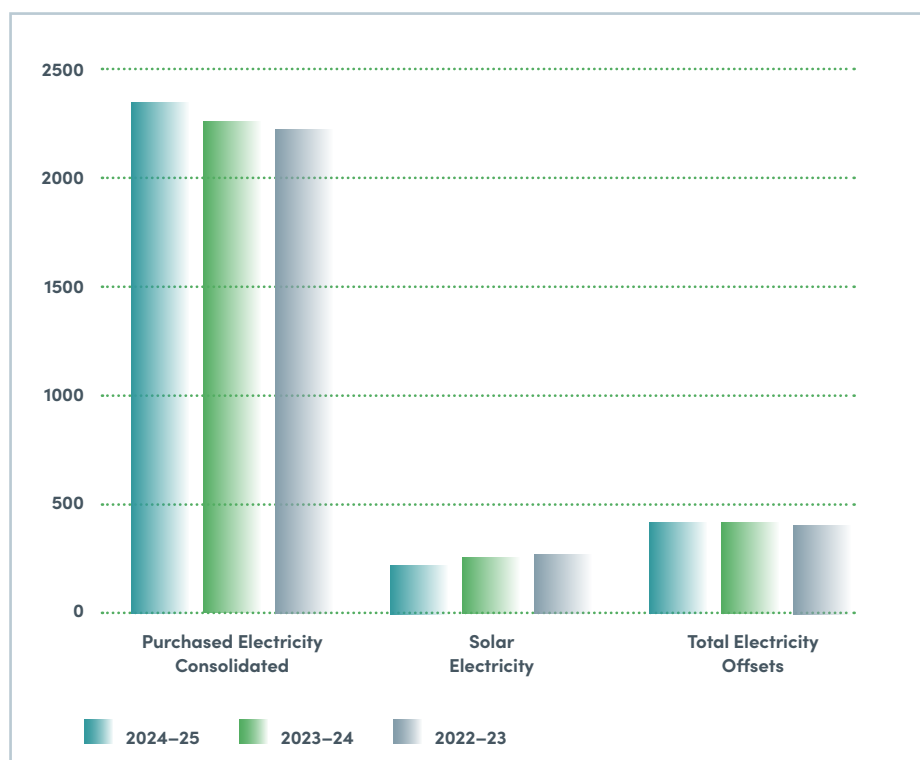
^(b) All types of social enterprises verified by Social Traders and listed on the Map for impact.



Electricity Production and Consumption

Last financial year, Dhelkaya Health secured funding to convert ageing gas hot water systems to electric across the Castlemaine and Maldon Campuses. The project continued into 2024-25, with site capability assessments conducted, solution designs and detailed project scopes finalised and tender released to the market.

Electricity Use (MWh)



ELECTRICITY USE	2024-25	2023-24	2022-23	% Change previous to selected range
EL1 Total electricity consumption segmented by source (MWh)				
Purchased	2,349.58	2,255.47	2,225.28	4.17%
Self-generated*	224.19	260.87	279.38	-14.06%
EL1 Total electricity consumption (MWh)	2,573.77	2,516.33	2,504.66	2.28%
EL2 On site-electricity generated (MWh) segmented by:				
Consumption behind-the-meter				
Solar Electricity*	224.19	260.87	279.38	-14.06%
Total Consumption behind-the-meter (MWh)	224.19	260.87	279.38	-14.06%
Exports				
Solar Electricity	2.19	2.19	1.84	-0.29%
Total Electricity exported (MWh)	2.19	2.19	1.84	-0.29%
EL2 Total On site-electricity generated (MWh)	226.38	263.06	281.23	-13.94%
EL3 On-site installed generation capacity (kW converted to MW) segmented by:				
Diesel Generator	0.95	0.95	0.95	0.00%
Solar System	0.11	0.11	0.11	0.00%
EL3 Total On-site installed generation capacity (MW)	1.06	1.06	1.06	0.00%
EL4 Total electricity offsets segmented by offset type (MWh)				
RPP (Renewable Power Percentage in the grid)	430.08	423.10	418.35	1.65%
EL4 Total electricity offsets (MWh)	430.08	423.10	418.35	1.65%

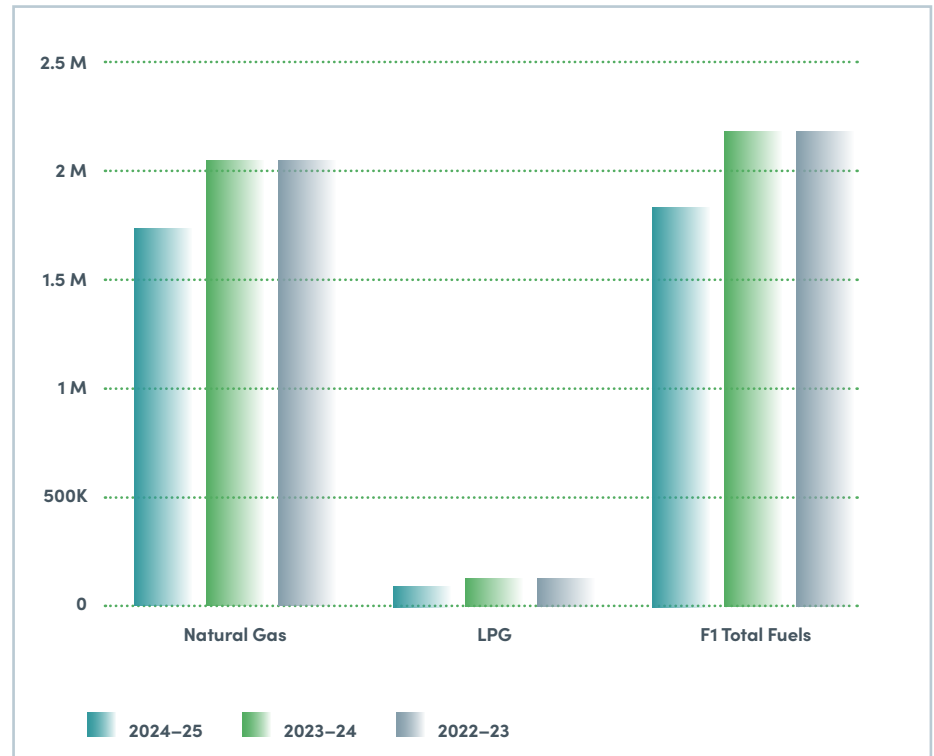
* Not all solar energy generated during the reporting period has been captured.



Stationary Fuel Use

During 2024-25 Natural Gas consumption decreased by 14.63% and LPG usage decreased by 13.5% compared to the previous year.

Stationary Energy (MJ)



STATIONARY ENERGY	2024-25	2023-24	2022-23	% Change previous to selected range
F1 Total fuels used in buildings and machinery segmented by fuel type (MJ)				
Natural gas	21,109,539.90	21,921,175.70	21,562,269.50	-3.70%
LPG	1,120,681.80	1,295,557.50	1,321,106.00	-13.50%
F1 Total fuels used in buildings (MJ)	22,230,221.70	23,216,733.20	22,883,375.50	-4.25%
F2 Greenhouse gas emissions from stationary fuel consumption segmented by fuel type (CO²-e(t))				
Natural gas	1,087.77	1,129.60	1,111.10	-3.70%
LPG	67.91	78.51	80.06	-13.50%
F2 Greenhouse gas emissions from stationary fuel consumption (CO²-e(t))	1,155.69	1,208.11	1,191.16	-4.34%



Greenhouse Gas Emissions

In 2024-25 Total Scope 1 (direct) greenhouse gas emission (CO²-e(t)) reduced by 6.04% on prior year, the result was driven by a reduction in emissions from stationary fuel and fleet.

