Creating a happier, healthier Northern Mallee



MILDURA
BASE PUBLIC HOSPITAL

ANNUAL REPORT **2025-26**

PURPOSE: To Improve Lives.

MISSION: Contemporary Rural and Regional Health.

VALUES

Happy	**As an organisation**
We are positive	We aspire to be happy in all our dealings with people. Every day we strive to be the best version of ourselves, and we seek to continuously improve our organisation, ourselves and each other through personal and professional growth. We believe that happy people do their best work. We know that joy in our journey is invaluable to a sustainable and lasting success.
Empathetic	**As an organisation**
We are caring	We put our patients first, and we listen and deal with their needs. We are compassionate people who make MBPH a place for healing, growth and success for patients, their families and our staff.
Accountable	**As an organisation**
We are committed	We take ownership of the actions and decisions made. We do the right thing in all our interactions. We reward based on great outcomes, and we are transparent in both our successes and failures. We use good judgement and every day we make our patients' journey better.
Respectful	**As an organisation**
We are open to others	We build effective relationships and emphasise the importance of diversity and inclusion in our workplace. We recognise and value the views and the experiences our staff and patients bring to our organisation.
Team-based	**As an organisation**
We are one team	We do our best work when we collaborate within and across teams. Every day we strive to be our best selves. We know that individual differences can strengthen teams and we trust and respect each other's contribution. We make sure we have the right people in the right jobs with the right tools, resources and equipment. And we know, no single person is bigger than the team.



The Mildura Base Public Hospital would like to acknowledge the traditional custodians of this land, the people of the Millewa-Mallee Nations, and pay respect to their elders and ancestors past, present and emerging and honour their culture and traditions.

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MANNER OF ESTABLISHMENT AND THE RELEVANT MINISTER

This Annual Report is prepared in accordance with 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.

RESPONSIBLE MINISTERS

The Hon Mary-Anne Thomas MP (1 July 2025 to 15 April 2026), Minister for Health and Ambulance Services.

Hon Harriet Shing MP (15 April 2026 to 30 June 2026), Minister for Ambulance Services, Health and Water.

The Hon Melissa Horne MP (1 July 2025 to 30 June 2026), Minister for Health Infrastructure.

The Hon Ingrid Stitt MP (1 July 2025 to 30 June 2026), Minister for Mental Health and Ageing.

The Hon Lizzie Blandthorn MP (1 July 2025 to 30 June 2026), Minister for Disability and Children.

Mildura Base Public Hospital is charged with delivering public healthcare to the Northern Mallee in accordance with the principles established as guidelines for the delivery of public health services in Victoria under section 17AA of the Health Services Act 1988 (the Act)

REPORT FROM THE BOARD CHAIR AND CHIEF EXECUTIVE

Mildura Base Public Hospital (MBPH) is a leading sub-regional health service delivering high-quality, patient-centred care to communities across north-west Victoria, southern New South Wales and eastern South Australia. Supporting a diverse and rapidly growing population, including people from 72 nationalities and Victoria's fastest growing Aboriginal community, MBPH employs more than 1,300 staff and provides a comprehensive range of acute, sub-acute, community and specialist health services across multiple campuses and outreach settings.

Over the past 12 months, MBPH has demonstrated exceptional leadership, innovation and collaboration while maintaining a strong focus on improving patient outcomes, workforce capability and long-term financial sustainability. Through a culture grounded in community partnership, inclusion and continuous improvement, the organisation has implemented many initiatives across both clinical and non-clinical services that are delivering measurable benefits for patients, staff and the broader community.

With a focus on delivering care closer to home, the health service has considered many of the barriers that occur for accessible timely healthcare. Within this consideration, has come lateral thinking around removing barriers for the delivery of high-quality health care to the region.

MBPH has strengthened patient experience through innovative programs such as the co-designed à la carte food service and "Build Your Own Dish" initiative, which has improved patient satisfaction, reduced food waste and lowered operational costs. The organisation has also improved access to preventative healthcare through the introduction of a multipurpose screening truck delivering skin, breast and cardiac screening services directly to rural and regional communities, reducing the need for travel and supporting earlier diagnosis and intervention.

The health service has continued to demonstrate leadership in sustainability and operational innovation through initiatives including a food dehydrator program that diverts approximately 412 kilograms of food waste from landfill each week, repurposing it into fertiliser for hospital gardens. MBPH has also expanded local access to specialist healthcare through the establishment of a sustainable public cardiac service, improving accessibility and delivering significant financial benefits to the organisation.

A major achievement has been MBPH's investment in workforce development and rural healthcare sustainability. The organisation established a fully accredited Workplace Based Assessment program for International Medical Graduates and implemented an innovative Rural Generalist Training Pathway anchored by the Single Employment Model, creating a sustainable regional medical workforce pipeline and strengthening long-term retention across the Loddon Mallee region. These reforms have received national and international recognition, including the 2026 Asia-Pacific Stevie Award Gold for Most Innovative Health Management.

MBPH has demonstrated a strong commitment to delivering a high-performing, sustainable and innovative health service through its organisation-wide focus on person-centred care, patient flow improvement and collaborative system leadership. Operating within the Victorian public health system, MBPH has aligned its strategic direction and operational priorities with the Department of Health's Statement of Priorities framework, ensuring accountability, continuous improvement and better outcomes for the regional communities it serves.

A key example of this commitment has been MBPH's participation in the Victorian Department of Health's Timely Emergency Care Collaborative (TECC) between 2022 and 2026. Through this initiative, MBPH worked alongside 13 Victorian health services in partnership with the Institute for Healthcare Improvement to improve the timeliness of emergency care and whole-of-hospital patient flow. Following a competitive Expression of Interest process, MBPH was selected to continue into the TEC2 Optimising Flow Pathway program from September 2024 to March 2026, recognising the organisation's leadership and capability in implementing meaningful system reform.

The outcomes achieved through TEC2 demonstrate MBPH's ability to deliver measurable improvements in efficiency, patient experience and financial sustainability. Since October 2025, MBPH achieved a 33 per cent reduction in Short Stay Unit (SSU) length of stay, equating to a reduction of 4.2 hours, alongside a 24 per cent increase in SSU patients per bed per day and a 31 per cent increase in SSU presentations. These improvements enabled approximately 405 additional patients to be managed through the SSU over a four-month period, significantly improving patient access and emergency department flow. At the TEC2 Optimising Flow Summative Event in March 2026, MBPH received the Sustained and Significant Improvement Award in recognition of these achievements.

These outcomes were achieved through a collaborative and innovative approach involving clinical, operational and executive teams working together to redesign systems and improve patient movement throughout the hospital. The "Why Not SSU?" campaign strengthened collaboration between Emergency Department clinicians and operational teams, improving the streaming of appropriate patients into the SSU and creating a culture focused on timely care and efficient patient flow. Additional initiatives included the Pull to Full initiative to improve the process from Emergency Department admission to inpatient bed allocation, expansion of Ward 4 through the addition of four beds, nurse-led rehabilitation referrals to accelerate patient transfers, and the protection of eight SSU beds to ensure ongoing availability for suitable patient cohorts. Collectively, these initiatives enabled MBPH to exceed Department of Health throughput expectations by 15 per cent, demonstrating effective operational management and strong fiscal stewardship through better utilisation of existing resources.

MBPH continues to invest in sustainable improvement initiatives that strengthen organisational capability and support future demand. Current strategies include the implementation of an Emergency Department Clinical Initiatives Nurse model to reduce wait times and improve early treatment, and the "Toward 7-Day Flow" initiative, which supports increased weekend discharge capability through multidisciplinary workforce expansion. These initiatives demonstrate MBPH's commitment to workforce innovation, service access and sustainable models of care that improve outcomes for regional communities.

The organisation has also demonstrated a strong commitment to partnerships, community engagement and culturally safe care. MBPH's First Nations Advisory Committee (FNAC) has played an important role in supporting organisational decision-making relating to Aboriginal health and cultural inclusion. A significant initiative overseen by the FNAC was the redevelopment of the organisation's Acknowledgement to Country. Through a collaborative process led by FNAC members, MBPH sought broad consultation to ensure the wording reflected the local region and created a meaningful acknowledgement that respected Aboriginal communities and strengthened cultural safety across the organisation.

MBPH's Consumer Advisory Committee (CAC) has also played a key role in improving patient experience and supporting service redesign. Over the past 12 months, the CAC contributed significantly to the redesign of the hospital's new à la carte menu and Bring Your Own Device initiative for patients. Recognising the diversity of the region, including the needs of Aboriginal people and culturally diverse communities, the menu was designed to provide greater choice and empower patients to make decisions based on their individual preferences and requirements. The CAC also provided valuable input during the development of a business case for a patient transport vehicle, helping inform the final decision to introduce the service and secure funding for its implementation.





Frank Piscioneri
Board Chair

Matthew Jukes
Interim
Chief Executive Officer

MBPH FOUNDATION

The Mildura Base Public Hospital (MBPH) Foundation has enjoyed another successful year, continuing its commitment to improving healthcare outcomes across our region through the generous support of our community, sponsors and donors.

A major milestone over the past 12 months was the launch of the Foundation's multi-purpose screening truck. Fully funded through community donations and sponsorship, this innovative mobile service is delivering skin, cardiac and breast screening directly to people living in regional and remote communities. The response has been overwhelmingly positive, with strong community engagement and participation already demonstrating the value of bringing essential health services closer to those who need them most.

The patient transport vehicle, funded by the Foundation two years ago, continues to deliver significant benefits. The service has generated substantial savings in patient transport costs while ensuring patients can return to their primary place of residence more quickly and comfortably. The vehicle remains an important example of how targeted Foundation investments can improve both patient experiences and operational efficiency.

Sustainability has also been a focus this year with the installation of a food dehydrator at the hospital. The initiative is making a big impact on our environmental footprint, with more than 400 kilograms of food waste redirected from landfill every week. The recycled material is converted into fertiliser and is now being used throughout hospital gardens and by staff, creating a practical and environmentally responsible solution to food waste management.

The Foundation's investment in the redevelopment of the hospital menu over the past two years is also producing excellent outcomes. Patients now enjoy greater choice through the introduction of an à la carte menu, which has improved the dining experience while creating opportunities to source more fresh, locally produced ingredients. Importantly, the initiative has also delivered significant financial benefits, with meal preparation costs reducing substantially while maintaining a high standard of nutritional care.

Another major achievement has been the Foundation's investment in the public cardiac clinic and associated equipment. Over the past year, the clinic has provided members of the community with access to a much-needed specialist service closer to home. The results have been outstanding, with improved accessibility to cardiac assessment and treatment contributing to better health outcomes for local residents.

Beyond infrastructure and equipment, the Foundation has continued to support a range of successful fundraising and community engagement events. The KC Society Lunch once again attracted strong attendance and raised valuable funds for the MBPH Foundation Scholarship Program, which supports local university students undertaking health-related degrees. These scholarships play an important role in developing the future healthcare workforce for our region.









The Foundation's calendar of events also included another successful Gala Ball, the popular Paddock Club, and the annual Golf Day at Coomealla Golf Club. These events not only raise critical funds but also strengthen the connection between the Foundation, local businesses and the broader community.

Communication and engagement remain central to the Foundation's mission. HEARTBEAT magazine was published on four occasions throughout the year and continues to grow its readership and community support. The launch of the weekly podcast, HEARTBEAT of the Mallee, has provided another valuable platform for connecting with the community, sharing important health information and highlighting the remarkable stories and achievements of hospital staff.

None of these achievements would be possible without the support of our donors, sponsors, businesses, community groups and volunteers. Their generosity enables the Foundation to invest in projects, services and initiatives that make a tangible difference to patient care, community wellbeing and the future of healthcare in our region.

On behalf of the Foundation, we extend our sincere thanks to everyone who has contributed throughout the year. Together, we are continuing to shape a healthier future for our community and ensuring that local people have access to high-quality healthcare services close to home.









ABOUT MBPH

Mildura Base Public Hospital is a sub-regional public hospital servicing the Mildura and the Sunraysia region with a population of almost 80,000 people. It also serves as the major healthcare hub servicing the wider northern Mallee.

The hospital is the major public referral health service for the Northern Mallee sub-region of the Loddon Mallee region which encompasses other hospitals at Ouyen, Robinvale and Manangatang. It is also a referral service for the far west region of New South Wales including Wentworth and Balranald, and the Riverland of South Australia.

MBPH AT A GLANCE

Mildura Base Public Hospital (MBPH) serves as a major healthcare hub and offers the greatest scope of available services within the Northern Mallee region.

MBPH offers a range of in-patient and out-patient services, such as:

- Maternity and Newborn services
- General Medical services
- General Surgical services
- Paediatric services
- Rehabilitation, Palliative Care and Geriatric services
- Mental Health and Wellbeing Services (including inpatient, PARC, acute intervention services, recovery and wellbeing services and headspace)
- Emergency Department
- Intensive Care Unit
- Perioperative Services (including Elective Surgery Unit, Operating Theatres, Recovery Unit and CSSD Unit)
- Allied Health
- MBPH@HOME and other community-based programs, including but not limited to, Residential In-Reach (RIR), Rehabilitation In The Home (RITH), Hospital Admission Risk Program (HARP), Post-Acute Care (PAC), Hospital In The Home (HITH), Geriatric Evaluation & Management (GEM)/GEM@Home, Transitional Care Program (TCP), Diabetes Education Services and Pulmonary Cardiac Rehabilitation
- Oncology & Day Services
- Renal Dialysis Services
- Specialists Out-patient Clinics

OPERATIONAL HIGHLIGHTS

MBPH remains committed to working with our patients and consumers to provide innovative and better healthcare experiences for our community.

This year we have:

- Expanded cancer nursing services, now supporting our patients with breast, advanced breast (metastatic), prostate, melanoma, lung, and colorectal cancer care.
- Continued participation in the Timely Emergency Care (TEC) 2 project, improving hospital-wide patient flow and ensuring patients receive care in the right place at the right time through various initiatives.
- Been acknowledged with a Certificate of Recognition and Achievement for achieving sustained and significant improvement as part of TEC2 – Optimising Flow Pathway for work undertaken within the hospital's Short Stay Unit (SSU).
- Reinstated the Lung Function Clinic in September 2025 after a recess since May 2024, eliminating the need for patients to travel to Adelaide or Melbourne for testing.
- Extended rostered coverage for the Aboriginal Health Unit (AHU), now providing culturally appropriate support for Aboriginal and Torres Strait Islander patients and families seven days a week.
- Implemented Endobase in theatre which allows for more accessible, sophisticated, and detailed endoscopy reporting.
- Continued the success of the restructured Chronic Obstructive Pulmonary Disease (COPD) Rehabilitation Program with significant reductions in patient wait times.
- Implemented the new role of Colonoscopy Access Clinical Nurse Consultant (CNC) to provide a wraparound service for patients at high risk of bowel cancer undergoing endoscopy.
- Participated in the Colonoscopy Dashboard project (via North East Melbourne Integrated Cancer Service - NEMICS) allowing benchmarking across other organisations and real time access to results.
- Launched the Rural Imaging Australia brand-new mobile screening vehicle and commenced providing vital health checks, including skin and heart, directly to the community.
- Commenced the MBPH Cardiology Outpatient Clinic in June accepting inpatient referrals initially.
- Developed the MBPH Reflect Reconciliation Action Plan (RAP) which has been approved by Reconciliation Australia.
- Commenced support of the Sunraysia Community Health Services (SCHS) Pathways to Good Health program with Paediatric reviews which has led to increased services from the Children's and Family Hub.
- Credentialled four Nurse Practitioners; with an additional four Nurse Practitioner Candidates currently pursuing studies across various specialities which marks an exciting development in advancing patient care in MBPH.
- Hosted the first Graduate Nurse positions in the hospital's Dialysis/Renal and Oncology Departments.
- Undertook a physical swap and reconfiguration of Wards 3 (Acute) and 4 (Sub-Acute) to address ongoing space constraints that were impacting patient flow, infection prevention and control and the ability to provide care in the most appropriate clinical setting. The reconfiguration increased the number of acute adult isolation rooms from eight to 12, significantly improving the hospital's capacity to safely manage patients requiring isolation.

