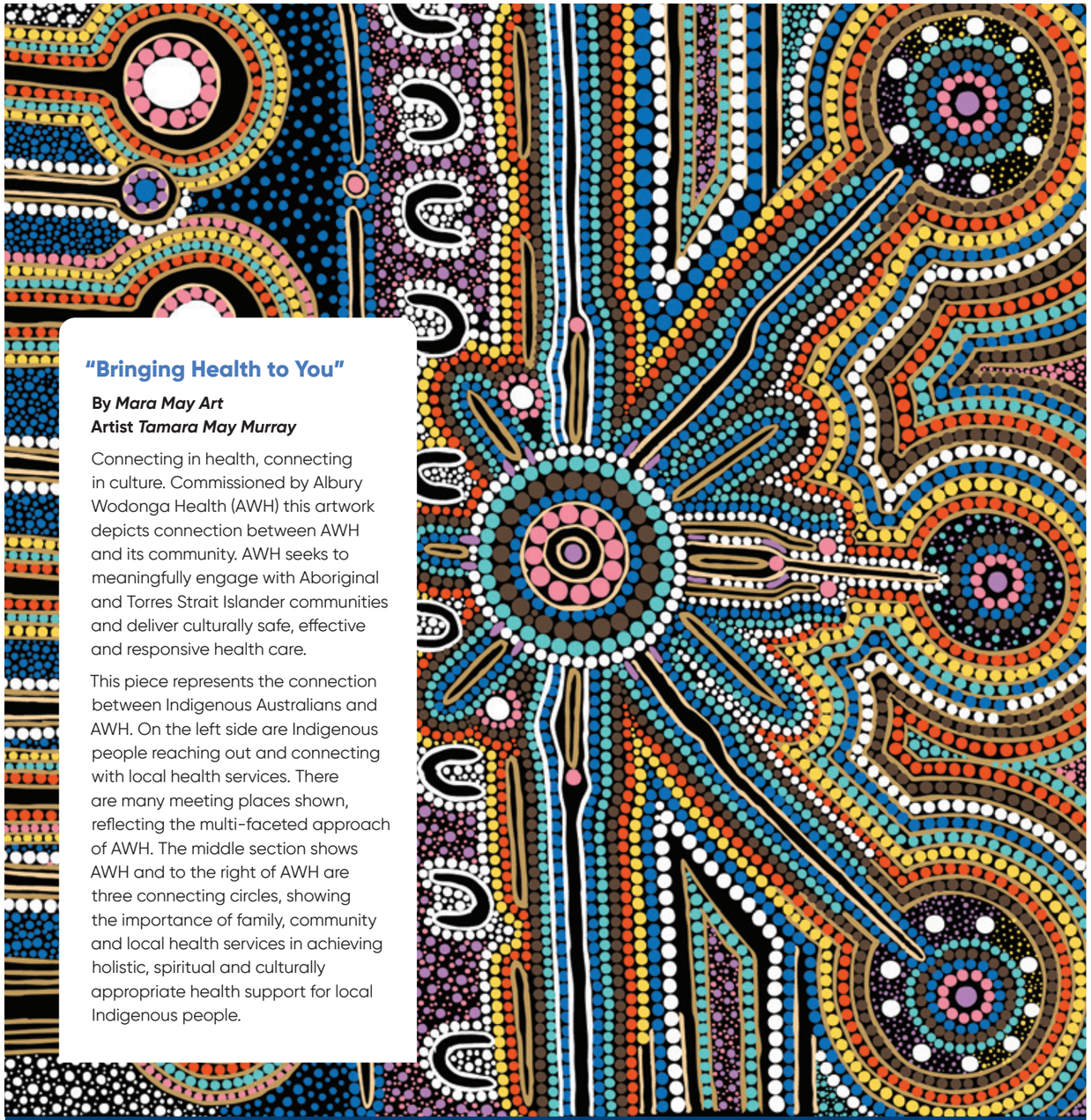


Albury Wodonga Health

Annual Report 2025/26

Albury Wodonga Health



"Bringing Health to You"

By *Mara May Art*
Artist *Tamara May Murray*

Connecting in health, connecting in culture. Commissioned by Albury Wodonga Health (AWH) this artwork depicts connection between AWH and its community. AWH seeks to meaningfully engage with Aboriginal and Torres Strait Islander communities and deliver culturally safe, effective and responsive health care.

