

Creating a happier, healthier **Northern Mallee**



MILDURA
BASE PUBLIC HOSPITAL

ANNUAL REPORT 2024-25

VISION

Outstanding and integrated healthcare for the Sunraysia region.

MISSION

To improve the wellbeing of Sunraysia by providing quality health services with care, compassion and skill, in partnership with the community.

VALUES

Happy

We are positive

As an organisation

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

We are caring

As an organisation

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

We are committed

As an organisation

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

We are open to others

As an organisation

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

We are one team

As an organisation

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.

CONTENTS

4	Report from the Board Chair and Chief Executive	30	Financial Information
6	Annual Commentary	34	General Information, Disclosures and Attestations
8	MBPH Foundation	42	Key Financial and Service Performance Reporting
10	About MBPH		
11	MBPH At A Glance	42	Statement of Priorities Part A
12	Operational Highlights	47	Statement of Priorities Part B
14	Highlights of Mental Health & Wellbeing Services 2024-2025	50	Statement of Priorities Part C
15	Fast Facts	52	Financial Report
16	Strategic Planning		
18	Administrative Structure of MBPH		
20	Organisational Structure of MBPH		
22	People, Culture and Strategy		
24	Celebrating our people		
26	FTE Profile		
27	Occupation Statistics		

About this Report

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

From 1 July 2024 to 30 June 2025

The Hon. Mary-Anne Thomas MP, Minister for Health, Minister for Ambulance Services.

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

The past 12 months have been a period of significant transformation and progress at Mildura Base Public Hospital (MBPH), marked by innovation, collaboration, and commitment to improving the health and wellbeing of our community.

One of the most substantial operational improvements this year was the rollout of our new payroll and attendance system, UKG. This initiative involved collaboration across multiple departments and teams. The system will deliver long-term benefits by increasing efficiency, reducing manual workloads, and improving accuracy in workforce management, enhancements that are vital to supporting a modern, responsive health service.

The MBPH Foundation continues to be an incredible source of support. Thanks to generous donations, the Foundation has funded several key projects, most notably the purchase of a new patient transport vehicle. In just its first few months of operation, the vehicle has completed over 500 trips, significantly improving access to care for those who need it most.

In addition, the Foundation approved over \$220,000 in funding for the establishment of

our new Cardiac Unit. This vital public service is now providing local access to cardiac care, services that were previously unavailable through the public health system in our region.

We're also proud to report that construction commenced in 2025 on our new regional screening truck. Once operational, this mobile unit will deliver breast, skin, and cardiac health screening services to communities across our region. It will play a key role in removing barriers to preventative care for people living in rural and remote areas.

Medical Services has delivered a major milestone this year through the successful implementation and expansion of the Workplace-Based Assessment (WBA) program, achieving a 100% completion rate with the majority of graduates remaining in Mildura. This has strengthened recruitment and retention, reduced reliance on locums,

and positioned MBPH as a leader in rural medical workforce development.

Alongside this, MBPH was awarded the Single Employer Model pilot, further embedding security and stability for junior doctors, and launched an end-to-end Rural Generalist training pathway. Together, these initiatives position MBPH as a central hub for international medical graduate development and Rural Generalist training in Victoria, contributing to the vision of building a sustainable and highly skilled rural medical workforce for our region.

Within the hospital, we completed several critical infrastructure upgrades. Our new operating theatres are now fully operational, increasing surgical capacity and supporting improved patient flow. In mental health, we were pleased to deliver a newly constructed staff tea room, a small but important investment in the wellbeing of our dedicated mental health workforce.

MBPH continues to deliver strong, person-centred mental health services through our multidisciplinary teams, who provide exceptional care, from crisis support to ongoing community-based programs. We remain committed to supporting individuals and families affected by mental health challenges and continue to seek opportunities to expand and improve these services.

Mildura Base Public Hospital Area Mental Health and Wellbeing Services has partnered with Sunraysia Community Health Services (SCHS), Mallee District Aboriginal Services (MDAS), and Odyssey House to co-design the model of care and building layout for the forthcoming Residential Rehabilitation Unit, scheduled to commence operations in 2027. As part of this initiative, MBPH is also collaborating with Sunraysia Community Health Service (SCHS) to operate an Opioid Replacement Therapy (ORT) clinic. This clinic, staffed by MBPH's first Alcohol and Other Drugs (AOD) Nurse Practitioner and our Addiction Medicine Specialist, provides expert prescribing services and vital clinical support for the Sunraysia community.

Partnerships remain a cornerstone of how we deliver quality healthcare. Over the past year, we have worked closely with Robinvale District Health and Mallee Track Health & Community Services to create stronger referral pathways and ensure patients can return to their local providers for ongoing care. These collaborations extend our reach across the region and help ensure more people can access the right care, closer to home.

None of these achievements would be possible without the dedication, compassion, and professionalism of our incredible team. From clinicians to support staff, every member of our workforce plays a vital role in delivering outstanding care. Despite the ongoing challenges posed by limited infrastructure and resources, our staff continue to rise above and deliver healthcare of the highest standard.

We also acknowledge and thank our Board for their strategic leadership, guidance, and commitment to excellence. Their support has been instrumental in navigating the many challenges and opportunities of the past year.

As we look to the future, we remain focused on continuous improvement, innovation, and placing the needs of our community at the centre of everything we do. The year ahead presents new opportunities to grow, collaborate, and further strengthen our services, ensuring Mildura Base Public Hospital remains a trusted and essential part of the healthcare landscape in northwest Victoria.



Frank Piscioneri

Frank Piscioneri
Board Chair



Matthew Jukes

Matthew Jukes
Acting
Chief Executive Officer

ANNUAL COMMENTARY

Clinical Trials Unit

- The Clinical Trial Unit within MBPH has made it possible for the patients to have access to new newer treatment options.
- 4 new studies were successfully reviewed and approved by MBPH research governance.
- We now have 6 studies open for patient recruitment and one that was closed to recruitment in end of 2024.
- Currently we have 44 active patients across the 7 studies.
- The ongoing trial portfolio is spread across commercial, investigator-initiated, collaborative and registry studies.
- At the start of 2025, we onboarded a new Clinical Trials Unit Manager and Research Governance Officer.
- Our very first commercially sponsored trial for Non-Small Cell Lung Cancer (NSCLC) was opened to recruitment in May 2025.
- It was a significant achievement to enrol our very first patient on a commercial trial within a week of study opening to recruitment.
- This year, we also explored the TeleTrial model and are now running 3 of our ongoing studies through this model.
- TeleTrial have been a boon for the patients making it possible to receive care closer to home.
- Our continued collaboration with Alfred TrialHub & Regional Trials Network (RTN) has helped us gain good visibility within the clinical trials landscape as a regional site.
- In recent months we have also had an opportunity to collaborate with Safer Care Victoria and would also be having discussions with VCCC later this year.
- Our capability to onboard oncology trials across various cancer categories (pancreatic, prostate, lung, colorectal, melanoma, thoracic) has drawn attention to our site from sponsors, CROs, and metro hospitals.
- In the last few months we have signed confidentiality agreements with some new sponsors and are receiving expressions of interest for new trials not only in Oncology but also in Cardiology & Mental health areas.

Pharmacy

- Conducted 540+ inpatient/outpatient Infectious Diseases reviews with Antimicrobial Stewardship Pharmacist, over 10 months
- Commenced our first patient on a clinical trial medication
- Continued to engage in Quality Improvement Projects from Safer Care Victoria, such as the Safer Medicines at Transitions of Care (SMTCC) Collaborative and Preventing Venous Thromboembolism and Supporting Anticoagulant Management (PVT-SAM) Collaborative
- Navigated challenging drug shortages, ensuring continuity of medications to our patients

Medical Education and Training

Rural Generalist Pathway

- MBPH commenced a pilot with the Victorian Government to implement a Single Employer Model for Rural Generalist training—enabling seamless, end-to-end employment and education across rural settings.
- Partnered with Broken Hill Base Hospital to provide Palliative Care Advanced Skills Training for a Rural Generalist trainee, with future benefits for regional palliative service delivery.
- Delivered an original research presentation on rural supervision models at a national medical education conference, further contributing to evidence-based workforce planning.
- Successfully implemented the new National Framework for Prevocational Medical Training for PGY2 doctors, aligning MBPH with national education reform.

Workplace-Based Assessment Program – International Medical Graduates (IMGs)

- The WBA program has significantly elevated MBPH's medical workforce capability by attracting a higher calibre of International Medical Graduate (IMG) candidates seeking supported registration and supervision pathways.
- The program continues to achieve 100% successful completion rates, with 10 of 11 graduates remaining in Mildura post-program—taking up roles in general practice, psychiatry, and hospital-based positions.
- MBPH has supported the expansion of WBA to Swan Hill District Health Service through a formal Service Level Agreement and successful program accreditation.
- The program has been recognised by the Department of Health, and MBPH has been awarded further funding to support a statewide expansion model—positioning the service as a leader in WBA delivery across Victoria.

Other Highlights

- Successfully improved discharge summary completion rates through a structured Quality Improvement (QI) project using Plan-Do-Check-Act (PDSA) cycles, resulting in better clinical handover to primary care, enhanced patient safety, and reduced communication risks.



MBPH FOUNDATION

Over the past 12 months, the Foundation has proudly supported a range of remarkable new initiatives that have significantly advanced the quality of healthcare delivered by the Mildura Base Public Hospital (MBPH). Our ongoing commitment remains to empower MBPH in its mission to provide the best possible care to the communities of the Northern Mallee region.

One of the standout achievements this year has been the establishment of a dedicated public Cardiac Unit at MBPH. This vital service offers life-changing cardiac care to patients who might otherwise face financial barriers to access. Thanks to a generous donation of \$240,000, the Foundation was able to fully equip the unit with state-of-the-art technology, enhancing the hospital's capacity to save and improve lives.

In addition, through the support of community donations and corporate sponsorship, the Foundation has fully funded the development of an innovative mobile screening unit. This pioneering service is set to revolutionise healthcare delivery across Australia by bringing essential diagnostic services directly to people, wherever they live. The mobile unit will be uniquely equipped with a mammogram machine, cardiac testing facilities, and skin scanning technology, including the first-ever installation of a Vectra scanner in a vehicle.

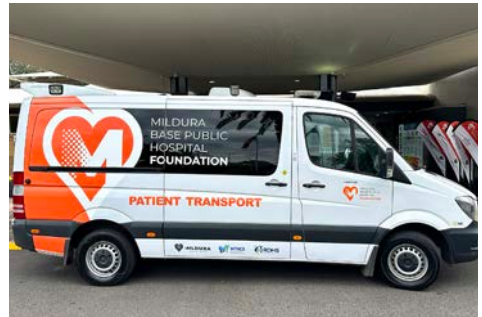
To date, the Foundation's total contribution to this ground breaking project exceeds \$3 million. Beyond initial funding, we are committed to supporting its ongoing operational costs to ensure its sustainability and continued impact. None of this would be possible without the generous support of our community and local businesses.

Another initiative this year has been the funding of a hospital transport vehicle, which has already made a tangible difference in the lives of over 600 patients.

This service enables quicker, safer transport of patients from MBPH to their primary care locations upon discharge, ensuring continuity of care and greater comfort during recovery.

The Foundation's commitment to nurturing future healthcare professionals remains strong.

Thanks to the annual Kevin Chambers (KC) Society lunch, an event held in honour of Mr Kevin Chambers, a pioneering surgeon in our region, scholarships were awarded to seven deserving local students pursuing medical-related degrees at university. These scholarships help build a stronger, locally connected healthcare workforce for tomorrow.



Our HEARTBEAT magazine continues to thrive as a beloved quarterly publication, showcasing inspiring stories about individuals and organisations contributing to the wellbeing of the Northern Mallee community. This year, we also launched the HEARTBEAT of the Mallee Podcast, which offers listeners a deeper insight into the lives and achievements of remarkable local people.

Throughout the year, the Foundation has also proudly hosted several successful events, including the KC Society lunch, Gala Ball, and the annual golf day, each playing a crucial role in raising funds and awareness to support our healthcare initiatives.

As we look to the future, the Foundation remains dedicated to identifying new and innovative ways to enhance healthcare services for our region.