GREENHOUSE GAS EMISSIONS	2024-25	2023-24	2022-23	% Change previous to selected range
G1 Total Scope 1 (direct) greenhouse gas emissions (CO²-e(t))				
Carbon Dioxide	1,196.11	1,272.94	1,224.66	-6.04%
Methane	2.35	2.47	2.43	-5.03%
Nitrous Oxide	1.03	1.15	1.04	-10.51%
Total	1,199.49	1,276.56	1,228.13	-6.04%
Scope 1 GHG emissions from stationary fuel (F2 Scope 1) (CO²-e(t))	1,155.69	1,208.11	1,191.16	-4.34%
Scope 1 GHG emissions from vehicle fleet (T3 Scope 1) (CO²-e(t))	43.80	68.45	36.97	-36.01%
Medical/Refrigerant gases				
Total Scope 1 (direct) greenhouse gas emissions (CO²-e(t))	1,199.49	1,276.56	1,228.13	-6.04%
G2 Total Scope 2 (indirect electricity) greenhouse gas emissions (CO²-e(t))*				
Electricity	1,554.23	1,483.47	1,528.66	4.77%
Total Scope 2 (indirect electricity) greenhouse gas emissions (CO²-e(t))	1,554.23	1,483.47	1,528.66	4.77%
G3 Total Scope 3 (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (CO²-e(t))				
Commercial air travel				
Waste emissions (WR5)	184.85	189.12	203.92	-2.26%
Indirect emissions from Stationary Energy	318.14	297.00	301.13	7.12%
Indirect emissions from Transport Energy	11.05	17.35	9.36	-36.28%
Paper emissions				
Water emissions	70.96	70.19	53.47	1.09%
Any other Scope 3 emissions				
Total Scope 3 greenhouse gas emissions (CO²-e(t))	514.05	503.47	514.41	2.10%
G(Opt) Net greenhouse gas emissions (CO²-e(t))				
Gross greenhouse gas emissions (G1 + G2 + G3) (CO²-e(t))	3,267.76	3,263.49	3,271.21	0.13%
Total gross reported greenhouse gas emissions per bed-day (t CO ² -e/OBD)	0.05	0.05	0.04	-1.48%
Any Reduction Measures Offsets purchased (EL4-related)				
Any Offsets purchased				
Net greenhouse gas emissions (CO²-e(t))	3,267.76	3,263.49	3,271.21	0.13%

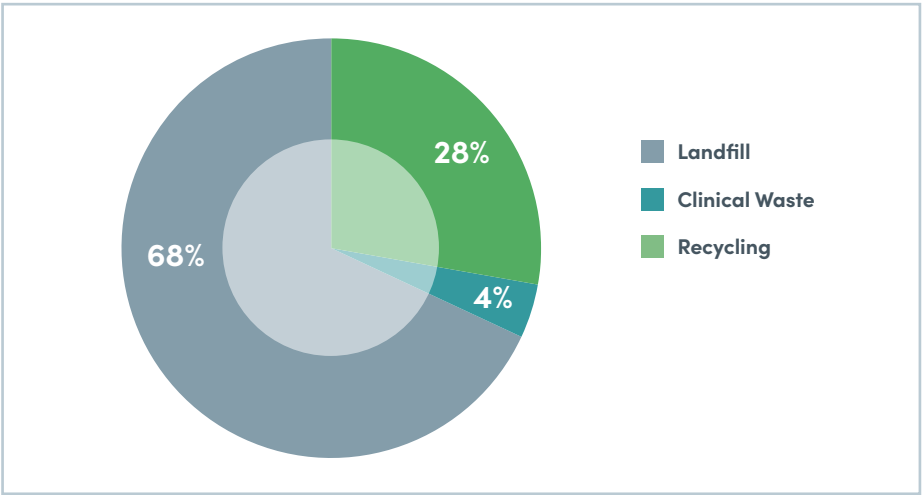
* The emissions calculation for electricity-related activities uses the market-based method, as opposed to the location-based method used in previous FRD report versions.



Waste

Dhelkaya Health implemented initiatives in 2024-25 to improve workflow processes and equipment, enabling the team to deliver a decrease in general waste on prior year and increase waste segregation and recycling increasing commingled recycling on prior year. Dhelkaya Health introduced a new recycling program partnering with ecobatt a division of ecocycle. As an accredited B-cycle Drop off point, Dhelkaya Health is excited to play a role in increasing resource recovery and recycling and minimise the environment, health and safety impacts of used batteries generated in Australia.

Waste Stream by Percentage %



CASE STUDY

Partnering for wildlife

In October 2024, to coincide with World Kangaroo Day, Dhelkaya Health launched a new partnership with local organisation Redbox Wildlife Shelter to support the care and rehabilitation of injured native animals, particularly kangaroos.



As part of this initiative, wildlife assistance kits have been added to Dhelkaya Health’s fleet vehicles, enabling staff to provide immediate and informed support if they come across injured wildlife while travelling.

The kits, prepared by volunteers at Redbox Wildlife Shelter, contain basic items and clear contact details for local wildlife responders. This practical resource helps ensure injured animals receive timely care, improving their chances of recovery and release back into the wild.

Kits were also made available to staff at the Castlemaine campus cafeteria and are also free to the public through other local businesses, encouraging responsible wildlife practices across the region.



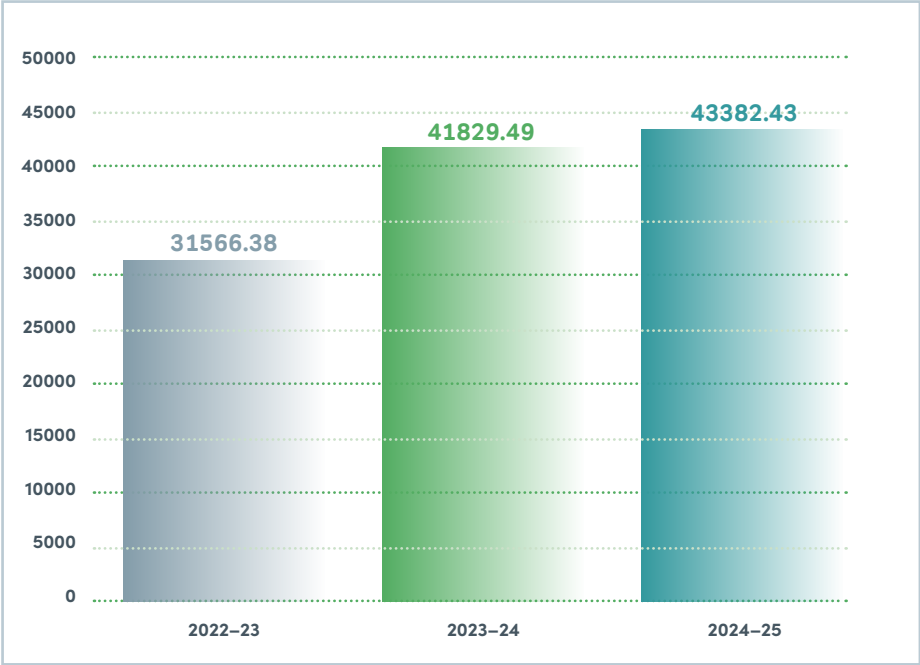
WASTE AND RECYCLING	2024-25	2023-24	2022-23	% Change previous to selected range
WR1 Total units of waste disposed of by waste stream and disposal method (kg)				
Landfill (total)				
General waste - skips	136,795.50	137,155.50	146,604.00	-0.26%
Offsite treatment				
Clinical waste - incinerated	430.69	825.52	1,638.16	-47.83%
Clinical waste - sharps	391.44	610.90	801.50	-35.93%
Clinical waste - treated	4,717.48	7,154.24	8,349.83	-34.06%
Recycling/recovery (disposal)				
Cardboard	46,671.30	46,777.24	56,339.38	-0.23%
Commingled	10,970.22	5,470.08		100.55%
Total units of waste disposed (kg)	199,976.62	197,993.47	213,732.87	1.00%
WR1 Total units of waste disposed of by waste stream and disposal method (%)				
Landfill (total)				
General waste	68.41%	69.27%	68.59%	-1.25%
Offsite treatment				
Clinical waste - incinerated	0.22%	0.42%	0.77%	-48.35%
Clinical waste - sharps	0.20%	0.31%	0.38%	-36.56%
Clinical waste - treated	2.36%	3.61%	3.91%	-34.71%
Recycling/recovery (disposal)				
Cardboard	23.34%	23.63%	26.36%	-1.22%
Commingled	5.49%	2.76%		98.56%
WR3 Total units of waste disposed normalised by FTE, headcount, floor area, or other entity or sector specific quantity, by disposal method				
Total waste to landfill per patient treated ((kg general waste)/PPT)	2.04	2.07	1.56	-1.55%
Total waste to offsite treatment per patient treated ((kg offsite treatment)/PPT)	0.08	0.13	0.11	-36.35%
Total waste recycled and reused per patient treated ((kg recycled and reused)/PPT)	0.86	0.79	0.60	8.90%
WR4 Recycling rate (%)				
Weight of recyclable and organic materials (kg)	57,641.51	52,247.32	56,339.38	10.32%
Weight of total waste (kg)	199,976.62	197,993.47	213,732.87	1.00%
Recycling rate (%)	28.82%	26.39%	26.36%	9.23%
WR5 Greenhouse gas emissions associated with waste disposal (CO₂-e(t))				
CO ₂ -e(t)	184.85	189.12	203.92	-2.26%



Water Usage

Ageing infrastructure is an area of continued focus to identify opportunities to reduce water consumption.

