



Annual Report 2025



Through leadership and innovation
RDHS will improve the health, wellbeing
and strength of our communities.

Everything we do is about
**caring for our
community.**



Front Cover Artwork

Robinvale sits on the traditional lands of the Latje Latje and Dadi Dadi peoples and is home to many Aboriginal families who continue to share their culture, knowledge, and deep connection to Country.

The artwork on our cover, *Community and Family* by Aboriginal artist Stephanie Lingwoodock, reflects the strong sense of connection in Robinvale. We are a community able and ready to help one another. We have families from many backgrounds who see Robinvale as home. Painted in acrylic on canvas, it tells the story of life along the Murray River, where neighbouring towns and communities are linked by family and shared support. Local animals and cultural symbols feature throughout, representing the land, river, and the traditions that continue to shape our thriving community.

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Robinvale District Health Services acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of the land on which we meet and acknowledges and pays respect to their Elders, past and present.

Aboriginal and Torres Strait Islander readers should be aware that this document may contain sensitive information or images of people who have since passed away.



Robinvale District Health Services celebrates, values and includes people of all backgrounds, genders, sexualities, cultures, bodies and abilities.

Our Purpose

Values Driven Care

Our Vision

Through leadership and innovation RDHS will improve the health, wellbeing and strength of our communities

Our Mission

To be accessible, build strong relationships, understand and meet people's needs and use resources wisely

Our Values



Respect

We interact with others as we would expect them to interact with us.



Professionalism

We deliver services with integrity, honesty and competence.



Care

We provide a standard of service and support which we would expect for ourselves.



Commitment

This means we are dedicated to sustained promotion and success of the organisation.



Collaboration

We work together in a positive, supportive manner.

Health Service Snapshot

2024–2025



1,199

Renal Dialysis
Episodes

12,147

Primary Health Individual
Occasions of Service

1,120

Midwifery Occasions
of Service



113

Staff
(FTE)



51,538

Meals Prepared

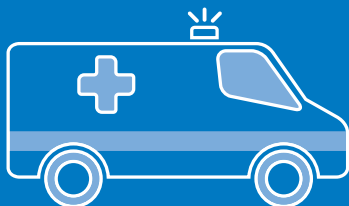


Aged Care Bed Days
(Across all campuses)

12,464

1,551

Urgent Care Presentations



**Early Years
Groups**

had participation of

6,069

attendees across the year.

General Information

The objectives, functions, powers and duties of the Health Service

Robinvale District Health Services (RDHS) is a public agency established under the *Health Services Act 1988*. We provide public health and ancillary services as authorised under the Act, and operate residential care services under the *Aged Care Act 1997*.

The Board of Directors provide strategic direction to RDHS. Board Directors are individuals appointed by the Minister for Health under the Health Services Act. Our Chief Executive determines how services are delivered.

The responsible Minister is the Minister for Health:

Minister for Health
The Hon. Mary-Anne Thomas
From 1 July 2024 to 30 June 2025



Our Services

Robinvale District Health Services (RDHS) provides an integrated range of acute, residential aged care and allied, primary health and community care services.

RDHS has been providing services to the community since 1933.

The services provided include:

Acute Care Services

- Urgent Care Centre operational 24/7, Victorian Virtual Emergency Department (VVED) and experienced, qualified nursing staff
- Acute
- Palliative and End-of-Life services
- Renal Dialysis Unit

Corporate Services

- Administration
- Customer Services
- Employee Training Programs
- Graduate Nurse Program
- Hospitality and Facilities

Management Services

- Information Technology
- Meals on Wheels
- Occupational Health and Safety
- Public Relations
- Supply and Maintenance
- Linen Service
- Volunteer Services

Consulting Services

- A range of visiting specialist consulting services including: Urology, Eye Specialist, Hearing
- Teleconsulting and Telehealth

Primary & Community Health Services

Primary & Community Health Services are provided from locations in Robinvale, Manangatang, Balranald, Dareton and Wentworth. Services provided include:

- Aboriginal Liaison Officer
- Access & Support Worker
- Early Years Program
- Asthma Education

- Diabetes Education
- Health Promotion / Education
- Immunisation Program
- Men's Programs
- Dietetics
- Occupational Therapy
- Women's Health / Pap Smear Screening
- Physiotherapy
- Podiatry
- Social Work / Counselling
- Speech Pathology
- Visiting Nurse

Aged Care Services

- Residential Aged Care and Respite

Volunteers

Volunteers are a key area of the Health Services and provide to the Robinvale Community a resource that adds to the quality of life for many of Robinvale District Health Services customers. The volunteer role provides the opportunity for social interactions, activity programs, assistance and community support.

Volunteers can be involved in a variety of tasks within the health service which enhances the quality of service that RDHS is able to provide.

Examples of volunteering opportunities at RDHS are:

- Delivering Meals on Wheels
- Reading to residents
- Assisting with and mending of material items and many more

RDHS would like to formally acknowledge and say thank you for your willingness to give your time and services to the Health Service and broader community.

CEO and Board Chair Annual Report

Message from the CEO and Board Chair

It has been a privilege to lead RDHS through another year of growth, resilience, and community connection. 2024 has shown us what can be achieved when staff, partners, and the community work together with a shared purpose — to deliver safe, high-quality, and accessible care close to home.

This report reflects not only our service achievements but also the strength of our people and partnerships. From expanding health literacy and preparing for new service models, to celebrating clinical excellence and strengthening staff engagement, RDHS has continued to build on its proud tradition of care.

As we look ahead, we are confident that the foundations laid this year will enable us to respond to future challenges and opportunities with innovation, inclusivity, and determination. We sincerely thank our staff, partners, and community members for their trust and support — together, we are shaping a healthier future for our region.

Community Engagement and Health Literacy

A highlight of the year was the recruitment of our Health Promotions Officer, a role that has already delivered significant impact. This appointment has enhanced our ability to connect with community members, foster health literacy, and promote preventative health initiatives.

In September, RDHS proudly participated in the Robinvale Euston Early Years Network Family and Community Expo, engaging with families and local service providers to promote healthy living and strengthen relationships across the district. Another milestone was the Ambulance Membership Cover Drive, which saw over 20 community members participate. This initiative not only improved access to emergency health cover but also raised awareness of the importance of proactive health planning.

Together, these activities reflect RDHS's commitment to ensuring that healthcare is both accessible and understood — meeting people where they are and supporting them to make informed choices about their health.

Service Readiness and Inclusive Care

Our Primary Health team has been focused on preparing for the Commonwealth Home Support Program (CHSP), ensuring that RDHS is ready to deliver expanded services to older members of our community. This readiness work has included updating comprehensive patient care plans to reflect best practice, aligning systems and processes with CHSP requirements, and embedding culturally inclusive care into every aspect of service delivery.

Through this work, RDHS is well positioned to support older community members to remain independent, healthy, and well-connected in their homes and communities.

Clinical Excellence and Workforce Dedication

At the heart of RDHS's success is the unwavering commitment of our clinical workforce. Across all disciplines — allied health, nursing, medical, and community health — our clinicians have continued to provide safe, high-quality, person-centred care.



Responsible Bodies Declaration

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

B Lincoln

Benjamin Lincoln

Board Chair

Robinvale District Health Services

6 October 2025

Whether supporting patients with chronic disease management, delivering preventative health programs, or providing acute care, our staff have consistently demonstrated professionalism, compassion, and adaptability. Their work ensures the ongoing confidence of our community and exemplifies the standards of excellence we strive to uphold.

A major highlight this year was RDHS achieving continuing accreditation for a further three years. Following the NSQHS Standards assessment completed on 28 April 2025, our accreditation is now valid until 28 June 2028 and covers the services specified in our ACHS NSQHS Standards Membership Agreement. This outcome is a testament to the quality systems, safe practices, and continuous improvement embedded across RDHS, and it reflects the commitment of every staff member to delivering care that meets the highest national standards.

Expanding Services and Infrastructure

Radiology Services

In partnership with Mallee Track Health and Community Services (MTH&CS), RDHS has successfully developed

a combined service model attractive to radiography providers — something that neither service could achieve independently.

As a result, RDHS engaged Rural Rad to deliver radiology (excluding ultrasound) on the 1st, 3rd, and 5th Thursday of each month, from 10am to 2pm. The first session commenced on 30 January 2025, providing the community with greater access to timely diagnostic services close to home.

Infrastructure

Ongoing investment in infrastructure and equipment has been a priority this year, with a focus on maintaining safe, modern, and efficient facilities across all RDHS campuses.

At the Main Campus, scheduled general maintenance works are progressing, including resurfacing and exterior painting. Essential equipment upgrades are also underway, with the replacement of a high-speed washing machine and a blast chiller. Several key projects have already been completed, including the installation of a new combi oven in the main kitchen, the replacement of reverse cycle air-conditioning in staff accommodation, and the installation of a back-up water system to support Renal Dialysis services.

At the Riverside Campus, planning is advancing for the replacement and upgrade of the outdoor area, with a planning permit secured. The main kitchen underwent significant refurbishment, including new cupboards and flooring. Replacement of the dishwasher is also scheduled, and these works together will modernise the facility and enhance efficiency.

At the Manangatang Campus, preparation commenced for the installation of a new combi oven, alongside upgrades to improve climate control in key areas, including the nurse's desk and kitchen, through new reverse cycle air-conditioning units. Planning for internal building painting and the replacement of the electrical switchboard at staff accommodation has commenced. Recently completed improvements at this campus include the installation of reverse cycle air-conditioning throughout the nurse's quarters and the addition of new dining tables and chairs, improving both comfort and amenity for staff and residents.

Together, these works demonstrate RDHS's ongoing commitment to maintaining high-quality facilities that support both patient care and staff wellbeing across all sites.

People Matter Survey

Another highlight of 2024 was the strong participation of staff in the People Matter Survey. RDHS achieved response rates, satisfaction, and engagement scores that were not only higher than the public sector average but also above those of our comparator hospitals.

Importantly, there was a 25% increase in staff confidence that RDHS will make improvements based on survey results. For the first time, our People Matter Survey Action Plan was drafted by a staff working group, ensuring the voices of our team are embedded in organisational change. We are proud to be making changes with our staff, not just for them — strengthening a culture of trust, collaboration, and shared accountability.