Finally, we extend our gratitude to the countless individuals, businesses, and community groups whose generosity and commitment make our work possible. Your support is the foundation of every success we achieve.

The year ahead promises to be an exciting chapter as we prepare to launch the much-anticipated mobile screening unit and explore fresh fundraising opportunities to continue our mission.

Together, we are building a healthier future for the Northern Mallee.



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 referral service for the far west region of New South Wales including Wentworth and Balranald, and the Riverland of South Australia.

In conjunction with the Victorian Department of Health, the Mildura and Northern Mallee Service Plan has been progressed in 2024-2025 to ensure Mildura Base Public Hospital is best placed to respond to changing community health demands.

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 Services
- Emergency Department
- Intensive Care Unit
- Perioperative Services (including Elective Surgery Unit, Operating Theatres, Recovery Unit and CSSD Unit)
- Allied Health Department
- 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
- Specialist 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 Northern Mallee Health Connect (NMHC), an ongoing initiative which enables patients in Ouyen, Robinvale, and surrounding communities to receive care closer to home, through partnerships with Mallee Track Health and Community Service and Robinvale District Health Services.
- Restructured the Cardiac Pulmonary Rehabilitation program which achieved significant improvements in waiting times for care with the number of patient contacts increasing by 50% above expected volume. Importantly the waiting time for care has reduced for Cardiac, Pulmonary and Heart Failure clinics by more than 70%, with waiting time reduced to 15 days.
- Located the Oncology specialists and the Cancer Care Coordinators for the first time in the same space, creating an Oncology Clinic within the Specialist Clinic space, including separate reception and waiting area for oncology patients to deliver a better patient experience.
- Engaged a project worker to work with the Aboriginal and Torres Strait Islander Elders and community members to identify barriers and opportunities to provide improved care post an acute admission through the Transition Care Program (TCP).
- Commenced a project in the Specialist Clinic to transition from paper-based referrals onto TrakCare, which once completed will result in significant efficiencies for the administration team and improved patient experience, particularly greater visibility of patients waiting for care.
- Continued activity to construct the Models of Care and ways of working that will be required for the Eleventh Street precinct. This is an exciting project that will enable MBPH to maximise the use of current and future services and programs within the acute health service building and across our catchment.
- Recruited a Melanoma Specialist Registered Nurse; this is new service added to MBPH's cancer nursing services, which include breast and prostate cancer care, helping to guide and support our patients throughout their cancer journeys.
- Established an Elective Surgery Unit (ESU) (formerly the Preadmission Clinic) which is responsible for managing all elective surgery bookings, including from Visiting Medical Officers (VMOs). This initiative supports the implementation of the Elective Surgery Information System (ESIS), improving waiting list management and ensuring timely care for patients.
- Completed the theatre upgrade project which successfully delivered significant alterations to the Endoscopy Suite and Central Sterile Store Department (CSSD), upgraded mechanical and electrical infrastructure, and modernised clinical and support areas through targeted painting and lighting works. Key outcomes included compliance with AS4187, replacement of end-of-life medical equipment, enhancement of environmental quality and infection control, and delivery of a safer, more efficient clinical environment.
- Installed new GE Anaesthetic machines in Perioperative Services; MBPH was the first Victorian hospital to use this technology.
- Installed an Ambulance Victoria (AV) new digital Fixed Station Terminal (FST) radio in the MBPH Emergency Department in May 2025, which is now the primary communication method between paramedics in transit and ED's, with the 'Bat phone' as a backup. The change reduces reliance on mobile phone services.
- Upgraded scalp cooling equipment used to treat our Oncology patients; this equipment helps reduce hair loss experienced by people being treated for particular cancer types.

- Launched the MBPH Patient Transport Service in November 2024. This Nurse led service provides non-emergency, low and medium acuity transport for MBPH patients, facilitating access to specialist appointments and supporting timely discharges and transfers within the Northern Mallee region.
- Due to increasing demand, MBPH has increased its service to the Ouyen Antenatal Clinic at Mallee Track Health and Community Service to two days per month.
- Continued participation in the Safer Care Victoria (SCV) Timely Emergency Care 2 (TEC2) – Optimising Flow Pathway TEC2 project, aimed at improving hospital wide patient flow and ensuring patients receive care in the right place at the right time.
- Decommissioned and replaced one hundred and fifty-eight Baxter Infusion Pumps across MBPH clinical areas.
- Undertook a 'Quiet Hospital' project in Wards 2, 3, 4 and 6 diverting nurse call alerts to SpectraLink handsets carried by all nursing staff; this reduces the noise experienced in the wards from nurse call bells.
- Undertook building works to transfer four beds from Ward 1 to Ward 4 with funding support from the Department of Health TEC2 initiative. The reallocation of beds to Ward 4 has enabled the beds to be utilised more effectively and assist with patient flow across the hospital.
- MBPH credentialled its first Nurse Practitioner; with an additional four Nurse Practitioner Candidates currently pursuing studies across various specialities this marks an exciting development in advancing patient care in MBPH.
- Supported 17 Aboriginal Health Practitioner (AHP) trainees in their studies (10 MBPH and 7 from other organisations) with the long-term goal to foster a future AHP workforce at MBPH to enhance culturally safe care for First Nations people. Delivery of the AHP course in Mildura is a partnership between MBPH, the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and Monash and La Trobe Universities.
- Commenced development of the MBPH Reflect Reconciliation Action Plan (RAP).

HIGHLIGHTS OF MENTAL HEALTH & WELLBEING SERVICES 2024-2025

Transformation to a new model of care aligned to outcomes from the Royal Commission into Victoria's mental health system (2021). This resulted renaming the MBPH Area Mental Health & Wellbeing Service (AMHWS) from February 2025, and expanding its range of core clinical services including the introduction of forensic and integrated treatment for substance use and addiction.

Redesign of front-end mental health services to create a new Short-term Assessment and Response Team (START) – inclusive of child and youth responses.

Expansion of services for infants, children, parents and families – including new group parenting programs.

Further integration of lived experience within the leadership, design, delivery and continuous improvement of the AMHWS via appointment of the first Lived Experience Workforce Manager.

Development of a partnership with Sunraysia Community Health Services to support pharmacotherapy prescribing, supporting continuity of care for regional patients.

As a consortium partner, we have contributed to the design and development of AOD Residential Rehabilitation services to be established in Mildura LGA.

Established THRIVE – a new adult neurodevelopmental assessment service within the AMHWS.

FAST FACTS:

42,561

SPECIALIST
OUTPATIENT
APPOINTMENTS

32,407

PEOPLE WHO CAME
TO OUR EMERGENCY
DEPARTMENT FOR
TREATMENT

24,342

PEOPLE WHO WERE
ADMITTED TO OUR
HOSPITAL

5475

ELECTIVE ---
EMERGENCY ---
SURGICAL
OPERATIONS
PERFORMED

6530

AMBULANCE
ARRIVALS HANDLED
BY OUR EMERGENCY
DEPARTMENT

796

BABIES BORN

4840

RENAL DIALYSIS
TREATMENTS

3677

ONCOLOGY/
DAY SERVICES
TREATMENTS

2828

RESIDENTIAL-
IN-REACH
CONSULTS

306

HOSPITAL-
IN-THE-HOME
ADMISSIONS

1698

REHABILITATION
IN THE HOME
(RITH)

883

HOSPITAL ADMISSION
RISK PROGRAM
(HARP) CONSULTS

4691

POST-ACUTE CARE
(PAC) CONSULTS

2953

DIABETES
EDUCATION
CONSULTS

STRATEGIC PLANNING

The 2021-2024 Mildura Base Public Hospital strategic plan was approved by the Department of Health on 24 February 2022 and is available online at <https://www.mbpsh.org.au/Publications>

The plan aligns with our MBPH HEART values and has four strategic pillars;

- **Caring for our community**
- **Aspiration through our culture**
- **Trusted in our relationships**
- **Sustainable in our services**

For each of the four strategic pillars, MBPH have defined the goals, what we will do, what does it mean and how we will know if we are successful.

Stakeholder engagement was part of the preparation of the plan and it is aligned to key Victorian Government strategies, Regional priorities and local service planning and reviews, staff and community feedback and input.

The MBPH Strategic Plan aligns with our Department of Health Statement of Priorities Part A.

ADMINISTRATIVE STRUCTURE OF MBPH

BOARD OF DIRECTORS

Frank Piscioneri - Chair
Kashif Hayat – Deputy Chair
Tara Williams – Deputy Chair
Mary Rydberg
Quentin Norton
Maria Mahony
Paul O'Neill
Karen Woolfe
Ian Campbell

COMMITTEE STRUCTURES

Finance and Audit Committee

Kashif Hayat (Chair)
Mary Rydberg (Deputy Chair)
Tara Williams
Maria Mahony

Quality, Safety and Risk Committee

Tara Williams (Chair)
Kashif Hayat (Deputy Chair)
Karen Woolfe
Ian Campbell
Paul O'Neill

EXECUTIVE TEAM

Acting Chief Executive Officer

Matthew Jukes

Chief Financial Officer

Jessica Pisevski

Executive Director Clinical Operations & Chief Nursing and Midwifery Officer

Katrina Allen

Chief Medical Officer

Nabrees Sinnalebbe

Executive Director People, Culture & Contracts

Janelle McGregor

Executive Director Patient Compliance & Experience

Elise Elder

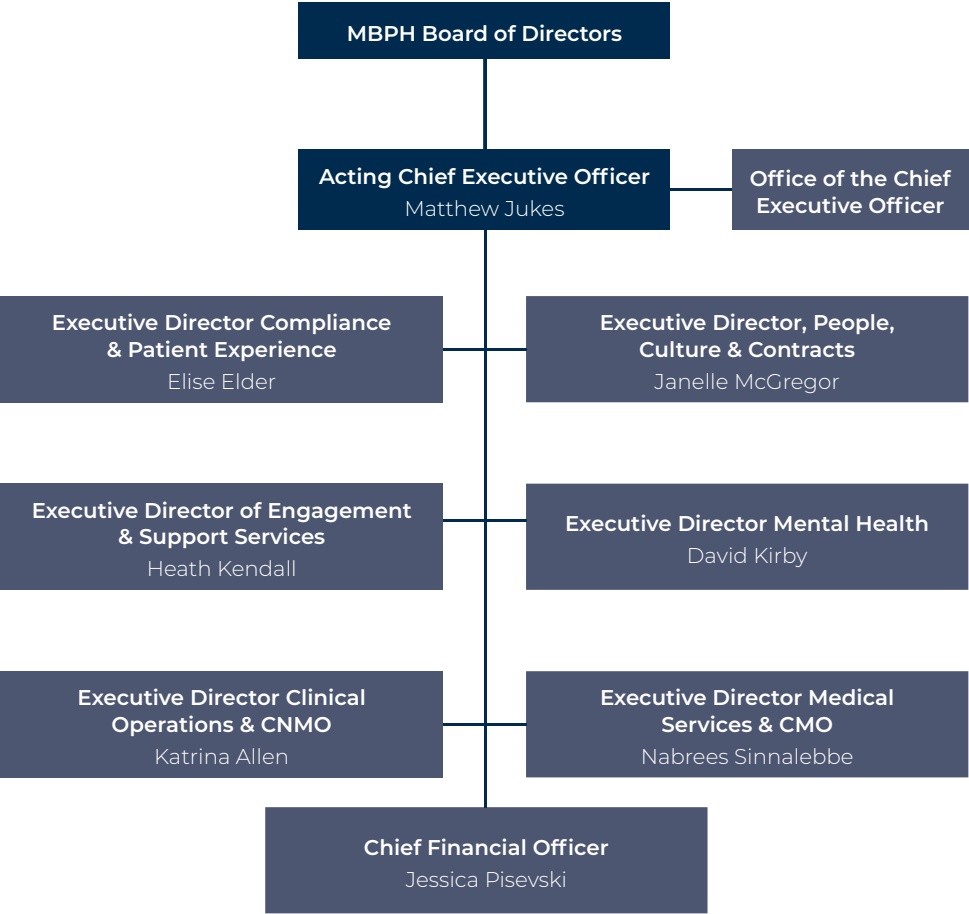
Executive Director of Engagement & Support Services

Heath Kendall

Executive Director Mental Health

David Kirby

ORGANISATIONAL STRUCTURE OF MBPH



OUR PEOPLE

PEOPLE, CULTURE AND STRATEGY

The past year at Mildura Base Public Hospital (MBPH) has been defined by action, meaningful connection, and a continued commitment to our people. Guided by our HEART Values, we have pushed forward on the things that matter most, such as, creating a safe, inclusive, and high-performing workplace where our people can thrive and exceptional care can flourish. Our employee satisfaction remained stable at 68%, with a strong safety culture index of 64% and training support for new staff reported at 57%. We also achieved a remarkable 95% overall retention rate, reinforcing our position as a workplace where people feel genuinely valued, supported, and motivated to stay.