Water Consumption (kL)



CASE STUDY

Homeshare



Homeshare Mount Alexander’s model and outcomes have been recognised by the Victorian State Parliament.

In May we hosted a hearing for a Legislative Assembly Committee looking into the supply of homes in regional Victoria. The Homesharers spoke to the committee explaining their motivations and benefits. They also spoke of their high regard for Dhelkaya Health in the process and how important the supported model had been for them. We were able to provide recommendations to that committee for funding support for Dhelkaya Health to grow our program and to provide support for more such programs across regional Victoria.

Meanwhile, our Homeshare Mount Alexander program, now in its second year, was proudly showcased by Homeshare Australia and New Zealand (HANZA) at the 7th World Homeshare Congress in Trento, Italy – highlighting the global significance of housing and health.



Transportation

Dhelkaya Health has a fleet of 38 vehicles that are essential to the provision of health support services. Of the 38 vehicles, 16 are petrol, 8 diesel, 11 hybrid and 3 zero emissions vehicles (ZEVs).

Vehicles are used to support core on-site support services including engineering,

environmental services, food services and supply. Fleet is also a key enabler for our specialised health services, community services and district nursing delivering care in the home and locations beyond the grounds of the hospital.

In 2024-25 Dhelkaya Health undertook a review of its fleet portfolio with a focus on reducing fleet numbers, moving from

owned to leased vehicles and converting to hybrid and ZEVs; department fit and infrastructure permitting. The mix of vehicles across the Castlemaine and Maldon campuses was also reviewed resulting in ZEVs being relocated to the Castlemaine campus to maximise the utilisation of the vehicles.

TRANSPORTATION ENERGY	2024-25	2023-24	2022-23	% Change previous to selected range
T1 Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type (MJ)				
Non-executive fleet - Gasoline	496,102.00	900,151.20	475,831.20	-44.89%
Petrol	496,102.00	900,151.20	475,831.20	-44.89%
Non-executive fleet - Diesel	145,633.80	107,694.10	68,086.70	35.23%
Diesel	145,633.80	107,694.10	68,086.70	35.23%
Total energy used in transportation (vehicle fleet) (MJ)	641,735.80	1,007,845.30	543,917.90	-36.33%
T3 Greenhouse gas emissions from transportation (vehicle fleet) segmented by fuel type (CO²-e(t))				
Non-executive fleet - Gasoline	33.55	60.87	32.18	-44.89%
Petrol	33.55	60.87	32.18	-44.89%
Non-executive fleet - Diesel	10.25	7.58	4.79	35.23%
Diesel	10.25	7.58	4.79	35.23%
Total Greenhouse gas emissions from transportation (vehicle fleet) (CO²-e(t))	43.80	68.45	36.97	-36.01%

CASE STUDY

Restoring full operation of our patient transport service

Following a period of reduced operation, Dhelkaya Health's Volunteer Patient Transport Service has returned to running 5 days a week. The service provides essential transport for patients attending medical appointments.



The appointment of a new service coordinator has strengthened the team's capacity to manage and grow the program. A dedicated group of volunteer drivers support the program, with Dhelkaya Health providing all vehicles and logistical backing. During the 2024-25 year we accepted 80 new patient referrals and transported patients to 330 medical appointments. New volunteers are encouraged to join and receive induction to ensure they are prepared and supported from the beginning.

This return to full scheduling ensures accessible healthcare and community wellbeing, particularly for those facing barriers to regular transport options.



Summary of Financial Results For the period 1 July 2024 to 30 June 2025

	2025 \$000	2024 \$000	2023 \$000	2022 \$000
Operating result*	1,853	(1,951)	44	1,603
Total revenue	95,457	81,329	76,033	26,375
Total expenses	97,813	87,351	80,945	26,585
Net result from transactions	(2,356)	(6,022)	(4,912)	(210)
Total other economic flows	309	135	(18)	245
Net result	(2,047)	(5,887)	(4,930)	35
Total assets	180,143	179,097	106,376	114,271
Total liabilities	49,062	45,969	46,556	49,349
Net assets/Total equity	131,081	133,128	59,820	64,922

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

Reconciliation of Net Result from Transactions and Operating Result

	2024-25 (\$000)
Operating result	1,853
Capital purpose income	6,249
Specific income	0
COVID 19 State Supply Arrangements – Assets received free of charge or for nil consideration under the State Supply	17
State supply items consumed up to 30 June 2025	(17)
Assets provided free of charge	0
Assets received free of charge	0
Expenditure for capital purpose	(288)
Depreciation and amortisation	(10,170)
Impairment of non-financial assets	0
Finance costs (other)	0
Net result from transactions	(2,356)

Summary of significant changes in financial position during 2024-25

There were no significant changes in financial position.

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

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

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

There are no events subsequent to balance sheet date.



Details of consultancies (under \$10,000)

In 2024-25, there were nil consultancies where the total fees payable to the consultants were less than \$10,000.

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

In 2024-25, there was one consultancy where the total fees payable to the consultants was \$10,000 or greater. The total expenditure incurred during 2024-25 in relation to this consultancy is \$81,675 (excl. GST). Details of this consultancy can be viewed at www.dhelkayahealth.org.au/about-us.

Consultancies over \$10,000

CONSULTANT	PURPOSE OF CONSULTANCY	START DATE	END DATE	TOTAL APPROVED PROJECT FEE (excluding GST)	EXPENDITURE 2024-25 (excluding GST)	FUTURE EXPENDITURE (excluding GST)
Social Outcomes Pty Ltd	Social Impact Measurement Framework	February 2025	June 2025	\$81,675	\$81,675	Nil

Reviews and study expenses

NAME OF THE REVIEW	REASONS FOR REVIEW/STUDY	SCOPE	ANTICIPATED OUTCOMES	ESTIMATED COST FOR YEAR (excluding GST) (\$000)	FINAL COST IF COMPLETED (\$000)	PUBLICLY AVAILABLE (Y/N) AND URL
Disaster Management Capacity Building Program	To build organisational disaster management maturity through the delivery of a robust Disaster Management (DM) capacity building program.	Review current Disaster Management Response and Recovery Plans and design the concept format for delivery, including site specific plans.	Development and implementation of a fit for purpose Crisis Management Framework and Plan and organisation-wide Business Continuity Plan.	51.5	103	N

Government advertising campaign

Dhelkaya Health has nil reports relating to government advertising expenditure.

Grants and transfer payments

Not applicable – Dhelkaya Health did not administer any grants, transfer payments or Commercial-in-Confidence grants in 2024-25.

ICT expenditure

ALL OPERATIONAL ICT EXPENDITURE	ICT EXPENDITURE RELATED TO PRIORITIES TO CREATE OR ENHANCE ICT CAPABILITIES		
Business as Usual (BAU) ICT expenditure	Non-business as Usual (non-BAU) ICT expenditure	Operational expenditure (excluding GST) (a)	Capital expenditure (excluding GST) (b)
Total (excluding GST)	Total = Operational expenditure and Capital expenditure (excluding GST) (a) + (b)		
\$3,296,034	\$0	\$0	\$0



Responsible Bodies Declaration

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

Ms Vanessa Healy
Responsible Officer

Dhelkaya Health
3rd October 2025

Data Integrity Declaration

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

Ms Sue Race
Accountable Officer

Dhelkaya Health
3rd October 2025

Conflict of Interest Declaration

I, Sue Race, certify that Dhelkaya 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 Dhelkaya 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.