HIGHLIGHTS OF MEDICAL SERVICES 2025-2026

- Strengthened medical clinical governance and patient safety, embedding a standardised approach to specialty Morbidity and Mortality meetings and Craft Group governance, with clearer expectations for case review, shared learning, escalation and follow-up aligned with Safer Care Victoria principles.
- Strengthened critical care capability through implementation of a revised Intensive Care Unit model of care with 24/7 intensivist staffing, improving specialist oversight, clinical accountability and continuity of critical care.
- Recognised by Safer Care Victoria for statewide leadership and collaboration, receiving a Certificate of Recognition – Excellence in Statewide Contribution through participation in the Safer Care Victoria Preventing Venous Thromboembolism and Supporting Anticoagulation Management (PVT-SAM) Collaborative. The recognition acknowledged MBPH's commitment and leadership through collaboration, shared learning, engagement with peers and willingness to share resources and insights across statewide networks.
- Improved the timeliness of discharge summaries, with the proportion completed within 48 hours increasing from below 40 per cent to a sustained level above 80 per cent during the financial year, strengthening clinical handover to primary care and reducing communication risk during transitions of care.
- Demonstrated stronger workforce engagement through the 2026 People Matter Survey, with the Medical Services survey response rate increasing from approximately 23 per cent in the previous year to 75 per cent, reflecting substantially stronger staff participation and engagement. Medical Services also recorded 74 per cent employee engagement, 91 per cent intention to stay and 94 per cent collaboration, providing a strong foundation for continued work on communication, wellbeing and psychological safety.
- Improved medical workforce stability and reduced reliance on locums, eliminating dependence on HMO locum staffing during the financial year. Across the broader medical workforce, locum utilisation measured by locum days reduced by approximately 13 per cent compared with the previous financial year.
- Strengthened senior medical leadership, reducing permanent Clinical Director vacancies from approximately 50 per cent of positions to zero vacancies during the reporting period, restoring consistent specialty leadership and accountability across Medical Services.
- Established a comprehensive end-to-end Rural Generalist workforce pathway, bringing together International Medical Graduate recruitment, Workplace Based Assessment, hospital employment, the Single Employer Model, Rural Generalist training, advanced skills opportunities and regional placements into one coordinated workforce pipeline. Approximately 90 per cent of WBA candidates remained in the region following completion, with many progressing into General Practice and Rural Generalist careers. This approach is supporting a shift from short-term recruitment toward sustainable training, career progression and retention within the region.
- Expanded access to specialist care closer to home, including commencement of the MBPH Cardiology Outpatient Clinic and specialist paediatric outreach in partnership with Sunraysia Community Health Services, reducing barriers to specialist care for people across the Northern Mallee.
- Expanded MBPH's Clinical Trials Unit to 13 open studies and approximately 80 active participants, increasing access to commercial, investigator-led, collaborative and registry research for regional patients. Progressive growth in study activity and participant recruitment reflects the increasing maturity of MBPH's clinical research capability and provides greater opportunity for patients to access emerging treatments closer to home.
- Commenced a strategic redesign of Pharmacy services in partnership with Alfred Health, strengthening recruitment approaches, workforce development and structured training pathways to improve recruitment and retention. The partnership is also supporting stronger medicines governance, professional capability and development of a more sustainable regional pharmacy workforce.

HIGHLIGHTS OF MENTAL HEALTH & WELLBEING SERVICES 2025-2026

- Successful commencement of our Transcranial Magnetic Stimulation (TMS) service. Medical and nursing staff have been trained and the first treatment was administered on the 16th of March. We are the only publicly funded mental health service that has a TMS service in Victoria.
- Commencement of GP Registrar Training clinic. We have selected 4 GP clinics that can refer into our registrars for mental health support, including Ouyen and Robinvale.
- We have received $442,000 in funding from the Victorian Government through the Mental Health and Alcohol and Other Drugs Capital Renewal Fund to improve the entrance and waiting areas in mental health to be more user friendly, culturally and gender sensitive.
- The successful introduction of Activity Based Funding (ABF). The 2025/26 financial year is the first year that our community-based services were funded under the ABF model. Our results were well above target for both inpatient and community-based services.
- Our pharmacotherapy services partnership with Sunraysia Community Health Services has been extremely successful over the past year. At the beginning of the 2025/26 financial year, MBPH assumed responsibility for prescribing services for the Medications for the Treatment of Opioid Dependence (MATOD) Clinic. The clinic supports more than 100 consumers and had previously been managed by private providers. The transition has been seamless, and we have recently been advised that funding for the service has been extended for a further two years.
- Our partnership with Odyssey House, Mallee District Aboriginal Services (MDAS), and Sunraysia Community Health Services to establish a residential rehabilitation unit in Merbein continues to strengthen. The project remains on track, with construction expected to commence in mid-2027



STRATEGIC PLANNING

The 2025/26-2027/28 Mildura Base Public Hospital strategic plan was approved by the Department of Health on 11 December 2025 and is available online at https://www.mbph.org.au/Publications

We are proud to present the 2025/26–2027/28 Strategic Plan for Mildura Base Public Hospital, a vision shaped by our community, staff, and stakeholders, and built on a foundation of strength, service, and shared purpose. As we look ahead, we do so with a deep sense of responsibility and optimism for the role we play in delivering high-quality healthcare across our region.

Over the next three years, our efforts will be guided by four strategic pillars that reflect both who we are and who we aspire to become:

- **Pillar 1 – Leveraging our Strengths**
- **Pillar 2 – Consistency in Service Delivery**
- **Pillar 3 – Purposeful Collaboration**
- **Pillar 4 – Progressive Rural and Regional Health Services**

This Strategic Plan reflects a bold and future-focused pathway. It reaffirms our commitment to delivering compassionate, inclusive, and innovative healthcare that meets the needs of today and anticipates the challenges of tomorrow.

We thank our incredible staff, partners, and community for your support in developing this plan.

Together, we will ensure Mildura Base Public Hospital continues to be a trusted health leader and advocate for better rural and regional healthcare

PILLAR	LEVERAGING OUR STRENGTHS	CONSISTENCY IN SERVICE DELIVERY	PURPOSEFUL COLLABORATIONS	PROGRESSIVE RURAL & REGIONAL HEALTH SERVICES
AMBITION	Leveraging our Capability & Strengths for sustainable health care.	Delivering a consistent experience of service delivery to all.	Purposeful collaboration with our partners and community.	Progressive healthcare that is adaptive and agile to best practice.
STRATEGIC OBJECTIVE	· A shared commitment to governance, compliance and risk · Leverage technology to create quality outcomes and efficiencies · Foster a continuous improvement · Focus on Sustainability & Resilience · Prioritise safety and wellbeing	· Enhance patient experience and trust · Deliver a consistent and high quality service · Allocate resources that support improved outcomes · Deliver what we commit to · Drive an outcome orientated service based on data and evidence	· Activate partnerships to expand opportunities and achieve common goals · Listening and connecting with Consumers and Community · Enhance access to localised pathways through partnerships · Commitment to the Mallee Sub-network through Health Service Reform · Deliver care closer to home / country	· Build research capability and academic excellence · Grow and maintain our own skilled and capable workforce · Commitment to innovation and growth that addresses our rural and regional community requirements · Explore alternate models of service / care for rural and regional health service · Advocate for sustainable health services for our communities
MEASURE OF SUCCESS	We improve lives through internally measured sustainable healthcare outcomes, service efficiency gains and enhanced safety and wellbeing while being committed to organisational compliance.	Improving lives is shown through external reporting showing increased satisfaction evidenced through service quality metrics.	We improve lives through demonstrated collaboration with partners to increase services closer to home, Improvement in Aboriginal health indicators, improve equity and access and enhance reputation.	We improve lives through innovation and growth which increases workforce, research and contemporary service.

ADMINISTRATIVE STRUCTURE OF MBPH

BOARD OF DIRECTORS

Frank Piscioneri - Chair
Kashif Hayat – Deputy Chair
Tara Williams – Deputy Chair
Mary Rydberg
Quentin Norton
Karen Woolfe
Ian Campbell
Carole Alt
Kieran Cain-Hall
Therese Tierney (MD)

COMMITTEE STRUCTURES

Finance and Audit Committee
Kashif Hayat (Chair)
Mary Rydberg (Deputy Chair)
Tara Williams
Carole Alt
Therese Tierney (MD)

Quality and Safety Committee
Tara Williams (Chair)
Kashif Hayat (Deputy Chair)
Karen Woolfe
Ian Campbell
Kieran Cain-Hall
Therese Tierney (MD)

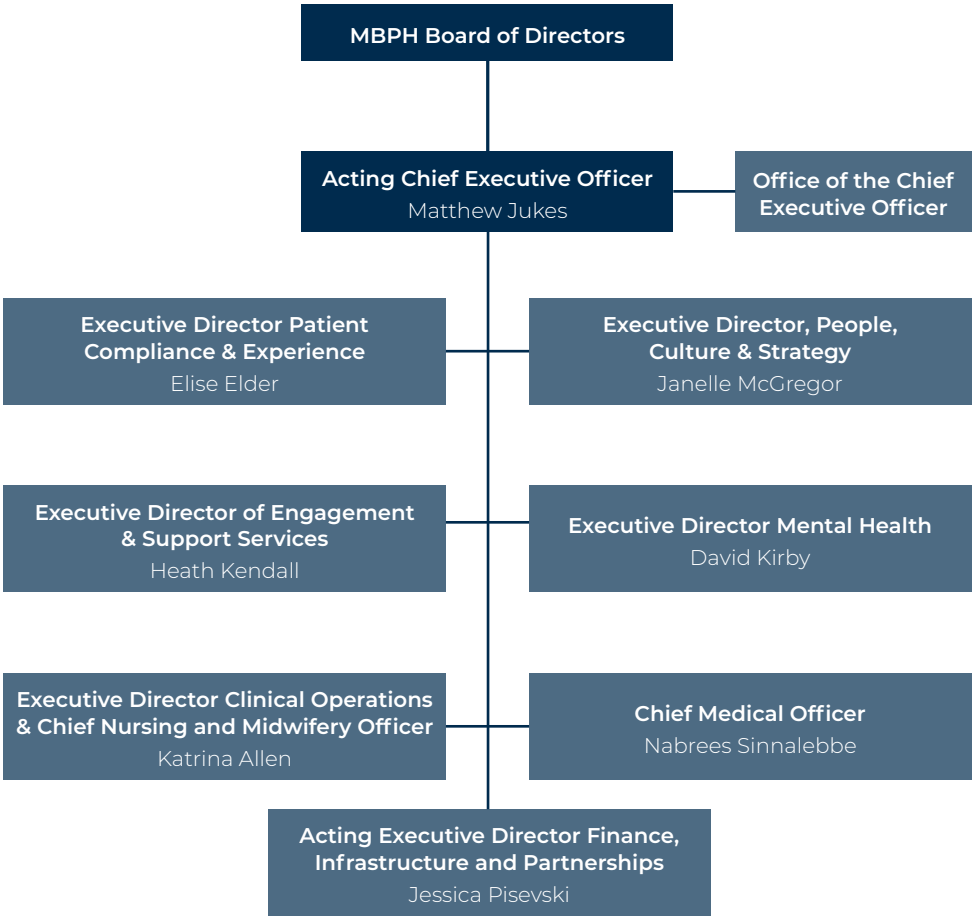
First Nations Advisory Committee
Quentin Norton (Chair)
Kieran Cain-Hall

Community Advisory Committee
Quentin Norton (Chair)

MBPH Foundation
Quentin Norton
Mary Rydberg

Strategic Projects
Quentin Norton

ORGANISATIONAL STRUCTURE OF MBPH






How to Handrub?
MILDURA BASE
PUBLIC HOSPITAL
CARDIOLOGY DEPARTMENT

OUR PEOPLE

PEOPLE, CULTURE AND STRATEGY

Throughout 2025–26, Mildura Base Public Hospital (MBPH) continued to strengthen workforce capability, leadership, governance and employee experience across the organisation.

Purposeful Collaborations

MBPH continued to demonstrate strong regional collaboration and leadership through its contribution to the Loddon Mallee Health Network (LMHN). In collaboration with the LMHN, the People and Culture team chaired the working group responsible for developing the regional Capability Framework, while also contributing to the development of the regional workforce plan.

The final draft of the LMHN Capability Framework was completed during the year, establishing a consistent network-wide foundation for leadership expectations and workforce capability development. The framework is scheduled for implementation across the LMHN by the end of 2026.

During the year, MBPH implemented the UKG Time and Attendance system, formerly Kronos, providing a contemporary workforce management platform to strengthen rostering, timekeeping, attendance and payroll-related processes. Ongoing optimisation of UKG, including advanced rostering, employee self-service, and data analytics have also been trialled through a pilot launch in August 2026.

Together, these initiatives support MBPH's commitments to the Local Health Service Network and strengthen collaboration and consistency across the regional health workforce.

Consistency in Service Delivery

Strengthening leadership capability and organisational resilience remained a key focus throughout the year.

MBPH completed the identification and risk assessment of critical and high-risk roles to support succession planning, with talent mapping now underway across the health service. This work strengthens leadership continuity, builds organisational resilience and reduces single-point-of-failure risks in critical positions.

The Leadership and Team Trust Program was developed and endorsed during the year, replacing the former Performance by Design framework. MBPH also achieved accreditation in DiSC profiling, providing an evidence-based platform to support leadership development, team effectiveness, trust and accountability.

RespectX was introduced following the September 2025 proposal to strengthen psychological safety, workplace behaviour and patient safety at MBPH. RespectX provides an additional and accessible pathway for reporting concerns, supports earlier identification and resolution of issues, and provides MBPH with enhanced organisational intelligence to inform responses to workplace behaviour and psychosocial risk.

Leveraging our strengths

The People Matter Survey (PMS) annual independently administered workforce survey, conducted by the Victorian Public Sector Commission (VPSC), was undertaken across the Victorian public sector in March 2026.

MBPH achieved a 70% completion rate, an increase from 57% in 2024. This stronger participation provides greater confidence in the reliability of the findings and reflects a positive organisational response to the survey.

Key results included:

- Staff engagement increased to 69, the highest result since 2022 and above the comparator group.
- Survey participation increased by 13 percentage points, indicating stronger engagement and confidence in the survey process.
- Collaboration (92%), job enrichment (88%) and manager leadership (83%) were standout areas, each exceeding the comparator group by between two and five percentage points.
- Communication about psychological safety issues improved by 10 percentage points compared with 2024, reflecting the impact of targeted initiatives in this area.
- Intention to stay remained high at 93%, while inclusion increased to 80%, with both results above comparator benchmarks.
- Learning and development increased by six percentage points, indicating that investment in workforce capability is increasingly recognised by employees.

These results provide valuable insight into the employee experience and help guide MBPH's continued focus on leadership, capability, psychological safety, inclusion and organisational culture.

People and Culture continued to strengthen governance and oversight across workforce pipelines and processes throughout 2025–26.

A centralised agency booking process was established, supported by strengthened governance and onboarding controls. The new Agency and Locum Procedure has improved visibility of workforce deployment and supported clearer workforce management.

An onboarding dashboard further improved visibility of onboarding status and workforce deployment across business units, providing leaders with clearer oversight of workforce movements and progress. In parallel, the accommodation reduction plan was completed and booking processes reviewed, supporting more effective cost management and workforce planning.

During the year, MBPH implemented a targeted recruitment strategy focused on converting agency nursing and midwifery positions to permanent or fixed-term employment. The strategy aimed to build a more stable and sustainable workforce, reduce reliance on agency staffing and strengthen continuity of care across clinical services.

This initiative has supported improved workforce stability, team cohesion and staff engagement, while contributing to more consistent patient care and the longer-term sustainability of MBPH's nursing and midwifery workforce.

The MBPH Safety Management System was also developed and endorsed by the Board, including the introduction of reportable safety metrics and dashboards. This provides a more consistent and systematic approach to safety governance, monitoring and accountability.

Collectively, these initiatives strengthen the systems and processes that support a safe, sustainable and well-governed workforce.

During the year, MBPH implemented a centralised Corrective Action Register (CAR), to provide a consistent and coordinated approach to recording, assigning and monitoring corrective actions across the organisation. The register provides greater visibility of outstanding actions and a structured approach to monitoring, accountability and escalation. It also supports the identification of recurring issues and organisational trends, helping to inform improvement priorities and preventative action. This strengthened governance framework has enhanced accountability, organisational oversight and assurance, while supporting more effective risk management and continuous improvement.

Recognising Our People

MBPH is proud to recognise the individuals and teams whose dedication, behaviours and contributions strengthen our organisation and support the delivery of high-quality care to our community.

Between 1 July 2025 and 30 June 2026, 96 staff members received Annual Service Recognition, celebrating their years of service and ongoing commitment to MBPH.

These recognitions acknowledge the valuable contribution of long-serving employees and the experience, knowledge and dedication they bring to our organisation.

HEART Values Recognition

Between 1 July 2025 and 30 June 2026, 153 HEART Values Recognitions were awarded to MBPH staff.

The HEART Values Recognition program provides employees with an opportunity to acknowledge colleagues who go above and beyond in demonstrating MBPH's Values of Happy, Empathetic, Accountable, Respectful and Team-Based.

The program celebrates the everyday actions and behaviours that contribute to a positive workplace culture and an exceptional experience for patients, families, colleagues and the broader community.

2025 HEART Hero Awards

The annual MBPH HEART Hero Awards recognise and celebrate staff, teams and volunteers who exemplify MBPH's HEART Values and consistently demonstrate outstanding behaviours in the workplace.