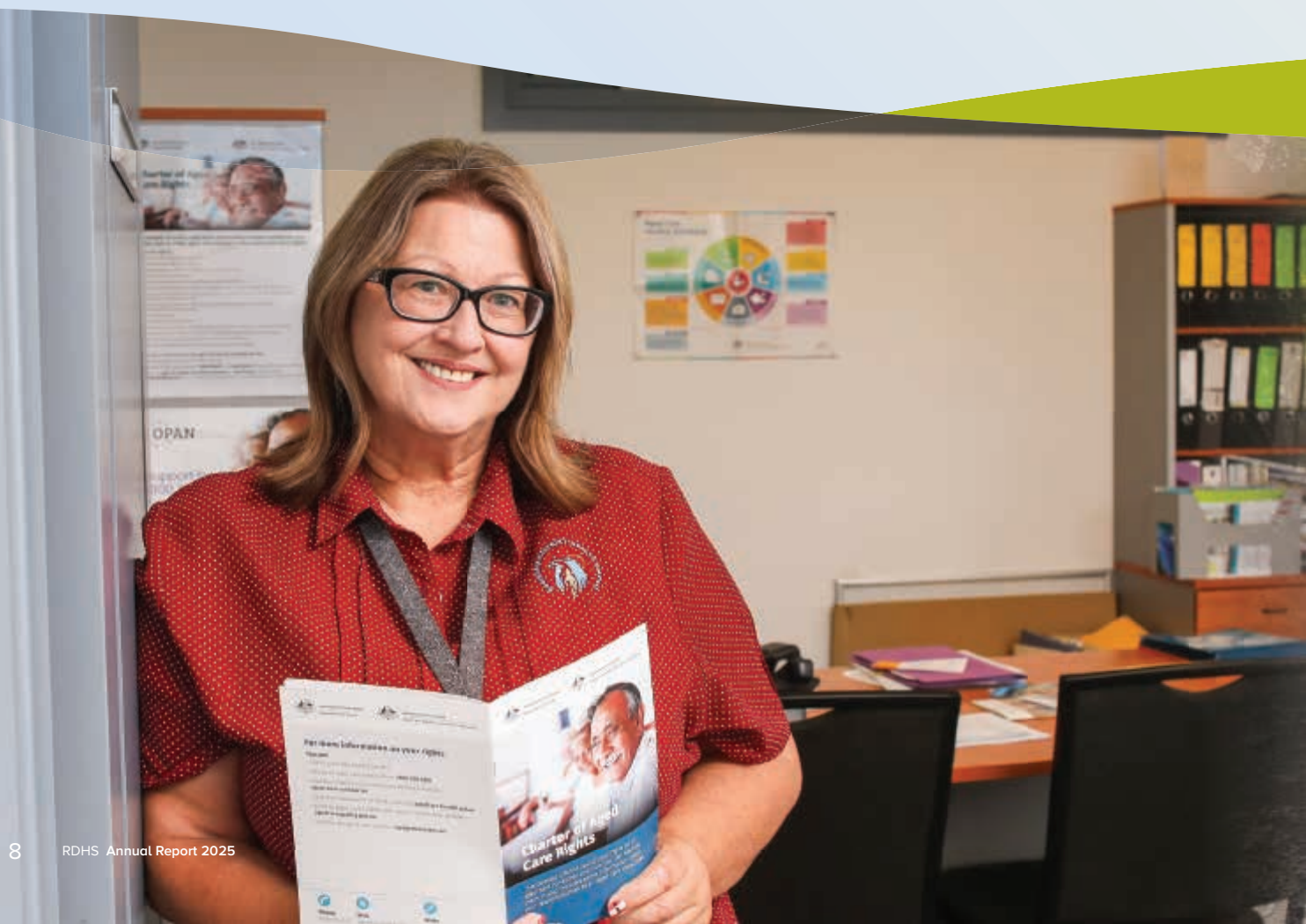
Strengthening Partnerships

None of our achievements this year would have been possible without the strength of our partnerships. Collaboration with regional health networks, local councils, schools, and community groups has expanded our capacity to deliver services, broadened opportunities for health promotion, and ensured that RDHS remains agile in responding to the evolving needs of our community.

These partnerships are not only vital to the services we deliver today but will continue to shape the health system of tomorrow.

Celebrating Culture, Community, and Staff

Throughout the year, RDHS has recognised and celebrated a number of important events that strengthen connection, culture, and staff wellbeing.



On Thursday 18 July 2024, we proudly marked NAIDOC Week with a flag-raising ceremony accompanied by didgeridoo playing, before gathering at the fire pit area for a BBQ lunch. We extend our thanks to Aunty Rose Kirby for her welcoming speech and assisting with the flag raising, Darryl Singh for didgeridoo playing and smoking ceremony, the traditional dancers, and Willy Hannah for generously sharing his history with us. Special acknowledgement is also due to our RDHS NAIDOC Working Group, led by Roberta Atkinson, Aboriginal Hospital Liaison Officer (AHLO), whose leadership ensured a meaningful and inclusive celebration.

In December 2024, we celebrated our Days of Joy across all campuses. Executive staff embraced the spirit of servant leadership by preparing decorations, cooking food, and participating in staff service recognition awards. During this period, RDHS also joined Mallee Track Health and Community Services in a Christmas Door Decorating Challenge. This fun and collaborative competition highlighted creativity, teamwork, and sustainability, with our RDHS team of Dieticians, Maternity Nurse, and Social Workers taking home the inaugural award in 2025.

Continuing our commitment to staff wellbeing, RDHS also launched a Wellness Committee, comprising staff and management representatives. This initiative reflects our focus on building a supportive and healthy workplace culture where staff feel valued, connected, and engaged.

Looking Ahead

As we look toward 2025, RDHS remains committed to innovation, inclusivity, and collaboration. We will continue to build on the strong foundations established this year — delivering healthcare that is accessible, community-focused, and sustainable into the future.

We extend our deepest thanks to our staff, volunteers, partners, and community members. Your trust and support make our shared achievements possible.



B Lincoln

Benjamin Lincoln
Board Chair
Robinvale District Health Services
6 October 2025



Ro Enever
Chief Executive Officer
Robinvale District Health Services
6 October 2025



Board of Directors

.....

Jessica Curran (Board Chair)

.....

Jacqueline Storer (Vice Chair)

(Term ending 01/07/2025)

.....

Lane Li

.....

Dr Rex Prabhu

.....

Dr Josh Fergeus

(Term ending 01/07/2025)

.....

Benjamin Lincoln

.....

Thelma Chilly

.....

Board Committees

.....

Executive Committee (including Capital Works and Projects)

- Jessica Curran (Board Chair)
 - Jacqueline Storer (Vice Chair)
 - Benjamin Lincoln
 - Thelma Chilly
-

Finance and Audit Committee

- Guy Fielding (Independent Member)
 - Ginnette Chirchiglia (Independent Member)
 - Mark Nish (Independent Member)
 - Jessica Curran
 - Jacqueline Storer (Chair)
-

Clinical Governance Committee

- Dr Rex Prabhu (Chair)
 - Dr Josh Fergeus (Vice Chair)
 - Jessica Curran
-

Community Advisory Committee

- Jessica Curran
 - Dr Rex Prabhu
-

Executive Staff

Chief Executive Officer

Ro Enever

The Chief Executive officer is responsible to the Board of management for the efficient and effective management of Robinvale District Health Services. Major responsibilities include the development and implementation of operational and strategic planning, maximising service efficiency and quality improvement and minimising risk.

Deputy Chief Executive Officer / Director of Corporate Services

Vicki Shawcross

The Director Corporate Services has operational responsibility for corporate support services provided to support the organisation. Financial Services, People and Culture, Health Information Systems, Information Communication Technology, Capital Projects, Hotel Services, Procurement, Maintenance, Fleet, Administration/ Customer Services, Corporate Reporting & Publications, Robinvale/Euston Tourist Information Centre.

Executive Director of Nursing

Lisa Robertson (Ending January 2025) Gianne Bawaan (Commencing February 2025)

The Executive Director of Nursing has professional and executive responsibility for planning, coordination, management, monitoring, evaluation and improvement of clinical services in acute, residential aged care, renal dialysis and infection control areas. Major areas of responsibility include clinical governance, clinical leadership, standards of practice, service and strategic planning, clinical risk management and quality improvement.

Director of Primary and Community Services

James Selby (Ending April 2025) Caroline Martin (Commencing May 2025)

The Director of Primary and Community Services provides oversight of the Health and Wellbeing team and Early Years staff. This includes allied health clinicians, nursing and midwifery and education staff. In addition to the staff, there are a number of contracts that the Director of Primary and Community Services manages for the provision of clinical and other services.

Director of Medical Services

Dr Craig Winters

The Director of Medical Services provides medical leadership and governance to the organisation.

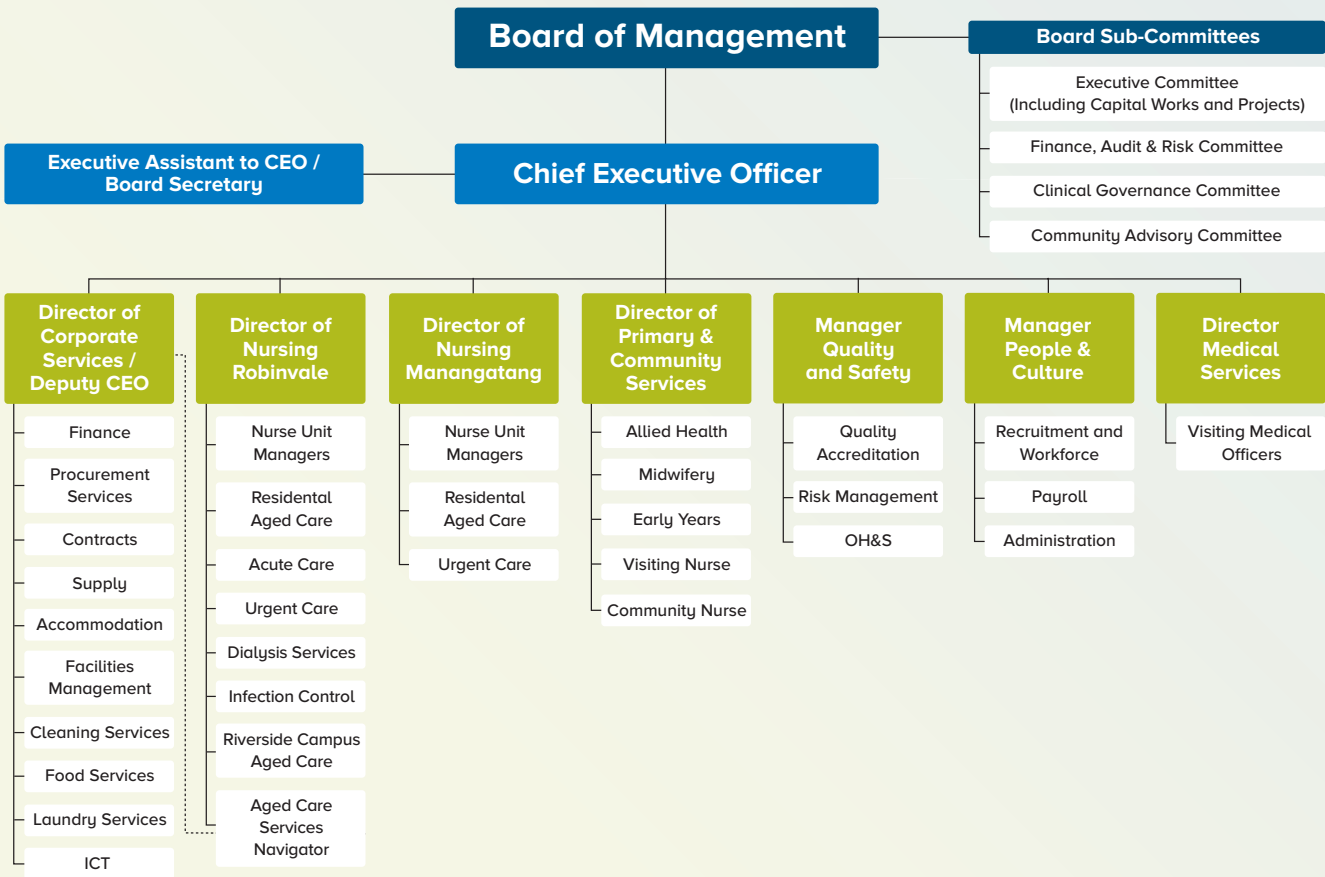
Visiting Medical Officer

Dr Kane Treble Dr Yusef Kilic (Ending February 2025) Dr Jennifer Conway (Ending February 2025) Dr Elvis Igbinovia (Ending February 2025) Dr Catherine Sloan (Ending December 2024)

The Visiting Medical Officer (VMO) is contracted by the health service to provide specific medical services nominated by the health service.