Our national recruitment campaign, More Than Just a Healthcare Job, captured the attention of applicants across Australia and internationally, delivering a 12% uplift in applications and signalling that MBPH is a workplace of choice. We also supported our teams with a continued investment in leadership, capability and learning launching 50 new training courses, delivering over 400 internal training attendances, plus 600 through our HEART Values program. We also celebrating educational success with 60 staff completing Cert III in Health Services and Diplomas of Leadership.

Building on strong momentum from previous years and driven by our HEART Values and a commitment to continuous improvement, we took steps to enhance how we support, develop, and recognise our people, delivering a series of initiatives that have had real impact across our workforce and workplace culture, including:

- Reviewed and refreshed our corporate orientation program to ensure new starters are welcomed with clarity, connection, and a strong understanding of MBPH's values and expectations from day one;
- Launched training initiatives, including Crucial Conversations to strengthen communication and leadership capability, and Microsoft Office short courses to enhance digital literacy; and
- Actively participating in the Northern Mallee and Loddon Mallee workforce capability networks, collaborating on shared learning, leadership development, and strategic planning across health services.

The UKG (Kronos) and Roster Projects progressed with over 4,000 industrial rules configured and system requirements signed off. Alongside this, the FTE Calculator, Annual Leave Planner and Staff Planner were introduced, arming managers with greater tools to support their teams and improve workforce planning.

We led the organisational redesign and restructure in preparation for the Victorian Health Reforms, and supported significant system changes like Unified Communications and the ChefMax upgrade through tailored change management support.

On the culture front, we were proud to launch the Department of Health's Know Better, Be Better campaign on workplace bullying awareness with plans to continue this important work. To support this, we also developed and launched a Culture Engagement Roadmap, directly led by the Executive team, to drive improvements in team connection, trust and accountability.

In Occupational Health and Safety and Occupational Violence and Aggression (OVA), we continued to strengthen our systems, leadership accountability, and frontline safety practices. Our Safety Management System was formally endorsed by the Board, marking a significant milestone in our governance and risk management maturity. Emergency response drills and testing of our Business Continuity Plan were also successfully completed, receiving positive feedback from external observers and reinforcing our organisational preparedness.

Our focus on early intervention, staff support, and safety awareness has led to a significant reduction in serious harm from occupational violence. In 2024–25, WorkCover claims with an OVA cause fell to 0.2 per 100 FTE, and the rate of lost time injuries dropped to 1.3 per million hours worked, down from 3.27 the year prior. Although reported OVA incidents increased to 539 (55.28 per 100 FTE), this is seen as a positive reflection of improved reporting culture and incident recognition. Notably, only 0.3% of incidents resulted in injury or illness, the lowest rate in four years. These outcomes reflect the growing maturity of our safety culture and the effectiveness of our preventative strategies and leadership accountability.

Staff engagement remains a cornerstone of our strategy, and this year's People Matter Survey response rate rose by 2%, with staff increasingly seeing the value of their voice and contribution to shaping our culture through the implementation of action plans in every department, noting well over 90% of the initiatives from the previous engagement survey were implemented across the organisation.

As we look ahead, MBPH remains committed to investing in its people not just through systems or training, but through real actions that make our workforce feel heard, supported, safe and inspired. The achievements of 2024 reflect the heart and effort of our people. Together, we are building a health service where culture is our strength and exceptional care is our legacy.

CELEBRATING OUR PEOPLE

We celebrated our people in meaningful ways through 215 HEART Values monthly awards, 83 service recognitions, and a remarkable 383 HEART Hero nominations, recognising team members who go above and beyond every day.

We also proudly held our HEART Heroes Awards, which shine a light on the dedication, compassion and excellence of our staff. These awards celebrate individuals who embody our HEART Values and contribute significantly to our vision of providing exceptional patient care.

Category	Winner/s	Highly commended
HEART Star Commitment to Patient Care	Kira Murray	William Klaric
Heart Values Aspire Award	Teresa Cavallo	Cheney Compt
Team Award	Health Information Services	Paediatrics
The Coolamon Patient Care Award	Jason Thompson	Lisa Lush
Diversity and Inclusion Award	Zoe Blackie	Jodie Inwood
Champion for Workplace Wellbeing and Safety	Tracey Tonkin	Sarah Lay
Medical Staff Award (Senior Medical Workforce)	Dr. Anirban Rashid	
Medical Staff Award (Junior Medical Workforce)	Dr. Navneet Wahla	
Volunteer Award	Kate Athorn	Barbara McDougall
Improvement and Innovation Award	Sophie Kroehn	Sue Connelly
Graduate Nurse Program Award	Gabrielle Gray	Cassandra Nulty
Preceptor/Supervisor Award	Georgia Mayne	Amanda Cameron
Heart Ambassador Board Award (non-clinical staff)	Tracey Wilson	Brea Grennan
Heart Ambassador Board Award (clinical staff)	Dr. Suriyanarayanapillai Hariprakash	Dawn Gobbo

OCCUPATION HEALTH AND SAFETY STATISTICS

Occupational Health and Safety Statistics	2024-25	2023-24	2022-23	2021-22
The number of reported hazards/ incidents for the year per 100 FTE	130	124	41	53
The number of 'lost time' standard WorkCover claims for the year per 100 FTE	1.53	1.2	0.98	2.83
The average cost per WorkCover claim for the year ('000)	7,941.00	8,244.35	4,417.14	19,816

OCCUPATIONAL VIOLENCE

Occupational Violence Statistics	2024-25	2023-24	2022-23
WorkCover accepted claims with occupational violence cause per 100 FTE	0.2	1.7	0.16
Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	1.3	3.27	1.45
Number of occupational violence incidents reported	539	394	483
Number of occupational violence incidents reported per 100 FTE	55.28	41.39	39.56
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	0.37	1.52	0.4



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 2019-20.

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

Our Gender Equality Action Plan (GEAP) outlines our commitment to taking positive action towards workplace gender equality. We are in the last 6 months of our first GEAP cycle, with the next iteration due in May 2026.

MBPH commits to submitting a comprehensive progress report to the Commission for Gender Equality in the Public Sector (CGEPS) biennially, with MBPH achieving overall compliance in the inaugural report in 2024.

MBPH has made material progress against the Workplace Gender Equality Indicators. Some of the key achievements in 2024-2025 include:

- Refinements to systems and processes to better capture and report on required data that will facilitate improved data analyses in future.
- Our Heartbeat Leadership Program has delivered a range of professional and leadership development opportunities, including training covering flexible working arrangements, LGBTQ+ inclusion in the recruitment and selection process and bullying, harassment (including sexual harassment) and discrimination.
- Embedding Gender Impact Assessments (GIAs) into organisational processes and governance frameworks and building workforce capabilities to conduct GIAs to evaluate how our policies, programs and services meet the needs of women, men and gender diverse people.
- Opportunities to celebrate gender diversity across the year, with participation in the Mildura community wide event to mark International Day Against Homophobia, Transphobia, and Biphobia (IDAHOBIT) and internal events to mark International Women's Day, PRIDE month, Wear it Purple Day and Transgender Awareness Week.
- Preparing for the next progress reporting period which will inform our Gender Equality Action Plan 2026 -2030.

	Actions		
	In progress	Completed	Total
1 Gender composition at all levels	1	4	5
2 Gender composition of governing bodies	-	4	4
3 Pay equity	3	0	3
4 Sexual harassment	2	5	7
5 Recruitment and promotion	1	7	8
6 Leave and flexibility	6	6	12
7 Gendered segregation	-	4	4
TOTAL	13	30	43

Updates on GEAP actions are reported to the Executive Team and Board every year and various committee on a monthly/quarterly basis.

FINANCIAL INFORMATION

	2025 (\$000)	2024 (\$000)	2023 (\$000)	2022 (\$000)
OPERATING RESULT*	(331)	(45,746)	188	250
Total Revenue	260,015	203,640	235,307	189,976
Total Expenses	(260,942)	(248,439)	(235,838)	(192,313)
Net Result from transactions	(927)	(44,799)	(531)	(2,337)
Total other economic flows	(431)	(297)	(521)	(1,406)
Net Result	(1,358)	(45,096)	(1,052)	(3,743)
Total assets	140,251	131,365	171,262	153,209
Total liabilities	(49,414)	(80,593)	(75,198)	(56,093)
Net assets/Total equity	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

	2025 (\$000)	2024 (\$000)	2023 (\$000)	2022 (\$000)
Operating Result	(331)	(45,746)	188	250
Capital purpose income	5,655	6,809	5,140	1,943
Specific income	488	1,033	146	126
COVID 19 state supply arrangements – Assets received free of charge or for nil consideration under the State Supply	131	274	1,390	1,883
Assets received free of charge	NA	NA	NA	41
Expenditure for capital purpose	(186)	(67)	(948)	(940)
Depreciation and amortisation	(6,176)	(5,847)	(5,958)	(4,915)
Impairment of non-financial assets	(261)	(958)	(272)	(597)
Finance Costs (other)	(247)	(296)	(217)	(128)
Net Result from transactions	(927)	(44,798)	(531)	(2,337)

Hospital Labour Category	June Current Month FTE		Average Monthly FTE	
	2024	2025	2024	2025
Nursing	433	446	435	429
Administration and Clerical	148	150	143	146
Medical Support	108	97	102	100
Hotel and Allied Support	57	54	51	55
Medical Officers	45	47	39	46
Hospital Medical Officers	95	81	87	84
Sessional Clinicians	12	10	12	11
Ancillary Staff (Allied Health)	88	92	81	87
Total	986	978	950	958

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

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)
\$3,756,172	\$731,031	\$-	\$731,031

Key Performance Indicator	Target	Result
Operating result (\$m)	\$0m	(\$0.3m)
Adjusted current asset ratio	0.70	0.23
Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June 2025	5% movement in forecast revenue and expenditure forecasts	Achieved

Funding Type	2024-25 Activity Achievement
Consolidate Activity Funding	
Acute admitted, subacute admitted, emergency services, non-admitted NWAU)	26,642
Acute Admitted	
National Bowel Cancer Screening Program NWAU	13.61
Acute Admitted DVA	182.36
Acute Admitted TAC	65.16
Other Admitted	802.04

**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*

CONSULTANCIES

Subsequent Events

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

Details of consultancies (under \$10,000)

In 2024-25, there were 4 consultancies when the total fees payable to the consultants were less than \$10,000. The total expenditure incurred during 2024-25 in relation to these consultancies is \$13,055.

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

In 2024-25, there were 4 consultants where the total fees payable to the consultants were \$10,000 or greater.

Consultant	Purpose of consultancy	Start date	End date	Total approved project fee (excluding GST)	Expenditure 2023-2024 (excluding GST)	Future expenditure (excluding GST)
AngeG Business Consulting	Medical Workforce Timesheet review	1st September 2024	30th October 2024	\$11,250	\$11,250	\$0
Stefano's Consulting	Food Services Plan	1st March 2024	Ongoing	\$120,000	\$34,255	\$85,745
Transpire Organisational Development	Building a healthy and safe workplace	24th January 2024	24th June 2024	\$25,000	\$10,000	\$0
Engagine People	Executive Support Program	1st July 2023	Ongoing	\$200,000	\$47,716	\$106,384

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	2024-2025	2023-2024	2022-2023
Total Number of suppliers	726	409	-
Total Spend of suppliers	94,005,308	6,649,000	-
Social Benefit suppliers	2	2	-
Total spent with social benefit suppliers	65,713	6,649	-
Number of Aboriginal businesses engaged	0	1	-
Total expenditure with Victorian Aboriginal businesses (excl. GST)	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 mbph-privacy@mbph.org.au.