The 2025 award recipients were:

- HEART Star – Commitment to Patient Care: Winner – Khiana Belsham; Highly Commended – Esraa Basha
- HEART Values Aspire Award: Winner – Mark Daniel; Highly Commended – Sarah Harris
- Team Award: Winner – UKG Project Team; Highly Commended – Clinical Learning and Development and the Adult Recovery and Wellbeing Service Team
- Coolamon Patient Care Award: Winner – Catherine Healy; Highly Commended – Diolouis Trangia
- Diversity and Inclusion Award: Winner – Chris Compt; Highly Commended – Kristy Booth
- Champion for Workplace Wellbeing and Safety: Winner – Seff Schoen; Highly Commended – Greta Reid
- Senior Medical Staff Award: Winner – Dr Adrian Chee; Highly Commended – Dr Motaz Bahageel
- Junior Medical Staff Award: Winner – Dr Michelle Plummer; Highly Commended – Dr Osama Ali
- Volunteer Award: Winner – Melinda Cain
- Improvement and Innovation Award: Winner – Melissa Morello; Highly Commended – Isabella Gove
- Graduate Nurse Program Award: Winner – Mackenzie Ryan; Highly Commended – Ashley Bath
- Preceptor/Supervisor Award: Winner – Jade Hazer; Highly Commended – Bree Fletcher
- HEART Ambassador Board Award – Non-Clinical Staff: Winners – Teresa Boylan-Kelly and Jason Job
- HEART Ambassador Board Award – Clinical Staff: Winners – Dr Kane Treble and Courtney Symons

Together, these recognition programs celebrate the people who bring MBPH's HEART Values to life every day. They recognise the commitment, compassion, leadership, innovation and teamwork that contribute to a strong workplace culture and, ultimately, better experiences for our patients, families and community.

Through these initiatives, MBPH is strengthening the foundations required to attract and retain talented people, support effective leadership and build a workplace where employees can thrive.


MILDURA BASE
PUBLIC HOSPITAL
Main
Entrance
EMERGENCY
Parking
P



OCCUPATIONAL HEALTH AND SAFETY STATISTICS

Occupational Health and Safety Statistics	2023-24	2024-25	2025-26
The number of reported hazards/ incidents for the year per 100 FTE	124	130	127
The number of 'lost time' standard WorkCover claims for the year per 100 FTE	1.2	1.53	1.13
The average cost per WorkCover claim for the year ('000)	8.224	7.941	10.454

OCCUPATIONAL VIOLENCE

Occupational Violence Statistics	2023-24	2024-25	2025-26
WorkCover accepted claims with occupational violence cause per 100 FTE	1.7	0.20	0.70
Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	3.27	1.30	3.1
Number of occupational violence incidents reported	394	539	578
Number of occupational violence incidents reported per 100 FTE	41.39	55.28	54.32
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	1.52	0.37	1.21

DEFINITIONS OF OCCUPATIONAL VIOLENCE

Occupational violence	any incident where an employee is abused, threatened or assaulted in circumstances arising out of, or in the course of their employment.
Incident	an event or circumstance that could have resulted in, or did result in, harm to an employee. Incidents of all severity rating must be included. Code Grey reporting is not included, however, if an incident occurs during the course of a planned or unplanned Code Grey, the incident must be included.
Accepted Workcover claims	Accepted Workcover claims that were lodged in 2025-26.
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.

GENDER EQUALITY POLICY

Mildura Base Public Hospital developed its new Gender Equality Action Plan (GEAP) for 2026–2030, strengthening our commitment to creating a safe, inclusive and equitable workplace for all employees. Informed by workforce data, employee experiences and consultation across the organisation, the GEAP identifies targeted actions to address gender inequality and remove barriers to participation. Key areas of focus include strengthening equitable recruitment and career-development practices, improving access to flexible working arrangements, supporting greater gender balance in leadership and decision-making, promoting a safe and respectful workplace, and embedding gender impact assessments across relevant policies, programs and services. MBPH also submitted its progress report on the previous GEAP, outlining the organisation's achievements and progress against its commitments. Together, these activities provide a clear framework for meaningful and measurable improvement and ensure gender equality remains embedded in MBPH's culture, practices and decision-making.

72.9%	**37.5%**	**26.3%**
of the workforce were women	of senior leaders were women	mean total remuneration gender pay gap

Audit findings and direction

The audit identified continuing inequalities in workforce composition, leadership representation, remuneration, career progression, flexible work and occupational segregation. Women remained overrepresented in part-time, lower-paid and traditionally female-dominated occupations. Positively, MBPH achieved gender parity on its governing body in 2025, with women and men each representing 50 per cent of Board membership. The GEAP commits to maintaining this balance while improving the visibility of broader diversity and intersectional representation.

Priorities for the GEAP 2026–2030

The GEAP establishes measurable targets and staged actions across the seven workplace gender equality indicators. Key priorities include:

- improving workforce systems and the voluntary capture of gender identity and intersectional data;
- strengthening leadership capability to recognise and address unconscious bias;
- undertaking annual gender pay gap analysis and targeted reviews in areas with higher identified gaps;
- improving the transparency and consistency of recruitment, promotion, higher-duties and career-development processes;
- strengthening policies, education and reporting pathways relating to sexual harassment;
- supporting equitable access to flexible work, family violence leave and arrangements for employees with caring responsibilities;
- addressing gendered occupational segregation through inclusive recruitment, mentoring and development opportunities; and
- further embedding Gender Impact Assessments into organisational planning, policy development and service review processes.

Looking ahead

By 2030, MBPH aims to reduce the overall mean total remuneration gender pay gap to between 22 and 24 per cent, increase the representation of women in senior and higher-paid positions, improve employee perceptions of fairness in recruitment and promotion, and increase participation in flexible working arrangements across genders. Implementation will occur progressively over the life of the plan, with responsibility shared across leaders, People, Culture and Strategy, Organisational Development, Workforce and Recruitment, and the MBPH Board. Progress will be monitored through workforce data, employee feedback, People Matter Survey results and regular reporting to the Executive Leadership Team, relevant committees and the Board. Through the GEAP 2026–2030, MBPH is building on the foundations established under its previous plan and strengthening gender equality as an embedded organisational capability—supporting a workplace where gender does not determine safety, participation, opportunity or career progression.

FINANCIAL INFORMATION

	2026 ($000)	2025 ($000)	2024 ($000)	2023 ($000)	2022 ($000)
OPERATING RESULT*	**6,251**	**(331)**	**(45,746)**	**188**	**250**
Total Revenue	275,389	260,015	203,640	235,307	189,976
Total Expenses	(273,510)	(260,942)	(248,439)	(235,838)	(192,313)
Net Result from transactions	**1,880**	**(927)**	**(44,799)**	**(531)**	**(2,337)**
Total other economic flows	(669)	(431)	(297)	(521)	(1,406)
Net Result	**1,211**	**(1,358)**	**(45,096)**	**(1,052)**	**(3,743)**
Total assets	142,680	140,251	131,365	171,262	153,209
Total liabilities	(92,055)	(90,838)	(80,593)	(75,198)	(56,093)
Net assets/Total equity	**50,625**	**49,414**	**50,772**	**96,064**	**97,116**

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

RECONCILIATION OF NET RESULT FROM TRANSACTIONS TO OPERATING RESULT

	2026 ($000)	2025 ($000)	2024 ($000)	2023 ($000)	2022 ($000)
Operating Result	**6,251**	**(331)**	**(45,746)**	**188**	**250**
Capital purpose income	2,346	5,655	6,809	5,140	1,943
Specific income	207	488	1,033	146	126
COVID 19 state supply arrangements – Assets received free of charge or for nil consideration under the State Supply	11	131	274	1,390	1,883
Assets received free of charge	NA	NA	NA	NA	41
Expenditure for capital purpose	(112)	(186)	(67)	(948)	(940)
Depreciation and amortisation	(6,736)	(6,176)	(5,847)	(5,958)	(4,915)
Impairment of non-financial assets	(88)	(261)	(958)	(272)	(597)
Finance Costs (other)		(247)	(296)	(217)	(128)
Net Result from transactions	**1,880**	**(927)**	**(44,799)**	**(531)**	**(2,337)**

HOSPITAL LABOUR

Category	June Current Month FTE		Average Monthly FTE	
	2025	**2026**	**2025**	**2026**
Nursing	446	495	429	470
Administration and Clerical	150	151	146	150
Medical Support	97	40	100	45
Hotel and Allied Support	54	99	55	99
Medical Officers	47	30	46	29
Hospital Medical Officers	81	133	84	125
Sessional Clinicians	10	11	11	10
Ancillary Staff (Allied Health)	92	101	87	99
Total	**978**	**1,059**	**958**	**1,027**

The FTE Figures required in the table are those excluding overtime. These do not include contracted staff (eg, Agency nurses, Fee for Service and Visiting Medical Officers) who are not regarded as employees for this purpose.

APPLICATION OF EMPLOYMENT AND CONDUCT PRINCIPLES

Mildura Base Public Hospital ensures that the Public Sector Values and Employment Principles related to the employment relationship are included in policies and practices to ensure merit and equity is achieved in all employment related decisions. MBPH is an equal opportunity employer and confirms employees have been correctly classified.

INFORMATION AND COMMUNICATION TECHNOLOGY (ICT) EXPENDITURE

For the 2025-2026 reporting period, Mildura Base Public Hospital had a total ICT expenditure of $4,640,499, with the details shown below.

Business as Usual (BAU) ICT expenditure	Non-Business as Usual (non-BAU) ICT expenditure		
Total (excluding GST)	Total=Operational expenditure and Capital Expenditure (excluding GST) (a) + (b)	Operational expenditure (excluding GST) (a)	Capital expenditure (excluding GST) (b)
$3,847,260	$793,239	$-	$793,239

FINANCIAL PERFORMANCE

Key Performance Indicator	Target	Result
Operating result ($m)	$0	$6.3m
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	0.32
Variance between the forecast and actual operating result (OR) as a percentage of the forecast OR for the current financial year ending 30 Jun	5% movement in forecast revenue and expenditure forecasts	Achieved

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

SUBSEQUENT EVENTS

There are no subsequent events to balance date which may have significant effect on the operation of MBPH in subsequent years.

CONSULTANCIES

Details of consultancies (under $10,000)

In 2025-26, there were 3 consultancies when the total fees payable to the consultants were less than $10,000. The total expenditure incurred during 2025-26 in relation to these consultancies is $5,440.

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

In 2025-2026, there were four consultancies where the total fees payable to the consultants were $10,000 or greater. The total expenditure incurred during 2025-2026 in relation to these consultancies is $149,757.00 (excl. GST). Details of these consultancies can be viewed below:

Consultant	Purpose of consultancy	Start date	End date	Total approved project fee (excluding GST)	Expenditure 2025-2026 (excluding GST)	Future expenditure (excluding GST)
HICMR Pty Ltd	Review of Infection Prevention and Control Practices	27th May 2025	28th May 2025	$16,262	$16,262	$0
Stefano's Consulting	Food Services Plan	1st March 2024	30th January 2027	$85,745	$13,209	$72,536
Engaging People	Executive Support Program	1st July 2023	Ongoing	$106,384	$93,525	$12,859
Converge International Pty Ltd	Employee Assistance Program	1st October 2025	30th September 2026	$34,732.24	$26,761	$7,971.24

SOCIAL PROCUREMENT

Social procurement creates an opportunity for MBPH to deliver social and sustainable outcomes that help to build a fair, inclusive sustainable Victoria through all procurement activities undertaken by, or on behalf of the Health Service.

MBPH's Social Procurement Strategy is committed to advancing social and sustainable procurement objectives through procurement in accordance with the Social Procurement Framework. The strategy builds on social policies including Response to Family Violence in the Workplace and Diversity Acceptance Policy.

All procurement activities undertaken by, or on behalf of MBPH aim to support regional small medium enterprises that play a critical role in the sustainability of the region's economy and its community.

MBPH continues to implement the Government's objectives as part of normal market procurement activities and engage with a number of social benefits suppliers. MBPH will continue to identify and engage in opportunities to improve our spend with social benefit suppliers.

Social Procurement Activity	2025-2026	2024-2025	2023-2024
Total Number of suppliers	692	726	409
Total Spend of suppliers ($)	88,611,860	94,005,308	6,649,000
Social Benefit suppliers	5	2	2
Total spent with social benefit suppliers ($)	117,514	65,713	6,649
Number of Aboriginal businesses engaged	2	0	1
Total expenditure with Victorian Aboriginal businesses (excl. GST) ($)	55,834	0	3,828

GENERAL INFORMATION, DISCLOSURES AND ATTESTATIONS

DISCLOSURES REQUIRED UNDER LEGISLATION

Freedom of Information Act 1982

Access to documents and records held by MBPH may be requested under the Freedom of Information Act 1982. Members of the public wishing to access documents can apply in writing to the PO Box 620, Mildura, VIC 3502 at MBPH or via e-mail to mbphprivacy@mbph.org.au.

During 2025-26, Mildura Base Public Hospital received 380 applications. Of these requests, 0 were from Members of Parliament, 0 from the media, and the remainder from the general public. Mildura Base Public Hospital made 316 FOI decisions during the 12 months ended 30 June 2026. There were 215 decisions made within the statutory time periods. Of the decisions made outside time, 74 were made within a further 45 days and 0 decisions were made in greater than 45 days. A total of 316 FOI access decisions were made where access to documents was granted in full, granted in part or denied in full. 74 decisions were made after mandatory extensions had been applied or extensions were agreed upon by the applicant. Of requests finalised, the average number of days over / under the statutory time (including extended timeframes) to decide the request was 0.16 days under.

During 2025-26, 1 request was subject to a complaint/ internal review by Office of the Victorian Information Commissioner. 0 requests progressed to the Victorian Civil and Administrative Tribunal (VCAT).

Building Act 1993

All building works have been designed in accordance with the Department of Health's Capital Development Guidelines and comply with the Building Act 1993 (Vic), Building Regulations 2006 (Vic) and Building Code of Australia, relevant at the time of works. All contractors are appropriately qualified. The following building permits were issued by Regional Building Consultants during the financial year to Mildura Base Public Hospital:

- Theatre Upgrade Project
- Mental Health Staff Room Project
- Mental Health ICA Project
- Ward 4 Expansion Project

Public Interest Disclosure Act 2012

The Public Interest Disclosure Act 2012 (Vic) enables people to make disclosures about improper conduct within the public sector without fear of reprisal. The Public Interest Disclosure Act 2012 aims to ensure openness and accountability by encouraging people to make disclosures and protecting them when they do. MBPH complies with the requirements of the Public Interest Disclosure Act 2012 and did not receive any disclosures. Members of the public wishing to access documents can apply in writing to the PO Box 620, Mildura, VIC 3502 at MBPH or via e-mail to mbph-privacy@mbph.org.au.

Statement of National Competition Policy

All competitive neutrality requirements were implemented and met in accordance with National Competition Policy, including compliance with the requirements of the policy statement 'Competitive Neutrality Policy Victoria' and any subsequent reforms.

Carers Recognition Act 2012

Mildura Base Public Hospital has taken practical measures to comply with its obligations under the

Carers Recognition Act 2012 (the Act). These include:

- recognising and respecting carers and care relationships;
- ensuring staff understand the care relationship principles;
- considering the principles when developing or delivering relevant policies, programs and services; and
- take practical measures to reflect the principles in the health services operations

Environmental Performance

MBPH remains committed to improving our environmental impact and strives to provide health care in an environmentally sound and sustainable manner.

National Competition Policy

MBPH complied with all government policies regarding competitive neutrality relating to tender applications.

Local Jobs First Act 2003

In 2025-2026 there were no contracts requiring disclosure under the Local Jobs First Policy.

Financial Management Act 1994 (Vic)

In accordance with the Direction of the Minister for Finance part 9.13 (iv), information requirements have been prepared and are available to the relevant Minister, Members of Parliament and the public on request.

Safe Patient Care Act 2015 (Vic)

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

Review/Study disclosure: Nothing to report

Grants and Transfer payments: Nothing to report

Government Advertising Campaign: Nothing to report

ASSET MANAGEMENT ACCOUNTABILITY FRAMEWORK

Leadership and Accountability (requirements 1-19)

The Mildura Base Public Hospital did not comply with some requirements in the areas. There is no material non-compliance in this category. Areas of non-compliance are in monitoring asset performance and evaluation of asset performance. MBPH have secured an Asset Management system which is currently in implementation stage. This system will improve reporting for all assets management and assist in future asset management planning and evaluation of assets.

Planning (requirements 20-23)

The Mildura Base Public Hospital did not comply with some requirements in this area. There is no material non-compliance in this category. Risk management and contingency planning are areas of non-compliance as implementation of the asset management system is completed. The new system will assist the Mildura Base Public Hospital in improving risk management and contingency planning.

Acquisition (requirements 24 and 25)

The Mildura Base Public Hospital has met or exceeded its target maturity level under the requirements in this category.

Operation (requirements 26-40)

The Mildura Base Public Hospital has met or exceeded its target maturity level under most requirements within this category.

Disposal (requirement 41)

The Mildura Base Public Hospital has met its target maturity level in this category.

Feedback

MBPH is committed to providing the best quality health care in the region. We value and encourage feedback from patients, clients and their families, as well as visitors, to our service. In this way we understand how and where we need to improves the way in which we deliver our programs.

This year we received 212 compliments and 305 formal concerns. MBPH has worked closely with consumers to resolve concerns raised and welcome all feedback that improve our health service.

Privacy

MBPH recognizes, and is committed to, the protection of the privacy of patient, resident, client and staff information. MBPH has in place policies to ensure compliance with the *Health Records Act 2001 (Vic), Privacy Act 2000* and the *Information Privacy Act 2000 (Vic)* Patients, residents and clients are informed of their rights on first contact with MBPH that all health information collected and medical records held in relation to their treatment is respected and confidentially is maintained.