Ms Sue Race
Accountable Officer

Dhelkaya Health
3rd October 2025

Integrity, Fraud and Corruption Declaration

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

Ms Sue Race
Accountable Officer

Dhelkaya Health
3rd October 2025

Compliance with HealthShare Victoria (HSV) Purchasing Policies

I, Sue Race, certify that Dhelkaya 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.

Ms Sue Race
Accountable Officer

Dhelkaya Health
3rd October 2025



Freedom of Information Act 1982

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

During 2024-25, Dhelkaya Health received 30 FOI applications. Of these requests, 19 were from law firms acting on behalf of a patient, one was from an insurer, one from a member of parliament, and the remainder from the general public.

A total of 18 FOI decisions were made during the 12 months ending 30 June 2025. There were 17 decisions made within the statutory time periods. Of the decisions made outside the statutory time, one decision was made within a further 45 days extension that was agreed upon by the applicant.

Of the total 18 decisions made, all were granted access to documents in full. Of the requests finalised, the average number of days to decide a valid request was 16 days, which was under the statutory time (including any relevant extended timeframes).

During 2024-25, no requests were subject to a complaint or internal review by the Office of the Victorian Information Commissioner. No requests progressed to the Victorian Civil and Administrative Tribunal (VCAT).

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

Total FOI Requests 2024-25	30
Full Access	18
Partial Access	0
Access Denied	0
Applications Withdrawn	5
No Documents	2
Applications in Progress	2
VCAT Appeal	0
Not Proceeded With	1
Released outside the Act	2

Building Act 1993

Dhelkaya Health fully complied with the building and maintenance provisions of the *Building Act 1993* for the period 1 July 2024 to 30 June 2025. Where applicable, the appropriate Building Permits and Certificates of Occupancy were obtained in line with the requirements of the *Building Act 1993*. In order to ensure buildings are maintained in a safe and functional condition, ongoing maintenance programs are in place. No emergency orders and building orders were received during the reporting period.

Dhelkaya Health sites have undergone a number of asset condition assessments. The Five Yearly Fire Safety Audit was conducted at the Castlemaine campus in 2023, noting that the Maldon campus audit was conducted in 2022. Fire and safety risk management works at both Castlemaine and Maldon sites, funded through the Regional Health Infrastructure Fund, have progressed during 2024-25.

Public Interest Disclosures Act 2012

This Act enables people to make disclosures about improper conduct within the public sector without fear of reprisal. The Act aims to ensure openness and accountability by encouraging people to make disclosures and protecting them when they do. The procedures established by Dhelkaya Health under Part 9 are available in the Public Interest Disclosure Policy. There were no disclosures notified to the IBAC under section 21(2) in 2024-25.

Local Jobs First Act 2003

In 2024-25 there were no contracts requiring disclosure under the Local Jobs First Policy. Dhelkaya Health complies with the intent of the *Victorian Industry Participation Policy Act 2003* and has no requirements of disclosures for the 2024-25 financial year. The Act requires, wherever possible, local industry participation in supplies, taking into consideration the principle of value for money and transparent tendering processes.

Statement on National Competition Policy

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

Carers Recognition Act 2012

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

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



Gender Equality Act 2020

Dhelkaya Health is a newly defined entity under the *Gender Equality Act 2020*. Dhelkaya Health's legal obligations under the Act for the remaining of the current four-year cycle include:

- a duty to promote gender equality since 1 July 2022
- undertake gender impact assessments on policies, programs, and services since 1 July 2022
- undertake a workplace gender audit by 31 October 2025
- prepare a Gender Equality Action Plan by 31 October 2025
- prepare a progress report by 31 October 2027.

Dhelkaya Health has voluntarily submitted a Workplace Gender Audit and a Gender Equality Action Plan in 2024–25. This Action Plan is available on our website at www.dhelkayahealth.org.au/about-us.

Safe Patient Care Act 2015

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

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

Additional information available on request

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

- a statement that declarations of pecuniary interests have been duly completed by all relevant officers
- details of shares held by a senior officer as nominee or held beneficially in a statutory authority or subsidiary
- details of publications produced by the entity about itself, and how these can be obtained
- details of changes in prices, fees, charges, rates, and levies charged by the entity
- details of any major external reviews carried out on the entity
- details of major research and development activities undertaken by the entity
- details of overseas visits undertaken including a summary of the objectives and outcomes of each visit

- details of major promotional, public relations and marketing activities undertaken by the entity to develop community awareness of the entity and its services
- details of assessments and measures undertaken to improve the occupational health and safety of employees
- a general statement on industrial relations within the entity and details of time lost through industrial accidents and disputes
- a list of major committees sponsored by the entity, the purposes of each committee and the extent to which the purposes have been achieved
- details of all consultancies and contractors including:
 - (i) consultants/contractors engaged
 - (ii) services provided
 - (iii) expenditure committed to for each engagement.

This information is available on request from:

Corporate Governance Coordinator
Email: boardsecretary@castlemainehealth.org.au



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

LEGISLATION	REQUIREMENT	PAGE REFERENCE
STANDING DIRECTIONS AND FINANCIAL REPORTING DIRECTIONS		
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FRD 22	Nature and range of services provided	5
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FRD 22	Disclosure of government advertising expenditure	34
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FRD 22	Disclosure of emergency procurement	N/A
FRD 22	Disclosure of social procurement activities under the Social Procurement Framework	25
FRD 22	Disclosure of procurement complaints	N/A
FRD 22	Disclosure of reviews and study expenses	34
FRD 22	Disclosure of grants and transfer payments	34
FRD 22	Application and operation of <i>Freedom of Information Act 1982</i>	36
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FRD 22	Additional information available on request	37
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FRD 25	<i>Local Jobs First Act 2003</i> disclosures	36



LEGISLATION	REQUIREMENT	PAGE REFERENCE
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SD 5.2.3	Declaration in Report of Operations	4
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	Compliance with HealthShare Victoria (HSV) purchasing policies	35
Other reporting requirements		
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	Occupational violence reporting	13
	Reporting obligations under the <i>Safe Patient Care Act 2015</i>	37
	Reporting of compliance regarding car parking fees (if applicable)	N/A
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Declaration		
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FRD 103	Non-Financial Physical Assets	58
FRD 110	Cash Flow Statements	45
FRD 112	Defined Benefit Superannuation Obligations	53
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LEGISLATION		
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	<i>Local Jobs Act 2003</i>	36
	<i>Financial Management Act 1994 ^(b)</i>	35

Notes

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

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



Independent Auditor's Report

To the Board of Dhelkaya Health

Opinion	<p>I have audited the financial report of Dhelkaya Health (the health service) which comprises the:</p> <ul style="list-style-type: none"> • balance sheet as at 30 June 2025 • comprehensive operating statement for the year then ended • statement of changes in equity for the year then ended • cash flow statement for the year then ended • notes to the financial statements, including material accounting policy information • board member's, accountable officer's and chief finance & accounting officer's declaration. <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>
Basis for Opinion	<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>
Board's responsibilities for the financial report	<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 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>



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.

A handwritten signature in black ink, appearing to read 'S Bohan'.

MELBOURNE
19 September 2025

Simone Bohan
as delegate for the Auditor-General of Victoria



Financial Year ended 30 June 2025
Board member’s, accountable officer’s, and chief finance & accounting officer’s declaration

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

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2025 and the financial position of Dhelkaya 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 19th September, 2025.