Organisational Structure





Workforce

Workforce Data

Hospitals Labour Category	June Current Month Full Time Equivalent (FTE)*		Average Monthly Full Time Equivalent (FTE)**	
	2024	2025	2024	2025
Nursing	35.34	43.69	36.67	39.91
Administration and Clerical	17.16	14.66	16.1	16.07
Medical Support	0	0	0	0
Hotel and Allied Services	28.7	28.84	28.5	28.0
Medical Officers	0.13	0.13	0.09	0.08
Hospital Medical Officers	0	0	0	0
Sessional Clinicians	0	0	0	0
Ancillary Staff (Allied Health)	25.03	25.54	23.82	24.16

The FTE figures required in the table are those excluding overtime. These do not include contracted staff (e.g. Agency nurses, Fee-for-Service Visiting Medical Officers) who are not regarded as employees for this purpose. The data should be consistent with that provided in the Minimum Employee Data Set. The order of the fields in the hospitals labour category must not be changed. Note Ambulance Victoria's workforce data table may differ.

Workforce Inclusion Policy

RDHS continues to adopt an inclusive and diverse culture by raising awareness of gender equality and diversity within our workplace and in our local communities. In order to achieve this objective, RDHS has focussed on key priority areas, being:

- We open meetings and gatherings with Acknowledgment to Country and our commitment to celebrating gender equality and inclusion.

- Data Collection and Analysis - Identify strategies to improve existing workforce systems to support a more effective analysis and reporting against the gender equality indicators and to gather data on prevalence of flexible working arrangements - by employees being offered the opportunity to contribute to data collection when completing pre employment documentation.

Continued...

- Gender equality training - Ensure that all new staff complete a mandatory online course to increase understanding of gender inequality and required workplace-related behaviours. This training module is included in the annual mandatory training for all staff.
- All staff complete training which includes a mandatory online module on Aboriginal Cultural Awareness and mandatory F2F Cultural Awareness training is provided throughout the year.
- A comprehensive audit of all recruitment policies and procedures has been undertaken. All recruitment policies and procedures include best practice principles for recruitment of First Nations peoples.
- All recruitment policies and procedures include specific reference to being an inclusive employer.

Occupational Health and Safety Data

Occupational Health and Safety Statistics	2022–2023	2023–2024	2024–2025
The number of reported hazards/incidents for the year per 100 FTE	7	18	26
The number of 'lost time' standard WorkCover claims for the year per 100 FTE	4	0.95	0
The average cost per WorkCover claim for the year ('000)	\$16	\$17	\$0

Monitoring of Occupational Health and Safety of staff within RDHS occurs through incident analysis and investigation. RDHS works collaboratively with staff to identify and control risk through the Occupational Health and Safety Committee.

KPIs including Occupational Health and Safety Incidents, Occupational Violence and Aggression Incidents, Bullying Claims, Environmental Inspections and Staff Injuries are all reported to the Executive/Occupational Health and Safety Committee and Board on a regular basis.



Occupational Violence

Occupational Violence Statistics	2023–2024	2024–2025
Workcover accepted claims with an occupational violence cause per 100 FTE	0	0
Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	0	0
Number of occupational violence incidents reported	6	4
Number of occupational violence incidents reported per 100 FTE	6	3.7
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	17% (1)	0

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 2024–2025.

Lost time

Defined as greater than one day.

Injury, illness or condition

This includes all reported harm as a result of the incident, regardless of whether the employee required time off work or submitted a claim.





Financial Information

Significant changes in financial position

Commonwealth operating grants increased by \$1.5M due to higher occupancy rates at Riverside Hostel along with an increase in the average level of AN-ACC funding received per resident. The 24/7 Registered Nurse supplement targets were also met along with supported resident ratio which provides a higher level of subsidy if achieved. Another factor for the higher rate of funding is the means profile or resident mix (determined by Services Australia assets/income test). There has been a greater number of fully or partially supported residents whereby the Government pays an accommodation supplement rather than the resident having to pay an accommodation fee.

Commercial activities increased by \$171K with increasing rent and utility recoveries matched by corresponding expenditure.

Agency expenditure reduced from \$2.5M to \$1.7M.

Performance against operational and budgetary objectives

The health service reported an operating surplus of \$18K which was positive compared to the approved break-even position of \$0. This was a significant improvement on the \$377K operating deficit achieved in 2023–24 with the main drivers being the increased residential aged care revenue along with the reduction in agency staffing.

Significant events occurring after balance date

There are no events subsequent to balance date that will have a significant effect on the operations on the health service or the balances and disclosures within this report.



Financial Information	2025 \$'000	2024 \$'000	2023 \$'000	2022 \$'000	2021 \$'000
OPERATING RESULT*	18	(377)	97	140	337
Total revenue	19,759	18,855	18,106	16,667	16,230
Total expenses	(21,741)	(20,037)	19,800	17,521	17,397
Net result from transactions	(1,982)	(1,182)	(1,694)	(854)	(1,167)
Total other economic flows	69	70	(15)	48	103
Net result	(1,913)	(1,112)	(1,709)	(806)	(1,064)
Total assets	42,842	44,893	29,328	30,854	29,220
Total liabilities	8,381	8,519	7,545	7,362	6,936
Net assets/Total equity	34,461	36,374	21,783	23,492	22,284

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

Reconciliation of Net Result from Transactions and Operating Result	2024–2025 \$'000
Operating result	18
Capital purpose income	653
Specific income	-
COVID 19 State Supply Arrangements - Assets received free of charge or for nil consideration under the State Supply	-
State supply items consumed up to 30 June 2025	-
Assets provided free of charge	-
Assets received free of charge	-
Expenditure for capital purpose	(32)
Depreciation and amortisation	(2,612)
Impairment of non-financial assets	-
Finance costs (other)	(9)
Net result from transactions	1,982

Consultancies

Details of consultancies (under \$10,000)

In 2024–2025, there were no consultancies where the total fees payable to the consultants were less than \$10,000. The total expenditure incurred during 2024–2025 in relation to these consultancies is \$0 (excl. GST).

Government Advertising Campaign

Nil reports

Reviews and Study Expenses

During 2024–25, there were no applicable reviews and studies expenses undertaken at RDHS.



Information and Communication Technology (ICT) expenditure

The total ICT expenditure incurred during 2024–2025 is \$0.736 million (excluding GST) with the details shown below:

Business as Usual (BAU) ICT expenditure		Non-Business as Usual (non-BAU) ICT expenditure	
Total (excluding GST)	Total = Operational Expenditure and Capital Expenditure (excluding GST) (a) + (b)	Operational Expenditure (excluding GST) (a)	Capital Expenditure (excluding GST) (b)
\$0.736 million	\$0.736 million	\$0.00 million	\$0.00 million



Environmental Performance

Robinvale District Health Services (RDHS) is committed to improving environmental sustainability within the healthcare sector. RDHS efforts to improve our environmental sustainability include the installation of solar panels at the RDHS main campus and Manangatang campus, where possible procuring through suppliers who use recycled packaging, recycling batteries and printer cartridges, mulching gardens and planting drought resistant plants.

RDHS will continue to explore environmental and sustainability practices to help us better integrate and gain strategic value by improving our environmental performance.

Electricity Use

EL1 Total electricity consumption segmented by source [MWh]	Jul-24 to Jun-25	Jul-23 to Jun-24	Jul-22 to Jun-23
Purchased	864.08	917.96	929.88
Self-generated	135.33	34.51	34.38
EL1 Total electricity consumption [MWh]	999.41	952.47	964.26
EL2 On site-electricity generated [MWh] segmented by:	Jul-24 to Jun-25	Jul-23 to Jun-24	Jul-22 to Jun-23
Consumption behind-the-meter			
Solar Electricity	135.33	34.51	34.38
Total Consumption behind-the-meter [MWh]	135.33	34.51	34.38
Exports			
Solar Electricity	0.00	0.00	0.00
Total Electricity exported [MWh]	0.00	0.00	0.00
EL2 Total On site-electricity generated [MWh]	135.33	34.51	34.38
EL3 On-site installed generation capacity [kW converted to MW] segmented by:	Jul-24 to Jun-25	Jul-23 to Jun-24	Jul-22 to Jun-23
Diesel Generator	0.62	0.62	0.62
Solar System	0.12	0.12	0.12
EL3 Total On-site installed generation capacity [MW]	0.74	0.74	0.74
EL4 Total electricity offsets segmented by offset type [MWh]	Jul-24 to Jun-25	Jul-23 to Jun-24	Jul-22 to Jun-23
LGCs voluntarily retired on the entity's behalf		0.00	0.00
GreenPower		11.99	7.36
RPP (Renewable Power Percentage in the grid)	158.19	172.21	174.82
Certified climate active carbon neutral electricity purchased		0.00	0.00
EL4 Total electricity offsets [MWh]	158.19	184.20	182.18

Stationary Energy

F1 Total fuels used in buildings and machinery segmented by fuel type [MJ]	Jul-24 to Jun-25	Jul-23 to Jun-24	Jul-22 to Jun-23
LPG	1,764,425.70	1,656,900.00	448,891.60
F1 Total fuels used in buildings [MJ]	1,764,425.70	1,656,900.00	448,891.60
F2 Greenhouse gas emissions from stationary fuel consumption segmented by fuel type [Tonnes CO2-e]	Jul-24 to Jun-25	Jul-23 to Jun-24	Jul-22 to Jun-23
LPG	106.92	103.00	27.20
F2 Greenhouse gas emissions from stationary fuel consumption [Tonnes CO2-e]	106.92	103.00	27.20