During 2024/25, Mildura Base Public Hospital received 374 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 275 FOI decisions during the 12 months ended 30 June 2025. There were 270 decisions made within the statutory time periods. Of the decisions made outside time, 5 were made within a further 45 days and 0 decisions were made in greater than 45 days. A total of 275 FOI access decisions were made where access to documents was granted in full, granted in part or denied in full. 5 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 TBC days. During 2024/25, 0 requests were 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 Act 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

MBPH recognises and values the unique relationship between clients and their carers and operates in an environment responsive to all parties and applies the overarching principles of the Carers Recognition Act 2012 (Vic)

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 2024-2025 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). 15

Review/Study disclosure: Nothing to report

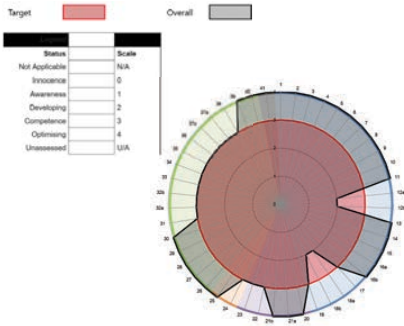
Grants and Transfer payments: Nothing to report

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 in 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 is improving risk management and contingency planning.

Acquisition (requirements 24 and 25)

The Mildura Base Public Hospital has met or exceeded it 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 improve the way in which we deliver our programs.

This year we received 254 compliments and 329 formal concerns. MBPH has worked with 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.

ENVIRONMENTAL PERFORMANCE

	UOM	2024-25	2023-24	2022-23
Petrol	MJ	787,968.00	867,654.00	792,995.40
Diesel	MJ	266,725.00	111,446.00	29,123.70
Energy				
Natural Gas	MJ	13,678,271.30	13,461,835.30	13,999,098.70
Solar	MWh	353.46	415.24	300.06
Water				
Potable Water	KL	44,201.05	48,048.81	38,872.98
Waste				
General	KG	269,981.50	345,035.50	253,459.37
Clinical Waste - incinerated	KG	2,767.00	3,358.21	3,372.63
Clinical Waste - sharps	KG	-	7,717.91	2,772.99
Clinical Waste - treated	KG	17,099.00	24,855.31	21,748.17
Total Units of Recycling/Recovery	KG	81,422.62	84,635.00	57,231.00
EL1 Total electricity consumption segmented by source				
Purchased		3,445.65	3,394.35	3,405.94
Self-generated		353.46	415.24	300.06
Total	MWh	3,799.11	3,809.60	3,706.00
EL4 Total electricity offsets segmented by offset type				
RPP (Renewable Power Percentage in the grid)				
Total	MWh	630.66	636.74	640.32
T2 Number and proportion of vehicles in the organisational boundary segmented by engine/fuel type and vehicle category				
		NA	NA	NA
B3 NABERS Energy (National Australian Built Environment Rating system) ratings of newly completed/occupied Entity-owned office buildings and substantial tenancy fit-outs				
Not required for our tier		NA	NA	NA

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.

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 2025.



Frank Piscioneri
Board Chair
27/8/2025

Attestation for financial management compliance

I, Frank Piscioneri, on behalf of the Responsible Body, certify that the Mildura Base Public Hospital has complied with the applicable Standing Directions of the Minister of Finance under the Financial Management Act 1994 and Instructions.



Frank Piscioneri
Board Chair
Mildura Base Public Hospital

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
Acting Chief Executive Officer
Mildura Base Public Hospital
Date: 27/8/2025

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 Board meeting.



Matthew Jukes
Acting Chief Executive Officer
Mildura Base Public Hospital
Date: 27/8/2025

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
Acting Chief Executive Officer
Mildura Base Public Hospital
Date: 27/8/2025

Compliance with Health Share Victoria (HSV) Purchasing Policies

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

A handwritten signature in blue ink, appearing to read 'Matthew Jukes', with a horizontal line extending to the right.

Matthew Jukes
Chief Procurement Officer
27/8/2025

DISCLOSURE INDEX

The annual report of the Mildura Public Base Hospital is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of the departments' 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	11
FRD 22	Activities, programs, and achievements for the reporting period	12
FRD 22	Significant changes in key initiatives and expectations for the future	16
Management and structure		
FRD 22	Organisational structure	20
FRD 22	Workforce data/employment and conduct principles	24
FRD 22	Workforce inclusion policy	31
FRD 22	Occupational Health and Safety	27
Financial and other information		
FRD 22	Summary of the financial results for the year	30
FRD 22	Significant changes in financial position during the year	30
FRD 22	Operational and budgetary objectives and performance against objectives	30
FRD 22	Subsequent events	32
FRD 22	Details of consultancies under \$10,000	32
FRD 22	Details of consultancies over \$10,000	32
FRD 22	Disclosure of government advertising expenditure	31
FRD 22	Disclosure of ICT expenditure	31
FRD 22	Asset Management Accountability Framework	35
FRD 22	Disclosure of emergency procurement	34
FRD 22	Disclosure of social procurement activities under the Social Procurement Framework	33
FRD 22	Disclosure of procurement complaints	34
FRD 22	Disclosure of reviews and study expenses	34
FRD 22	Disclosure of grants and transfer payments	34
FRD 22	Application and operation of Freedom of Information Act 1982	34
FRD 22	Compliance with building and maintenance provisions of Building Act 1993	34
FRD 22	Application and operation of Public Interest Disclosure Act 2012	34
FRD 22	Statement on National Competition Policy	34
FRD 22	Application and operation of Carers Recognition Act 2012	34
FRD 22	Additional information available on request	36
FRD 24	Environmental data reporting	36
FRD	Local Jobs First Act 2003 disclosures	34

Legislation	Requirement	Page reference
	Compliance attestation and declaration	
SD 5.1.4	Financial Management Compliance attestation	37
SD 5.2.3	Declaration in Report of Operations	37
	Attestation on Data Integrity	37
	Attestation on managing Conflicts of Interest	38
	Attestation on Integrity, Fraud, and Corruption	38
	Compliance with Health Share Victoria (HSV) Purchasing Policies	39
Other reporting requirements		
	Reporting of outcomes from Statement of Priorities 2024-2025	42
	Occupational Violence reporting	27
	Reporting obligations under the Safe Patient Care Act 2015	27
	Reporting of compliance regarding Car Parking Fees (if applicable)	NA
Financial statements		
Declaration		
SD 5.2.2	Declaration in financial statements	54
Other requirements under Standing Directions 5.2		
SD 5.2.1(a)	Compliance with Australian accounting standards and other authoritative pronouncements	56
SD 5.2.1(a)	Compliance with Standing Directions	56
SD 5.2.1(b)	Compliance with Model Financial Report	56
Other disclosures as required by FRDs in notes to the financial statements (a)(b)		
FRD 11	Disclosure of Ex gratia Expenses	62
FRD 103	Non-Financial Physical Assets	62
FRD 110	Cash Flow Statements	60
FRD 112	Defined Benefit Superannuation Obligations	60
FRD 114	Financial Instruments – general government entities and public non-financial corporations	75
Legislation		
	Freedom of Information Act 1982 (Vic) (FOI Act)	34
	Building Act 1993	34
	Public Interest Disclosures Act 2012	34
	Carers Recognition Act 2012	34
	Local Jobs Act 2003	34
	Financial Management Act 1994 (b)	34

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 Service 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

Excellence in Clinical Governance Strategic Plan Pillar: Caring for our Community 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 MA2 Strengthen all clinical governance systems, as per the Victorian Clinical Governance Framework, to ensure safe, high-quality care, with a specific focus on building and maintaining a strong safety culture, identifying, reporting, and learning from adverse events, and early, accurate recognition and management of clinical risk to and deterioration of all patients.	
Health Service Deliverables MA2 Improve paediatric patient outcomes by implementing the "VICTOR track and trigger" observation chart and escalation system whenever children have observations taken.	Achievements / Outcomes Status: Achieved Commentary: Mildura Base Public Hospital (MBPH) have implemented VICTOR observation charts within all relevant clinical areas of the hospital where paediatric observations are taken.
Goal MA4 Identify and develop clinical service models where face to face consultations can be substituted by virtual care wherever possible (using telehealth, remote monitoring), while ensuring strong clinical governance, safety surveillance and patient choice.	
MA4 Identify appropriate clinical cohorts that would benefit from virtual care. At all times ensuring consumers are made aware of the available options and the range of modalities available to support their care requirements.	Status: Achieved Commentary: Northern Mallee Health Connect (NMHC) provides the option of virtual care at Mallee sub regional health services; Mallee Track Health and Community Service (MTHCS) and Robinvale District Health Services (RDHS). Treating teams at MBPH identify appropriate patients that would benefit from virtual care via NMHC based on their home postcode, medical condition, acuity and care required and consult with the patient and their family. All patients living in MTHCS and RDHS postcodes and receiving care at MBPH are reviewed daily for the opportunity to return closer to home with the NMHC Virtual Ward service in place.

<p>MA4 Develop virtual care within the Northern Mallee Integrated Partnership for best patient outcomes in a regional area.</p>	<p>Status: Achieved</p> <p>Commentary: Northern Mallee Health Connect (NMHC) is an innovative initiative developed by MBPH to enhance patient care delivery within the region. It launched 9 April 2024 with a Proof of Concept project (3 months) in partnership with MTHCS, stable patients were identified and transferred from MBPH to MTHCS to complete the remainder of their inpatient admission closer to their homes and carer's support networks. The project was successful and extended to RDHS. The next stage of NMHC is to include Wentworth Hospital (Far West Local Health District) noting discussions have commenced.</p> <p>The program, run by MBPH's hospital-based General Practitioners (GPs) extends the clinical scope of the health organisations involved and improves access to hospital-level healthcare in a remote area. It includes GP-led virtual ward rounds and ad-hoc specialist bedside consultations and employs user-friendly technology, to bridge large distances and deliver comprehensive personalised patient care (including out of hours support) beyond the confines of traditional hospital settings.</p> <p>The NMHC innovation represents a significant leap towards integrating more flexible and responsive healthcare delivery models, centred around the needs and convenience of patients and their families. The project enhances social connection, reduces carer burden, and is also greener and more financially sustainable (reducing travel for medical/allied health staff and visitors). The project also cultivates relationships between central and outlying health services, successfully leverages medical resources from the larger health service to ease chronic regional medical workforce shortages, broadens the scope of practice for rural health practitioners and has the additional benefit of relieving bed pressures at MBPH.</p>
<p>Goal</p>	
<p>MA7 Improve mental health and wellbeing outcomes by implementing Victoria's new and expanded Mental Health and Wellbeing system architecture and services.</p>	
<p>Health Service Deliverables</p> <p>MA7 Engage in one or more mental health improvement program of Safer Care Victoria – elimination of restrictive intervention, improving sexual safety, implementation of the zero suicide framework and reducing compulsory treatment.</p>	<p>Achievements / Outcomes</p> <p>Status: Ongoing</p> <p>Commentary: MBPH Mental Health and Wellbeing Services has continued its engagement with Safer Care Victoria (SCV) in efforts to eliminate restrictive interventions. A local working party has identified key areas for improvement, including the integration of sexual safety principles within the Intensive Care Area. As a result, a new model of care has been developed and endorsed by SCV.</p> <p>MBPH Mental Health and Wellbeing Services are also engaged with Safer Care Victoria in the Zero Suicide Framework and are trialling a new training designed for non-clinical workforce- Suicide Prevention and Response in Healthcare Settings. The Lived Experience Workforce Manager employed at MBPH Mental Health and Wellbeing Service has played an integral role in the co-design and production of this important piece of work.</p>
<p>Operate within Budget</p> <p>Strategic Plan Pillar: Sustainable in our services / Caring for our Community</p> <p>Ensure prudent and responsible use of available resources to achieve optimum outcomes.</p>	
<p>Goal</p>	
<p>MB1 Develop and implement a health service Budget Action Plan (BAP) in partnership with the Department to manage cost growth effectively to ensure the efficient operation of the health service.</p>	
<p>Health Service Deliverables</p> <p>MB1 Deliver on the key initiatives as outlined in the Budget Action Plan.</p> <p>MB1 Utilise data analytics and performance metrics to identify areas of inefficiency and waste and make evidence-based decisions to improve financial sustainability and operational performance.</p>	<p>Achievements / Outcomes</p> <p>Status: Achieved</p> <p>Commentary: The health service, in partnership with the Department, has developed and implemented the health service Budget Action Plan (BAP) 2024-25. The Plan has been achieved. The key initiatives drove financial performance improvement, operational efficiency and ensured that the health service operated within allocated budgets.</p> <p>Status: Ongoing</p> <p>Commentary: Data analytics and performance metric efficiencies continue, with the health service currently developing crucial tools which will assist in improved patient outcomes, streamlined operations and enhanced financial performance. By focusing on key performance metrics, the health service can make informed decisions, optimise processes and ultimately provide better care. These analytic tools will be available to all senior leaders across the organisation, which will also assist in strategic planning around operational efficiencies.</p>