ATTESTATIONS AND DECLARATIONS

Responsible Body's declaration

In accordance with the Financial Management Act 1994, I am pleased to present Mildura Base Public Hospital's Annual Report for the year ending 30 June 2026.

Frank Piscioneri
Board Chair
26/08/2026

Conflict of Interest Declaration

I, Matthew Jukes, certify that Mildura Base Public Hospital has put in place appropriate internal controls and processes to ensure that it has implemented a 'Conflict of Interest' policy consistent with the minimum accountabilities required by the VPSC. Declaration of private interest forms have been completed by all executive staff within the Mildura Base Public Hospital 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.

Matthew Jukes
Interim Chief Executive Officer
26/08/2026

Data Integrity Declaration

I, Matthew Jukes, certify that Mildura Base Public Hospital has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance. Mildura Base Public Hospital has critically reviewed these controls and processes during the year.

Matthew Jukes
Interim Chief Executive Officer
26/08/2026

Compliance with Health Share Victoria (HSV) Purchasing Policies

I, Matthew Jukes, on behalf of Mildura Base Public Hospital, certify that the Mildura Base Public Hospital is fully compliant with respect to the HSV Purchasing Policies as required by the Health Services Act 1988 (Vic). Mildura Base Public Hospital has implemented appropriate internal controls, which have been critically reviewed throughout the year.

Matthew Jukes
Interim Chief Executive Officer
26/08/2026

Attestation for financial management compliance

I, Frank Piscioneri, on behalf of the Responsible Body, certify that the Mildura Base Public Hospital has no Material Compliance Deficiency with respect to the applicable Standing Directions under the Financial Management Act 1994 and instructions.

Frank Piscioneri
Board Chair
Mildura Base Public Hospital

Integrity, Fraud and Corruption Declaration

I, Matthew Jukes, certify that Mildura Base Public Hospital has put in place appropriate internal controls and processes to ensure that Data Integrity, fraud, and corruption risks have been reviewed and addressed at Mildura Base Public Hospital.

Matthew Jukes
Interim Chief Executive Officer
26/08/2026

FRD24 REPORT: MILDURA BASE PUBLIC HOSPITAL (JUL-25 TO JUN-26)

GREENHOUSE GAS EMISSIONS	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
G1 Total Scope 1 (direct) greenhouse gas emissions (t CO2-e)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
Carbon Dioxide	626.50	779.62	787.04
Methane	1.22	1.40	1.40
Nitrous Oxide	0.37	0.69	0.72
Total	**628.09**	**781.71**	**789.16**
Scope 1 GHG emissions from stationary fuel (F2 Scope 1) (t CO2-e)	**628.09**	**715.68**	**720.79**
Scope 1 GHG emissions from vehicle fleet (T3 Scope 1) (t CO2-e)	**0.00**	**66.03**	**68.37**
Medical/Refrigerant gases			
Desflurane	0.00	0.00	26.37
Nitrous oxide	69.81	23.19	82.01
Refrigerant - R134A (HFC-134A)		6.12	6.50
Refrigerant - R404A (HFC-404A)			55.20
Sevoflurane	9.64	3.20	3.56
Total Scope 1 (direct) greenhouse gas emissions (t CO2-e)	**707.54**	**814.21**	**962.81**

G2 Total Scope 2 (indirect electricity) greenhouse gas emissions (t CO2-e)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
Electricity	2,292.59	2,272.09	2,232.53
Total Scope 2 (indirect electricity) greenhouse gas emissions (t CO2-e)	**2,292.59**	**2,272.09**	**2,232.53**

G3 Total Scope 3 (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (t CO2-e)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
Commercial air travel	184.30	149.10	130.72
Waste emissions (WR5)	265.70	375.64	493.84
Indirect emissions from Stationary Energy	360.09	365.94	336.15
Indirect emissions from Transport Energy	0.00	16.69	39.12
Paper emissions	30.12	18.07	14.34
Water emissions	63.77	79.00	80.63
Any other Scope 3 emissions	0.00	0.00	0.00
Total Scope 3 greenhouse gas emissions (t CO2-e)	**689.56**	**837.26**	**1,094.81**

G(Opt) Net greenhouse gas emissions (t CO2-e)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
Gross greenhouse gas emissions (G1 + G2 + G3) (t CO2-e)	**3,689.69**	**3,923.57**	**4,290.15**
Total gross reported greenhouse gas emissions per bed-day (t CO2-e/OBD)	0.06	0.06	0.07
Carbon Neutral Electricity	0.00	0.00	0.00
Green Power Electricity	0.00	0.00	0.00
Purchased LGCs	-2,803.92	0.00	0.00
Any Reduction Measures Offsets purchased (EL4-related)	**-2,603.93**		
Any Offsets purchased	**-2,603.93**		
Net greenhouse gas emissions (t CO2-e)	**1,085.76**	**3,923.57**	**4,290.15**

ELECTRICITY USE	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24

EL1 Total electricity consumption segmented by source (MWh)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
Purchased	3,420.86	3,445.65	3,394.35
Self-generated	93.59	354.17	415.24
EL1 Total electricity consumption (MWh)	**3,514.44**	**3,799.83**	**3,809.60**

EL2 On site-electricity generated (MWh) segmented by:	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
Consumption behind-the-meter			
Solar Electricity	93.59	354.17	415.24
Total Consumption behind-the-meter (MWh)	**93.59**	**354.17**	**415.24**
Exports			
EL2 Total On site-electricity generated (MWh)	**93.59**	**354.17**	**415.24**

EL3 On-site installed generation capacity (kW converted to MW) segmented by:	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
Diesel Generator	0.75	0.75	0.75
Solar System	0.31	0.31	0.31
EL3 Total On-site installed generation capacity (MW)	**1.06**	**1.06**	**1.06**

EL4 Total electricity offsets segmented by offset type (MWh)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
LGCs voluntarily retired on the entity's behalf	3,047.74		
RPP (Renewable Power Percentage in the grid)	590.50	630.66	636.74
EL4 Total electricity offsets (MWh)	**3,420.86**	**630.66**	**636.74**

STATIONARY ENERGY	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24

F1 Total fuels used in buildings and machinery segmented by fuel type (MJ)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
Natural gas	12,188,774.70	13,678,271.30	13,461,835.30
Diesel	0.00	154,400.00	386,000.00
F1 Total fuels used in buildings (MJ)	**12,188,774.70**	**13,832,671.30**	**13,847,835.30**

F2 Greenhouse gas emissions from stationary fuel consumption segmented by fuel type (t CO2-e)	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
Natural gas	628.09	704.84	693.69
Diesel	0.00	10.84	27.10
F2 Greenhouse gas emissions from stationary fuel consumption (t CO2-e)	**628.09**	**715.68**	**720.79**

TRANSPORTATION ENERGY	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24

T1 Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type (MJ)	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
Non-executive fleet - Gasoline	752,166.00	791,063.10	896,358.10
Petrol	**752,166.00**	**791,063.10**	**896,358.10**
Non-executive fleet - E10	0.00		0.00
Petrol (E10)	**0.00**		**0.00**
Non-executive fleet - Diesel	188,503.00	178,034.80	110,257.10
Diesel	**188,503.00**	**178,034.80**	**110,257.10**
Non-executive fleet - LPG	0.00	0.00	0.00
LPG	**0.00**	**0.00**	**0.00**
Total energy used in transportation (vehicle fleet) (MJ)	**940,699.00**	**969,097.90**	**1,006,615.20**

T2 Number and proportion of vehicles in the organisational boundary segmented by engine/fuel type and vehicle category	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24

T3 Greenhouse gas emissions from transportation (vehicle fleet) segmented by fuel type (t CO2-e)	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
Non-executive fleet - Gasoline	0.00	53.49	60.61
Petrol	**0.00**	**53.49**	**60.61**
Non-executive fleet - E10			0.00
Petrol (E10)			**0.00**
Non-executive fleet - Diesel		12.54	7.76
Diesel		**12.54**	**7.76**
Non-executive fleet - LPG		0.00	0.00
LPG		**0.00**	**0.00**
Total Greenhouse gas emissions from transportation (vehicle fleet) (t CO2-e)		**66.03**	**68.37**

T4 Total distance travelled by commercial air travel (passenger km travelled for business purposes by entity staff on commercial or charter aircraft)	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
Total distance travelled by commercial air travel	874,724.40	753,069.61	554,887.62

T(opt1) Total vehicle travel associated with entity operations (1,000 km)	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
Total vehicle travel associated with entity operations (1,000 km)			

T(opt2) Greenhouse gas emissions from vehicle fleet (t CO2-e per 1,000 km)	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
t CO2-e per 1,000 km			

TOTAL ENERGY USE	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24

E1 Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
Total energy usage from stationary fuels (F1) (MJ)	12,188,774.70	13,832,671.30	13,847,835.30
Total energy usage from transport (T1) (MJ)	940,699.00	969,097.90	1,006,615.20
Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)	**12,188,774.70**	**14,801,769.20**	**14,854,450.50**

E2 Total energy usage from electricity (MJ)	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
Total energy usage from electricity (MJ)	12,652,000.13	13,679,370.34	13,714,552.61

E3 Total energy usage segmented by renewable and non-renewable sources (MJ)	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
Renewable	12,652,000.20	3,545,411.86	3,787,147.60
Non-renewable (E1 + E2 - E3 Renewable)	12,188,774.63	24,935,727.68	24,781,855.51

E4 Units of Stationary Energy used normalised: (F1+E2)/normaliser	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
Energy per unit of LOS (MJ/LOS)	382.88	437.20	437.82
Energy per unit of bed-day (LOS+Aged Care OBD) (MJ/OBD)	382.88	437.20	437.82
Energy per unit of Separations (MJ/Separations)	994.67	1,138.37	1,119.88
Energy per unit of floor space (MJ/m2)	1,923.26	2,130.07	2,133.97

SUSTAINABLE BUILDINGS AND INFRASTRUCTURE	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
B1 Discuss how environmentally sustainable design (ESD) is incorporated into newly completed entity-owned buildings	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
NA			
B2 Discuss how new entity leases meet the requirement to preference higher-rated office buildings and those with a Green Lease Schedule	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
NA			
B3 NABERS Energy (National Australian Built Environment Rating system) ratings of newly completed/occupied Entity-owned office buildings and substantial tenancy fit-outs (itemised)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
NA			
B4 Environmental performance ratings (eg. NABERS, Green Star, or ISCAIS rating scheme) of newly completed Entity-owned non-office building or infrastructure projects or upgrades with a value over $1 million	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
NABERS Energy			
B5 Environmental performance ratings achieved for Entity-owned assets portfolio segmented by rating scheme and building, facility, or infrastructure type, where these ratings have been conducted	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
Rating scheme			

SUSTAINABLE PROCUREMENT	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24

WATER USE	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24

W1 Total units of metered water consumed by water source (kL)	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
Potable water (kL)	45,461.96	48,297.79	48,048.81
Total units of water consumed (kL)	**45,461.96**	**48,297.79**	**48,048.81**

W2 Units of metered water consumed normalised by FTE, headcount, floor area, or other entity or sector specific quantity	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
Water per unit of LOS (kL/LOS)	0.70	0.77	0.76
Water per unit of bed-day (LOS+Aged Care OBD) (kL/OBD)	0.70	0.77	0.76
Water per unit of Separations (kL/Separations)	1.82	2.00	1.95
Water per unit of floor space (kL/m2)	3.52	3.74	3.72

WASTE AND RECYCLING	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24

WR1 Total units of waste disposed of by waste stream and disposal method (kg)	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
Landfill (total)			
General waste - skips	185,827.00	269,981.50	345,035.50
Offsite treatment			
Clinical waste - incinerated	2,163.00	2,767.00	3,358.21
Clinical waste - sharps			7,717.91
Clinical waste - treated	17,092.00	17,099.00	24,855.31
Recycling/recovery (disposal)			
Batteries	476.00	263.00	110.00
Cardboard	18,760.00	31,870.00	38,360.00
Commingled	5,090.00	13,550.00	28,900.00
E-waste	175.00	160.00	445.00
Grease traps	23,450.00	20,425.00	1,425.00
Paper (confidential)		14,838.62	14,720.00
PVC	550.00	316.00	675.00
Total units of waste disposed (kg)	**252,932.00**	**371,270.12**	**465,601.92**

WR1 Total units of waste disposed of by waste stream and disposal method (%)	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
Landfill (total)			
General waste	73.47%	72.72%	74.11%
Offsite treatment			
Clinical waste - incinerated	0.86%	0.75%	0.72%
Clinical waste - sharps			1.66%
Clinical waste - treated	6.76%	4.61%	5.34%
Recycling/recovery (disposal)			
Batteries		0.07%	0.02%
Cardboard	7.42%	8.58%	8.24%

Commingled	2.01%	3.65%	6.21%
E-waste		0.04%	0.10%
Grease traps	9.27%	5.50%	0.31%
Paper (confidential)		4.00%	3.16%
PVC	0.22%	0.09%	0.14%

WR2 Percentage of office sites covered by dedicated collection services for each waste stream	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
Printer cartridges			
Batteries			
e-waste			
Soft plastics			

WR3 Total units of waste disposed normalised by FTE, headcount, floor area, or other entity or sector specific quantity, by disposal method	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
Total waste to landfill per patient treated ((kg general waste)/PPT)	1.54	2.27	2.88
Total waste to offsite treatment per patient treated ((kg offsite treatment)/PPT)	0.16	0.17	0.30
Total waste recycled and reused per patient treated ((kg recycled and reused)/PPT)	0.40	0.69	0.71

WR4 Recycling rate (%)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
Weight of recyclable and organic materials (kg)	47,850.00	81,422.62	84,635.00
Weight of total waste (kg)	252,932.00	371,270.12	465,601.92
Recycling rate (%)	**18.92%**	**21.93%**	**18.18%**

WR5 Greenhouse gas emissions associated with waste disposal (t CO2-e)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
t CO2-e	265.70	375.64	493.84

NOTE: Indicators are not reported where data is unavailable or an indicator is not relevant to the organisation's operations
NOTE: An updated emissions factor was applied to paper consumption data from July 2025. This change has influenced reported emissions for 2025-26 and may affect comparability with prior years.
NOTE: Reduced solar generation reported due to a monitoring device fault resulting in missing data.
NOTE: Some waste and recycling data for 2025-26 were not available at the time of this report's publication. Consequently, the reported figures for 2025-26 may not fully reflect actual waste and recycling activity.

EMERGENCY PROCUREMENT DISCLOSURE

MBPH did not need to enact the Emergency Procurement Plan during the 2025/2026 Financial Year.

ADDITIONAL INFORMATION AVAILABLE ON REQUEST

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

- Declarations of pecuniary interests have been duly completed by all relevant officers;
- Details of shares held by senior officers as nominee or held beneficially;
- 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 Health Service;
- Details of any major external reviews carried out on the Health Service;
- Details of major research and development activities undertaken by the Health Service that are not otherwise covered either in the report of operations or in a document that contains the financial statements and report of operations;
- 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 Health Service to develop community awareness of the Health Service 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 Health Service and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the report of operations;
- A list of major committees sponsored by the Health Service, the purposes of each committee and the extent to which those purposes have been achieved;
- Details of all consultancies and contractors including consultants/contractors engaged, services provided, and expenditure committed for each engagement.
- Members of the public wishing to access documents can apply in writing to the PO Box 620, Mildura, VIC 3502 at MBPH or via e-mail to mbph-privacy@mbph.org.au.

DISCLOSURE INDEX

The annual report of the Mildura Base Public Hospital is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of the health service's compliance with statutory disclosure requirement.