Transportation Energy

T1 Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type [MJ]	Jul-24 to Jun-25	Jul-23 to Jun-24	Jul-22 to Jun-23
Non-executive fleet - Gasoline	602,552.70	Not Reported	Not Reported
Petrol	602,552.70	Not Reported	Not Reported
Non-executive fleet - Diesel	353,213.20	Not Reported	Not Reported
Diesel	353,213.20	Not Reported	Not Reported
Total energy used in transportation (vehicle fleet) [MJ]	955,765.90	Not Reported	Not Reported
T2 Number and proportion of vehicles in the organisational boundary segmented by engine/fuel type and vehicle category			
6 x Hybrid 4 x Diesel 11 x Unleaded			
T3 Greenhouse gas emissions from transportation (vehicle fleet) segmented by fuel type [Tonnes CO2-e]	Jul-24 to Jun-25	Jul-23 to Jun-24	Jul-22 to Jun-23
Non-executive fleet - Gasoline	40.74	Not Reported	Not Reported
Petrol	40.74	Not Reported	Not Reported
Non-executive fleet - Diesel	24.87	Not Reported	Not Reported
Diesel	24.87	Not Reported	Not Reported
Total Greenhouse gas emissions from transportation (vehicle fleet) [tonnes CO2-e]	65.61	Not Reported	Not Reported
T4 Total distance travelled by commercial air travel (passenger km travelled for business purposes by entity staff on commercial or charter aircraft)	Jul-24 to Jun-25	Jul-23 to Jun-24	Jul-22 to Jun-23
Total distance travelled by commercial air travel	Not Reported	Not Reported	Not Reported
T(opt1) Total vehicle travel associated with entity operations (1,000 km)	Jul-24 to Jun-25	Jul-23 to Jun-24	Jul-22 to Jun-23
Total vehicle travel associated with entity operations (1,000 km)	216,255	Not Reported	Not Reported
T(opt2) Greenhouse gas emissions from vehicle fleet (CO2-e(t) per 1,000 km)	Jul-24 to Jun-25	Jul-23 to Jun-24	Jul-22 to Jun-23
CO2-e(t) per 1,000 km	Not Reported	Not Reported	Not Reported

Total Energy Use

E1 Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) [MJ]	Jul-24 to Jun-25	Jul-23 to Jun-24	Jul-22 to Jun-23
Total energy usage from stationary fuels (F1) [MJ]	1,764,425.70	1,656,900.00	448,891.60
Total energy usage from transport (T1) [MJ]	955,765.90		
Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) [MJ]	2,720,191.60	1,656,900.00	448,891.60
E2 Total energy usage from electricity [MJ]	Jul-24 to Jun-25	Jul-23 to Jun-24	Jul-22 to Jun-23
Total energy usage from electricity [MJ]	3,597,880.89	3,428,901.11	3,471,347.31

Continued...

Total Energy Use *Continued...*

E3 Total energy usage segmented by renewable and non-renewable sources [MJ]	Jul-24 to Jun-25	Jul-23 to Jun-24	Jul-22 to Jun-23
Renewable	1,056,645.29	787,364.12	779,629.78
Non-renewable (E1 + E2 - E3 Renewable)	5,261,427.20	2,641,536.98	3,140,609.13

E4 Units of Stationary Energy used normalised: (F1+E2)/normaliser	Jul-24 to Jun-25	Jul-23 to Jun-24	Jul-22 to Jun-23
Energy per unit of Aged Care OBD [MJ/Aged Care OBD]	422.73	280.39	423.08
Energy per unit of LOS [MJ/LOS]	3,792.30	2,442.24	3,712.35
Energy per unit of bed-day (LOS+Aged Care OBD) [MJ/OBD]	380.33	251.51	379.79
Energy per unit of Separations [MJ/Separations]	4,218.97	2,831.46	4,869.86
Energy per unit of floor space [MJ/m2]	479.63	306.70	350.65

Sustainable Buildings and Infrastructure

B1 Discuss how environmentally sustainable design (ESD) is incorporated into newly completed entity-owned buildings

Every opportunity is taken to incorporate ESD when updating facilities. This includes solar panels, lighting, low energy use electricals and reduced water.

Water Use

W1 Total units of metered water consumed by water source (kl)	Jul-24 to Jun-25	Jul-23 to Jun-24	Jul-22 to Jun-23
Potable water [kl]	15,589.89	19,428.20	15,235.81
Total units of water consumed [kl]	15,589.89	19,428.20	15,235.81

W2 Units of metered water consumed normalised by FTE, headcount, floor area, or other entity or sector specific quantity	Jul-24 to Jun-25	Jul-23 to Jun-24	Jul-22 to Jun-23
Water per unit of Aged Care OBD [kl/Aged Care OBD]	1.23	1.41	1.60
Water per unit of LOS [kl/LOS]	11.03	12.28	16.69
Water per unit of bed-day (LOS+Aged Care OBD) [kl/OBD]	1.11	1.27	1.71
Water per unit of Separations [kl/Separations]	12.27	14.23	21.90
Water per unit of floor space [kl/m2]	1.39	1.54	1.61

Waste and Recycling

WR1 Total units of waste disposed of by waste stream and disposal method [kg]	Jul-24 to Jun-25	Jul-23 to Jun-24	Jul-22 to Jun-23
Offsite treatment			
Clinical waste - incinerated		22.00	
Clinical waste - sharps	110.50	110.78	104.79
Clinical waste - treated	2,805.94	2,813.00	2,194.00
Recycling/recovery (disposal)			
Total units of waste disposed [kg]	2,916.45	2,945.78	2,298.79

WR2 Total units of waste disposed of by waste stream and disposal method [%]	Jul-24 to Jun-25	Jul-23 to Jun-24	Jul-22 to Jun-23
Landfill (total)			
General waste	Not Reported	Not Reported	Not Reported
Offsite treatment			
Clinical waste - incinerated		0.75%	
Clinical waste - sharps	3.79%	3.76%	4.56%
Clinical waste - treated	96.21%	95.49%	95.44%
Recycling/recovery (disposal)			

WR3 Total units of waste disposed normalised by FTE, headcount, floor area, or other entity or sector specific quantity, by disposal method	Jul-24 to Jun-25	Jul-23 to Jun-24	Jul-22 to Jun-23
Total waste to offsite treatment per PPT [(kg offsite treatment)/PPT]	0.19	0.20	0.21

WR4 Recycling rate [%]	Jul-24 to Jun-25	Jul-23 to Jun-24	Jul-22 to Jun-23
Weight of recyclable and organic materials [kg]			
Weight of total waste [kg]	2,916.45	2,945.78	2,298.79
Recycling rate [%]			

WR5 Greenhouse gas emissions associated with waste disposal [tonnes CO2-e]	Jul-24 to Jun-25	Jul-23 to Jun-24	Jul-22 to Jun-23
Tonnes CO2-e	3.79	3.82	2.99

Greenhouse Gas Emissions

G1 Total scope one (direct) greenhouse gas emissions [tonnes CO2e]	Jul-24 to Jun-25	Jul-23 to Jun-24	Jul-22 to Jun-23
Carbon Dioxide	171.52	99.41	27.02
Methane	0.37	0.00	0.09
Nitrous Oxide	0.65	0.00	0.09
Total	172.54	99.41	27.20
Scope 1 GHG emissions from stationary fuel (F2 Scope 1) [tonnes CO2-e]	106.92	99.41	27.20
Scope 1 GHG emissions from vehicle fleet (T3 Scope 1) [tonnes CO2-e]	65.61		
Total scope one (direct) greenhouse gas emissions [tonnes CO2e]	172.54	99.41	27.20
G2 Total scope two (indirect electricity) greenhouse gas emissions [tonnes CO2e]	Jul-24 to Jun-25	Jul-23 to Jun-24	Jul-22 to Jun-23
Electricity	570.20	603.77	638.78
Total scope two (indirect electricity) greenhouse gas emissions [tonnes CO2e]	570.20	603.77	638.78
G3 Total scope three (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (tonnes CO2e)	Jul-24 to Jun-25	Jul-23 to Jun-24	Jul-22 to Jun-23
Commercial air travel			
Waste emissions (WR5)	3.79	2.93	2.99
Indirect emissions from Stationary Energy	113.08	71.76	91.37
Indirect emissions from Transport Energy	16.47		
Paper emissions			
Water emissions	25.50	28.93	29.86
Any other Scope 3 emissions			
Total scope three greenhouse gas emissions [tonnes CO2e]	158.84	103.62	120.17
G(Opt) Net greenhouse gas emissions (tonnes CO2e)	Jul-24 to Jun-25	Jul-23 to Jun-24	Jul-22 to Jun-23
Gross greenhouse gas emissions (G1 + G2 + G3) [tonnes CO2e]	901.58	714.73	786.15
Carbon Neutral Electricity		0.05	0.08
Green Power Electricity		-10.91	-7.03
Purchased LGCs		-10.91	-7.03
Any Offsets purchased		-10.91	-7.03
Net greenhouse gas emissions [tonnes CO2e]	901.58	703.82	779.12

Normalisation Factors

	Jul-24 to Jun-25	Jul-23 to Jun-24	Jul-22 to Jun-23
Aged Care OBD	12,685.00	12,200.00	9,266.00
FTE	109.00	105.00	102.00
LOS	1,414.00	1,404.00	1,056.00
OBD	14,099.00	13,633.00	10,322.00
PPT	15,370.00	14,844.00	11,127.00
Separations	1,271.00	1,211.00	805.00
Total Area M ²	11,180.00	11,180.00	11,180.00

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

Disclosures Required Under Legislation

Freedom of Information

In 2024–25, a total of 5 formal requests for information were received and processed under the *Freedom of Information Act 1982*, all were acceded to and received by the general public. Section 17(2A) of the Act requires payment of an application fee of \$32.70 per request, unless the applicant applies for this to be waived with a Concession Card, Pension Card, or due to hardship. RDHS waived the application fee for three requests in 2024–25. There are further costs associated with the request, being search fee, photocopying costs and postage (if applicable). Freedom of Information requests are required to be made on a Robinvale District Health Services Freedom of Information Application Form. Such form can be obtained by contacting the Robinvale District Health Services Freedom of Information officer on 03 5051 8111 or info@rdhs.com.au. Robinvale District Health Services complies with the mandatory reporting guidelines of data submission annually to the Office of Victorian Information Commissioner. Further information relating to freedom of information can be found at www.ovic.vic.gov.au or by contacting the Office of the Victorian Information Commissioner on 1300 006 842.

Building Act 1993

Robinvale District Health Services complied fully with the building and maintenance provisions of the *Building Act 1993* guidelines for publicly owned buildings. Robinvale District Health Services also complied with the relevant provisions of the National Construction Code and the Department of Health Fire Risk Management Guidelines.

Public Interest Disclosure Act 2012

RDHS has a protocol, including policy, consistent with the requirements of the Act that supports staff to disclose serious misconduct or corruption within the organisation and public health services in Victoria. RDHS received no notification during the 2024–2025 financial year.

National Competition Policy Compliance

Robinvale District Health Services supports and complies with the Victorian Government's National Competition Policy, including compliance with the requirements of the policy statement 'Competitive Neutrality Policy Victoria', and any subsequent reforms. There have been no changes to Robinvale District Health Services significant business activities during the reporting period. Robinvale District Health Services has not received any complaints in relation to competitive neutrality.

Our Commitment to Social Procurement

At Robinvale District Health Services (RDHS), we are committed to embedding social procurement principles into our operations, in alignment with the Victorian Government's Social Procurement Framework (SPF).

As a small rural health service located in northern Victoria, RDHS plays a vital role in supporting the health and wellbeing of our diverse and geographically dispersed community. We recognise that our procurement activities can help address disadvantage, support Aboriginal businesses and communities, improve economic inclusion, and contribute to environmental sustainability. RDHS is committed to delivering social, economic and environmental value directly and indirectly through procurement by:

- Creating Opportunities for Disadvantaged Victorians
- Supporting Aboriginal Participation and Engagement
- Strengthening Local Economic Outcomes
- Promoting Gender Equality & Workplace Diversity
- Fostering Sustainable Business Practices

RDHS reports \$1,500 direct spend with 1 social benefit supplier for the 2024–25 period.