Improving Equitable Access to Healthcare and Wellbeing Strategic Plan Pillar: Caring for our Community / Trusted in our relationships Ensure that Aboriginal people have access to a health, wellbeing and care system that is holistic, culturally safe, accessible, and empowering. Ensure that communities in rural and regional areas have equitable health outcomes irrespective of locality.	
Goal	
MCI Address service access issues and equity of health outcomes for priority communities, including LGBTIQ+ communities, multicultural communities, people with disability and rural and regional people, including more support for primary, community, home-based and virtual care, and addiction services.	
Health Service Deliverables	Achievements / Outcomes
MCI Partner with Aboriginal community-controlled health organisations, respected Aboriginal leaders and Elders, and Aboriginal communities to deliver healthcare improvements.	<p>Commentary: The MBPH Director of the Aboriginal Health Unit has worked with all local Aboriginal Services in the Northern Mallee to coordinate the Northern Mallee Aboriginal Health Network which have not formalised their Network with a Memorandum of Understanding. The group of agencies and services making up the Northern Mallee Aboriginal Health Network will meet quarterly to assist the communities to deliver healthcare improvements.</p> <p>The MBPH Clinical Operations team meets and connects regularly with Mallee District Aboriginal Services (MDAS) to discuss any barriers to service, look at enhancing services between the two organisations and improve discharge processes and pathways to and from both health services.</p> <p>MBPH and MDAS are working on further enhancing clinical services that may be able to be delivered on site at MDAS by MBPH staff in areas of need.</p> <p>Mental Health Services</p> <p>MBPH AMHWS supports the Mallee District Aboriginal Services (MDAS) via a Service Level Agreement (SLA) through which psychiatry services are provided for Aboriginal and Torres Strait Islander people. MBPH psychiatrists attend MDAS and see consumers on site, and also support clinical staff at MDAS through clinical supervision.</p>
MCI Plans to identify and prioritise the health, wellbeing and service needs of the Aboriginal catchment population and service users – including improved patient identification, discharge planning and outpatient care.	<p>Status: Ongoing</p> <p>Commentary: Staffing of Aboriginal Liaison Officer (ALO) roles and other health roles like Aboriginal Health Practitioners (AHPs) is continuing. Noting that identifying and then prioritising the health needs of our First Nation peoples is an ongoing activity, and is determined by the current needs at any time.</p> <p>The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) are currently delivering the AHP course in Mildura at Monash University and onsite at MBPH, with 18 participants in this cohort.</p> <p>ALO's support First Nations patients across inpatient service wards, outpatient services (day surgery, specialist clinics, oncology, dialysis, community services/allied health), wellbeing/mental health and the emergency department, and also participate in multidisciplinary team meetings. MBPH is working towards a 7 day a week support model and late shifts on evenings of noted higher First Nations patient presentation numbers.</p> <p>The development of the first MBPH Reconciliation Action Plan (RAP) is underway.</p>
Goal	
MC4 Expand the delivery of high-quality cultural safety training for all staff to align with the Aboriginal and Torres Strait Islander cultural safety framework. This training should be delivered by independent, expert, community-controlled organisations or a Kinaway or Supply Nation certified Aboriginal business.	
Health Service Deliverables	Achievements / Outcomes
MC4 Implement mandatory cultural safety training and assessment for all staff in alignment with the Aboriginal and Torres Strait Islander cultural safety framework, and developed and/or delivered by independent, expert, and community-controlled organisations, Kinaway or Supply Nation certified Aboriginal businesses.	<p>Status: Achieved</p> <p>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 of Aboriginal Health.</p>

A Stronger Workforce Strategic Plan Pillar: Aspirational through our Culture	
<p>There is an increased supply of critical roles that support safe, high-quality care. Victoria is a world leader in employee experience, with a focus on future roles, capabilities, and professional development. The workforce is regenerative and sustainable, bringing a diversity of skills and experiences that reflect the people and communities it serves. As a result of a stronger workforce, Victorians receive the right care at the right time, closer to home.</p>	
Goal	
<p>MD1 Improve employee experience across four initial focus areas to assure safe, high-quality care: leadership, health and safety, flexibility, and career development and agility.</p>	
Health Service Deliverables	Achievements / Outcomes
<p>MD1 Deliver programs to improve employee experience across four initial focus areas: leadership, safety and wellbeing, flexibility, and career development and agility.</p>	<p>Status: Achieved</p> <p>Commentary: In the past 12 months, MBPH has delivered a range of initiatives to enhance the employee experience, aligned to the key focus areas of leadership, safety and wellbeing, flexibility, and career development and agility. A comprehensive recruitment and attraction campaign, 'More than a Healthcare Job', was launched to promote MBPH as an employer of choice within our region. The campaign focused particularly on opportunities in Mental Health, Nursing, and Allied Health, and highlighted clear pathways for career development and progression.</p> <p>The campaign has achieved strong results, including a significant increase in MBPH's visibility—garnering over 2,000 additional views—as well as a 25% uplift in nursing applications and a 12% increase in applications from candidates across Australia and New Zealand. This has contributed to a measurable rise in permanent FTE appointments across the organisation.</p> <p>To support gender equality and workplace flexibility, MBPH submitted its first biannual Gender Equality Action Plan (GEAP) report to the Commissioner and met all compliance requirements under the Act.</p> <p>The Mental Health and Wellbeing Strategy has been finalised and will be implemented over the coming months. This strategy is expected to significantly enhance both the physical and psychological safety of employees, contributing to stronger engagement and organisational wellbeing.</p> <p>In terms of leadership development, MBPH has embedded its leadership and emerging leaders program, 'Heartbeat'. A structured annual learning calendar has also been introduced, giving employees year-round access to professional development opportunities.</p> <p>Workforce agility and internal mobility have been further supported through the implementation of a co-designed performance development tool and an increased focus on succession planning and talent development.</p>
<p>MD1 Implement and/or evaluate a new/expanded wellbeing and safety program and its improvement on workforce wellbeing.</p>	<p>Status: Achieved</p> <p>Commentary: MBPH has finalised its Mental Health and Wellbeing Strategy, which is scheduled for launch in the coming months. The strategy places strong emphasis on both psychological safety and physical wellbeing, with the goal of enhancing overall workforce wellbeing across the organisation.</p> <p>The strategy places strong emphasis on both psychological safety and physical wellbeing, with the goal of enhancing overall workforce wellbeing across the organisation.</p> <p>A highly consultative approach was adopted in the development of the strategy, with over 400 individual pieces of staff feedback received. This feedback has played a critical role in shaping the content and priorities of the strategy, ensuring it reflects the real needs and experiences of our workforce.</p> <p>Key performance indicators (KPIs) have been established to measure the strategy's impact and effectiveness over time. These metrics will support continuous improvement and help demonstrate meaningful progress in employee wellbeing and organisational safety.</p>
Goal	
<p>MD2 Explore new and contemporary models of care and practice, including future roles and capabilities.</p>	
Health Service Deliverables	Achievements / Outcomes
<p>MD2 Continuing to support the implementation of medium and long-term priorities of the Mental Health Workforce Strategy.</p>	<p>Status: Achieved</p> <p>Commentary: A key priority for MHS has been the support of the early career program including nursing, social work, psychology as well as arts and music therapy which represents a key strategy for addressing workforce shortages, improving care delivery and fostering a sustainable, highly skilled workforce.</p> <p>Our Mental Health Learning and Development team continue to focus on recruitment, orientation, mentorship, professional development and support to build a more resilient mental health system that can effectively meet the needs of our community.</p>

Moving from Competition to Collaboration Strategic Plan Pillar: Trusted in our Relationships Share knowledge, information and resources with partner health and wellbeing services and care providers. This will allow patients to experience one health, wellbeing and care system through connected digital health information, evidence, and data flows, enabled by advanced interoperable platforms.	
Goal ME2 Engage in integrated planning and service design approaches while assuring consistent and strong clinical governance with partners to connect the system to deliver seamless and sustainable care pathways and build sector collaboration.	
Health Service Deliverables	Achievements / Outcomes
ME2 Undertake joint clinical service plans with an agreed approach to coordinating the delivery of health services at a regional level as opposed to individual health service planning.	<p>Status: Achieved</p> <p>Commentary: The Northern Mallee Integrated Partnership (NMIP) comprises of three health services within the Northern Mallee region: Mallee Track Health and Community Service (MTHCS), Mildura Base Public Hospital (MBPH), and Robinvale District Health Services (RDHS). The NMIP developed a Clinical Services Plan which was approved in October 2023 and was created with the aim to grow and strengthen services provided to the local communities.</p> <p>The Plan aligns with NMIP's core values of respect, integrity, collaboration, and equity. This practical, place-based Plan sets a blueprint to provide diverse, high quality services on country. It encourages partnership and resource sharing between and across the three health services, to accelerate community impact, overseen by shared governance and collective ownership of problems. The plan prioritised a set of short, medium and long term goals which are actioned and reviewed/reported on at quarterly NMIP meetings. The five short term priorities were actioned and implemented in 2024.</p> <p>Further inspection and consideration of the medium and long term Clinical Service Plan priorities by the NMIP Steering committee, agreed that the NMIP action in regard to these priorities should be to support the Subject Matter Experts (SMEs) in these areas, advocating for the progress and development of initiatives to achieve each of the priorities.</p>
ME2 Reviewing specialist workforce requirements at a regional or sub-regional level and developing a shared workforce model, including coordinating efforts to attract and retain workforce at a regional or sub-regional level.	<p>Status: Ongoing</p> <p>Commentary: There is a coordinated effort to recruit and retain medical workforce across the Loddon Mallee region, in alignment with regional workforce planning priorities.</p> <p>Significant expansion of MBPH's Workplace-Based Assessment (WBA) Program which is now operating with an approximate 90% retention rate of candidates completing the program. An application has been submitted to the Department of Health to support state-wide expansion of MBPH's WBA Program, with MBPH as the lead training provider.</p> <p>Regional Generalist Single Employer Model pilot, commenced in February 2025, enabling MBPH to provide end-to-end training for regional generalists and GP trainees</p> <p>Regional workforce model established in partnership with Echuca Regional Health and Far West Local Health District to support shared rural generalist training pathways.</p> <p>Preliminary work is underway to establish accredited Basic Paediatric Training capacity within the region.</p>
ME2 Partner with mental health and wellbeing services in the local region to implement mental health reform.	<p>Status: Achieved</p> <p>Commentary: MBPH Mental Health Services are actively engaged in several initiatives aimed at supporting mental health reform across the Northern Mallee. This includes being a partner organisation in the Adult and Older Adult Mental Health and Wellbeing Local (The Local), as well as contributing to the development of a new Alcohol and Drug Residential Rehabilitation unit, which is scheduled to open by the end of 2026.</p>

STATEMENT OF PRIORITIES PART B

DOMAIN KPI

CURRENT YEAR

Strong governance, leadership and culture

Target

Result

Organisational culture

SoP	Percentage of staff with an overall positive response to safety culture questions in People Matter Survey	80%	65%
-----	---	-----	-----

Timely access to care

Target

Result

Emergency care

SoP	Percentage of patients transferred from ambulance to emergency department (ED) within 40 minutes	80%	86%
SoP	Number of patients with a length of stay in the ED greater than 24 hours	0	1334
SoP	Average ED length of stay (non-admitted), in minutes	240	257
SoP	Average ED length of stay (admitted), in minutes	581	699
SoP	Average inpatient length of stay, in minutes	3,515	3,802