Legislation	Requirement	Page reference
Standing Directions and Financial Reporting Directions		
Report of operations		
Charter and purpose		
FRD 22	Manner of establishment and the relevant Ministers	3
FRD 22	Purpose, functions, powers, and duties	3
FRD 22	Nature and range of services provided	9
FRD 22	Activities, programs, and achievements for the reporting period	10
FRD 22	Significant changes in key initiatives and expectations for the future	11
Management and structure		
FRD 22	Organisational structure	17
FRD 22	Workforce data/employment and conduct principles	25
FRD 22	Workforce inclusion policy	27
FRD 22	Occupational Health and Safety	25
Financial and other information		
FRD 22	Summary of the financial results for the year	28
FRD 22	Significant changes in financial position during the year	28
FRD 22	Operational and budgetary objectives and performance against objectives	28
FRD 22	Subsequent events	30
FRD 22	Details of consultancies under $10,000	30
FRD 22	Details of consultancies over $10,000	30
FRD 22	Disclosure of government advertising expenditure	32
FRD 22	Disclosure of ICT expenditure	29
FRD 22	Asset Management Accountability Framework	33
FRD 22	Disclosure of emergency procurement	37
FRD 22	Disclosure of social procurement activities under the Social Procurement Framework	31
FRD 22	Disclosure of procurement complaints	NA
FRD 22	Disclosure of reviews and study expenses	32
FRD 22	Disclosure of grants and transfer payments	32
FRD 22	Application and operation of Freedom of Information Act 1982	32
FRD 22	Compliance with building and maintenance provisions of Building Act 1993	32
FRD 22	Application and operation of Public Interest Disclosure Act 2012	32
FRD 22	Statement on National Competition Policy	32
FRD 22	Application and operation of Carers Recognition Act 2012	32
FRD 22	Additional information available on request	37
FRD 24	Environmental data reporting	34
FRD	Local Jobs First Act 2003 disclosures	32

Legislation	Requirement	Page reference
Compliance attestation and declaration		
SD 5.1.4	Financial Management Compliance attestation	33
SD 5.2.3	Declaration in Report of Operations	33
	Attestation on Data Integrity	33
	Attestation on managing Conflicts of Interest	33
	Attestation on Integrity, Fraud, and Corruption	33
	Compliance with Health Share Victoria (HSV) Purchasing Policies	33
Other reporting requirements		
	Reporting of outcomes from Statement of Priorities 2025-2026	40
	Occupational Violence reporting	25
	Reporting obligations under the Safe Patient Care Act 2015	32
	Reporting of compliance regarding Car Parking Fees (if applicable)	NA
Financial statements		
Declaration		
SD 5.2.2	Declaration in financial statements	52
Other requirements under Standing Directions 5.2		
SD 5.2.1(a)	Compliance with Australian accounting standards and other authoritative pronouncements	54
SD 5.2.1(a)	Compliance with Standing Directions	54
SD 5.2.1(b)	Compliance with Model Financial Report	54
Other disclosures as required by FRDs in notes to the financial statements (a)(b)		
FRD 11	Disclosure of Ex gratia Expenses	60
FRD 103	Non-Financial Physical Assets	62
FRD 110	Cash Flow Statements	58
FRD 112	Defined Benefit Superannuation Obligations	64
FRD 114	Financial Instruments – general government entities and public non-financial corporations	71
Legislation		
	Freedom of Information Act 1982 (Vic) (FOI Act)	32
	Building Act 1993	32
	Public Interest Disclosures Act 2012	32
	Carers Recognition Act 2012	32
	Local Jobs Act 2003	32
	Financial Management Act 1994 (b)	32

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.

KEY FINANCIAL AND SERVICE PERFORMANCE REPORTING

STATEMENT OF PRIORITIES REPORTING

The Health Services Act 1988 allows that post 1 October of each financial year the Minister for Health makes a Statement of Priorities which is provided to the health services.

STATEMENT OF PRIORITIES PART A

Innovate and improve access and care We aim for the best patient experience and care outcomes by assuring safe practice, leadership of safety, an engaged and capable workforce, and continuing to improve and innovate care.	
Goal	
Align with the Victorian Clinical Governance Framework to strengthen clinical governance systems, ensuring safe, high-quality care.	
Health Service Deliverables	**Achievements / Outcomes**
Demonstrate high quality care in which consumer engagement and input is actively sought, facilitated and used to drive system change to improve consumer experience and outcomes.	Status: Achieved Commentary: Throughout the reporting period, Mildura Base Public Hospital (MBPH) has demonstrated its commitment to high-quality care by actively seeking, facilitating and embedding consumer engagement into service planning, evaluation and improvement activities. Consumer perspectives have been incorporated through established governance structures, including the Consumer Advisory Committee, which routinely reviews patient feedback and provided practical insights to inform service reviews and improvement initiatives. The committee has also contributed to the development and refinement of patient information resources, ensuring they are clear, accessible and responsive to consumer needs. The First Nations Advisory Committee has continued to provide valuable advice and guidance, ensuring organisational decisions are informed by First Nations perspectives and experiences. The committee has supported meaningful community engagement and contributed to the development of policies, strategies and initiatives that promote culturally safe and responsive care. Both committees have also been involved in meaningful engagement when developing the new MBPH Strategic Plan. Through these established partnerships, consumer and community feedback has informed decision-making and service improvement activities across the organisation, contributing to enhanced consumer experiences, improved care quality and better health outcomes.
Ensure that health service reporting, reviews and decision-making are underpinned by a safety culture and systems that are transparent, accurate and fair for staff and consumers.	Status: Achieved Commentary: Throughout the reporting period, MBPH has maintained and strengthened a positive safety culture underpinned by transparent, accurate and fair reporting, review and decision-making processes. Staff have been supported and encouraged to report incidents, near misses and consumer feedback in a timely manner, fostering a culture focused on learning, improvement and accountability. Established governance structures, standardised reporting systems and consistent review processes have ensured that information is reliable, accessible and used to inform decision-making across all levels of the organisation. Regular monitoring and reporting of quality and safety indicators have supported oversight and continuous improvement activities. Consumers have been engaged through transparent communication, feedback mechanisms and shared decision-making processes, while staff have been supported through education, training and constructive review processes. Together, these systems have reinforced trust, accountability and organisational learning, ensuring safety and quality remain central to service delivery.

	In addition, MBPH supports a transparent and fair safety culture through established workforce consultation, reporting and governance mechanisms. This includes elected Health and Safety Representatives, Occupational Violence and Aggression and Occupational Health and Safety Committees, and the implementation of the organisation's Safety Management System. Workforce and safety risks, incidents and trends are regularly reviewed through formal reporting and governance processes. Serious safety incidents are subject to structured investigation, with findings, contributing factors and recommended actions documented and escalated through the appropriate oversight mechanisms. Identified corrective actions are recorded and monitored through the Corrective Actions Register to support accountability, timely completion and verification of effectiveness. The implementation of RespectX has also strengthened opportunities for staff to confidentially and anonymously raise concerns, supporting early intervention, procedural fairness and appropriate organisational response. Collectively, these systems ensure that workforce perspectives, safety intelligence and investigation findings inform organisational reviews, risk management and decision-making. Demonstrating this progress, MBPH's collective result across the "Safe to Speak Up" questions in the 2026 People Matter Survey increased by 16 percentage points.
Health services are able to show evidence of a comprehensive training program approach that includes performance management, accountability, and continuous improvement.	Status: Achieved Commentary: MBPH has a comprehensive, internally designed Leadership Program that covers the fundamentals of leadership in a public health service and is aligned to internal policies, governance requirements, and expected standards of performance and conduct. The internal program is complemented by externally delivered leadership development through the Diploma of Leadership, offered annually. Training compliance and completion are managed through the GOLD Learning Management System. Compliance is monitored monthly through established workforce metrics and reporting is provided to business units, the Executive Leadership Team, and the Board to ensure accountability and oversight. MBPH also chairs the Loddon Mallee Health Network Capability Framework Project Group. The group has delivered a regional Leadership Capability Framework for implementation across Loddon Mallee health services. Further work is being commissioned to review existing leadership development programs and establish a consistent regional approach that supports implementation of the framework, strengthens leadership capability, informs workforce planning and enables greater workforce mobility across the region. In addition, MBPH has developed a mentorship framework to operate alongside the Diploma of Leadership. The program will provide participants with practical, workplace-based support to strengthen the application of their learning, build leadership capability and enhance their overall development experience. It is also expected to improve the quality and organisational impact of the improvement projects undertaken as part of the Diploma. Development of the mentorship program commenced in early 2026 and is scheduled for completion by December 2026.
Goal	
Improve access to timely emergency care by implementing system-wide patient flow strategies that reduce emergency department wait times and improve ambulance-to-hospital transfer times.	
Health Service Deliverables	**Achievements / Outcomes**
Implement initiatives that support early discharge of patients to appropriate settings to improve timely patient access to care.	Status: Ongoing Commentary: MBPH continues to implement a range of initiatives that support the early discharge of patients to appropriate care settings and improve timely access to hospital services. Hospital in the Home (HITH) transfers have become increasingly embedded within Emergency Department (ED) workflows, supporting care closer to home where clinically appropriate. Ongoing collaboration with local health services is helping facilitate the return of patients to their home communities and ensuring admissions for specialised care are coordinated across the region based on patient needs. The service is also strengthening partnerships with outlying health facilities through medical, nursing and other clinical support connections to enhance local care capability. In addition, work continues to progress and refine Models of Care and clinical pathways for Midwifery and Sub-Acute services, supporting more effective patient flow and discharge planning across the health service. A Plan-Do-Study-Act (PDSA) initiative is also being established through the Timely Emergency Care Collaborative to support a Home First approach within the Emergency Department, strengthening linkages between ED, HITH, Post Acute Care (PAC), Rehabilitation in the Home (RITH) and other community-based services to facilitate timely discharge directly home from the ED where clinically appropriate.
	Emergency Department Triage Model An Emergency Department (ED) Triage Model of Care has been trialled over May and June 2026, noting positive improvements in patient flow and a reduction in long stays has been reported. An ad-hoc front-of-house model has been implemented to support triage processes and improve performance against time-to-be-seen Key Performance Indicators (KPI). Performance over the past two months (May and June) showed: · Improvement in all triage categories of patients being seen within the recommended timeframes · Ambulance performance remains strong with 90% of patients transferred from Ambulance to ED within the target timeframes. · Length of Stay improvements for both admitted and non-admitted patients. Following the successful two-month Triage Model of Care trial, the model will now be formalised through the development and documentation of a standard process. **Patient Flow Improvement Group** Formation of the Patient Flow Improvement Group in collaboration with Timely Emergency Care Collaborative (TECC) initiative has enabled MBPH to further strengthen the patient flow process with reduced 24 hour breaches within the Emergency Department. 7 day workflow and significant increase in Medical Engagement were significant drivers towards the patient flow improvement.

Goal	
Maintain a commitment to delivering equitable and timely access to planned care and drive reform in alignment with the Planned Surgery Reform Blueprint.	
Health Service Deliverables	**Achievements / Outcomes**
Implement and scale theatre optimisation initiatives in planned surgery, for example same-day surgery and same-day surgery by default models of care, criteria-led discharge, monitoring of theatre measures, and high-throughput approaches such as high-intensity theatre lists.	Status: Ongoing Commentary: MBPH continues to progress theatre optimisation initiatives aimed at improving efficiency and increasing planned surgery capacity. A number of surgical procedures are already being successfully delivered through same-day and long-day surgery models, reducing the need for overnight admissions and supporting timely patient care. Clinical teams are actively enhancing these models and expanding the range of procedures suitable for same-day treatment pathways. Work is also continuing to strengthen theatre optimisation through ongoing monitoring of theatre performance measures, refinement of patient flow processes, and exploration of opportunities to increase throughput and theatre utilisation. These activities provide a strong foundation for further optimisation of planned surgery services and increased surgical capacity.
Proactively manage planned surgery and specialist clinics (or outpatients) waitlists, for example validating and supporting patients into optimal care pathways such as evidence-based alternatives to surgery and optimisation pathways. A particular focus should be applied to long-waiting patients and priority population groups (for example, Aboriginal and Torres Strait Islander patients and under-18 patients).	Status: Ongoing Commentary: MBPH has made significant progress towards proactively managing elective surgery and specialist clinic waitlists through improved visibility, monitoring, and service coordination. Development of the Elective Surgery Information System (ESIS) is progressing well and is approaching shadow testing, which will provide enhanced oversight of planned surgery waitlists and support the identification of long-waiting patients. All Specialist Clinic waiting lists have been transitioned to trackable systems outside of TrakCare, enabling automated alerts and triggers to support active waitlist management and patient follow-up. The Elective Surgery Unit (ESU) team and leadership structure have been established, strengthening capacity to validate and support patients through appropriate care pathways. Ongoing clinic scheduling improvements, the Women's Health Clinic Project, and collaborative initiatives such as the Family Hub are expected to further improve access and support for high-needs and priority population groups.
Goal	
Support the implementation of the "Next Phase of Reform" to deliver inclusive, personalised, compassionate, integrated mental health and wellbeing care in the community.	
Health Service Deliverables	**Achievements / Outcomes**
Progress mental health reform: Implement mental health services per department guidelines, and engage in reform related initiatives to improve access to community mental health services, crisis reforms, headspace integration, youth and adolescent inpatient care, catchment removal as well as infant, child and youth age streaming.	Status: Ongoing Commentary: MBPH is making strong progress in implementing mental health reform initiatives aligned with departmental priorities. The Mental Health Transformation Plan is tracking well, with service restructuring undertaken to better respond to community demand and support implementation of age-based streaming guidelines. Key achievements include the establishment of Infant, Child and Family Services and a Youth Recovery and Wellbeing Program, improving access to age-appropriate community mental health care. Development of a dedicated youth-focused acute service is also underway, further supporting reform objectives related to youth and adolescent mental health care. These initiatives demonstrate continued progress towards a more integrated, responsive and contemporary mental health service model that aligns with statewide reform directions.
Partner with Safer Care Victoria in one or more mental health improvement programs: elimination of restrictive intervention, improving sexual safety, implementation of the zero suicide framework and reducing compulsory treatment.	Status: Ongoing Commentary: **Mental Health** The Zero Suicide Framework is under implementation at MBPH. MBPH have completed a mapping exercise and are now developing the Suicide Care Pathway across the service. Guidelines and education have also been developed for the Zero Suicide Framework. The Emergency Department are currently participating in training. Elimination of Restrictive Intervention programs include Safe Wards and the development of Intensive Care Area guidelines.
Progress partnerships, whether through a formal partnership, MoU or exchange of letters, with local community based mental health services (including Mental Health and Wellbeing Locals, Headspace and other local NGO providers) and deliver initiatives that align with the objectives of the Mental Health and Wellbeing Act 2022, and in accordance with the priorities outlined in Victoria's next phase of reform for Mental Health and Wellbeing.	Status: Ongoing Commentary: MBPH is actively involved in several partnerships with community based mental health services including: · Lead agency for headspace · Partnering with Wellways, Sunraysia Community Health Service (SCHS) and Mildura District Aboriginal Service (MDAS) to deliver 'Local' services. · Partnering with Odyssey, SCHS and MDAS in the development of the Alcohol and Other Drugs (AOD) residential rehabilitation unit (due to open in 2027). · Partnering with SCHS to deliver the Medical Assisted Treatment of Opioid Disorders (MATOD) clinic. · Partnering with MDAS to provide clinical support to the 'Day to Day' program from the SEWB clients.
Prudent, sustainable and effective use of resources We are innovative and resourceful in balancing improved patient care, operational performance, and system management to ensure a financially secure health system. We invest in a skilled and future-ready workforce, maintaining a modern, safe, and resilient healthcare system for all Victorians.	
Goal	
Develop and implement initiatives to strengthen financial sustainability. By delivering sustainable, responsible budgets, we can ensure a well-managed, viable, and sustainable health system for the future.	
Health Service Deliverables	**Achievements / Outcomes**

Deliver the key initiatives outlined in the Budget Action Plan within Government parameters.	Status: Ongoing Commentary: Recruitment timelines have been impacted by relocation and visa processing requirements, resulting in an average onboarding period of approximately five months. Despite these challenges, 77% of the recruitment target had been achieved as at the end of June 2026. In December the revised year end forecast was a deficit of $4.6m. Through ongoing savings initiatives and sustainability funding the overall result was a surplus of $6.3m. This included funding for the extra pay period in FY26. As at 30 June 2026, MBPH had achieved 100% of its nursing and midwifery recruitment target. A further 18 staff were progressing through the recruitment pipeline for commencement between July and October 2026, including three candidates requiring visa sponsorship. Subject to successful commencement, these appointments will bring the nursing and midwifery workforce to budgeted Full Time Equivalent (FTE). Ongoing recruitment will remain necessary to sustain this position. With average nursing and midwifery attrition of 2% per month, MBPH must continue to recruit on a rolling basis and maintain sufficient workforce capacity to fill vacancies, meet roster requirements and support staff to access planned leave, while operating within approved budget and workforce parameters.
Utilise data analytics and performance metrics to identify areas of inefficiency and waste and make evidence-based decisions to improve financial sustainability and operational performance.	Status: Ongoing Commentary: Significant enhancements have been made to existing dashboards, together with the development of new dashboards, providing the hospital with improved visibility of current performance and future projections. These insights are being used in partnership with key stakeholders to identify opportunities for improvement and to support informed strategic and operational decision-making.
Use funding efficiently and effectively to optimise patient facing services. Undertake programs to reduce the cost of service delivery, improve safety, capacity and reduce unnecessary waiting.	Status: Ongoing Commentary: MBPH has experienced a shift in patient acuity and clinical complexity, resulting in an increase in National Weighted Activity Unit (NWAU), despite no material change in overall patient volumes or Emergency Department presentations. There has been a significant increase in higher-acuity triage categories (Triage 1–3), driving increased demand for emergency theatre activity and inpatient bed admissions. The variable patient-related expenses associated with these patients are increasing. All safe and appropriate triggers have been leveraged without compromising patient care; however, these measures have not resulted in significant improvements to date.
A stronger workforce We strive to foster an equitable, skilled and supported workforce that builds professional capabilities to meet current and future roles.	
Goal	
Position Victoria as a leader in employee experience, capability, and capacity by focusing on future roles and professional development in line with the Victorian Health Workforce Strategy to ensure a regenerative and sustainable workforce.	
Health Service Deliverables	**Achievements / Outcomes**
Implement processes to sustain workforce supply and fulfill obligations, including those under the Gender Equality Act 2020 by improving employee experience in leadership, health and safety, flexibility, career development, and agility to ensure safe, high-quality care.	Status: Ongoing Commentary: **People and Culture** MBPH is advancing a range of initiatives to attract, retain and support its workforce, with a focus on improving employee experience, strengthening leadership capability, promoting workforce wellbeing, and ensuring the organisation is well positioned to deliver safe, high-quality care. Key activities include: · Developed and commenced implementation of the Nursing and Midwifery Recruitment and Retention Strategy to strengthen workforce supply and continuity of care. Through the strategy 100% of 2025-26 recruitment targets have been achieved and the establishment of a recruitment pipeline to offset attrition, maintain roster capacity and support planned leave. · Developed and endorsed a Gender Equality Action Plan (GEAP) to meet obligations under the Gender Equality Act 2020. · Undertaking a gender pay audit to establish a baseline position, consistent with GEAP recommendations and continuous improvement requirements. · Reviewed People Matters Survey results, identified priority themes, and translated findings into a targeted action plan to improve employee experience. · Completed a Wellbeing Needs Analysis, with a corresponding wellbeing strategy endorsed to support workforce health and safety. · Designed a refreshed Staff Recognition Framework to strengthen engagement, retention, and positive workplace culture. · Progressing development of an Organisational Succession Plan, including identification of critical roles and risk-rating of workforce vulnerabilities. · Reviewed and updated the Leadership Capability Framework to support leadership effectiveness, accountability, and career development. · Delivered targeted manager education on leave planning and monitoring to support workforce sustainability, flexibility, and safe service delivery. · Implemented a more proactive workforce planning approach that enables recruitment to reflect anticipated vacancies, leave requirements and service demand, while maintaining rostered FTE and expenditure within approved budget parameters. · Strengthened employee voice and psychological safety through RespectX, established consultation mechanisms and confidential and anonymous pathways for staff to raise workplace concerns. · Progressed organisational succession and workforce planning, including identification of critical roles, workforce vulnerabilities and strategies to strengthen internal capability and workforce continuity.