Board member	Accountable Officer	Chief Finance & Accounting Officer
		
Vanessa Healy	Sue Race	Catherine Gaskell
Chair	Chief Executive Officer	Chief Financial Officer
Dhelkaya Health	Dhelkaya Health	Dhelkaya Health
19th September, 2025	19th September, 2025	19th September, 2025



Comprehensive Operating Statement For the Financial Year ended 30 June 2025

	Note	2025 \$'000	2024 \$'000
Revenue and income from transactions			
Revenue from contracts with customers	2.1	82,450	71,606
Other sources of income	2.1	11,595	8,393
Non-operating activities		1,412	1,330
Total revenue and income from transactions		95,457	81,329
Expenses from transactions			
Employee expenses	3.1	(70,830)	(65,008)
Finance costs	7.1	(40)	(16)
Depreciation and amortisation	4.1(a)	(10,170)	(6,498)
Other operating expenses	3.1	(16,773)	(15,834)
Total expenses from transactions		(97,813)	(87,356)
Net result from transactions - net operating balance		(2,356)	(6,027)
Other economic flows included in net result			
Net gain/(loss) on sale of non-financial assets		149	69
Net gain/(loss) on financial instruments		(5)	(3)
Other gain/(loss) from other economic flows		165	74
Total other economic flows included in net result		309	140
Net result		(2,047)	(5,887)
Other economic flows - other comprehensive income			
Items that will not be reclassified to net result			
Changes in property, plant and equipment revaluation surplus		-	79,195
Total other comprehensive income		-	79,195
Comprehensive result		(2,047)	73,308

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



Balance Sheet As at 30 June 2025

		2025	2024
	Note	\$'000	\$'000
Financial assets			
Cash and cash equivalents	6.2	33,442	29,055
Receivables	5.1	7,225	5,531
Investments and other financial assets		1,725	1,725
Total financial assets		42,392	36,311
Non-financial assets			
Prepayments		961	338
Inventories		279	300
Non financial physical assets held for sale		-	115
Property, plant and equipment	4.1	136,511	142,033
Total non-financial assets		137,751	142,786
Total assets		180,143	179,097
Liabilities			
Payables	5.3	11,326	11,575
Borrowings	6.1	1,111	1,328
Employee benefits	3.1(b)	15,510	13,418
Other liabilities	5.4	21,115	19,648
Total liabilities		49,062	45,969
Net assets		131,081	133,128
Equity			
Reserves		83,387	83,387
Contributed capital		60,695	60,695
Accumulated surplus/(deficit)		(13,001)	(10,954)
Total equity		131,081	133,128

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



Cash Flow Statement For the Financial Year ended 30 June 2025

	Note	2025 \$'000	2024 \$'000
Cash flows from operating activities			
Operating grants from State Government		54,353	50,081
Operating grants from Commonwealth Government		18,276	15,771
Capital grants from State Government		5,063	1,686
Commercial activity revenue received		710	349
Donations and bequests received		25	80
GST received from ATO		(242)	-
Interest and investment income received		1,507	1,330
Other receipts		10,342	11,350
Total receipts		90,034	80,647
Payments to employees		(68,224)	(64,015)
Payments to suppliers and consumables		(6,033)	(3,713)
Finance costs		(40)	(94)
GST paid to ATO		-	81
Other payments		(8,635)	(9,694)
Total payments		(82,932)	(77,435)
Net cash flows from/(used in) operating activities		7,102	3,212
Cash flows from investing activities			
Proceeds from sale of non-financial assets		596	245
Purchase of non-financial assets		(4,980)	(3,291)
Capital donations and bequests received		252	-
Net cash flows from/(used in) investing activities		(4,132)	(3,046)
Cash flows from financing activities			
Repayment of borrowings and principal portion of lease liabilities		(60)	(428)
Repayment of accommodation deposits		(8,174)	(9,648)
Receipt of accommodation deposits		9,651	5,773
Net cash flows from/(used in) financing activities		1,417	(4,303)
Net increase/(decrease) in cash and cash equivalents held		4,387	(4,137)
Cash and cash equivalents at beginning of year		29,055	33,192
Cash and cash equivalents at end of year	6.2	33,442	29,055

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



Statement of Changes in Equity For the Financial Year ended 30 June 2025

	Property, Plant and Equipment Revaluation Surplus \$'000	Restricted Specific Purpose Reserve \$'000	Contributed Capital \$'000	Accumulated Surplus/(Deficit) \$'000	Total \$'000
Balance at 1 July 2023	2,186	2,006	60,695	(5,067)	59,820
Net result for the year	-	-	-	(5,887)	(5,887)
Other comprehensive income for the year	79,195	-	-	-	79,195
Balance at 30 June 2024	81,381	2,006	60,695	(10,954)	133,128
Net result for the year	-	-	-	(2,047)	(2,047)
Balance at 30 June 2025	81,381	2,006	60,695	(13,001)	131,081

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



Notes to the Financial Statements 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 Dhelkaya Health for the year ended 30 June 2025.

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

This section explains the basis of preparing the financial statements.

Note 1.1 Basis of preparation

These financial statements are 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).

Dhelkaya 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. Dhelkaya Health's prior year financial statements were general purpose financial statements prepared in accordance with Australian Accounting Standards (Tier 1). As Dhelkaya 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 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 Dhelkaya Health.

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

The financial statements are presented in Australian dollars.

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

The annual financial statements were authorised for issue by the Board of Dhelkaya Health on 19th 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 Dhelkaya Health.

Dhelkaya Health's principal address is:

142 Cornish Street
Castlemaine, Victoria 3450

Note 1.4 Economic dependency

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



Notes to the Financial Statements For the Financial Year ended 30 June 2025

Note 2 Funding delivery of our services

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

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)	82,450	71,606
Other sources of income	2.1(b)	13,007	9,723
Total revenue and income from transactions		95,457	81,329

Note 2.1(a) Revenue from contracts with customers

	2025 \$'000	2024 \$'000
Government grants (State) - Operating	57,678	49,628
Government grants (Commonwealth) - Operating	18,276	15,771
Patient and resident fees	5,786	5,183
Commercial activities	710	1,024
Total revenue from contracts with customers	82,450	71,606

How we recognise revenue from contracts with customers

Government grants

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

In contracts with customers, the 'customer' is the funding body, who is the party that promises funding in exchange for Dhelkaya Health's goods or services. Dhelkaya Health'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 Dhelkaya Health's revenue streams, with information detailed below relating to Dhelkaya Health's material revenue streams:



Notes to the Financial Statements 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 national efficient price (NEP) 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 Dhelkaya 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 For the Financial Year ended 30 June 2025

Note 2.1(b) Other sources of income

		2025 \$'000	2024 \$'000
Government grants (State) - Capital		5,063	1,686
Other capital purpose income		-	100
Capital donations		252	80
Assets received free of charge or for nominal consideration	2.1(c)	991	1,193
Other income from operating activities		1,054	506
Share of joint venture operating income		1,620	1,828
Recoveries - sale of services		2,615	3,000
Interest Income		1,412	1,330
Total other sources of income		13,007	9,723

How we recognise other sources of income

Government grants

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

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

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

Capital grants

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

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



Notes to the Financial Statements 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

	2025 \$'000	2024 \$'000
Cash donations and gifts	25	180
Other Services	17	40
Department of Health non-cash contributions	949	973
Total fair value of assets and services received free of charge or for nominal consideration	991	1,193

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 Dhelkaya 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 Dhelkaya Health as a capital contribution transfer.

Non-cash contributions from the Department of Health

The Department of Health makes some payments on behalf of Dhelkaya Health as follows:

Supplier	Description
Victorian Managed Insurance Authority	The Department of Health purchases non-medical indemnity insurance for Dhelkaya Health which is paid directly to the Victorian Managed Insurance Authority. To record this contribution, such payments are recognised as income with a matching expense in the net result from transactions.
Victorian Health Building Authority	The Department of Health made payments to the Victorian Health Building Authority to fund capital works projects during the year ended 30 June 2025, on behalf of Dhelkaya Health.
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 Department of Health.