We do however have indirect spend with a number of non-registered social benefit suppliers and will continue to encourage them to register.

There are also indirect benefits where RDHS's tender processes include social benefit requirements for suppliers and where RDHS utilises Health Share Victoria contracts.

Grants and Transfer Payments

Robinvale District Health Services did not administer any grants, transfer payments or Commercial-in-Confidence grants in 2024–25.

Carers Recognition Act 2012

In accordance with the *Carer's Recognition Act 2012*, Robinvale District Health Services has complied with the provisions through ensuring that its employees and agents have an awareness and understanding of the care relationship principles. All staff respect and recognise carers, support them as individuals, recognise their efforts and dedication, take into account their views and cultural identity, recognise their social wellbeing and provide due consideration of the effect of being a carer.

Additional information available on request

Details in respect of the items listed below have been retained by the Health Service and are available to the relevant Ministers, Members of Parliament and the public on request (subject to the freedom of information requirements, if applicable):

- 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, including annual Aboriginal cultural safety reports and plans, 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, including any Aboriginal advisory or governance committees, 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.

This information is available on request from:
Robinvale District Health Services
Phone: (03) 50518111
Email: info@rdhs.com.au

Local Jobs First Act 2003

Robinvale District Health Services has complied with the *Local Jobs First Act 2003* and the Victorian Industry Participation Policy. RDHS has commenced and/or completed no contracts in the financial year to which the Victorian Industry Participation Policy Plan was required. RDHS has had one conversation with the Industry Capability Network that corresponded with the registration and issue of an Interaction Reference Number.

Safe Patient Care Act 2015

Robinvale District Health Services has nil matters to report in relation to its obligations under section 40 of the *Safe Patient Care Act 2015*.

Gender Equality Act 2020

In response to the *Gender Equality Act 2020* (GE Act) that was introduced in March 2021, Robinvale District Health Services submitted their 2021–2025 Gender Equality Action Plan.

RDHS will continue to strive for gender equality and have it as a cornerstone of our work and service environment for all people. The plan represents RDHS's commitment to promoting gender equality in the workplace. Following consultation with our staff, we committed to providing a culturally safe environment for all our staff, volunteers and community and promote respect, diversity and inclusion in all areas of the service, while also aligning to our corporate values.

Attestations and Declarations

Financial Management Compliance Attestation

I, Benjamin Lincoln, on behalf of the Responsible Body, certify that the Robinvale District Health Services has no Material Compliance Deficiency with respect to the applicable Standing Directions under the *Financial Management Act 1994* and Instructions.



Benjamin Lincoln
Board Chair
Robinvale District Health Services
11 September 2025

Data Integrity Declaration

I, Ro Enever, certify that Robinvale District Health Services has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance. Robinvale District Health Services has critically reviewed these controls and processes during the year.



Ro Enever
Chief Executive Officer
Robinvale District Health Services
30 June 2025

Conflict of Interest Declaration

I, Ro Enever, certify that Robinvale District Health Services 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 Robinvale District Health Services and members of the board, and all declared conflicts have been addressed and are being managed. Conflict of interest is a standard agenda item for declaration and documenting at each executive board meeting.



Ro Enever
Chief Executive Officer
Robinvale District Health Services
30 June 2025

Integrity, Fraud and Corruption Declaration

I, Ro Enever, certify that Robinvale District Health Services has put in place appropriate internal controls and processes to ensure that Integrity, fraud and corruption risks have been reviewed and addressed at Robinvale District Health Services during the year.



Ro Enever
Chief Executive Officer
Robinvale District Health Services
30 June 2025

MPS Service Plan:

Key Achievements and Challenges

Several implementation actions are required to achieve the implementation of the service plan. These are outlined below:

Recommendation	Indicator of Success	Outcome
Continue capital and infrastructure planning to reduce the infrastructure risks and plan for the required infrastructure.	<p>Infrastructure which meets the needs of RDHS and the community.</p> <p>Strategic planning supports future service delivery.</p> <p>Improved safety and upgraded facilities for residents.</p> <p>Facilities meet current infection control and food safety standards.</p> <p>Improved fire safety systems.</p>	<p>Ongoing improvements and maintenance of existing infrastructure are being carried out.</p> <p>A Yield Analysis, funded by the Department of Health, is informing future planning for Aged Care Services.</p> <p>Significant refurbishment works at Riverside Campus are underway, including near-completion of the redesigned outdoor area.</p> <p>Riverside Campus kitchen upgrade completed to align with compliance standards.</p> <p>Fire Indicator Panel at main campus hospital entrance successfully replaced with RDHS funding.</p>

Recommendation	Indicator of Success	Outcome
<p>Progress workforce planning in collaboration with the Local Health Service Network and partnerships with other health and community providers to:</p> <ul style="list-style-type: none"> • Enhance workforce sustainability • Develop clinical pathways to enhance local service provision (e.g. virtual clinics, care models) <p>Support staff development to maintain and grow workforce capability</p> <p>Provide mentoring, supervision, and support for health student placements at RDHS</p> <p>Support specialised training in priority areas such as Renal Dialysis, Infection Control, and Immunisation</p>	<ul style="list-style-type: none"> • Workforce plan actions implemented. • International recruitment- We continue to be actively recruiting overseas for Nursing and Allied Health Professionals. 	<p>Ongoing active international recruitment for Nursing and Allied Health Professionals including incentivising potential staff.</p> <p>Exploration of shared employment model with Loddon Mallee Local Health Service Network (LMLHSN) to address staffing shortfalls.</p>
	<ul style="list-style-type: none"> • Assistance with the cost of professional development, ensuring that skills are maintained. • Increased staff capability. 	RDHS continues to subsidise professional development to ensure staff maintain and improve their skills.
	<ul style="list-style-type: none"> • Enhanced retention through professional development. 	
	<ul style="list-style-type: none"> • RDHS ongoing support to clinical staff to undertake training in, Immunisation, Renal Dialysis and Infection Control. • Increased awareness of rural health career pathways. • Successful student placements and transitions into workforce. 	<p>Ongoing support provided for training in Immunisation, Renal Dialysis, and Infection Control.</p> <p>Continued mentoring and supervision provided for students undertaking placements at RDHS.</p> <p>RDHS showcases career opportunities to build future workforce capacity.</p>

Continued...

Recommendation	Indicator of Success	Outcome
Build a sustainable aged care service model and pathway from community-based care to palliation	<p>Residential aged care is not the default housing option for locals unable to downsize accommodation.</p> <p>Increased use of intentional and targeted respite to support people to remain at home.</p> <p>Sustained or increased demand for respite care across RDHS campuses, indicating community reliance on respite to prevent early or unnecessary residential admission.</p> <p>RDHS palliative care facility used when home-based care is not feasible.</p> <p>Cultural safety is embedded in the palliative care pathway:</p> <ul style="list-style-type: none"> • Staff training in cultural awareness. • Collaboration with Aboriginal and multicultural health organisations. • Use of culturally appropriate resources and practices in end-of-life care. <p>Formalised protocols are in place for timely and reliable access to sub-regional specialist palliative care physicians in Mildura and Swan Hill.</p>	<p>RDHS continues to experience strong demand for respite care across all residential aged care campuses, demonstrating community trust and effective support for carers.</p> <p>People at the end stages of life are supported in their preferred setting, whether at home (through HITH) or in the RDHS Palliative Care facility (bed-based palliative care), ensuring dignity and choice in dying.</p> <p>Cultural safety continues to grow within the palliative care pathway, ensuring that all clients — particularly Aboriginal and culturally diverse clients — feel respected and supported during end-of-life care.</p> <p>Sub-regional collaboration is strengthened, with RDHS actively accessing palliative care specialists in Mildura and Swan Hill to enhance local care quality and continuity.</p>

Recommendation	Indicator of Success	Outcome
Development of a chronic disease management model to enhance the health outcomes of the community. This will involve partnerships with Murray PHN, general practice and other organisations.	<ul style="list-style-type: none"> • RDHS has a chronic care model in the primary care setting to focus on care for chronic conditions that are: client-centred, timely, evidence-based, has a holistic team approach, facilitates self-management, is goal-orientated, and encourages health literacy. This model of care has been embedded into the policies and procedure of RDHS' service delivery in order for employees to be guided by this framework in CDM service delivery. • Support visiting Nephrology services from Royal Melbourne Hospital to continue to reach community members at pre-dialysis stage. <p>Preventive health groups include Aqua-Fit exercise classes, Strength and Balance group, HEAL.</p>	<p>RDHS continues to develop a model of care that addresses the needs of more complex patients in the community.</p> <p>Local GP's participate in regular case conferencing with Primary Care clinicians to address the needs of the more complex patients.</p> <p>RDHS has an established ongoing relationship with RMH Nephrology services to service the Renal Dialysis needs of the local community.</p> <p>Groups continue to be established and held regularly with the support of RDHS Allied Health Assistants & Physiotherapists.</p>

Continued...

Recommendation	Indicator of Success	Outcome
Optimise use of digital systems across RDHS including: <ul style="list-style-type: none"> • Using ICT systems to their full potential • Develop a business case for the investment in a scanned digital record system. • Increasing capacity for video-enabled telehealth services • Remote patient monitoring systems for deployment with community-based patients 	<ul style="list-style-type: none"> • Continued participation in regional, Loddon Mallee Health Network (LMHN) and Loddon Mallee Shared Services (LMSS) initiatives including ICT strategic planning for the Loddon Mallee Region. 	<p>RDHS continue to participate in all available LMHN and LMSS initiatives.</p> <p>The Regional Community Platform (RCP) will provide RDHS Clinicians with a digital patient record. RDHS is working with LMSS to have RCP accessible by all RDHS clinicians in 2026.</p>
	<ul style="list-style-type: none"> • Implementation of Chefmax for menu/meal management. 	<p>The rollout of Chefmax has been successfully completed at the main Campus kitchen with implementation to the Manangatang Campus and Riverside Campus expected later in 2025.</p>
	<ul style="list-style-type: none"> • Victorian Virtual Emergency Department (VVED), after hours a public health service to treat non-life-threatening emergencies in the Urgent Care Centre and Aged Care. 	<p>VVED is widely used across all RDHS campuses, supporting nursing staff and reducing the after-hours burden on GP's. The VVED has been well received by community.</p>
	<ul style="list-style-type: none"> • Virtual Medical Management of local RDHS patients from other health services in the sub-region. 	<p>Local community now able to be admitted into the hospital via the Virtual Doctor Service.</p>
	<ul style="list-style-type: none"> • Support for health services for implementation of Electronic Medical Records. 	<p>As a member of the Loddon Mallee Health Network, RDHS will be included in any plans for an EMR for the region.</p>

Recommendation	Indicator of Success	Outcome
Review the scope of community services provided and identify key areas of unmet demand ensuring continuity of service and care.	<ul style="list-style-type: none"> • Establishment of the RDHS Community Advisory Committee to identify key areas of unmet demand ensuring continuity of service and care. 	<p>RDHS had recognised the need for a Community Advisory Committee with representatives from the Board of Directors.</p> <p>RDHS had undertaken an advertising campaign seeking expressions of interest from local community representatives to sit on the Committee. This has not yet been successful.</p> <p>RDHS has finalised the Terms of Reference, and soon will recommence an advertising campaign.</p>

MPS Performance Priority and Activity Reporting

RDHS has prioritised activity and staffing to ensure safe, quality care outcomes are achieved. RDHS has worked in partnership with local health services to support our care services to enable relevant, timely, quality care to our patients / residents and community.