Mental health care

SoP	Number of admitted mental health occupied bed days	4088	2547
SoP	Percentage of departures from emergency departments to a mental health bed within 8 hours	80%	88%
SoP	Percentage of mental health-related emergency department presentations with a length of stay of less than 4 hours	65%	51%

Specialist clinics

SoP	Percentage of patients referred by a GP or external specialist who attended a first appointment within the recommended timeframe	95.0%	94.1%
-----	--	-------	-------

Home-based care

SoP	Percentage of patients referred by a GP or external specialist who attended a first appointment within the recommended timeframe	95.0%	94.1%
-----	--	-------	-------

High quality and safe care

Target

Result

Infection prevention and control

SoP	Percentage of healthcare workers immunised for influenza	94%	99%
-----	--	-----	-----

Continuing care

SoP	Average change in the functional independence measure (FIM) score per day of care for rehabilitation separations	0.645	0.582
-----	--	-------	-------

Adverse events

SoP	Percentage of reported sentinel events for which a root cause analysis (RCA) report was submitted within 30 business days* from notification of the event	100%	75%
-----	---	------	-----

Aboriginal health - cultural safety

SoP	Gap between percentage of Aboriginal patients and non-Aboriginal patients who discharged against medical advice	0%	3%
SoP	Gap between percentage of Aboriginal patients and non-Aboriginal patients who 'did not wait' presenting to hospital emergency departments	0%	6%

Mental health care

SoP	Rate of seclusion episodes per 1,000 occupied bed days - Inpatient	6	9
SoP	Percentage of consumers re-admitted within 28 days of separation - Inpatient	14%	11%
SoP	Percentage of consumers followed up within 7 days of separation - Inpatient	88%	81%

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

STATEMENT OF PRIORITIES PART C

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 2024 - 30 June 2025

Funding Type	2024-2025 Activity achievement
Consolidated Activity Funding	
Acute admitted, Sub Acute Admitted, Emergency Services, non-admitted NWAU	25,178
Acute admitted mental health NWAU	802
Acute Admitted	
Acute admitted DVA	67
Acute admitted TAC	74
Other Admitted	-
Acute Non-Admitted	
Emergency Services	-
Subacute/Non-Acute, Admitted & Non-admitted	
Subacute - DVA	66
Transition Care - Bed days	2,981
Transition Care - Home days	3,570
Health Independence Program - DVA	-
Aged Care	
Aged care other	-
Mental Health and Drug Services	
Mental Health Ambulatory	34,133
Mental Health Inpatient - Available bed days	544
Mental Health Service System Capacity	-
Mental Health Subacute	3,652
Mental Health Other	-
Drug Services	308
Other	
Health workforce	69

Refer to individual Statement of Priorities for required activity reporting. (No Activity): Community Health / Primary Care Programs, Health Workforce, Supplementation Funding. The data included in this annual report was accurate at the time of publication and is subject to validation by official sources from the Department of Health.

Mildura Base Public Hospital

ABN: 73 543 496 421

Financial Statements

For the year ended 30 June 2025

Mildura Base Public Hospital

Contents Page

30 June 2025

Mildura Base Public Hospital presents its audited Tier 2 general purpose financial statements for the year ended 30 June 2025 in the following structure to provide users with the information about Mildura Base Public Hospital’s stewardship of the resources entrusted to it.

How this report is structured

Board Member’s, Accountable Officer’s, and Chief Finance & Accounting Officer’s Declaration	3
Auditor-General’s Report	4
Comprehensive Operating Statement	6
Balance Sheet	7
Cash Flow Statement	8
Statement of Changes in Equity	9
Notes to the Financial Statements	10
Note 1: About this Report	10
Note 2: Funding Delivery of our Services	11
Note 3: The Cost of Delivering our Services	14
Note 4: Key Assets to Support Service Delivery	17
Note 5: Other Assets and Liabilities	18
Note 6: How we Finance our Operations	20
Note 7: Financial Instruments, Contingencies and Valuation Judgements	23
Note 8: Other Disclosures	26

Mildura Base Public Hospital

Declaration in the Financial Statements

For the Financial Year Ended 30 June 2025

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 2025 and the financial position of Mildura Base Public Hospital at 30 June 2025.

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

We authorise the attached financial statements for issue on 5 September 2025.

Board member

Accountable Officer

Chief Financial & Accounting Officer



Frank Piscioneri
Chair
Mildura
5 September 2025

Matthew Jukes
Acting Chief Executive Officer
Mildura
5 September 2025

Jessica Pisevski
Chief Financial & Accounting Officer
Mildura
5 September 2025



Independent Auditor’s Report

To the Board of Mildura Base Public Hospital

Opinion	<p>I have audited the financial report of Mildura Base Public Hospital (the health service) which comprises the:</p> <ul style="list-style-type: none">• balance sheet as at 30 June 2025• comprehensive operating statement for the year then ended• statement of changes in equity for the year then ended• cash flow statement for the year then ended• notes to the financial statements, including material accounting policy information• board member's, accountable officer's and chief finance & accounting officer's declaration. <p>In my opinion the financial report presents fairly, in all material respects, the financial position of the health service as at 30 June 2025 and its financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the <i>Financial Management Act 1994</i> and applicable Australian Accounting Standards – Simplified Disclosures.</p>
Basis for Opinion	<p>I have conducted my audit in accordance with the <i>Audit Act 1994</i> which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the <i>Auditor's Responsibilities for the Audit of the Financial Report</i> section of my report.</p> <p>My independence is established by the <i>Constitution Act 1975</i>. My staff and I are independent of the health service in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 <i>Code of Ethics for Professional Accountants (including Independence Standards)</i> (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code.</p> <p>I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.</p>
Board’s responsibilities for the financial report	<p>The Board of the health service is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards – Simplified Disclosures and the <i>Financial Management Act 1994</i>, and for such internal control as the Board determines is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error.</p> <p>In preparing the financial report, the Board is responsible for assessing the health service’s ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.</p>



Auditor's responsibilities for the audit of the financial report

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

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

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

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



Mildura Base Public Hospital

Comprehensive Operating Statement

For the Financial Year Ended 30 June 2025

	Note	2025 \$ '000	2024 \$ '000
Revenue and income from transactions			
Revenue from contracts with customers	2.1	233,429	187,791
Other sources of income	2.1	26,586	15,849
Total revenue and income from transactions		260,015	203,640
Expenses from transactions			
Employee expenses	3.1	(187,278)	(177,735)
Finance Costs		(247)	(296)
Depreciation and amortisation	4.1(a)	(6,176)	(5,847)
Other operating expenses	3.1(c)	(67,241)	(64,561)
Total expenses from transactions		(260,942)	(248,439)
Net result from transactions - net operating balance		(927)	(44,799)
Other economic flows included in net result			
Net loss on financial assets		(261)	(958)
Share of net profits of joint entities, excluding dividends		(322)	(8)
Net loss on disposal of property plant and equipment		(88)	(159)
Other gains from other economic flows		240	828
Total other economic flows included in the net result		(431)	(297)
Net Result		(1,358)	(45,096)
Other economic flows - other comprehensive income			
Items that will not be reclassified to net result			
Changes in physical asset revaluation	4.1(a),(b)	-	(196)
Total other economic flows - other comprehensive income		-	(196)
Comprehensive result		(1,358)	(45,292)

This statement should be read in conjunction with accompanying notes.

Mildura Base Public Hospital

Balance Sheet

As at 30 June 2025

	Note	2025 \$ '000	2024 \$ '000
Financial assets			
Cash and cash equivalents	6.2	10,995	6,851
Receivables	5.1	20,257	16,040
Contract Assets		684	572
Total financial assets		31,936	23,463
Non-financial assets			
Prepayments		1,054	937
Inventories		614	670
Property, plant and equipment	4.1	105,567	104,910
Intangible assets	4.2	1,081	1,385
Total non-financial assets		108,316	107,902
Total assets		140,252	131,365
Liabilities			
Payables	5.5	44,933	33,598
Contract Liabilities	5.3	1,190	6,641
Borrowings	6.1	7,568	8,043
Employee benefits	3.1(b)	33,987	31,456
Other liabilities		3,160	855
Total liabilities		90,838	80,593
Net Assets		49,414	50,772
Equity			
Accumulated (deficit)		(52,447)	(50,692)
Contributed capital		90,992	90,992
Restricted reserves		2,698	2,301
Physical asset revaluation surplus		8,171	8,171
Total equity		49,414	50,772

This statement should be read in conjunction with accompanying notes.

Mildura Base Public Hospital

Cash Flow Statement

For the Financial Year Ended 30 June 2025

	Note	2025 \$ '000	2024 \$ '000
Cash flows from operating activities			
Operating grants from State Government		214,252	171,659
Operating grants from Commonwealth Government		14,041	12,095
Capital grants from State Government		5,655	6,809
Commercial activity revenue received		1,162	1,029
Donations and bequests received		659	5,319
GST received from ATO		10,702	10,645
Interest income received		916	1,318
Other receipts		7,754	10,856
Total receipts		255,141	219,730
Payments to employees		(187,278)	(173,888)
Payments to suppliers and consumables		(60,072)	(81,263)
Finance costs		(247)	(296)
GST paid to ATO		(685)	(494)
Total payments		(248,282)	(255,941)
Net cash flows from/(used in) operating activities		6,859	(36,211)
Cash flows from investing activities			
Proceeds from sale of financial assets		88	34
Purchase of property, plant and equipment		(5,327)	(6,629)
Net cash flows from/(used in) investing activities		(5,239)	(6,595)
Cash flows from financing activities			
Cash advance from the Department of Health		3,000	-
Repayment of borrowings and principal portion of lease liabilities		(475)	(1,044)
Net cash flows from/(used in) financing activities		2,525	(1,044)
Net increase/(decrease) in cash and cash equivalents		4,145	(43,850)
Cash and cash equivalents at the beginning of financial year		6,850	50,700
Cash and cash equivalents at the end of financial year	6.2	10,995	6,850

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 2025

	Accumulated Deficit \$ '000	Contributed Capital \$ '000	Restricted Reserves \$ '000	Physical asset Revaluation Surplus \$ '000	Total Equity \$ '000
Balance at 1 July 2023	(5,323)	90,992	2,028	8,367	96,064
Net result for the year	(45,096)	-	-	-	(45,096)
Other comprehensive income for the year	-	-	-	(196)	(196)
Transfer from accumulated deficit	(273)	-	273	-	-
Balance at 30 June 2024	(50,692)	90,992	2,301	8,171	50,772
Net result for the year	(1,358)	-	-	-	(1,358)
Other comprehensive income for the year	-	-	-	-	-
Transfer from accumulated deficit	(397)	-	397	-	-
Balance at 30 June 2025	(52,447)	90,992	2,698	8,171	49,414

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 2025

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 consolidated financial statements of Mildura Base Public Hospital for the year ended 30 June 2025.

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).

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

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

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

The accrual bases 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 5 September 2025.

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2025

1. ABOUT THIS REPORT (continued)

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.

STRUCTURE

2.1 Revenue and income from transactions

2.1 Revenue and income transactions

	Note	2025 \$'000	2024 \$'000
Revenue from contracts with customers	2.1(a)	233,429	187,791
Other sources of income	2.1(b)	26,586	15,849
Total revenue and income from transactions		260,015	203,640

2.1 (a) Revenue from contracts with customers

	2025 \$'000	2024 \$'000
Government grants (State) - Operating	214,817	171,659
Government grants (Commonwealth) - Operating	14,041	12,095
Patient and resident fees	3,409	3,008
Commercial activities	1,162	1,029
Total revenue from contracts with customers	233,429	187,791

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2025

2. FUNDING DELIVERY SERVICE OF OUR SERVICE (continued)

2.1 Summary of revenue and income that funds the delivery of our services (continued)

2.1 (a) Revenue from contracts with customers (continued)

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.