Notes to the Financial Statements 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	2024
Note	\$'000	\$'000
Employee expenses	70,830	65,008
Other operating expenses	16,773	15,834
Total expenses incurred in the delivery of services	87,603	80,842

Note 3.1(a) Employee expenses

	2025	2024
	\$'000	\$'000
Salaries and wages	59,192	51,954
Defined contribution superannuation expense	6,385	5,513
Agency expenses	1,928	4,012
Fee for service medical officer expenses	3,325	3,529
Total employee expenses	70,830	65,008

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. Dhelkaya 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 Dhelkaya 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 For the Financial Year ended 30 June 2025

Note 3.1(b) Employee related provisions

	2025 \$'000	2024 \$'000
Current provisions for employee benefits		
Accrued days off	122	136
Annual leave	5,566	4,620
Long service leave	6,654	6,103
Provision for on-costs	2,023	1,619
Total current provisions for employee benefits	14,365	12,478
Non-current provisions for employee benefits		
Long service leave	980	812
Provision for on-costs	165	128
Total non-current provisions for employee benefits	1,145	940
Total provisions for employee benefits	15,510	13,418

How we recognise employee-related provisions

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

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

Annual leave and accrued days off

Liabilities for annual leave and accrued days off are recognised in the provision for employee benefits as current liabilities because Dhelkaya Health does not have an unconditional right to defer settlement of these liabilities.

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

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



Notes to the Financial Statements 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 Dhelkaya Health does not expect to settle the liability within 12 months because it will not have the unconditional right to defer the settlement of the entitlement should an employee take leave within 12 months. An unconditional right arises after a qualifying period.

The components of this current LSL liability are measured at:

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

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

Provisions

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



Notes to the Financial Statements For the Financial Year ended 30 June 2025

Note 3.1(c) Other expenses

	2025 \$'000	2024 \$'000
Other operating expenses		
Drug supplies	524	550
Medical and surgical supplies (including prostheses)	1,892	1,891
Diagnostic and radiology supplies	357	313
Other supplies and consumables	2,980	2,919
Low value lease expenses	60	80
Fuel, light, power and water	1,025	958
Repairs and maintenance	1,271	1,675
Maintenance contracts	229	232
Medical indemnity insurance	467	365
Software licences	1,630	504
Outsourced services	1,901	1,881
External contracted services	918	1,282
Share of joint venture operating expenditure	514	531
Insurances - Department of Health	442	428
External recruitment	278	8
Rental of equipment	243	222
Replacement and additions	153	95
Telephone expenses	150	171
Other administration expenses	1,739	1,729
Total other operating expenses	16,773	15,834

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.

The following lease payments are recognised on a straight-line basis:

- short term leases – leases with a term of twelve months or less, and
- low value leases – leases with the underlying asset's fair value (when new, regardless of the age of the asset being leased) is no more than \$10,000.

Variable lease payments that are not included in the measurement of the lease liability, i.e. variable lease payments that do not depend on an index or a rate such as those based on performance or usage of the underlying asset, are recognised in the Comprehensive Operating Statement (except for payments which have been included in the carrying amount of another asset) in the period in which the event or condition that triggers those payments occurs. Dhelkaya Health's variable lease payments during the year ended 30 June 2025 was nil.



Notes to the Financial Statements For the Financial Year ended 30 June 2025

Other operating expenses

Other operating expenses generally represent the day-to-day running costs incurred in normal operations.

The Department of Health also makes certain payments on behalf of Dhelkaya Health. These amounts have been brought to account in determining the operating result for the year, by recording them as revenue (Refer to Note 2.1(c)) and recording a corresponding expense.



Notes to the Financial Statements For the Financial Year ended 30 June 2025

Note 4 Key assets to support service delivery

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

Structure

4.1 Property, plant and equipment

4.2 Depreciation and amortisation

Note 4.1 Property, plant and equipment

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2025	2024	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Land at fair value - Crown	8,043	8,043	(70)	(60)	7,973	7,983
Buildings at fair value	129,208	125,459	(9,021)	-	120,187	125,459
Works in progress at cost	2,987	2,868	-	-	2,987	2,868
Plant, equipment and vehicles at fair value	18,628	18,100	(13,264)	(12,377)	5,364	5,723
Total property, plant and equipment	158,866	154,470	(22,355)	(12,437)	136,511	142,033

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 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
Balance at 1 July 2024	7,983	125,459	2,868	5,723	142,033
Additions	-	20	3,848	1,227	5,095
Disposals	-	-	-	(447)	(447)
Net transfers between classes	-	3,729	(3,729)	-	-
Depreciation	(10)	(9,021)	-	(1,139)	(10,170)
Balance at 30 June 2025	7,973	120,187	2,987	5,364	136,511

1

Fair value assessments have been performed for all classes of assets in this purpose group and the decision was made that the movements were not material (less than or equal to 10%). As such, an independent revaluation was not required per FRD 103. In accordance with FRD 103, Dhelkaya Health has elected to apply the practical expedient in FRD 103 *Non-Financial Physical Assets* and has therefore not applied the amendments to AASB 13 *Fair Value Measurement*. The amendments to AASB 13 will be applied at the next scheduled independent revaluation, which is planned to be undertaken in 2029, in accordance with Dhelkaya Health's revaluation cycle.



Notes to the Financial Statements 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 land and 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	70	70	(70)	(60)	-	10
Plant, equipment and vehicles at fair value	1,505	1,458	(465)	(383)	1,040	1,075
Total right-of-use assets	1,575	1,528	(535)	(443)	1,040	1,085

	Land	Plant, equipment and vehicles	Total
	\$'000	\$'000	\$'000
Balance at 1 July 2024	10	1,075	1,085
Additions	-	603	603
Disposals	-	(447)	(447)
Depreciation	(10)	(191)	(201)
Balance at 30 June 2025	-	1,040	1,040

How we recognise right-of-use assets

Initial recognition

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

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



Notes to the Financial Statements 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.

Dhelkaya Health has applied the exemption permitted under FRD 104 Leases, consistent with the optional relief in AASB 16.Aus25.1. Under this exemption, Dhelkaya 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 Dhelkaya Health, which are typically specialised in nature and held for continuing use of their service capacity, is expected to be materially the same as fair value determined under AASB 13 *Fair Value Measurement*, with the consequence that AASB 136 *Impairment of Assets* does not apply to such assets that are regularly revalued.



Notes to the Financial Statements
For the Financial Year ended 30 June 2025

Note 4.2 Depreciation and amortisation

How we recognise depreciation

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

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

How we recognise amortisation

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

Useful lives of non-current assets

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

	2025	2024
Buildings	5 to 50 Years	5 to 50 Years
Plant, Equipment and Vehicles	3 to 15 years	3 to 15 years
Right of Use Assets - Vehicles	3 to 5 years	3 to 5 years



Notes to the Financial Statements For the Financial Year ended 30 June 2025

Note 5 Other assets and liabilities

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

Structure

5.1 Receivables

5.2 Impairment of financial assets

5.3 Payables

5.4 Other liabilities

Note 5.1 Receivables

		2025 \$'000	2024 \$'000
Current receivables			
Contractual			
Inter hospital debtors		326	368
Trade receivables		880	356
Patient fees		714	497
Allowance for impairment losses	5.2	(157)	(107)
Accrued investment income		-	95
Accrued revenue		286	369
Amounts receivable from governments and agencies		475	1
Total contractual receivables		2,524	1,579
Statutory			
GST receivable		267	25
Total statutory receivables		267	25
Total current receivables		2,791	1,604
Non-current receivables			
Contractual			
Long service leave - Department of Health		4,434	3,927
Total contractual receivables		4,434	3,927
Total non-current receivables		4,434	3,927
Total receivables		7,225	5,531
<i>(i) Financial assets classified as receivables</i>			
Total receivables		7,225	5,531
GST receivable		(267)	(25)
Total financial assets classified as receivables	7.1	6,958	5,506



Notes to the Financial Statements 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 For the Financial Year ended 30 June 2025

Note 5.2 Impairment of financial assets

	2025 \$'000	2024 \$'000
Impairment loss on contractual receivables		
From transactions	(157)	(107)
	(157)	(107)

How we recognise impairment of financial assets

Dhelkaya Health records the allowance for expected credit loss for the relevant financial instruments applying AASB 9's expected credit loss approach. Dhelkaya Health's contractual receivables and statutory receivables are subject to this impairment assessment. Contract assets recognised are also subject to the impairment requirement of AASB 9, however contract assets are immaterial.