MPS Performance Priority Reporting

Key Performance Indicator	Target	Result
Quality and Safety		
Health service accreditation	Full compliance	Achieved
Compliance with cleaning standards	Full compliance	Achieved
Compliance with the Hand Hygiene Australia program	85%	94.5%
Percentage of healthcare workers immunised for influenza	94%	94%
Victorian Healthcare Experience Survey – percentage of positive patient experience responses	95% positive experience	Achieved
The gap between the number of Aboriginal patients who discharged against medical advice compared to non-Aboriginal patients (DAMA/LAMA)	0	Achieved
Governance and Leadership		
People Matter Survey – Safety Culture Among Healthcare Workers	80%	83%
Financial Stability		
Operating result (\$m)	\$0.00m	\$0.02m
Trade creditors	60 days	15 Days
Patient fee debtors	60 days	37 Days
Adjusted current asset ratio	0.7	1.56
Number of days available cash	14 days	156 days

For the purposes of the Annual Report and to enable acquittal against the tripartite agreements it is recommended that multipurpose services report aged care and acute care activity.

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.

Multi-Purpose Services Activity Reporting

MPS Funded Flexible Aged Care Places

Campus	Number
Flexible High Care	
Robinvale	14
Manangatang	10

MPS Utilisation of Flexible Aged Care Places

Campus	Number of Bed Days	Occupancy Level %
Flexible High Care		
Robinvale - Permanent	2984	69.69%
Robinvale - Respite	577	
Manangatang - Permanent	2088	63.32%
Manangatang - Respite	223	
Riverside		
Riverside - Permanent	6266	60.20%
Riverside - Respite	326	
Convalescent Care		
Robinvale	0	
Manangatang	20	
Riverside	0	

MPS Acute Care Activity

Service	Campus	Type of Activity	Actual Activity 2024–2025
Medical inpatients	Robinvale	Bed days	1414
	Manangatang	Bed days	0
Urgent care	Robinvale	Presentations	1551
	Manangatang	Presentations	129
Non-admitted patients	Robinvale	Occasions of service	3631
Palliative care	Robinvale	Number of clients	0
District nursing	Robinvale	Occasions of service	814
	Manangatang	Occasions of service	17
Maternity	Robinvale	Number of clients	1120
Renal dialysis	Robinvale	Number of clients	1199

MPS Primary Health Care Activity

Service	Actual Activity 2024–2025 (e.g. occasions of service / hours of service)	
Access and Support Worker*	Individual Occasions of Service	305
Allied Health Assistant*	Group Attendees	1496
Community Health Nursing*	Individual Occasions of Service	0
	Group Attendees	0
Cultural Officer*	Individual Occasions of Service	364
Dietetics*	Individual Occasions of Service	1543
Early Years*	Group Attendees	6069
Occupational Therapy*	Individual Occasions of Service	1715
Physiotherapy*	Individual Occasions of Service	1558
	Group Attendees	557
Planned Activity Group*	Number of Group Sessions	18
	Group Attendees	66
Podiatry*	Individual Occasions of Service	1563
Social Work*	Individual Occasions of Service	939
Speech Pathology*	Individual Occasions of Service	2107

* Includes services which are not funded, or only part funded through the MPS Tripartite Agreement.

Disclosure Index

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

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FRD 112	Defined Benefit Superannuation Obligations	46
FRD 114	Financial Instruments – general government entities and public non-financial corporations	61
Legislation		
<i>Freedom of Information Act 1982 (Vic) (FOI Act)</i>		24
<i>Building Act 1993</i>		24
<i>Public Interest Disclosures Act 2012</i>		24
<i>Carers Recognition Act 2012</i>		24
<i>Local Jobs Act 2003</i>		25
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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.

Financial Report

2024–2025



Financial Statements
Financial Year ended 30 June 2025

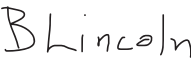


Board member’s, accountable officer’s, and chief finance & accounting officer’s declaration

The attached financial statements for Robinvale District Health Services 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 Robinvale District Health Services 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 22nd September, 2025.

Board member	Accountable Officer	Chief Finance & Accounting Officer
		
Benjamin Lincoln	Ro Enever	Andrew Arundell
Chair	Chief Executive Officer	Chief Financial and Accounting Officer (Contract)
Robinvale	Robinvale	Robinvale
22nd September, 2025	22nd September, 2025	22nd September, 2025

Independent Auditor's Report

To the Board of Robinvale District Health Services



Opinion	<p>I have audited the financial report of Robinvale District Health Services (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 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.



MELBOURNE
25 September 2025

Simone Bohan
as delegate for the Auditor-General of Victoria

Comprehensive Operating Statement
Robinvale District Health Services
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	5,257	3,442
Other sources of income	2.1	13,950	14,891
Non-operating activities		552	522
Total revenue and income from transactions		19,759	18,855
Expenses from transactions			
Employee expenses	3.1	(14,258)	(14,025)
Finance costs		(9)	(2)
Depreciation and amortisation	4.1(a)	(2,612)	(1,341)
Other operating expenses	3.1	(4,862)	(4,669)
Total expenses from transactions		(21,741)	(20,037)
Net result from transactions - net operating balance		(1,982)	(1,182)
Other economic flows included in net result			
Net gain/(loss) on sale of non-financial assets		71	30
Net gain/(loss) on financial instruments		(5)	(2)
Other gain/(loss) from other economic flows		3	42
Total other economic flows included in net result		69	70
Net result		(1,913)	(1,112)
Other economic flows - other comprehensive income			
Items that will not be reclassified to net result			
Changes in property, plant and equipment revaluation surplus		-	15,703
Total other comprehensive income		-	15,703
Comprehensive result		(1,913)	14,591

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

Balance Sheet
Robinvale District Health Services
As at 30 June 2025

		2025 \$'000	2024 \$'000
Financial assets			
Cash and cash equivalents	6.1	11,182	11,531
Receivables	5.1	1,090	846
Total financial assets		12,272	12,377
Non-financial assets			
Prepayments		127	167
Inventories		81	86
Property, plant and equipment	4.1	30,362	32,263
Total non-financial assets		30,570	32,516
Total assets		42,842	44,893
Liabilities			
Payables	5.2	1,110	975
Contract liabilities	5.3	1,046	977
Borrowings		259	10
Employee benefits	3.1(b)	2,926	2,821
Other liabilities	5.4	3,040	3,736
Total liabilities		8,381	8,519
Net assets		34,461	36,374
Equity			
Reserves		22,857	22,857
Contributed capital		22,352	22,352
Accumulated surplus/(deficit)		(10,748)	(8,835)
Total equity		34,461	36,374

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

Cash Flow Statement
Robinvale District Health Services
For the Financial Year Ended 30 June 2025

		2025	2024
	Note	\$'000	\$'000
Cash flows from operating activities			
Operating grants from State Government		16,095	9,958
Operating grants from Commonwealth Government		-	4,963
Capital grants from State Government		135	217
Capital grants from Commonwealth Government		-	9
Commercial activity revenue received		354	183
Donations and bequests received		16	-
GST received from ATO		535	386
Interest and investment income received		552	522
Other receipts		2,350	2,668
Total receipts		20,037	18,906
Payments to employees		(14,027)	(13,708)
Payments to suppliers and consumables		(1,768)	(1,459)
Finance costs		(9)	(2)
Other payments		(3,528)	(3,457)
Total payments		(19,332)	(18,626)
Net cash flows from/(used in) operating activities		705	280
Cash flows from investing activities			
Proceeds from sale of non-financial assets		71	39
Purchase of non-financial assets		(430)	(672)
Net cash flows from/(used in) investing activities		(359)	(633)
Cash flows from financing activities			
Repayment of borrowings and principal portion of lease liabilities		(5)	(4)
Net Receipt / (Repayment) of Accommodation Deposits		(690)	608
Net cash flows from/(used in) financing activities		(695)	604
Net increase/(decrease) in cash and cash equivalents held		(349)	251
Cash and cash equivalents at beginning of year		11,531	11,280
Cash and cash equivalents at end of year	6.1	11,182	11,531

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

Statement of Changes in Equity
Robinvale District Health Services
For the Financial Year Ended 30 June 2025

	Property, Plant and Equipment Revaluation Surplus \$'000	Contributed Capital \$'000	Accumulated Surplus/(Deficit) \$'000	Total \$'000
Balance at 1 July 2023	7,154	22,352	(7,723)	21,783
Net result for the year	-	-	(1,112)	(1,112)
Other comprehensive income for the year	15,703	-	-	15,703
Balance at 30 June 2024	22,857	22,352	(8,835)	36,374
Net result for the year	-	-	(1,913)	(1,913)
Balance at 30 June 2025	22,857	22,352	(10,748)	34,461

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

Robinvale District Health Services
For the Financial Year Ended 30 June 2025

Structure

- 1.1 Basis of preparation**
- 1.2 Material accounting estimates and judgements**
- 1.3 Reporting entity**
- 1.4 Economic dependency**

Note 1 About this Report

These financial statements represent the financial statements of Robinvale District Health Services for the year ended 30 June 2025.

Robinvale District Health Services is a not-for-profit entity established as a public agency under the Health Services Act 1998 (Vic). A description of the nature of its operations and its principal activities is included in the Report of Operations, which does not form part of these financial statements.

This section explains the basis of preparing the financial statements.

Note 1.1 Basis of preparation

These financial statements are general purpose financial statements which have been prepared in accordance with AASB 1060 *General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities* (AASB 1060) and Financial Reporting Direction 101 *Application of Tiers of Australian Accounting Standards* (FRD 101).

Robinvale District Health Services 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. Robinvale District Health Services' prior year financial statements were general purpose financial statements prepared in accordance with Australian Accounting Standards (Tier 1). As Robinvale District Health Services is not a 'significant entity' as defined in FRD 101, it was required to change from Tier 1 to Tier 2 reporting effective from 1 July 2024.

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

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

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

Robinvale District Health Services

For the Financial Year Ended 30 June 2025

Consistent with the requirements of AASB 1004 Contributions, contributions by owners (that is, contributed capital and its repayment) are treated as equity transactions and, therefore, do not form part of the income and expenses of Robinvale District Health Services.

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 Robinvale District Health Services on 22nd September, 2025.

Note 1.2 Material accounting estimates and judgements

Management makes estimates and judgements when preparing the financial statements.

These estimates and judgements are based on historical knowledge and the best available current information and assume any reasonable expectation of future events. Actual results may differ.

Revisions to estimates are recognised in the period in which the estimate is revised and also in future periods that are affected by the revision.

The material accounting judgements and estimates used, and any changes thereto, are disclosed within the relevant accounting policy.

Note 1.3 Reporting Entity

The financial statements include all the controlled activities of Robinvale District Health Services.

Robinvale District Health Services principal address is:

128-132 Latje Road
Robinvale, Victoria 3549

Note 1.4 Economic dependency

Robinvale District Health Services 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. Robinvale District Health Services provides essential services and is predominantly dependent on the continued financial support of the State Government, particularly the Department of Health, and the Commonwealth funding via the National Health Reform Agreement (NHRA). The State of Victoria plans to continue Robinvale District Health Services operations and on that basis, the financial statements have been prepared on a going concern basis.