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) Other sources of income

	2025 \$'000	2024 \$'000
Government grants (State) - Operating	12,163	918
Government grants (State) - Capital	5,655	6,809
Government Grants - Primary Health	2,083	2,110
Other capital income	5	193
Assets received free of charge or for nominal consideration	131	274
Interest Income	916	1,318
Other income from service delivery	1,166	301
Other income from operating activities	4,467	3,926
Total other sources of income	26,586	15,849

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2025

2. FUNDING DELIVERY SERVICE OF OUR SERVICE (continued)

2.1 Summary of revenue and income that funds the delivery of our services (continued)

2.1 (b) Other sources of income (continued)

How we recognise other sources of income

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 2025

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

		2025 \$'000	2024 \$'000
	Note		
Employee expenses	3.1(a)	187,278	177,735
Other operating expenses	3.1(c)	67,241	64,561
Total expenses incurred in the delivery of services		254,519	242,296

3.1 (a) Employee expenses

	2025 \$'000	2024 \$'000
Salaries and wages	130,969	128,406
Defined contribution superannuation expense	13,268	12,265
Agency expenses	21,523	16,763
Fee for service medical officer expenses	21,518	20,301
Total employee expenses	187,278	177,735

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

	2025 \$'000	2024 \$'000
Current provision for employee benefits		
Accrued days off	918	820
Annual leave	13,440	12,494
Long service leave	10,558	9,500
Provision for on-costs	3,221	2,845
Total current provisions for employee benefits	28,137	25,659
Non-current provisions for employee benefits		
Long service leave	5,154	5,123
Provision for on-costs	696	674
Total non-current provisions for employee benefits	5,850	5,797
Total provisions for employee benefits	33,987	31,456

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2025

3.THE COST OF DELIVERING OUR SERVICES (continued)

3.1 Expenses incurred in the delivery of services (continued)

3.1 (b) Employee-related provisions (continued)

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.

3.1 (c) Other operating expenses

	2025 \$'000	2024 \$'000
Other operating expenses		
Drug supplies	14,529	12,661
Medical and surgical supplies (including prostheses)	6,758	7,635
Diagnostic and radiology supplies	13,477	12,614
Other supplies and consumables	13,930	13,931
Low value lease expenses	61	61
Repairs and maintenance	1,063	1,173
Maintenance contracts	940	834
Medical indemnity insurance	4,728	4,185
Premises Costs	1,392	1,348
Computer Services and Software Licences	4,262	4,385
Recruitment Costs	845	717
Other administration expenses	5,256	5,017
Total other operating expenses	67,241	64,561

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2025

3.THE COST OF DELIVERING OUR SERVICES (continued)

3.1 Expenses incurred in the delivery of services (continued)

3.1 (c) Other operating expenses (continued)

How we recognise other operating expenses

Expense recognition

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

Supplies and consumables

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

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

- low value leases: leases with the underlying asset's fair value (when new, regardless of the age of the asset being leased) is no more than \$10,000.

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

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(c)) 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.

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	
	2025 \$'000	2024 \$'000	2025 \$'000	2024 \$'000	2025 \$'000	2024 \$'000
Land at fair value - Crown	2,515	2,515	-	-	2,515	2,515
Buildings at fair value	91,524	91,104	(7,000)	(3,637)	84,524	87,467
Work in progress at cost	11,661	9,996	-	-	11,661	9,996
Plant, equipment and vehicles at fair value	21,641	19,010	(14,774)	(14,078)	6,867	4,932
Total property, plant and equipment	127,341	122,625	(21,774)	(17,715)	105,567	104,910

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.

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2025

4. KEY ASSETS TO SUPPORT SERVICE DELIVERY (continued)

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 2024	2,515	87,467	9,996	4,932	104,910
Additions	-	1,289	4,840	489	6,618
Disposals	-	-	-	(88)	(88)
Net transfer between classes	-	-	(3,175)	3,175	-
Depreciation	-	(4,232)	-	(1,641)	(5,873)
Balance at 30 June 2025	2,515	84,524	11,661	6,867	105,567

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.

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

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

	Gross Carrying Amount		Accumulated Depreciation		Net carrying amount	
	2025	2024	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Buildings at fair value	10,621	10,201	(4,689)	(3,637)	5,932	6,564
Plant, equipment and vehicles at fair value	690	690	(140)	(53)	550	639
Total right-of-use assets	11,311	10,891	(4,829)	(3,690)	6,482	7,203

	Buildings	Plant, Equipment and Vehicles	Total
	\$,000	\$,000	\$,000
Balance at 1 July 2024	6,564	639	7,203
Additions	1,289	-	1,289
Depreciation	(1,921)	(89)	(2,010)
Balance at 30 June 2025	5,932	550	6,482

How we recognise right-of-use assets

Initial recognition

When Mildura Base Public Hospital enters a contract, which provides the health service with the right to control the use of an identified asset for a period of time in exchange for payment, this contract is considered a lease.

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

The right-of-use asset is initially measured at cost and comprises the initial measurement of the corresponding lease liability, adjusted for:

- any lease payments made at or before the commencement date
- any initial direct costs incurred and
- an estimate of costs to dismantle and remove the underlying asset or to restore the underlying asset or the site on which it is located, less any lease incentive received.

Subsequent measurement

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

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

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

Further information regarding fair value measurement is disclosed in Note 7.3.

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2025

4. KEY ASSETS TO SUPPORT SERVICE DELIVERY (continued)

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.

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.

	2025	2024
Buildings	40 years	30 years
Leasehold buildings	1 - 10 years	2 - 10 years
Plant, equipment and vehicles (including leased assets)	3 - 10 years	3 - 10 years
Intangible assets	3 years	3 years

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	2025 \$'000	2024 \$'000
Current receivables			
Contractual			
Inter hospital debtors		204	115
Trade receivables		1,162	575
Patient fees		987	765
Allowance for impairment losses		(494)	(494)
Accrued revenue		418	50
Amounts receivable from governments and agencies		2,047	-
Total contractual receivables		4,324	1,011
Statutory			
GST Receivable		904	874
Total statutory receivables		904	874
Total current receivables		5,228	1,885
Non-current receivables			
Contractual			
Long service leave - Department of Health		15,029	14,157
Total contractual receivables		15,029	14,157
Total non-current receivables		15,029	14,157
Total receivables		20,257	16,042
(i) Financial assets classified as receivables			
Total receivables		20,257	16,042
GST receivable		(904)	(874)
Total financial assets classified as receivables	7.1	19,353	15,168

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2025

5. OTHER ASSETS AND LIABILITIES (continued)

5.1 Receivables (continued)

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	2025 \$'000	2024 \$'000
Contractual			
Trade creditors		15,988	3,394
Accrued salaries and wages		4,801	4,420
Accrued expenses		11,276	11,435
Deferred capital grant income	5.2(a)	3,841	10,729
Inter hospital creditors		2,634	560
Other payables		2,579	2,076
Amounts payable to governments and agencies		3,731	937
Total contractual payables		44,850	33,551
Statutory			
GST Payable		82	47
Total statutory payables		82	47
		44,932	33,598

(i) Financial liabilities classified as payables

Total payables		44,932	33,598
Deferred grant income		(3,841)	(10,729)
GST Payable		(82)	(47)
Total financial liabilities classified as payable	7.1	41,009	22,822

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.

5.2 (a) Movement of deferred capital grant income

	2025 \$'000	2024 \$'000
Opening balance of deferred capital grant income	10,729	3,326
Capital grants received from funding bodies	4,702	12,655
Spent capital grants recognised as income due to completion of capital works	(11,590)	(5,252)
Closing balance of deferred capital grant income	3,841	10,729

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2025

5. OTHER ASSETS AND LIABILITIES (continued)

5.2 (a) Movement of deferred capital grant income (continued)

How we recognise deferred capital grant income

Grant consideration was received from Department of Health for the implementation of Theatre Upgrade, Generator and the construction of the Mental Health Tea Room and Mental Health Intensive Care Unit. Capital grant income is recognised progressively as the asset is constructed, since this is the time when Mildura Base Public Hospital satisfies its obligations. The progressive percentage of completion of works. As a result, Mildura Base Public Hospital has deferred recognition of a portion of the grant consideration received as a liability for the outstanding obligations.

6. HOW WE FINANCE OUR OPERATIONS

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

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

STRUCTURE

6.1 Borrowings

6.2 Cash and cash equivalents

6.3 Commitments for expenditure

6.1 Borrowings

	Note	2025 \$'000	2024 \$'000
Current borrowings			
Lease liabilities	6.1(a)	1,639	1,310
Total current borrowings		1,639	1,310
Non-current borrowings			
Lease liabilities	6.1(a)	5,929	6,733
Total non-current borrowings		5,929	6,733
Total borrowings		7,568	8,043

How we recognise borrowings

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

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

Terms and conditions of borrowings

					Maturity dates				
	Note	Weighted Average interest rate (%)	Carrying amount \$'000	Nominal amount \$'000	Less than 1 month \$'000	1-3 months \$'000	3 months - 1 year \$'000	1- 5 years \$'000	5+ years \$'000
30 June 2025									
Lease liabilities	6.1	4.24	7,568	8,272	149	456	1,244	2,955	3,468
Total Financial liabilities			7,568	8,272	149	456	1,244	2,955	3,468
					Maturity dates				
	Note	Weighted Average interest rate (%)	Carrying amount \$'000	Nominal amount \$'000	Less than 1 month \$'000	1-3 months \$'000	3 months - 1 year \$'000	1- 5 years \$'000	5+ years \$'000
30 June 2024									
Lease liabilities	6.1	4.24	8,043	9,475	128	383	1,022	4,200	3,742
Total Financial liabilities			8,043	9,475	128	383	1,022	4,200	3,742

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2025

6. HOW WE FINANCE OUR OPERATIONS (continued)

6.1 Borrowings (continued)

6.1(a) Lease liabilities

Mildura Base Public Hospital's lease liabilities are summaries below:

	2025 \$'000	2024 \$'000
Current		
Lease liability	1,639	1,310
Total current lease liability	1,639	1,310
Non-current		
Lease liability	5,929	6,733
Total non-current lease liability	5,929	6,733
Total lease liabilities	7,568	8,043

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

	2025 \$'000	2024 \$'000
Not longer than one year	1,851	1,533
Longer than one year but not longer than five years	2,955	4,200
Longer than five years	3,466	3,742
Minimum future lease payments	8,272	9,475
Less unexpired interest	(704)	(1,432)
Present value of lease liability	7,568	8,043

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

To apply this definition, Mildura Base Public Hospital ensures the contract meets the following criteria:

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

Mildura Bases Public Hospital's lease arrangements consist of the following:

Type of asset leased	Lease Term
Leased Land	10 years
Leased Buildings	5 to 20 years
Leased Vehicle and Equipment	1 to 4 years

All leases are recognised on the balance sheet, with the exception of low value leases (less than \$10,000 AUD) and short-term leases of less than 12 months. Mildura Base Public Hospital has elected to apply the practical expedients for short-term leases and leases of low-value assets. As a result, no right-of-use asset or lease liability is recognised for these leases; rather, lease payments are recognised as an expense on a straight-line basis over the lease term, within "other operating expenses" (refer to Note 3.3).

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2025

6. HOW WE FINANCE OUR OPERATIONS (continued)

6.1(a) Lease liabilities (continued)

Leases with significantly below market terms and conditions

Mildura Base Public Hospital holds lease arrangements which contain materially below-market terms and conditions, which are principally to enable the health service to further its objectives. These are commonly referred to as concessionary lease arrangements.

The nature and terms of such lease arrangements, including Mildura Base Public Hospital's dependency on such lease arrangements is described below.

Description of leased Asset	Our dependence on lease	Nature and terms of lease
Boyden Street, Mildura - Mental Health Patient Services	This lease is used for Patient Mental Health Services. Mildura Base Public Hospital's dependence on this lease is considered high. The asset is of specialised nature and there are limited readily available substitutes.	No lease payment is required on an annual basis. The lease commenced in 2020 and has no lease end date. Restrictions placed on the use of the asset includes continued use to accommodate patient services.
Thirteenth Street, Mildura - Accommodation Services	The lease is used for Doctor Accommodation. Mildura Base Public Hospital's dependence on the lease is considered high. The asset is of non-specialised nature, however there are limited readily available substitutes.	No lease payment is required on an annual basis. The lease commenced in 2020 and has no lease end date. Restrictions placed on the use of the asset includes continued use as accommodation for locum doctors.