Dhelkaya Health applies the simplified approach, which requires the loss allowances to always be measured at an amount equal to lifetime expected credit losses. The loss allowance is based on assumptions about risk of default and expected loss rates.

Contractual receivables at amortised cost

Dhelkaya Health has grouped contractual receivables on shared credit risk characteristics and days past due and has selected the expected credit loss rate based on Dhelkaya Health's past history, existing market conditions, as well as forward looking estimates at the end of the financial year.

The expected credit loss rates applied at 30 June 2025 vary from 0.2% for contractual receivables that are current to 2.8% for contractual receivables that are more than 90 days past due (30 June 2024: from 0.0% to 0.2%).

Statutory receivables at amortised cost

The statutory receivables are considered to have low credit risk, taking into account the counterparty's credit rating, risk of default and capacity to meet contractual cash flow obligations in the near term. As a result, the loss allowance recognised for these financial assets during the period was limited to 12 months of expected credit losses. No loss allowance has been recognised.



Notes to the Financial Statements For the Financial Year ended 30 June 2025

Note 5.3 Payables

	Note	2025 \$'000	2024 \$'000
Current payables			
Contractual			
Trade creditors		2,314	1,125
Accrued salaries and wages		2,805	2,458
Accrued expenses		653	794
Deferred capital grant income	5.3(a)	1,683	4,027
Inter hospital creditors		305	354
Amounts payable to governments and agencies		3,211	2,682
Other		340	122
Total contractual payables		11,311	11,562
Statutory			
Australian Taxation Office		15	13
Total statutory payables		15	13
Total current payables		11,326	11,575
Total payables		11,326	11,575
<i>(i) Financial liabilities classified as payables</i>			
Total payables		11,326	11,575
Deferred grant income		(1,683)	(4,027)
GST payable		(15)	(13)
Total financial liabilities classified as payables	7.1	9,628	7,535

How we recognise payables

Payables consist of:

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

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



Notes to the Financial Statements For the Financial Year ended 30 June 2025

Note 5.3(a) Movement in deferred capital grant income

	2025 \$'000	2024 \$'000
Opening balance of deferred capital grant income	4,027	2,297
Grant consideration for capital works received during the year	2,719	2,914
Deferred capital grant income recognised as income due to completion of capital works	(5,063)	(1,184)
Closing balance of deferred capital grant income	1,683	4,027

How we recognise deferred capital grant income

Grant consideration was received from Department of Health Victoria to support a number of infrastructure programs including residential aged care quality and safety improvements, fire maintenance systems, theatre equipment upgraded, energy efficiency and bushfire resistance.

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



Notes to the Financial Statements For the Financial Year ended 30 June 2025

Note 5.4 Other liabilities

	2025	2024
Note	\$'000	\$'000
Current monies held in trust		
Patient monies	302	312
Refundable accommodation deposits	20,813	19,336
Total current monies held in trust	21,115	19,648
Total other liabilities	21,115	19,648
* Represented by:		
- Cash assets	6.2 21,115	19,648
	21,115	19,648

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

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



Notes to the Financial Statements For the Financial Year ended 30 June 2025

Note 6 How we finance our operations

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

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

Structure

6.1 Borrowings

6.2 Cash and cash equivalents

6.3 Commitments for expenditure

Note 6.1 Borrowings

		2025 \$'000	2024 \$'000
Current borrowings			
Lease liability	6.1(a)	359	397
Advances from government		65	65
Total current borrowings		424	462
Non-current borrowings			
Lease liability	6.1(a)	687	806
Advances from government		-	60
Total non-current borrowings		687	866
Total borrowings	7.1	1,111	1,328

How we recognise borrowings

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

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



Notes to the Financial Statements For the Financial Year ended 30 June 2025

Terms and conditions of borrowings

		Maturity Dates							
		Weighted average interest rate	Carrying Amount	Nominal Amount	Less than 1 Month	3 months - 1 1-3 Months	Year	1-5 Years	Over 5 years
30 June 2025	Note	(%)	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Lease liabilities	6.1	3.70%	1,046	1,046	30	90	239	687	-
Advances from government	6.1	3.20%	65	65	-	-	65	-	-
Total Financial Liabilities			1,111	1,111	30	90	304	687	-

		Maturity Dates							
		Weighted average interest rate	Carrying Amount	Nominal Amount	Less than 1 Month	3 months - 1 1-3 Months	Year	1-5 Years	Over 5 years
30 June 2024	Note	(%)	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Lease liabilities	6.1	3.71%	1,203	1,203	33	99	265	806	-
Advances from government	6.1	2.95%	125	125	-	-	65	60	-
Total Financial Liabilities			1,328	1,328	33	99	330	866	-



Notes to the Financial Statements For the Financial Year ended 30 June 2025

Note 6.1(a) Lease liabilities

	2025 \$'000	2024 \$'000
Current lease liabilities		
Lease liability	359	397
Total current lease liabilities	359	397
Non-current lease liabilities		
Lease liability	687	806
Total non-current lease liabilities	687	806
Total lease liabilities	1,046	1,203

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

	2025 \$'000	2024 \$'000
Not longer than one year	394	397
Longer than one year but not longer than five years	716	875
Minimum future lease liability	1,110	1,272
Less unexpired finance expenses	(64)	(69)
Present value of lease liability	1,046	1,203

How we recognise lease liabilities

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

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

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

Dhelkaya Health's lease arrangements consist of the following:

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



Notes to the Financial Statements 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. Dhelkaya Health has elected to apply the practical expedients for short-term leases and leases of low-value assets. As a result, no right-of-use asset or lease liability is recognised for these leases; rather, lease payments are recognised as an expense on a straight-line basis over the lease term, within “other operating expenses” (refer to Note 3.1).

Initial measurement

The lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease if that rate is readily determinable or Dhelkaya Health'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,
- payments arising from purchase and termination options reasonably certain to be exercised.

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 For the Financial Year ended 30 June 2025

Note 6.2 Cash and Cash Equivalents

	2025	2024
Note	\$'000	\$'000
Cash on hand (excluding monies held in trust)	4	4
Cash at bank (excluding monies held in trust)	12,323	9,404
Total cash held for operations	12,327	9,408
Cash on hand (monies held in trust)	302	312
Cash at bank (monies held in trust)	20,813	19,335
Total cash held as monies in trust	21,115	19,647
Total cash and cash equivalents	33,442	29,055

7.1



Notes to the Financial Statements For the Financial Year ended 30 June 2025

Note 6.3 Commitments for expenditure

	Less than 1 year \$'000	1-5 Years \$'000	Over 5 years \$'000	Total \$'000
30 June 2025				
Capital expenditure commitments	2,386	-	-	2,386
Operating expenditure commitments	240	-	-	240
Non-cancellable short term and low value lease commitments	20	24	-	44
Total commitments (inclusive of GST)	2,646	24	-	2,670
Less GST recoverable	(241)	(2)	-	(243)
Total commitments (exclusive of GST)	2,405	22	-	2,427
	Less than 1 year \$'000	1-5 Years \$'000	Over 5 years \$'000	Total \$'000
30 June 2024				
Capital expenditure commitments	1,885	-	-	1,885
Operating expenditure commitments	481	240	-	721
Non-cancellable short term and low value lease commitments	48	7	-	55
Total commitments (inclusive of GST)	2,414	247	-	2,661
Less GST recoverable	(220)	(22)	-	(242)
Total commitments (exclusive of GST)	2,194	225	-	2,419

How we disclose our commitments

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

Expenditure commitments

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

Short term and low value leases

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



Notes to the Financial Statements For the Financial Year ended 30 June 2025

Note 7 Financial instruments, contingencies and valuation judgements

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

Structure

7.1 Financial instruments

7.2 Contingent assets and contingent liabilities

7.3 Fair value determination



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

			Total interest		
	Carrying amount	Net	income/	Fee income/	Impairment
Note	\$'000	gain/(loss)	(expense)	(expense)	loss
		\$'000	\$'000	\$'000	\$'000
30 June 2025					
Financial assets at amortised cost					
Cash and cash equivalents	6.2	33,442	-	1,412	-
Receivables	5.1	6,958	-	-	-
Investments and other financial assets		1,725	-	-	-
Total financial assetsⁱ		42,125	-	1,412	-
Financial liabilities at amortised cost					
Payables	5.3	9,628	-	-	-
Borrowings	6.1	1,111	-	(40)	-
Other financial liabilities - Refundable Accommodation Deposits	5.4	20,813	-	-	-
Other financial liabilities - patient monies held in trust	5.4	302	-	-	-
Total financial liabilitiesⁱ		31,854	-	(40)	-