Note 2 Funding delivery of our services

Robinvale District Health Services overall objective is to provide quality health service and to be a leading regional healthcare provider delivering timely, accessible, integrated and responsive services to the local community. Robinvale District Health Services is predominantly funded by grant funding for the provision of outputs. Robinvale District Health Services also receives income from the supply of services.

Structure

2.1 Revenue and income from transactions

Note 2.1 Revenue and income from transactions

		2025	2024
	Note	\$'000	\$'000
Revenue from contracts with customers	2.1(a)	5,257	3,442
Other sources of income	2.1(b)	14,502	15,413
Total revenue and income from transactions		19,759	18,855

Note 2.1(a) Revenue from contracts with customers

	2025	2024
	\$'000	\$'000
Government grants (State) - Operating	575	583
Government grants (Commonwealth) - Operating	3,246	1,675
Patient and resident fees	1,082	1,001
Commercial activities	354	183
Total revenue from contracts with customers	5,257	3,442

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 Robinvale District Health Services goods or services. Robinvale District Health Services 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 Robinvale District Health Services revenue streams, with information detailed below relating to Robinvale District Health Services material revenue streams:

Robinvale District Health Services

For the Financial Year Ended 30 June 2025

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

Patient and resident fees

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

Robinvale District Health Services
For the Financial Year Ended 30 June 2025

Note 2.1(b) Other sources of income

	2025	2024
Note	\$'000	\$'000
Government grants (State) - Operating	9,286	9,305
Government grants (Commonwealth) - Operating	2,917	3,288
Government grants (State) - Capital	135	479
Government grants (Commonwealth) - Capital	-	9
Other capital purpose income	15	86
Assets received free of charge or for nominal consideration	16	9
Other income from operating activities	1,581	1,715
Interest Income	552	522
Total other sources of income	14,502	15,413

How we recognise other sources of income

Government grants

Robinvale District Health Services 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 Robinvale District Health Services has an unconditional right to receive cash which usually coincides with receipt of cash. On initial recognition of the asset, Robinvale District Health Services 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 Robinvale District Health Services 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 Robinvale District Health Services 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.

Robinvale District Health Services

For the Financial Year Ended 30 June 2025

Note 3 The cost of delivering our services

This section provides an account of the expenses incurred by the health service in delivering services and outputs. In Section 2, the funds that enable the provision of services were disclosed and in this note the costs associated with the provision of services are disclosed.

Structure

3.1 Expenses incurred in the delivery of services

Note 3.1 Expenses incurred in the delivery of services

	2025	2024
Note	\$'000	\$'000
Employee expenses	14,258	14,025
Other operating expenses	4,862	4,669
Total expenses incurred in the delivery of services	19,120	18,694

Note 3.1(a) Employee expenses

	2025	2024
	\$'000	\$'000
Salaries and wages	11,173	10,357
Defined contribution superannuation expense	1,185	1,042
Agency expenses	1,764	2,485
Fee for service medical officer expenses	136	141
Total employee expenses	14,258	14,025

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 defined contribution superannuation plans that are paid or payable during the reporting period.

Notes to the Financial Statements
Robinvale District Health Services
For the Financial Year Ended 30 June 2025

Note 3.1(b) Employee related provisions

	2025	2024
	\$'000	\$'000
Current provisions for employee benefits		
Accrued days off	48	68
Annual leave	1,191	1,154
Long service leave	1,318	1,209
Provision for on-costs	184	167
Total current provisions for employee benefits	2,741	2,598
Non-current provisions for employee benefits		
Long service leave	162	196
Provision for on-costs	23	27
Total non-current provisions for employee benefits	185	223
Total provisions for employee benefits	2,926	2,821

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 Robinvale District Health Services 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 Robinvale District Health Services expects to wholly settle within 12 months or
- present value – if Robinvale District Health Services does not expect to wholly settle within 12 months.

Notes to the Financial Statements

Robinvale District Health Services

For the Financial Year Ended 30 June 2025

Long service leave

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

Unconditional LSL is disclosed in the notes to the financial statements as a current liability even where the Robinvale District Health Services 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 Robinvale District Health Services expects to wholly settle within 12 months or
- present value – if Robinvale District Health Services does not expect to wholly settle within 12 months.

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

Provisions

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

Notes to the Financial Statements
Robinvale District Health Services
For the Financial Year Ended 30 June 2025

Note 3.1(c) Other expenses

	2025	2024
	\$'000	\$'000
Other operating expenses		
Drug supplies	28	36
Medical and surgical supplies (including Prostheses)	212	252
Diagnostic and radiology supplies	3	9
Other supplies and consumables	681	660
Fuel, light, power and water	322	332
Repairs and maintenance	169	142
Maintenance contracts	203	152
Rental properties	293	181
Information technology	497	476
Insurance	180	242
Share of joint venture	938	849
Other administration expenses	1,336	1,338
Total other operating expenses	4,862	4,669

How we recognise other operating expenses

Expense recognition

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

Supplies and consumables

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

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

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

Variable lease payments that are not included in the measurement of the lease liability, i.e. variable lease payments that do not depend on an index or a rate such as those based on performance or usage of the underlying asset, are recognised in the Comprehensive Operating Statement (except for payments which have been included in the carrying amount of another asset) in the period in which the event or condition that triggers those payments occurs. Robinvale District Health Services 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.

Notes to the Financial Statements
Robinvale District Health Services
For the Financial Year Ended 30 June 2025

Note 4 Key assets to support service delivery

Robinvale District Health Services 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 Robinvale District Health Services to be utilised for delivery of services.

Structure

4.1 Property, plant and equipment

4.2 Depreciation and amortisation

Note 4.1 Property, plant and equipment

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2025	2024	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Land at fair value - Freehold	2,287	2,287	-	-	2,287	2,287
Buildings at fair value	28,568	28,528	(2,317)	-	26,251	28,528
Works in progress at cost	300	158	-	-	300	158
Plant, equipment and vehicles at fair value	5,092	4,745	(3,568)	(3,455)	1,524	1,290
Total property, plant and equipment	36,247	35,718	(5,885)	(3,455)	30,362	32,263

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.

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

	Land \$'000	Buildings \$'000	Plant & Equipment \$'000	Work in Progress \$'000	Total \$'000
Balance at 1 July 2024	2,287	28,528	1,290	158	32,263
Additions	-	31	515	165	711
Net transfers between classes	-	9	14	(23)	-
Depreciation	-	(2,317)	(295)	-	(2,612)
Balance at 30 June 2025	2,287	26,251	1,524	300	30,362

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, Robinvale District Health Services 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 Robinvale District Health Services' revaluation cycle.

For the Financial Year Ended 30 June 2025

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

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

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2025	2024	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Plant, equipment and vehicles at fair value	282	-	(29)	-	253	-
Total right-of-use assets	282	-	(29)	-	253	-

Plant, equipment and vehicles

	Total
	\$'000
Balance at 1 July 2024	-
Additions	282
Depreciation	(29)
Balance at 30 June 2025	253

How we recognise right-of-use assets

Initial recognition

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

Unless the lease is considered a short-term lease or a lease of a low-value asset the contract gives rise to a right-of-use asset and corresponding lease liability.

Notes to the Financial Statements

Robinvale District Health Services

For the Financial Year Ended 30 June 2025

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

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

Subsequent measurement

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

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

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

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

4.1(c) Impairment of property, plant and equipment

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

Notes to the Financial Statements
Robinvale District Health Services
For the Financial Year Ended 30 June 2025

Note 4.2 Depreciation and amortisation

How we recognise depreciation

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

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

How we recognise amortisation

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

Useful lives of non-current assets

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

	2025	2024
Buildings	7 - 44 years	7 - 60 years
Plant, equipment and vehicles (including leased assets)	2 - 10 years	2 - 10 years

Notes to the Financial Statements
Robinvale District Health Services
For the Financial Year Ended 30 June 2025

Note 5 Other assets and liabilities

This section sets out those assets and liabilities that arose from Robinvale District Health Services operations.

Structure

5.1 Receivables

5.2 Payables

5.3 Contract liabilities

5.4 Other liabilities

Note 5.1 Receivables

	2025	2024
Note	\$'000	\$'000
Current receivables		
Contractual		
Trade receivables	615	299
Patient fees	81	60
Allowance for impairment losses	(12)	(7)
Accrued revenue	2	39
Amounts receivable from governments and agencies	68	38
Total contractual receivables	754	429
Statutory		
GST receivable	88	137
Total statutory receivables	88	137
Total current receivables	842	566
Non-current receivables		
Contractual		
Long service leave - Department of Health	248	280
Total contractual receivables	248	280
Total non-current receivables	248	280
Total receivables	1,090	846
<i>(i) Financial assets classified as receivables</i>		
Total receivables	1,090	846
GST receivable	(88)	(137)
Total financial assets classified as receivables	1,002	709

7.1

Notes to the Financial Statements
Robinvale District Health Services
For the Financial Year Ended 30 June 2025

How we recognise receivables

Receivables consist of:

- **Contractual receivables**, including debtors that relate to goods and services. These receivables are classified as financial instruments and are categorised as ‘financial assets at amortised cost’. They are initially recognised at fair value plus any directly attributable transaction costs. The health service holds contractual receivables with the objective to collect the contractual cash flows and therefore they are subsequently measured at amortised cost using the effective interest method, less any impairment.
- **Statutory receivables**, including Goods and Services Tax (GST) input tax credits that are recoverable. Statutory receivables do not arise from contracts and are recognised and measured similarly to contractual receivables (except for impairment) but are not classified as financial instruments for disclosure purposes. The health service applies AASB 9 for initial measurement of the statutory receivables and as a result, statutory receivables are initially recognised at fair value plus any directly attributable transaction cost.

Notes to the Financial Statements
Robinvale District Health Services
For the Financial Year Ended 30 June 2025

Note 5.2 Payables

	2025	2024
Note	\$'000	\$'000
Current payables		
Contractual		
Trade creditors	444	458
Accrued salaries and wages	498	372
Accrued expenses	125	124
Inter hospital creditors	43	21
Total contractual payables	1,110	975
Total current payables	1,110	975
Total payables	1,110	975
<i>(i) Financial liabilities classified as payables</i>		
Total payables	1,110	975
Total financial liabilities classified as payables	7.1 1,110	975

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

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

Notes to the Financial Statements
Robinvale District Health Services
For the Financial Year Ended 30 June 2025

Note 5.3 Contract liabilities

Current

Contract liabilities

Total current contract liabilities

Total contract liabilities

2025 \$'000	2024 \$'000
1,046	977
1,046	977
1,046	977

How we recognise contract liabilities

Contract liabilities include consideration received in advance from customers in respect of activity based services. The balance of contract liabilities was slightly higher than the previous reporting period due to higher Renal NWAU targets being set by DH.

Contract liabilities are derecognised and recorded as revenue when promised goods and services are transferred to the customer. Refer to Note 2.1.