6.2 Cash and cash equivalents

	Note	2025 \$'000	2024 \$'000
Cash on hand (excluding monies in held in trust)		4	4
Cash at bank (excluding monies in held in trust)		9,185	5,078
Total cash held for operations		9,189	5,082
Cash at bank (monies in held in trust)		1,806	1,769
Total cash held as monies in trust		1,806	1,769
Cash and cash equivalents	7.1	10,995	6,850

6.3 Commitments for expenditure

30 June 2025

	Less than 1 year \$'000	1-5 years \$'000	Total \$'000
Capital expenditure commitments	1,430	2,793	4,223
Non-cancellable low value lease commitments	67	-	67
Total commitments (inclusive of GST)	1,497	2,793	4,290
Less GST recoverable	(136)	(252)	(388)
Total commitments (exclusive GST)	1,361	2,541	3,902

30 June 2024

	Less than 1 year \$'000	1-5 years \$'000	Total \$'000
Capital expenditure commitments	7,376	4,426	11,802
Non-cancellable low value lease commitments	67	-	67
Total commitments (inclusive of GST)	7,443	4,426	11,869
Less GST recoverable	(677)	(402)	(1,079)
Total commitments (exclusive GST)	6,766	4,024	10,790

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2025

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 \$'000	Net gain/(loss) \$'000	Total interest income/ expense \$'000	Fee income/ (expense) \$'000	Impairment loss \$'000
30 June 2025						
Financial assets at amortised cost						
Cash and deposits	6.2	10,995	-	916	-	-
Receivables	5.1	19,353	-	-	-	261
Total financial assets¹		30,348	-	916	-	261
Financial liabilities at amortised cost						
Payables	5.2	41,009	-	-	-	-
Borrowings	6.1	7,568	-	247	-	-
Other liabilities		3,160	-	-	-	-
Total financial liabilities¹		51,737	-	247	-	-

	Note	Carrying amount \$'000	Net gain/(loss) \$'000	Total interest income/ expense \$'000	Fee income/ (expense) \$'000	Impairment loss \$'000
30 June 2024						
Financial assets at amortised cost						
Cash and deposits	6.2	6,850	-	1,318	-	-
Receivables	5.1	15,168	-	-	-	958
Total financial assets¹		22,018	-	1,318	-	958
Financial liabilities at amortised cost						
Payables	5.2	22,822	-	-	-	-
Borrowings	6.1	8,043	-	296	-	-
Other liabilities		855	-	-	-	-
Total financial liabilities¹		31,720	-	296	-	-

¹ 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 2025

7. FINANCIAL INSTRUMENTS, CONTINGENCIES AND VALUATION JUDGEMENTS (continued)

7.1 Financial instruments (continued)

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 and
- Right-of-use assets.

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

Valuation hierarchy

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

- Level 1 - quoted (unadjusted) market prices in active markets for identical assets and liabilities
- Level 2 - valuation techniques for which the lowest level input is significant to the fair value measurement is directly or indirectly observable
- 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 (GVV) 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 2025

7. FINANCIAL INSTRUMENTS, CONTINGENCIES AND VALUATION JUDGEMENTS (continued)

7.3 Fair value determination (continued)

Fair value determination: non-financial physical assets

AASB 2010-10 *Amendments to Australian Accounting Standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities* amended AASB 13 *Fair Value Measurement* by adding Appendix F *Australian Implementation Guidance for Not-for-Profit Public Sector Entities*. Appendix F explains and illustrates the application of the principals in AASB 13 on developing unobservable inputs and the application of the cost approach. These clarifications are mandatorily applicable annual reporting periods beginning on or after 1 January 2024. FRD 103 permits Victorian public sector entities to apply Appendix F of AASB 13 in their next scheduled formal asset revaluation or interim revaluation process (whichever is earlier).

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 2025 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) ¹
Specialised land	Market approach	Community service obligation (CSO) adjustment	25 per cent ¹¹
Specialised buildings	Current replacement cost	Useful life of specialised buildings	30 - 40 years
Vehicles	Current replacement cost	Useful life of vehicles	3 - 10 years
Plant and Equipment	Current replacement cost	Useful life of plant and equipment	5 - 10 years

Notes:

¹ 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.

¹¹ CSO weighted average 25 per centre 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 2025

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

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

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	27 Jun 2022 - 30 Jun 2025
Minister for Health Infrastructure	05 Dec 2022 - 19 Dec 2024
Minister for Ambulance Services	02 Oct 2023 - 30 Jun 2025
The Honourable Ingrid Stitt MP:	
Minister for Mental Health	02 Oct 2023 - 30 June 2025
Minister for Aging	02 Oct 2023 - 30 June 2025
Minister for Multicultural Affairs	02 Oct 2023 - 30 June 2025
The Honourable Lizzy Blandthorn MP:	
Minister for Children	02 Oct 2023 - 30 June 2025
Minister for Disability	02 Oct 2023 - 30 June 2025

Governing Board

	Period
Frank Piscioneri (Chair of Board)	1 July 2024 to 30 June 2025
Kashif Hayat (Deputy Chair)	1 July 2024 to 30 June 2025
Tara Williams	1 July 2024 to 30 June 2025
Mary Rydberg	1 July 2024 to 30 June 2025
Ian Campbell	1 July 2024 to 30 June 2025
Maria Mahony	1 July 2024 to 30 June 2025
Quentin Norton	1 July 2024 to 30 June 2025
Karen Woolfe	1 July 2024 to 30 June 2025
Terese Tierney	15 Nov 2024 to 30 June 2025
Paul O'Neill	1 July 2024 to 11 Feb 2025

Accountable officers

Terry Welch (Chief Executive Officer - commenced LSL Feb 2025)	1 July 2024 to 30 June 2025
Matthew Jukes (Acting Chief Executive Officer)	3 Feb 2025 to 30 June 2025

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2025

8 OTHER DISCLOSURES (continued)

8.1 Responsible Persons (continued)

Remuneration of Responsible Persons

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

Income band	2025	2024
\$0 - \$10,000	1	-
\$10,000 - \$19,999	7	8
\$20,000 - \$29,999	1	1
\$150,000-\$159,999	1	-
\$200,000 - \$299,999	1	-
\$300,000 - \$399,999	1	1
Total numbers	12	10

	2025	2024
	\$'000	\$'000
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	770	637

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)

	2025	2024
	\$'000	\$'000
Total remuneration ¹	2,533	2,131
Total number of executives	9	8
Total annualised employee equivalents ²	8	7

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 2025

8 OTHER DISCLOSURES (continued)

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 \$217m (2024: \$179m) and indirect contributions of \$1.2m (2024: \$0.9m). Balances outstanding as at 30 June 2025 are \$1.4m (2024:NIL).

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
Maria Mahony	Board Director
Quentin Norton	Board Director
Tara Williams	Board Director
Terese Tierney	Board Director
Paul O'Neill	Board Director
Terry Welch	Chief Executive Officer
Matthew Jukes (commenced 03/02/2025)	Acting Chief Executive Officer
Louise Litten (resigned 01/01/2025)	Chief Medical Officer
Ahamed Nabrees Sinnalebbe (Commenced 13/01/2025)	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 (commenced 03/02/2025)	Chief Financial Officer

Mildura Base Public Hospital

Notes to the Financial Statements

For the Financial Year Ended 30 June 2025

8 OTHER DISCLOSURES (continued)

8.3 Related parties (continued)

Remuneration of key management personnel

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

	2025	2024
	\$'000	\$'000
Total compensation - KMPs ¹	3,303	2,768

¹ 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 2025 (2024: 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 2025 (2024: none).

8.4 Remuneration of auditors

	2025	2024
	\$'000	\$'000
Victorian Auditor-General's Office		
Audit of financial statements	70	67
Total remuneration of auditors	70	67

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 2025

8 OTHER DISCLOSURES (continued)

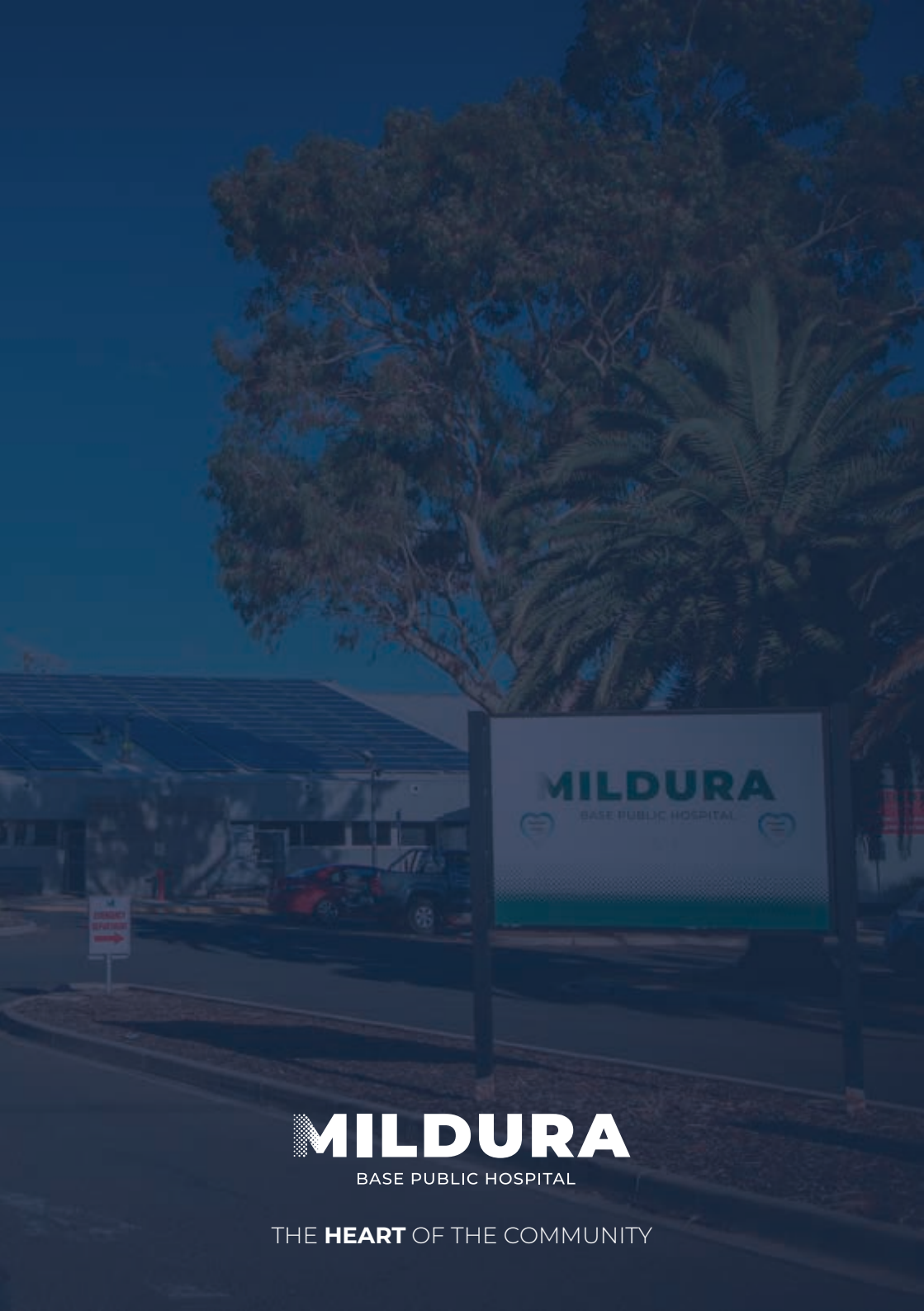
8.6 Joint arrangements

	Principal Activity	Ownership Interest	
		2025	2024
		%	%
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.	10.03%	10.15%

	2025	2024
	\$'000	\$'000
Total revenue and income	1,783	1,996
Total expenses	(2,094)	(1,944)
Comprehensive result for the year	(311)	52
Total assets	2,319	2,355
Total liabilities	(1,676)	(1,391)
Total equity	643	964

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.



MILDURA

BASE PUBLIC HOSPITAL

THE **HEART** OF THE COMMUNITY