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



Notes to the Financial Statements For the Financial Year ended 30 June 2025

			Total interest		
	Carrying amount	Net	income/	Fee income/	Impairment
	\$'000	gain/(loss)	(expense)	(expense)	loss
30 June 2024	Note	\$'000	\$'000	\$'000	\$'000
Financial assets at amortised cost					
Cash and cash equivalents	6.2	29,055	-	1,330	-
Receivables	5.1	5,506	-	-	-
Total financial assetsⁱ		34,561	-	1,330	-
Financial liabilities at amortised cost					
Payables	5.3	7,535	-	-	-
Borrowings	6.1	1,328	-	(16)	-
Other financial liabilities - Refundable Accommodation Deposits	5.4	19,336	-	-	-
Other financial liabilities - patient monies held in trust	5.4	312	-	-	-
Total financial liabilitiesⁱ		28,511	-	(16)	-

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



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

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

Dhelkaya Health recognises the following assets in this category:

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

Categories of financial liabilities

Financial liabilities at amortised cost

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

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

Dhelkaya Health recognises the following liabilities in this category:

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



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

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

Derecognition of financial liabilities

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

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

Reclassification of financial instruments

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

A financial liability reclassification is not permitted.



Notes to the Financial Statements For the Financial Year ended 30 June 2025

Note 7.2 Contingent assets and contingent liabilities

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

How we measure and disclose contingent assets and contingent liabilities

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

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

Contingent assets

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

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

Contingent liabilities

Contingent liabilities are:

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

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



Notes to the Financial Statements 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
- Right-of-use assets and
- Lease liabilities.

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

Valuation hierarchy

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

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

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

Dhelkaya Health monitors changes in the fair value of each asset and liability through relevant data sources to determine whether revaluation is required. The Valuer-General Victoria (VGV) is Dhelkaya Health's independent valuation agency for property, plant and equipment.

Fair value determination: non-financial physical assets

AASB 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 For the Financial Year ended 30 June 2025

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

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

Non-specialised land and non-specialised buildings

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

Specialised land and specialised buildings

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

During the reporting period, Dhelkaya 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 Dhelkaya Health, the current replacement cost method is used for the majority of specialised buildings, adjusting for the associated depreciation.



Notes to the Financial Statements For the Financial Year ended 30 June 2025

Vehicles

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

Furniture, fittings, plant and equipment

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

Significant assumptions

Asset class	Valuation technique	Significant assumption
Specialised land	Market approach	Community Service Obligations adjustment
Specialised buildings	Current replacement cost approach	Cost per square metre Useful life
Vehicles	Current replacement cost approach	Cost per unit Useful life
Plant, equipment, furniture and fittings	Current replacement cost approach	Cost per unit Useful life

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

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



Notes to the Financial Statements 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 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
The Honourable Lizzy Blandthorn MP:	
Minister for Children	1 July 2024 - 30 June 2025
The Honourable Melissa Horne MP:	
Minister for Health Infrastructure	19 December 2024 - 30 June 2025
Governing Boards	
Vanessa Healy (Board Chair)	1 July 2024 - 30 June 2025
Dr Heather Holst	1 July 2024 - 30 June 2025
Jeffrey Rigby	1 July 2024 - 30 June 2025
Lexi Randall-L'Estrange	1 July 2024 - 30 June 2025
Shan Welham	1 July 2024 - 30 June 2025
Dr Claudia Meyer	1 July 2024 - 30 June 2025
Margaret Lewis	1 July 2024 - 30 June 2025
Dr Lucie Shanahan	1 July 2024 - 30 June 2025
Emma Carnovale	1 July 2024 - 30 June 2025
Genevieve Schreiber	1 July 2024 - 30 June 2025
Accountable Officers	
Sue Race (Chief Executive Officer)	1 July 2024 - 30 June 2025



Notes to the Financial Statements 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	9	9
\$10,000 - \$19,999	1	1
\$310,000 - \$319,999	-	1
\$350,000 - \$359,999	1	-
Total Numbers	11	11
	2025 \$'000	2024 \$'000
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	404	355

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



Notes to the Financial Statements For the Financial Year ended 30 June 2025

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.

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

Total remunerationⁱ

Total number of executives

Total annualised employee equivalentⁱⁱ

Total Remuneration	
2025 \$'000	2024 \$'000
1,201	1,044
7	6
5.0	5.6

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

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

Note 8.3 Related parties

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

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



Notes to the Financial Statements For the Financial Year ended 30 June 2025

Significant transactions with government related entities

Dhelkaya Health received funding from the Department of Health of \$69.7 m (2024: \$52.3 m) and indirect contributions of \$0.9 m (2024: \$1.0 m). Balances outstanding as at 30 June 2025 are \$0.37 m (2024: \$0.0 m).

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

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

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

Key management personnel

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

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

Entity	KMPs	Position Title
Dhelkaya Health	Vanessa Healy	Chair of the Board
Dhelkaya Health	Dr Heather Holst	Board Director
Dhelkaya Health	Jeffrey Rigby	Board Director
Dhelkaya Health	Lexi Randall-L'Estrange	Board Director
Dhelkaya Health	Shan Welham	Board Director
Dhelkaya Health	Dr Claudia Meyer	Board Director
Dhelkaya Health	Margaret Lewis	Board Director
Dhelkaya Health	Dr Lucie Shanahan	Board Director to 1/3/2025
Dhelkaya Health	Emma Carnovale	Board Director
Dhelkaya Health	Genevieve Schreiber	Board Director
Dhelkaya Health	Sue Race	Chief Executive Officer
Dhelkaya Health	Catherine Gaskell	Executive Director Finance and Procurement to 8/11/2024
Dhelkaya Health	Vicky Mellington	Executive Director People, Safety and Experience
Dhelkaya Health	Kerryn James	Executive Director Community Services and Wellbeing
Dhelkaya Health	Shannon Vaughan	Executive Director Quality, Development and Improvement
Dhelkaya Health	Andrea Floyd	Executive Director Clinical and Aged Care Services
Dhelkaya Health	Shawn Wolfe	Executive Director Finance and Sustainability - 20/1/2025 to 28/5/2025
Dhelkaya Health	Sarah Chadwick	Acting Executive Director Clinical and Aged Care Services - 12/5/2025 to 30/6/2025



Notes to the Financial Statements
For the Financial Year ended 30 June 2025

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 ⁱ	1,605	1,399

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

Transactions with KMPs and other related parties

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

Outside of normal citizen type transactions with Dhelkaya Health, there were no related party transactions that involved key management personnel, their close family members or their personal business interests. No provision has been required, nor any expense recognised, for impairment of receivables from related parties. There were no related party transactions with Cabinet Ministers required to be disclosed in 2025 (2024: none).

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

Except for the transaction listed below, there were no other related party transactions required to be disclosed for the Dhelkaya Health Foundation Board of Directors in 2025 (2024: none).



Notes to the Financial Statements 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
48	45
48	45

Note 8.5 Events occurring after the balance sheet date

There are no events occurring after the Balance Sheet date.

Note 8.6 Joint arrangements

	Principal Activity	Ownership Interest	
		2025 %	2024 %
Loddon Mallee Rural Health Alliance	Provision of Information Technology	9.22	9.95

	2025 \$'000	2024 \$'000
Total revenue and income	1,639	1,957
Total expenses	(1,994)	(1,946)
Total net result	(355)	11
Total other economic flows	-	-
Comprehensive result for the year	(285)	11
Total assets	2,132	2,325
Total liabilities	1,541	1,379
Total equity	591	946

Contingent liabilities and capital commitments

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



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Healthier Together