	· Chaired the Loddon Mallee Health Network Capability Framework Project Group, which delivered a regional Leadership Capability Framework to support consistent leadership expectations, workforce planning and greater workforce mobility across the region. · Commenced development of a regional approach to leadership development, including review of existing programs to support consistent implementation of the Leadership Capability Framework across Loddon Mallee health services. **Medical** **Workforce Supply and Employment Pathways** The Single Employment Model (SEM) pilot has been extended for a further two years in recognition of its success, continuing to deliver workforce stability, consistent employment conditions, and strong recruitment and retention outcomes at local and regional levels. The maturing of employment pathways under the Medical Workforce Plan has materially reduced dependence on short-term workforce solutions. **IMG Training and Junior Medical Workforce Pipeline** IMG training remains a critical enabler of the junior medical workforce and service continuity, and has directly delivered zero HMO locum utilisation — eliminating what was previously a significant cost and continuity risk. The program's success has been recognised at state level, with the Department of Health granting funding to expand the Workplace Based Assessment (WBA) program state wide; Goulburn Valley Health has been supported to establish the program as the first step, with Swan Hill District Health operationally ready to commence. Building on this foundation, MBPH is establishing the Mildura IMG Clinical Academy Program (MiCAP) in response to unprecedented IMG applicant volumes, which have outstripped the capacity of traditional recruitment processes to assess clinical readiness, communication, and fit for rural Australian practice. MiCAP is a structured 12-week, teaching-led program comprising a defined curriculum, simulation, supervised clinical work, assessment, and certification, and is self-funding from Year 1. The program directly targets three of MBPH's most costly workforce pressures — long recruitment lead times at the high-turnover HMO and unaccredited registrar layer, transitional locum spend bridging vacancy and filled positions, and post-appointment training costs — by producing pre-trained candidates who progress to AHPRA Level 2 supervision before employment, compressing all three. Measurable outcomes include the elimination of HMO vacancies and locum reliance, strengthened junior doctor recruitment pipelines, and improved conversion of trainees into ongoing employment within the organisation. **Rural Generalist Pathway** The Rural Generalist pathway is now embedded as a key recruitment and retention driver for the medical workforce, delivered in collaboration with private general practices, specialist colleges, the Victorian Rural Generalist Program (VRGP), and regional health services. Alignment across training, supervision, scope of practice, and employment arrangements supports continuity from training into substantive rural roles, with flexible employment models supporting retention and workforce wellbeing. **Medical Training Pathways** End-to-end medical training pathways — from junior medical staff through to senior clinicians — are now integrated with the Rural Generalist pathway, providing a defined career progression from internship through RG training into substantive senior roles. **Regional and Cross-Border Workforce Connections** Regional and cross-border workforce arrangements continue to mature and deliver tangible outcomes, including delivery of CRGP and Rural Generalist training across the region, and junior doctor secondments to Swan Hill and Wentworth supporting service continuity in partner health services and broadening trainee experience. MBPH is also actively contributing to the Loddon Mallee Regional Credentialing & Privileges Project, which will deliver a single regional credentialing system (cGov, anticipated go-live January 2027), supporting consistent governance, reduced risk, and better support for clinicians working across multiple organisations, including a sub-regional shared credentialing model strongly supported by smaller rural health services. Collectively, these initiatives reflect a staged, integrated approach to workforce development under the Medical Workforce Plan improving employee experience, career progression, flexibility, and sustainable workforce supply, consistent with obligations under the Gender Equality Act 2020, while maintaining a strong focus on clinical safety and high-quality care. **Compliance** Graduate nurse intake processes and workforce pathways were reviewed and refined during the reporting period to ensure alignment with organisational workforce priorities and future service needs. This work supports sustainable workforce supply, strengthens early career nursing opportunities and contributes to the development of a skilled and capable nursing workforce.
Collaborate with the department to improve workforce data analytics, generate actionable insights, and enhance strategic planning.	Status: Achieved Commentary: An array of dashboards has been finalised that captures relevant workforce information including actuals vs budget. This information is being used to manage vacancy rates and short term needs as well as long term workforce planning.
Improving Aboriginal health and wellbeing Strengthen cultural safety in Victoria's health service system by fostering strong connections to Aboriginal culture, creating a holistic, accessible, and empowering health system.	
Goal	
Enhance Delivery and Access to Culturally Safe Services, fostering strong connections to culture. Address racism and provide Aboriginal people with culturally safe healthcare and referral pathways between mainstream and community-controlled health services.	
Health Service Deliverables	**Achievements / Outcomes**

Deliver high-quality cultural safety training to all executives and staff using independent, expert, community-controlled organisations or a registered Aboriginal business.	Status: Achieved Commentary: MBPH delivers Aboriginal Cultural Awareness training to all staff upon commencement of employment as outlined in the Mandatory Training Policy. Staff are required to re-complete the course every three years. This training is completed online and accessible via the GOLD Learning Management System. MBPH pays a yearly subscription fee to access the training content developed by 'Your Mob Learning', which was sourced and approved via the Director - First Nations Health, and is training developed for AHU staff.
Health service executives and senior leaders establish and maintain strong, ongoing partnerships with Aboriginal community-controlled organisations and/or recognised Aboriginal leaders within their local catchments. These partnerships must be based on regular, proactive engagement that prioritises the voices, self-determined priorities, and cultural knowledge of Aboriginal communities in the design, delivery, and evaluation of health and wellbeing services.	Status: Achieved Commentary: The Chief Executive Officer (CEO) and Executives maintain a strong, proactive partnership with MDAS ensuring Aboriginal voices and self-determined priorities shape health service delivery. The CEO meets quarterly with the MDAS CEO, and periodically the MDAS Chair to discuss the alignment of strategic goals. This partnership is demonstrated through tangible, collaborative outcomes, including MBPH's support for a Paediatric Outreach Clinic, which is currently being explored in partnership with MDAS and informed by community priorities. MBPH also supports Junior Medical Officer (JMO) rotations with Coomealla Health Aboriginal Corporation (CHAC), strengthening relationships through regular engagement and supporting culturally informed models of care aligned with community-led service delivery. The MBPH/MDAS partnership will also support outlying communities with the introduction of the Rural Imaging Australia Mobile Screening Vehicle. This collaboration will focus on preventative health and early intervention which is a priority identified by the community. Through the development to continued engagement the above projects outline MBPH commitment to embed their voices and their self-determined priorities into health service design and delivery.
Ensure culturally appropriate systems for identifying Aboriginal and Torres Strait Islander patients and implement responsive discharge plans and referral pathways.	Status: Achieved Commentary: MBPH continues to strengthen culturally appropriate systems and processes to support the identification of Aboriginal and Torres Strait Islander patients and ensure they receive responsive, culturally safe care throughout their healthcare journey. Current initiatives are focused on improving identification processes, enhancing support for First Nations consumers, and using service data to inform workforce planning and care delivery. Key activities include: · Revision of current data drives decisions around staffing coverage to enable support of First Nations people when the need is highest. · Flagging and identification of First Nations Consumers process has been developed by the Director – First Nations Health. · Work on 'Identifying' and why this is important is also in progress.
Moving from Competition to Collaboration We are committed to transforming Victoria's health system by partnering with care providers and health services to share knowledge, information, and resources.	
Goal	
Collaborate within the Local Health Service Network to build a more integrated health system, with better access and experience for patients, strengthened workforce, consistently high-quality care, and more sustainable healthcare delivery.	
Health Service Deliverables	**Achievements / Outcomes**
Meet all objectives agreed to in the Local Health Service Network Statement of Expectations across priority areas (access, equity and flow, workforce, safety and quality, and shared services).	Status: Ongoing Commentary: MBPH is actively contributing to the achievement of the Local Health Service Network (LHSN) Statement of Expectations (SOE), which outlines agreed network objectives across collaboration, shared services, and regional priority initiatives. In alignment with the SOE, MBPH continues to participate in a range of regional working groups and projects, ensuring the needs of the local community are represented while supporting the sustainability and performance of the broader Loddon Mallee health system. MBPH executives and senior leaders play an active role in both leading and contributing to project control groups established to deliver SOE objectives, demonstrating a strong commitment to collaboration across key priority areas including access, equity and flow, workforce, safety and quality, and shared services.

STATEMENT OF PRIORITIES PART B

High quality and safe care	Target	Result
Infection prevention and control		
Percentage of healthcare workers immunised for influenza	94%	99%
Continuing care		
Average change in the functional independence measure (FIM) score per day of care for rehabilitation separations	≥ 0.645	0.712
Adverse events		
Percentage of reported sentinel events for which a root cause analysis (RCA) report was submitted within 30 business days* from notification of the event	All RCA reports submitted within 30 business days	50%
Patient experience		
Percentage of patients who reported positive experiences of their hospital stay	95%	88.6%
Aboriginal health		
Difference between the percentage of Aboriginal patients and non-Aboriginal patients who left against medical advice	0%	3%
Difference between the percentage of Aboriginal patients and non-Aboriginal patients presenting to ED who did not wait to be treated	0%	3.75%
Mental Health patient experience		
Percentage of consumers who rated their overall experience with a service in the last three months as positive	80%	72.4%
Percentage of families/carers reporting a 'very good' or 'excellent' overall experience of the service	80%	30.6%
Percentage of families/carers who report they 'always' or 'usually' felt their opinions as a carer were respected	90%	61.8%
Percentage of mental health consumers reporting they 'usually' or 'always' felt safe using this service	90%	80.5%
Mental Health follow-ups, readmissions and seclusions		
Percentage of consumers followed up within 7 days of separation-inpatient	88%	86.5%
Percentage of consumers readmitted within 28 days of separation-inpatient	< 14%	11%
Rate of seclusion episodes per 1,000 occupied bed days- inpatient	≤ 6	21.1

Strong governance, leadership and culture	Target	Result
Organisational culture		
People matter survey - Percentage of staff with an overall positive response to safety culture survey questions	80%	68%*

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

Timely access to care	Target	Result
Planned surgery		
Percentage of urgency category 1 planned surgery patients admitted within 30 days	100%	N/A*
Percentage of all planned surgery patients admitted within the clinically recommended time	94%	N/A*
Number of patients admitted from the planned surgery waiting list	790	N/A*
Percentage of patients on the waiting list who have waited longer than the clinically recommended time for their respective triage category	25% proportional improvement from prior year	N/A*
Optimisation of surgical inpatient length of stay (LOS), including through the use of virtual and home-based pre- and post-operative models of care	Reduction in average LOS for surgical patients by 2% from prior year	N/A*

*Public reporting currently unavailable.

Emergency care		
Percentage of patients transferred from ambulance to emergency department within 40 minutes	4% improvement from the same time last year >=80%	91%
Number of emergency patients with a length of stay in the emergency department greater than 24 hours	Zero	1,122
Average ED length of stay (LOS) for admitted patients, in minutes	Avg LOS <896 minutes	913
Average ED length of stay (LOS) for non-admitted patients, in minutes	Ave LOS <249 minutes	264

Timely access to care	Target	Result
Mental health care		
Percentage of mental health-related emergency department presentations with a length of stay of less than 4 hours	65%	56%
Percentage of departures from emergency departments to a mental health bed within 8 hours	80%	85%
Number of admitted mental health occupied bed days	2,790	2,178
Number of community mental health service hours	35,694	31,613
Specialist Clinics		
Percentage of patients referred by a GP or external specialist who attended a first appointment within the recommended timeframe	95%	90.2%
Home Based Care		
Percentage of admitted bed days delivered at home	6.7%	5.8%

Effective financial management	Target	Result
Key Performance Measure		
Operating result ($m)	0.00	6.25
Adjusted current asset ratio	0.28	0.32
Variance between the forecast and actual operating result (OR) as a percentage of the forecast OR for the current financial year ending 30 Jun	5% movement in forecast revenue and expenditure forecasts	Achieved

All data published in annual reports is accurate at the time of publishing. Data may change following audit and data verification, which may not be finalised at the time of publishing.

STATEMENT OF PRIORITIES PART C

The performance and financial framework within which state government-funded organisations operate is described in *The Policy and Funding Guidelines - Funding Rules*. The Funding Rules details funding and pricing arrangements and provides modelled budgets and targets for a range of programs. The Policy and Funding Guidelines webpage <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>.

Period 1 July 2025 - 30 June 2026

Funding Type	2025-2026 Activity achievement
Consolidated Activity Funding	
Acute admitted, subacute admitted, emergency services, non-admitted NWAU	27,245
Community mental health NWAU	2,805
Acute Admitted	
Acute admitted DVA	191
Acute admitted TAC	47
Subacute/Non-Acute, Admitted & Non-admitted	
Subacute - DVA	45
Transition Care - Bed days	4,744
Transition Care - Home days	5,284
Mental Health and Drug Services	
Mental Health Ambulatory	859
Mental Health subacute	3652
Drug Services	308

All data published in annual reports is accurate at the time of publishing. Data may change following audit and data verification, which may not be finalised at the time of publishing.

Mildura Base Public Hospital

ABN: 73 543 496 421

Financial Statements

For the year ended 30 June 2026

Mildura Base Public Hospital
Contents Page

30 June 2026

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

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Mildura Base Public Hospital
Declaration in the Financial Statements

For the Financial Year Ended 30 June 2026

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

We further state that, in our opinion, the information set out in the Comprehensive Operating Statement, Balance Sheet, Statement of Changes in Equity, Cash Flow Statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2026 and the financial position of Mildura Base Public Hospital at 30 June 2026.

At the time of signing, we are not aware of any circumstance which would render any particulars included in the financial statements to be misleading or inaccurate.

We authorise the attached financial statements for issue on 15 September 2026.

Board member	Accountable Officer	Chief Financial & Accounting Officer
		
Frank Pisconeri	Matthew Jukes	Jessica Pisevski
Chair	Interim Chief Executive Officer	Acting Chief Financial & Accounting Officer
Mildura	Mildura	Mildura
15 September 2026	15 September 2026	15 September 2026



Mildura Base Public Hospital
Auditor-General's Report

Independent Auditor's Report

To the Board of Mildura Base Public Hospital

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

Auditor's responsibilities for the audit of the financial report

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

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

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

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



Simone Bohan
as delegate for the Auditor-General of Victoria

MELBOURNE
16 September 2026

Mildura Base Public Hospital
Comprehensive Operating Statement

For the Financial Year Ended 30 June 2026

	Note	2026 $ '000	2025 $ '000
Revenue and income from transactions			
Revenue from contracts with customers	2.1(a)	232,525	233,429
Government Grants	2.1(b)	35,110	17,818
Other sources of income		7,754	8,768
Total revenue and income from transactions		**275,389**	**260,015**
Expenses from transactions			
Employee expenses	3.1(a)	(194,928)	(187,278)
Supplies and Consumables	3.1(c)	(51,520)	(48,694)
Depreciation and amortisation		(6,736)	(6,176)
Other operating expenses	3.1(d)	(20,325)	(18,794)
Total expenses from transactions		**(273,509)**	**(260,942)**
Net result from transactions - net operating balance		**1,880**	**(927)**
Other economic flows included in net result			
Net loss on financial assets		(674)	(261)
Share of net profits of joint entities, excluding dividends		(39)	(322)
Net loss on disposal of property plant and equipment		(59)	(88)
Other gains from other economic flows		103	240
Total other economic flows included in the net result		**(669)**	**(431)**
Net Result		**1,211**	**(1,358)**
Comprehensive result		**1,211**	**(1,358)**

This statement should be read in conjunction with accompanying notes.