Notes to the Financial Statements
Robinvale District Health Services
For the Financial Year Ended 30 June 2025

Note 5.4 Other liabilities

	2025	2024
Note	\$'000	\$'000
Current monies held in trust		
Patient monies	2	16
Refundable accommodation deposits	3,030	3,720
Other monies	8	-
Total current monies held in trust	3,040	3,736
Total other liabilities	3,040	3,736
* Represented by:		
- Cash assets	6.1 3,040	3,736
	3,040	3,736

How we recognise other liabilities

Refundable Accommodation Deposit (RAD)/Accommodation Bond liabilities

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

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

Notes to the Financial Statements
Robinvale District Health Services
For the Financial Year Ended 30 June 2025

Note 6 How we finance our operations

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

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

Structure

6.1 Cash and cash equivalents

6.2 Commitments for expenditure

Note 6.1 Cash and Cash Equivalents

	2025	2024
Note	\$'000	\$'000
Cash on hand (excluding monies held in trust)	1	1
Cash at bank (excluding monies held in trust)	8,141	7,794
Total cash held for operations	8,142	7,795
Cash at bank (monies held in trust)	3,040	3,736
Total cash held as monies in trust	3,040	3,736
Total cash and cash equivalents	11,182	11,531

Note 6.2 Commitments for expenditure

There were no capital or operating commitments at 30 June 2025.

Note 7 Financial instruments, contingencies and valuation judgements

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

Structure

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

Notes to the Financial Statements

Robinvale District Health Services

For the Financial Year Ended 30 June 2025

Note 7.1 Financial instruments

Financial instruments arise out of contractual agreements that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Due to the nature of Robinvale District Health Services activities, certain financial assets and financial liabilities arise under statute rather than a contract (for example, taxes, fines and penalties). Such financial assets and financial liabilities do not meet the definition of financial instruments in AASB 132 Financial Instruments: Presentation.

30 June 2025					
Financial assets at amortised cost					
Note	Carrying amount \$'000	Net gain/(loss) \$'000	Total interest		
			income/ (expense) \$'000	Fee income/ (expense) \$'000	Impairment loss \$'000
6.1	11,182	-	552	-	-
5.1	1,002	-	-	-	-
Total financial assets ⁱ		-	552	-	-
Financial liabilities at amortised cost					
5.2	1,110	-	-	-	-
	259	-	(9)	-	-
5.4	3,030	-	-	-	-
5.4	2	-	-	-	-
Total financial liabilities ⁱ		-	(9)	-	-

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

Notes to the Financial Statements
Robinvale District Health Services
For the Financial Year Ended 30 June 2025

		Total interest			
	Carrying amount	Net gain/(loss)	income/	Fee income/	Impairment
Note	\$'000	\$'000	(expense)	(expense)	loss
			\$'000	\$'000	\$'000
30 June 2024					
Financial assets at amortised cost					
	Cash and cash equivalents	-	522	-	-
6.1	11,531	-	522	-	-
	Receivables	-	-	-	-
5.1	709	-	-	-	-
	12,240	-	522	-	-
Financial liabilities at amortised cost					
	Payables	-	-	-	-
5.2	975	-	-	-	-
	Borrowings	-	(2)	-	-
5.4	10	-	(2)	-	-
	Other financial liabilities - Refundable Accommodation Deposits	-	-	-	-
5.4	3,720	-	-	-	-
	Other financial liabilities - patient monies held in trust	-	-	-	-
5.4	16	-	-	-	-
	4,721	-	(2)	-	-

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

Notes to the Financial Statements
Robinvale District Health Services
For the Financial Year Ended 30 June 2025

How we categorise financial instruments

Financial assets at amortised cost

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

- the assets are held by Robinvale District Health Services solely to collect the contractual cash flows, and
- the assets’ contractual terms give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specific dates.

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

Robinvale District Health Services 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.

Robinvale District Health Services recognises the following liabilities in this category:

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

Notes to the Financial Statements
Robinvale District Health Services
For the Financial Year Ended 30 June 2025

Note 7.2 Contingent assets and contingent liabilities

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

Note 7.3 Fair value determination

How we measure fair value

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

The following assets and liabilities are carried at fair value:

- Property, plant and equipment; and
- Right of use assets

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

Valuation hierarchy

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

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

Robinvale District Health Services 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.

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

Fair value determination: non-financial physical assets

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

Notes to the Financial Statements

Robinvale District Health Services

For the Financial Year Ended 30 June 2025

The last scheduled full independent valuation of all of Robinvale District Health Services 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, Robinvale District Health Services 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, Robinvale District Health Services considers the current use as its highest and best use.

Non-specialised land and non-specialised buildings

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

Specialised buildings

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

Notes to the Financial Statements
Robinvale District Health Services
For the Financial Year Ended 30 June 2025

Vehicles

Vehicles are valued using the current replacement cost method. Robinvale District Health Services 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 Robinvale District Health Services who set relevant depreciation rates during use to reflect the utilisation of the vehicles.

Furniture, fittings, plant and equipment

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

Significant assumptions

Asset class	Valuation technique	Significant assumption	Range (weighted average) ⁽ⁱ⁾
Specialised buildings	Current replacement cost approach	Cost per square metre Useful life	\$3,000 - \$4,440 / m ² 7 - 44 years (10 years)
Plant, equipment and vehicles	Current replacement cost approach	Cost per unit Useful life	\$265 - \$134,806 (\$4,922 per unit) 2 - 10 years (7 years)

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

Notes to the Financial Statements
Robinvale District Health Services
For the Financial Year Ended 30 June 2025

Note 8 Other disclosures

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

Structure

8.1 Responsible persons disclosures

8.2 Remuneration of executives

8.3 Related parties

8.4 Remuneration of auditors

8.5 Events occurring after the balance date

8.6 Joint arrangements

Notes to the Financial Statements
Robinvale District Health Services
For the Financial Year Ended 30 June 2025

Note 8.1 Responsible persons disclosures

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

	Period
The Honourable Mary-Anne Thomas MP:	
Minister for Health	1 July 2024 - 30 June 2025
Minister for Ambulance Services	1 July 2024 - 30 June 2025
Minister for Health Infrastructure	1 July 2024 - 19 December 2024
The Honourable Ingrid Stitt MP:	
Minister for Mental Health	1 July 2024 - 30 June 2025
Minister for Ageing	1 July 2024 - 30 June 2025
The Honourable Lizzy Blandthorn MP:	
Minister for Children	1 July 2024 - 30 June 2025
The Honourable Melissa Horne MP:	
Minister for Health Infrastructure	19 December 2024 - 30 June 2025
Governing Boards	
Jessica Curran	1 Jul 2024 - 30 Jun 2025
Jacqueline Storer	1 Jul 2024 - 30 Jun 2025
Lane (Chengsi) Li	1 Jul 2024 - 30 Jun 2025
Josh Fergus	1 Jul 2024 - 30 Jun 2025
Rex Prabhu	1 Jul 2024 - 30 Jun 2025
Benjamin Lincoln	1 Jul 2024 - 30 Jun 2025
Thelma Chilly	1 Jul 2024 - 30 Jun 2025
Accountable Officers	
Ro Enever (Chief Executive Officer)	1 Jul 2024 - 30 Jun 2025

Notes to the Financial Statements
Robinvale District Health Services
For the Financial Year Ended 30 June 2025

Remuneration of Responsible Persons

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

Income Band

\$0 - \$9,999

\$30,000 - \$39,999

\$150,000 - \$159,999

\$210,000 - \$219,999

Total Numbers

2025	2024
No	No
7	11
-	1
-	1
1	-
8	13
2025	2024
\$'000	\$'000
251	218

Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:

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

Notes to the Financial Statements
Robinvale District Health Services
For the Financial Year Ended 30 June 2025

Note 8.2 Remuneration of executives

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

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

Several factors affected total remuneration payable to executives over the year. A number of employment contracts were completed and renegotiated, and a number of executive officers retired, resigned or were retrenched in the past year. This has had a significant impact on remuneration figures for the termination benefits category.

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

Total remuneration ⁱ

Total number of executives

Total annualised employee equivalent ⁱⁱ

Total Remuneration	
2025	2024
\$'000	\$'000
596	375
6	3
3.1	2.2

ⁱ The total number of executive officers includes persons who meet the definition of Key Management Personnel (KMP) of Robinvale District Health Services under AASB 124 Related Party Disclosures and are also reported within Note 8.3 Related Parties.

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

Notes to the Financial Statements
Robinvale District Health Services
For the Financial Year Ended 30 June 2025

Note 8.3 Related parties

The Robinvale District Health Services is a wholly owned and controlled entity of the State of Victoria. Related parties of the health service include:

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

Significant transactions with government related entities

The Robinvale District Health Services received funding from the DH of \$9.792 m (2024: \$10.382 m) and indirect contributions of \$0.149 m (2024: \$0.229 m). Balances payable as at 30 June 2025 are \$0.390 m (2024: \$0.092 m).

Expenses incurred by Robinvale District Health Services 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 Robinvale District Health Services 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 Robinvale District Health Services and its controlled entities, directly or indirectly.

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

Entity	KMPs	Position Title
Robinvale District Health Services	Jessica Curran	Chair of the Board to 30 June 2025
Robinvale District Health Services	Benjamin Lincoln	Board Member
Robinvale District Health Services	Jacqueline Storer	Board Member
Robinvale District Health Services	Lane (Chengsi) Li	Board Member
Robinvale District Health Services	Josh Fergus	Board Member
Robinvale District Health Services	Rex Prabhu	Board Member
Robinvale District Health Services	Thelma Chilly	Board Member
Robinvale District Health Services	Ro Enever	Chief Executive Officer

Notes to the Financial Statements
 Robinvale District Health Services
 For the Financial Year Ended 30 June 2025

Remuneration of key management personnel

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

	2025 \$'000	2024 \$'000
Total compensation - KMPs ⁱ	251	218

ⁱ 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 Robinvale District Health Services, 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).

Except for the transaction listed below, there were no related party transactions required to be disclosed for the Robinvale District Health Services Board of Directors, Chief Executive Officer and Executive Directors in 2025 (2024: none).

- Board member Jessica Curran is a joint owner of a property that Robinvale District Health Services rents for staff accommodation. All dealings are in the normal course of business and are on normal commercial terms and conditions through a rental agreement managed by Elders Real Estate Mildura. \$24,768 was received in 2024/25 (2023/24: \$15,035 received).

Notes to the Financial Statements
Robinvale District Health Services
For the Financial Year Ended 30 June 2025

Note 8.4 Remuneration of Auditors

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

2025 \$'000	2024 \$'000
27	26
27	26

Note 8.5 Events occurring after the balance sheet date

There are no events occurring after the Balance Sheet date.

Notes to the Financial Statements
Robinvale District Health Services
For the Financial Year Ended 30 June 2025

Note 8.6 Joint arrangements

	Principal Activity	Ownership Interest	
		2025	2024
		%	%
Loddon Mallee Rural Health Alliance	Provision of Information Technology Services	4.55	4.49

	2025 \$'000	2024 \$'000
Total revenue and income	809	896
Total expenses	(945)	(860)
Total net result	(136)	36
Total other economic flows	-	-
Comprehensive result for the year	-	-
Total assets	1,041	1,050
Total liabilities	750	623
Total equity	291	427

Contingent liabilities and capital commitments

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

Notes

[illegible]

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