Mildura Base Public Hospital
Balance Sheet

As at 30 June 2026

	Note	2026 $ '000	2025 $ '000
Financial assets			
Cash and cash equivalents	6.1	15,326	10,995
Receivables	5.1	19,911	20,257
Contract Assets		929	684
Total financial assets		**36,166**	**31,936**
Non-financial assets			
Prepayments		849	1,054
Inventories		692	614
Non-financial physical assets held for sale		17	-
Property, plant and equipment	4.1	104,153	105,567
Intangible assets		803	1,081
Total non-financial assets		**106,514**	**108,316**
Total assets		**142,680**	**140,252**
Liabilities			
Payables	5.2	44,955	44,933
Contract Liabilities		2,292	1,190
Borrowings		7,941	7,568
Employee benefits	3.1(b)	35,975	33,987
Other liabilities		892	3,160
Total liabilities		**92,055**	**90,838**
Net Assets		**50,625**	**49,414**
Equity			
Accumulated deficit		(49,792)	(52,447)
Contributed capital		90,992	90,992
Restricted reserves		1,254	2,698
Physical asset revaluation surplus		8,171	8,171
Total equity		**50,625**	**49,414**

This statement should be read in conjunction with accompanying notes.

Mildura Base Public Hospital
Cash Flow Statement

For the Financial Year Ended 30 June 2026

	Note	2026 $ '000	2025 $ '000
Cash flows from operating activities			
Operating grants from State Government		262,812	233,948
Commercial activity revenue received		1,029	1,162
Donations and bequests received		742	659
GST received from ATO		10,837	10,702
Other receipts		9,469	8,670
Total receipts		284,889	255,141
Payments to employees		(191,279)	(187,278)
Payments to suppliers and consumables		(83,509)	(60,072)
Finance costs		(277)	(247)
GST paid to ATO		(842)	(685)
Total payments		(275,907)	(248,282)
Net cash flows from operating activities		8,982	6,859
Cash flows from investing activities			
Proceeds from sale of financial assets		62	88
Purchase of non-financial assets		(5,087)	(5,327)
Net cash flows used in investing activities		(5,025)	(5,239)
Cash flows from financing activities			
Cash advance from the Department of Health		-	3,000
Receipt/(Repayment) of borrowings and principal portion of lease liabilities		374	(475)
Net cash flows from financing activities		374	2,525
Net increase in cash and cash equivalents		4,331	4,145
Cash and cash equivalents at the beginning of financial year		10,995	6,850
Cash and cash equivalents at the end of financial year	6.1	15,326	10,995

This statement should be read in conjunction with accompanying notes.

Mildura Base Public Hospital
Statement of Changes in Equity

For the Financial Year Ended 30 June 2026

	Accumulated Deficit $ '000	Contributed Capital $ '000	Restricted Reserves $ '000	Physical asset Revaluation Surplus $ '000	Total Equity $ '000
Balance at 1 July 2024	**(50,692)**	**90,992**	**2,301**	**8,171**	**50,772**
Net result for the year	(1,358)	-	-	-	(1,358)
Transfer from accumulated deficit	(397)	-	397	-	-
Balance at 30 June 2025	**(52,447)**	**90,992**	**2,698**	**8,171**	**49,414**
Net result for the year	1,211	-	-	-	1,211
Transfer from accumulated deficit	1,444	-	(1,444)	-	-
Balance at 30 June 2026	**(49,792)**	**90,992**	**1,254**	**8,171**	**50,625**

This statement should be read in conjunction with accompanying notes.

Mildura Base Public Hospital
Notes to the Financial Statements

For the Financial Year Ended 30 June 2026

STRUCTURE

1.1 Basis for preparation
1.2 Material accounting estimates and judgements
1.3 Reporting Entity
1.4 Economic dependency

1. ABOUT THIS REPORT

These financial statements represent the financial statements of Mildura Base Public Hospital for the year ended 30 June 2026.

Mildura Base Public Hospital is a not-for-profit entity established as a public agency on 15 September 2020 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.

1.1 Basis of Preparation

These financial statements are Tier 2 general purpose financial statements 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* (FRD101).

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.

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 Mildura Base Public Hospital.

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

The financial statements are presented in Australian dollars.

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

The annual financial statements were authorised for issue by the Board of Mildura Base Public Hospital on 15 September 2026.

Mildura Base Public Hospital
Notes to the Financial Statements

For the Financial Year Ended 30 June 2026

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 judgments and estimates used, and any changes thereto, are disclosed within the relevant accounting policy.

1.3 Reporting Entity

The financial statements include all the controlled activities of Mildura Base Public Hospital. Refer to Note 8.6 for further details of controlled entities.

Mildura Base Public Hospital's principal address is:

216 Ontario Ave

Mildura VIC 3500

1.4 Economic dependency

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

2. FUNDING DELIVERY SERVICE OF OUR SERVICE

Mildura Base Public Hospital's overall objective is to provide quality health services that improve health outcomes for the health services tri-state communities, by creating partnerships, leading a culture and building a team to deliver sustainable services. Mildura Base Public Hospital is predominantly funded by grant funding for the provision of outputs. Mildura Base Public Hospital also receives income from the supply of services.

SIGNIFICANT JUDGMENT - GRANTS REVENUE

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

STRUCTURE

2.1 Revenue and income from transactions

2.1 Revenue and income transactions

	Note	2026 $'000	2025 $'000
Revenue from contracts with customers	2.1(a)	232,525	233,429
Government Grants	2.1(b)	35,110	17,818
Other sources of income		7,754	8,768
Total revenue and income from transactions		**275,389**	**260,015**

2.1 (a) Revenue from contracts with customers

	2026 $'000	2025 $'000
Government grants (State) - Operating	212,554	214,817
Government grants (Commonwealth) - Operating	15,148	14,041
Patient and resident fees	3,691	3,409
Commercial activities	1,132	1,162
Total revenue from contracts with customers	**232,525**	**233,429**

Mildura Base Public Hospital
Notes to the Financial Statements

For the Financial Year Ended 30 June 2026

How we recognise revenue from contracts with customers

Government grants

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

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

Government Grants	Performance obligation
Activity Based Funding (ABF) paid as National Weighted Activity Unit (NWAU)	NWAU is a measure of health service activity expressed as a common unit against which the national efficient price (NEP) is paid. The performance obligations for NWAU are the number and mix of admissions, emergency department presentations and outpatient episodes, and is weighted for clinical complexity. Revenue is recognised at point in time, which is when a patient is discharged.
Mental Health Funding	The performance obligation for mental health funding is to deliver mental health services and consultations to inpatients and members of the community. Revenue is recognised at a point in time when consultations are delivered.
Pharmaceutical Benefits Scheme Funding (PBS)	Subsidy received from the Commonwealth for the prescription and dispensing of PBS medicines. The performance obligation for PBS funding is to deliver PBS medicines to day-admitted patients, outpatients, and patients upon discharge. Revenue is recognised at a point in time when the goods are delivered.

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.

2.1 (b) Government grants

	2026 $'000	2025 $'000
Government grants (State) - Operating	32,764	12,163
Government grants (State) - Capital	2,346	5,655
Total Government grants	**35,110**	**17,818**

Mildura Base Public Hospital
Notes to the Financial Statements

For the Financial Year Ended 30 June 2026

How we recognise Government Grants

Government grants

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

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

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

Capital grants

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

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

Non-cash contributions from the Department of Health

The Department of Health makes some payments on behalf of Mildura Base Public Hospital:

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

Mildura Base Public Hospital
Notes to the Financial Statements

For the Financial Year Ended 30 June 2026

3.THE COST OF DELIVERING OUR SERVICES

This section provides an account of the expenses incurred by Mildura Base Public Hospital in delivering services and outputs. In Section 2, the funds that enable the provision of services were disclosed and in this note the cost associated with provision of services are disclosed.

STRUCTURE

3.1 Expenses incurred in the delivery of services

3.1 Expenses incurred in the delivery of services

	Note	2026 $'000	2025 $'000
Employee expenses	3.1(a)	194,928	187,278
Supplies and Consumables	3.1(c)	51,520	48,694
Other operating expenses	3.1(d)	20,325	18,794
Total expenses incurred in the delivery of services		**266,773**	**254,766**

3.1 (a) Employee expenses

	2026 $'000	2025 $'000
Salaries and wages	145,604	130,969
Superannuation expense [1]	15,075	13,268
Agency expenses	15,304	21,523
Fee for service medical officer expenses	18,945	21,518
Total employee expenses	**194,928**	**187,278**

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

How we recognise employee expenses

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

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

3.1 (b) Employee-related provisions

	2026 $'000	2025 $'000
Current provision for employee benefits		
Accrued days off	966	918
Annual leave	14,246	13,440
Long service leave	12,481	10,558
Provision for on-costs	3,538	3,221
Total current provisions for employee benefits	**31,231**	**28,137**
Non-current provisions for employee benefits		
Long service leave	4,179	5,154
Provision for on-costs	565	696
Total non-current provisions for employee benefits	**4,744**	**5,850**
Total provisions for employee benefits	**35,975**	**33,987**

Mildura Base Public Hospital
Notes to the Financial Statements

For the Financial Year Ended 30 June 2026

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 Mildura Base Public Hospital does not have an unconditional right to defer settlement of these liabilities.

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

- nominal value – if Mildura Base Public Hospital expects to wholly settle within 12 months or
- present value – if Mildura Base Public Hospital does not expect to wholly settle within 12 months.

Long service leave

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

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

The components of this current LSL liability are measured at:

- nominal value – if Mildura Base Public Hospital expects to wholly settle within 12 months or
- present value – if Mildura Base Public Hospital does not expect to wholly settle within 12 months.

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

Provisions

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

3.1 (c) Supplies and consumables

	2026 $'000	2025 $'000
Supplies and Consumables		
Drug supplies	15,663	14,529
Medical and surgical supplies (including prostheses)	6,853	6,758
Diagnostic and radiology supplies	15,285	13,477
Other supplies and consumables	13,719	13,930
Total supplies and consumables	**51,520**	**48,694**

How we recognise supplies and consumables

Supplies and consumables 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 expenses when distributed.

3.1 (d) Other operating expenses

	2026 $'000	2025 $'000
Other operating expenses		
Repairs and maintenance	1,155	1,063
Maintenance contracts	992	940
Medical indemnity insurance	5,886	4,728
Premises Costs	1,221	1,392
Computer Services and Software Licences	4,840	4,262
Recruitment Costs	724	845
Staff Training Costs	1,552	1,583
Other administration expenses	3,955	3,981
Total other operating expenses	**20,325**	**18,794**

Mildura Base Public Hospital
Notes to the Financial Statements

For the Financial Year Ended 30 June 2026

How we recognise other operating expenses

Expense recognition
Expenses are recognised as they are incurred and reported in the financial year to which they relate.

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

The DH also makes certain payments on behalf of Mildura Base Public Hospital. These amounts have been brought to account in determining the operating result for the year, by recording them as revenue (Refer to Note 2.1(b)) and recording a corresponding expense.

4. KEY ASSETS TO SUPPORT SERVICE DELIVERY

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

SIGNIFICANT JUDGMENT - FAIR VALUE MEASUREMENT
Where the assest included in this section are carried at fair value, additional information is disclosed in Note 7.3 in connection with how those fair values were determined.

STRUCTURE
4.1 Property, plant and equipment
4.2 Depreciation and amortisation

4.1 Property, Plant and Equipment

	Gross Carrying Amount		Accumulated Depreciation		Net carrying amount	
	2026 $'000	2025 $'000	2026 $'000	2025 $'000	2026 $'000	2025 $'000
Land at fair value - Crown	2,515	2,515	-	-	2,515	2,515
Buildings at fair value	95,084	91,524	(9,736)	(7,000)	85,348	84,524
Work in progress at cost	6,243	11,661	-	-	6,243	11,661
Plant, equipment and vehicles at fair value	23,255	21,641	(13,208)	(14,774)	10,047	6,867
Total property, plant and equipment	**127,097**	**127,341**	**(22,944)**	**(21,774)**	**104,153**	**105,567**

How we recognise property, plant and equipment

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

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

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

	Land	Buildings	Works in Progress	Plant, Equipment and Vehicles	Total
	$,000	$,000	$,000	$,000	$,000
Balance at 1 July 2025	**2,515**	**84,524**	**11,661**	**6,867**	**105,567**
Additions	-	6,326	2,680	362	9,368
Disposals	-	(4,215)	-	(76)	(4,291)
Net transfers between classes	-	3,274	(8,098)	4,824	-
Depreciation	-	(4,561)	-	(1,930)	(6,491)
Balance at 30 June 2026	**2,515**	**85,348**	**6,243**	**10,047**	**104,153**

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, Mildura Base Public Hospital has elected to apply the practical expedient in FRD 103 Non-Financial Physical Assets and has therefore not applied the amendments to AASB 13 *Fair Value Measurement.* The amendments to AASB 13 will be applied at the next scheduled independent revaluation, which is planned to be undertaken in 2029, in accordance with Mildura Base Public Hospital's revaluation cycle.

Mildura Base Public Hospital
Notes to the Financial Statements

For the Financial Year Ended 30 June 2026

4.1(c) Impairment of property, plant and equipment

The recoverable amount of the primarily non-financial physical assets of Mildura Base Public Hospital, which are typically specialised in nature and held for continuing use of their service capacity, is expected to be materially the same as fair value determined under AASB 13 *Fair Value Measurement,* with the consequence that AASB 136 *Impairment of Assets* does not apply to such assets that are regularly revalued.

Mildura Base Public Hospital has assessed all right-of-use assets for impairment, and no indicators of impairment are identified as at 30 June 2026.

4.2 Depreciation and amortisation

How we recognise depreciation
All buildings, plant and equipment and other non-financial physical assets (excluding items under assets held for sale, land and investment properties) that have finite useful lives are depreciated. Depreciation is generally calculated on a straight-line basis at rates that allocate the asset's value, less any estimated residual value over its estimated useful life.

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

How we recognise amortisation
Amortisation is the systematic allocation of the depreciable amount of an asset over its useful life.

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

	2026	2025
Buildings	40 years	40 years
Leasehold buildings	1 - 15 years	1 - 10 years
Plant, equipment and vehicles (including leased assets)	3 - 10 years	3 - 10 years
Intangible assets	3 - 10 years	3 years

Mildura Base Public Hospital
Notes to the Financial Statements

For the Financial Year Ended 30 June 2026

5. OTHER ASSETS AND LIABILITIES

This section sets out those assets and liabilities that arose from Mildura Base Public Hospital's operations.

STRUCTURE
5.1 Receivables
5.2 Payables

5.1 Receivables

	Note	2026 $'000	2025 $'000
Current receivables			
Contractual			
Inter hospital debtors		25	204
Trade receivables		2,473	1,162
Patient fees		1,160	987
Allowance for impairment losses		(865)	(494)
Accrued revenue		587	418
Amounts receivable from governments and agencies		1,170	2,047
Total contractual receivables		**4,550**	**4,324**
Statutory			
GST Receivable		682	904
Total statutory receivables		**682**	**904**
Total current receivables		**5,232**	**5,228**
Non-current receivables			
Contractual			
Long service leave - Department of Health		14,679	15,029
Total contractual receivables		**14,679**	**15,029**
Total non-current receivables		**14,679**	**15,029**
Total receivables		**19,911**	**20,257**
(i) Financial assets classified as receivables			
Total receivables		19,911	20,257
GST receivable		(682)	(904)
Total financial assets classified as receivables	7.1	**19,229**	**19,353**

Mildura Base Public Hospital
Notes to the Financial Statements

For the Financial Year Ended 30 June 2026

How we recognise receivables

Receivables consist of:

Contractual receivables, including debtors that relate to goods and services. These receivables are classified as financial instruments and are categorised as 'financial assets at amortised cost'. They are initially recognised at fair value plus any directly attributable transaction costs. The health service holds contractual receivables with the objective to collect the contractual cash flows and therefore they are subsequently measured at amortised cost using the effective interest method, less any impairment.

Statutory receivables, including Goods and Services Tax (GST) input tax credits that are recoverable. Statutory receivables do not arise from contracts and are recognised and measured similarly to contractual receivables (except for impairment) but are not classified as financial instruments for disclosure purposes. The health service applies AASB 9 for initial measurement of the statutory receivables and as a result, statutory receivables are initially recognised at fair value plus any directly attributable transaction cost.

5.2 Payables

	Note	2026 $'000	2025 $'000
Contractual			
Trade creditors		14,498	15,988
Accrued salaries and wages		4,677	4,801
Accrued expenses		11,371	11,276
Deferred capital grant income		4,085	3,841
Inter hospital creditors		7,056	2,634
Other payables		1,508	2,579
Amounts payable to governments and agencies		1,644	3,731
Total contractual payables		**44,839**	**44,850**
Statutory			
GST Payable		117	82
Total statutory payables		**117**	**82**
Total payables		**44,956**	**44,932**
(i) Financial liabilities classified as payables			
Total payables		44,956	44,932
Deferred grant income		(4,085)	(3,841)
GST Payable		(117)	(82)
Total financial liabilities classified as payable	7.1	**40,754**	**41,009**

How we recognise payables

Payables consist of:

Contractual payables, including payables that relate to the purchase of goods and services. These payables are classified as financial instruments and measured at amortised cost. Accounts payable and salaries and wages payable represent liabilities for goods and services provided to the Mildura Base Public Hospital prior to the end of the financial year that are unpaid.

Statutory payables, including Goods and Services Tax (GST) payable are recognised and measured similarly to contractual payables but are not classified as financial instruments and not included in the category of financial liabilities at amortised cost, because they do not arise from contracts.

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

Mildura Base Public Hospital
Notes to the Financial Statements

For the Financial Year Ended 30 June 2026

6. HOW WE FINANCE OUR OPERATIONS

This section provides information on the sources of finance utilised by Mildura Base Public Hospital during its operations, and other information related to financing activities of Mildura Base Public Hospital.

This section includes disclosures of balances that are financial instruments (such as cash balances). Notes 7.1 and 7.3 provide additional, specific financial instrument disclosures.

STRUCTURE

6.1 Cash and cash equivalents

6.1 Cash and cash equivalents

	Note	2026 $'000	2025 $'000
Cash on hand (excluding monies in held in trust)		4	4
Cash at bank (excluding monies in held in trust)		14,776	9,185
Total cash held for operations		**14,780**	**9,189**
Cash at bank (monies in held in trust)		546	1,806
Total cash held as monies in trust		**546**	**1,806**
Cash and cash equivalents	7.1	**15,326**	**10,995**

Mildura Base Public Hospital
Notes to the Financial Statements

For the Financial Year Ended 30 June 2026

7. FINANCIAL INSTRUMENTS, CONTINGENCIES AND VALUATION JUDGEMENTS

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

STRUCTURE

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

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

	Note	Carrying amount	Total interest income/ expense $'000	Impairment loss $'000
30-Jun-26				
Financial assets at amortised cost				
Cash and equivalents	6.1	15,326	586	-
Receivables	5.1	19,229	-	303
Total financial assets'		**34,555**	**586**	**303**
Financial liabilities at amortised cost				
Payables	5.2	40,754	-	-
Borrowings		8,037	257	-
Other liabilities		1,158	-	-
Total financial liabilities'		**49,949**	**257**	**-**

	Note	Carrying amount	Total interest income/ expense $'000	Impairment loss $'000
30-Jun-25				
Financial assets at amortised cost				
Cash and equivalents	6.1	10,995	916	-
Receivables	5.1	19,353	-	261
Total financial assets'		**30,348**	**916**	**261**
Financial liabilities at amortised cost				
Payables	5.2	41,009	-	-
Borrowings		7,568	247	-
Other liabilities		3,160	-	-
Total financial liabilities'		**51,737**	**247**	**-**

' *The carrying amount excludes statutory receivables (i.e. GST receivables) and statutory payables (i.e. GST payable) and deferred capital grant income.*

Mildura Base Public Hospital
Notes to the Financial Statements

For the Financial Year Ended 30 June 2026

How we categorise financial instruments

Financial assets at amortised cost

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

- the assets are held by Mildura Base Public Hospital solely to collect the contractual cash flows, and
- the asset's contractual terms give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specific dates

The 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.

Mildura Base Public Hospital recognises the following assets in this category:

- Cash and deposits and
- Receivables (excluding statutory receivables).

Categories of financial liabilities

Financial liabilities at amortised cost

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

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

Mildura Base Public Hospital recognises the following liabilities in this category:

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

7.2 Contingent assets and contingent liabilities

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

7.3 Fair value determination

How we measure fair value

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

The following assets and liabilities are carried at fair value:

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

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

Valuation hierarchy

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

- Level 1 - quoted (unadjusted) market prices in active markets for identical assets and liabilities
- Level 2 - valuation techniques for which the lowest level input 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.

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

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

Mildura Base Public Hospital
Notes to the Financial Statements

For the Financial Year Ended 30 June 2026

Fair value determination: non-financial physical assets

AASB 2022-10 *Amendments to Australian Accounting Standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities* amended AASB 13 *Fair Value Measurement* by adding Appendix F *Australian Implementation Guidance for Not-for-Profit Public Sector Entities* . Appendix F explains and illustrates the application of the principals in AASB 13 on developing unobservable inputs and the application of the cost approach. These clarifications are mandatorily applicable annual reporting periods beginning on or after 1 January 2025. 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).

The last scheduled full independent valuation of all of Mildura Base Public Hospital's non-financial physical assets was performed by VGV on 30 June 2024. The annual fair value assessment for 30 June 2026 using VGV indices does not identify material changes in value. In accordance with FRD 103, Mildura Base Public Hospital will reflect Appendix F in its next scheduled formal revaluation on 30 June 2029 or interim revaluation process (whichever is earlier). All annual fair value assessments thereafter will continue compliance with Appendix F.

For all assets measured at fair value, Mildura Base Public Hospital considers the current use as its highest and best use.

Specialised land and specialised buildings

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

During the reporting period, Mildura Base Public Hospital 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 Mildura Base Public Hospital, the current replacement cost method is used for the majority of specialised buildings, adjusting for the associated depreciation.

Vehicles

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

Plant and equipment

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

Significant assumptions

Description of significant assumptions applied to fair value measurement

Asset class	Valuation Technique	Significant assumptions	Range (weighted average)[i]
Specialised land	Market approach	Community service obligation (CSO) adjustment	25 per cent[ii]
Specialised buildings	Current replacement cost	Cost per square metre Useful life of specialised buildings	$2,500 - $5,405/m^2 ($3,542) 40 years
Vehicles	Current replacement cost	Cost per unit Useful life of vehicles	$21,000 - $129,000 ($31,000 per unit) 3 - 10 years
Plant and Equipment	Current replacement cost	Cost per unit Useful life of plant and equipment	$9,000 - $2,400,000 ($16,000 per unit) 5 - 10 years

Notes:

[i] *Illustration on the valuation technique and significant assumptions and unobservable inputs are indicative and should not be directly used without consultation with the health services independent valuer.*

[ii] *CSO weighted average 25 percent reduction was applied to reduce the market approach value for Mildura Base Public Hospital's specialised land.*

Mildura Base Public Hospital
Notes to the Financial Statements

For the Financial Year Ended 30 June 2026

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 balance date
8.6 Joint arrangements

8.1 Responsible persons disclosures

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

	Period
The Honourable Mary-Anne Thomas MP:	
Minister for Health	1 July 2025 - 14 April 2026
Minister for Ambulance Services	1 July 2025 - 14 April 2026
The Honourable Harriet Shing MP:	
Minister for Health	15 April 2026 to 30 June 2026
Minister for Ambulance Services	15 April 2026 to 30 June 2026
The Honourable Melissa Horne MP:	
Minister for Health Infrastructure	1 July 2025 - 30 June 2026
Minister for Prevention of Family Violence	15 April 2026 to 30 June 2026
The Honourable Ingrid Stitt MP:	
Minister for Mental Health	1 July 2025 - 30 June 2026
Minister for Aging	1 July 2025 - 30 June 2026
Minister for Multicultural Affairs	1 July 2025 - 14 April 2026
Minister for Multicultural Affairs and Multifaith Victoria	15 April 2026 - 30 June 2026
The Honourable Lizzy Blandthorn MP:	
Minister for Children	1 July 2025 - 30 June 2026
Minister for Disability	1 July 2025 - 30 June 2026

Governing Board

	Period
Frank Piscioneri (Chair of Board)	1 July 2025 to 30 June 2026
Kashif Hayat (Deputy Chair)	1 July 2025 to 30 June 2026
Tara Williams	1 July 2025 to 30 June 2026
Mary Rydberg	1 July 2025 to 30 June 2026
Ian Campbell	1 July 2025 to 30 June 2026
Quentin Norton	1 July 2025 to 30 June 2026
Karen Woolfe	1 July 2025 to 30 June 2026
Terese Tierney	1 July 2025 to 30 June 2026
Carol Alt	1 July 2025 to 30 June 2026
Kieran Cain-Hall	1 July 2025 to 30 June 2026

Accountable officers

Matthew Jukes (Acting Chief Executive Officer)	1 July 2025 to 31 January 2026
Terry Welch (Chief Executive Officer)	1 February 2026 to 30 June 2026

Mildura Base Public Hospital
Notes to the Financial Statements

For the Financial Year Ended 30 June 2026

Remuneration of Responsible Persons

The number of responsible persons is shown in their relevant income bands:

Income band	2026	2025
$0 - $10,000	1	1
$10,000 - $19,999	2	7
$20,000 - $29,999	7	1
$150,000-$159,999	-	1
$200,000 -$299,999	2	1
$300,000 - $399,999	-	1
Total numbers	12	12

	2026 $'000	2025 $'000
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	703	770

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

8.2 Remuneration of executives

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

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

Several factors affected total remuneration payable to executives over the year. There was a resignation of an executive officer and the Chief Executive Officer commenced long service leave in the past year. This has had an impact on remuneration figures for the termination, employee provision benefits category.

Remuneration of executive officers
(including Key Management Personnel disclosed in Note 8.3)

	2026 $'000	2025 $'000
Total remuneration[1]	1,870	2,533
Total number of executives	7	9
Total annualised employee equivalents[2]	6	8

[1] The total number of executive officers include persons who meet the definition of material Management Personnel (KMP) of Mildura Base Public Hospital under AASB 124 *Related Party Disclosures* and are also reported within Note 8.3 Related Parties.

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

Mildura Base Public Hospital
Notes to the Financial Statements

For the Financial Year Ended 30 June 2026

8.3 Related parties

The Mildura Base Public Hospital is a wholly owned and controlled entity of the State of Victoria. Related parties of the health service include:

- all KMP and their close family members and personal business interests
- cabinet ministers and their close family members
- jointly controlled operations - a member of the Loddon Mallee Rural Health Alliance
- all health services and public sector entities that are controlled and consolidated into the State of Victoria Financial Statements.

Significant transactions with government related entities

The Mildura Base Public Hospital received funding from the Department of Health of $243m (2025: $215m) and indirect contributions of $0.01m (2025: $1.2m). Balances outstanding as at 30 June 2026 are $1.1m (2025: $1.4m).

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

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

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

Key management personnel

KMPs are those people with the authority and responsibility for planning, directing and controlling the activities of the Mildura Base Public Hospital and its controlled entities, directly or indirectly.

The Board of Directors and the Executive Directors of the Mildura Base Public Hospital and its controlled entities are deemed to be KMPs. This includes the following:

KMPs	Title
Frank Piscioneri	Chair of the Board
Mary Rydberg	Board Director
Ian Campbell	Board Director
Karen Woolfe	Board Director
Kashif Hayat	Board Director
Carol Alt	Board Director
Quentin Norton	Board Director
Tara Williams	Board Director
Terese Tierney	Board Director
Kieran Cain-Hall	Board Director
Terry Welch	Chief Executive Officer
Matthew Jukes (ended 31 January 2026)	Acting Chief Executive Officer
Matthew Jukes (commenced 1 February 2026)	Executive Director Finance, Infrastructure and Partnerships
Ahamed Nabrees Sinnalebbe	Chief Medical Officer
Heath Kendall	Executive Director Infrastructure, Support Services and Engagement
David Kirby	Executive Director Mental Health
Janelle McGregor	Executive Director Procurement, People and Culture
Elise Elder	Executive Director Patient Experience
Katrina Allen	Executive Director Clinical Operations
Jessica Pisevski (ended 31 January 2026)	Acting Chief Financial Officer

Mildura Base Public Hospital
Notes to the Financial Statements

For the Financial Year Ended 30 June 2026

Remuneration of key management personnel

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

	2026 $'000	2025 $'000
Total compensation - KMPs'	2,573	3,303

'*KMPs are also reported in Note 8.1 Responsible Persons or Note 8.2 Remuneration of Executives*

Transactions with KMPs and other related parties

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

Outside of normal citizen type transactions with the Mildura Base Public Hospital, there were no related party transactions that involved key management personnel, their close family members or their personal business interests. No provision has been required, nor any expense recognised, for impairment of receivables from related parties. There were no related party transactions with Cabinet Ministers required to be disclosed in 2026 (2025: none).

There were no related party transactions required to be disclosed for the Mildura Base Public Hospital Board of Directors, Chief Executive Officer and Executive Directors in 2026 (2025: none).

8.4 Remuneration of auditors

	2026 $'000	2025 $'000
Victorian Auditor-General's Office		
Audit of financial statements	70	70
Total remuneration of auditors	70	70

8.5 Events occurring after the balance sheet

There are no events occurring after the Balance Sheet date.

Mildura Base Public Hospital
Notes to the Financial Statements

For the Financial Year Ended 30 June 2026

8.6 Joint arrangements

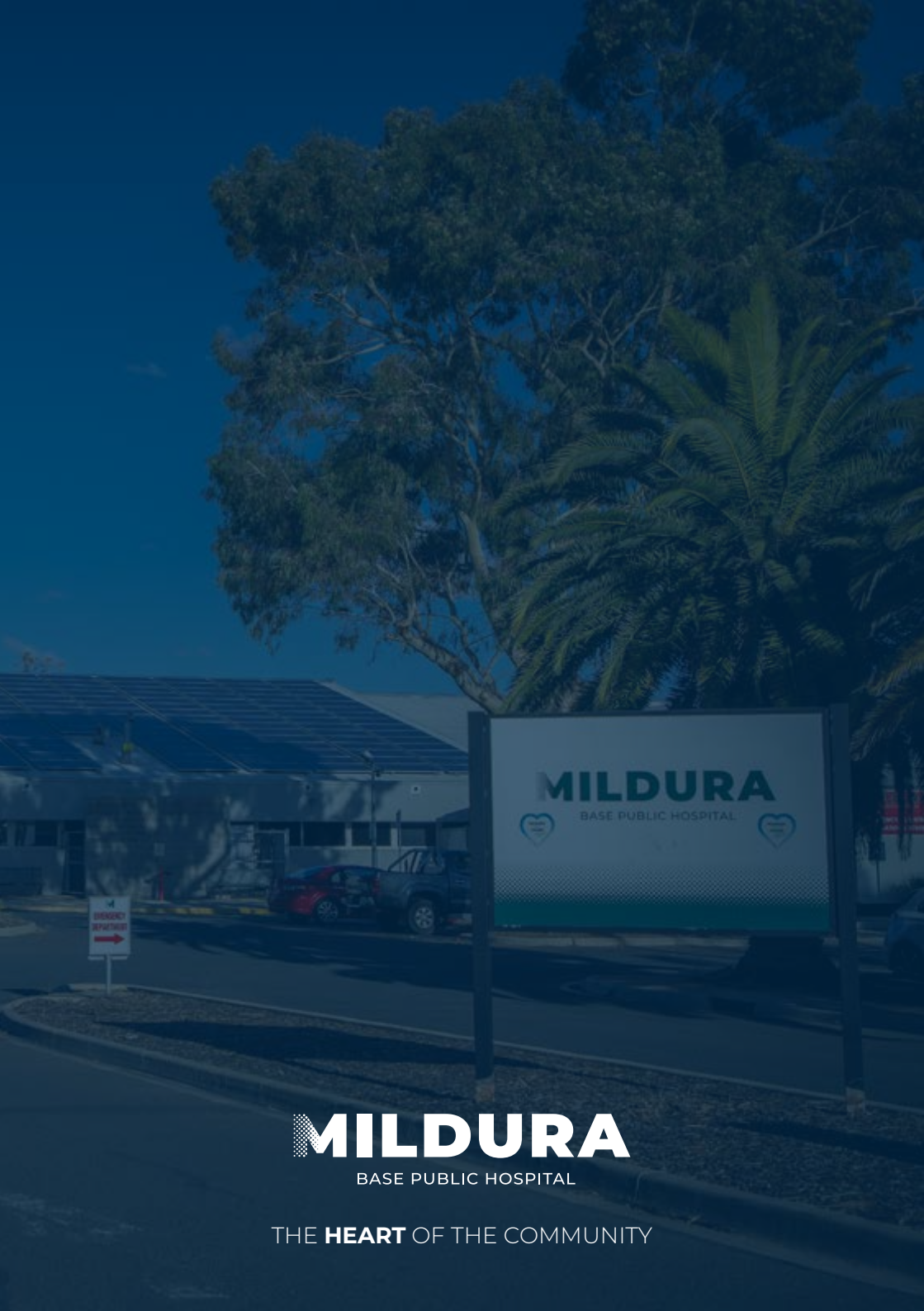
	Principal Activity	Ownership Interest 2026 %	Ownership Interest 2025 %
Loddon Mallee Rural Health Alliance	The Loddon Mallee Rural Health Alliance was established to improve the operations' joint capability and capacity to use and acquire information and communication technology products and services.	10.40%	10.03%

	2026 $'000	2025 $'000
Total revenue and income	2,764	1,783
Total expenses	(2,827)	(2,094)
Comprehensive result for the year	**(63)**	**(311)**
Total assets	2,562	2,319
Total liabilities	(1,959)	(1,676)
Total equity	**603**	**643**

Contingent liabilities and capital commitments

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


GRADUATION EVENT
29 June 2023
Vative
HEALTHCARE



MILDURA
BASE PUBLIC HOSPITAL

THE **HEART** OF THE COMMUNITY