This piece represents the connection between Indigenous Australians and AWH. On the left side are Indigenous people reaching out and connecting with local health services. There are many meeting places shown, reflecting the multi-faceted approach of AWH. The middle section shows AWH and to the right of AWH are three connecting circles, showing the importance of family, community and local health services in achieving holistic, spiritual and culturally appropriate health support for local Indigenous people.

AWH acknowledge the Traditional Custodians of the land on which Albury Wodonga stands. We pay our respects to Elders past and present and recognise their continuing connection to land, waters, and culture. Walking together in partnership to deliver care that honours culture and promotes wellbeing for the wider community.

Cover Image: Radiographer, Tess, guides a patient through a CT scan, combining clinical expertise with compassionate care. Moments like this reflect the personalised, patient-centred approach delivered every day across Albury Wodonga Health. By taking the time to explain, reassure and support, our staff help create better experiences and better outcomes for the communities we serve.

Responsible Body's Declaration

In accordance with the Financial Management Act 1994, I am pleased to present the report of operations for Albury Wodonga Health for the year ending 30 June 2026.

Therese Tierney

Therese Tierney
Interim Board Chair
21/9/2026

Albury Wodonga Health Annual Report 2025 – 2026

Albury Wodonga Health is a public health service and body corporate established in 2009 under the Health Services Act 1988 (Victoria). Albury Wodonga Health is the only cross-border public health service in Australia. This annual report outlines the operational and financial performance for the Albury Wodonga Health from 1 July 2025 to 30 June 2026. The relevant ministers of the reporting period were:

Minister for Health
The Hon Mary-Anne Thomas MP
(1 July 2025 to 15 April 2026)

Hon Harriet Shing MP
(15 April 2026 to 30 June 2026)

Minister for Mental Health
Hon Ingrid Stitt MP
From 1 July 2025 to 30 June 2026

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

Hon Harriet Shing MP
(15 April 2026 to 30 June 2026)

Minister for Ageing
The Hon Ingrid Stitt MP
From 1 July 2025 to 30 June 2026

Minister for Disability/Minister for Children
The Hon Lizzie Blandthorn MP
From 1 July 2025 to 30 June 2026

This report is available online at **www.awh.org.au**

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About Albury Wodonga Health

Albury Wodonga Health (AWH) is a large regional health service and the only cross-border public health provider in Australia.

Every day, our people provide care, support and expertise to communities across north-east Victoria and southern New South Wales, working together to improve health outcomes and wellbeing for more than 300,000 people.

We deliver care through a comprehensive network of hospital, community, mental health, rehabilitation, aged care, and specialist health services across 24 locations, including 21 clinical sites and three non-clinical sites. Our services are designed to meet people where they are in their healthcare journey, providing safe, connected and compassionate care closer to home. We care for more than 51,105 inpatients each year, support 73,084 presentations to our emergency departments and welcome 1,616 babies into the world.

Our commitment to our community

We are a community health service in the truest sense; shaped by the people we serve and strengthened by the people who work here. More than 3,427 staff work across AWH, bringing skill, compassion and dedication to every interaction, working alongside patients, families, carers, volunteers and partners to improve health and wellbeing across our region.

We believe the best healthcare is built on trust, kindness and connection. We are committed to listening to our community, being transparent in our decisions, and continually improving the care and services we provide.

Working as one health service

At AWH, we believe healthcare is about more than treating illness. As a regional health service, we work closely with local health providers, primary care services, community organisations, education providers and government partners to create a more connected health system for our region.

Through our leadership role within the Hume Local Health Service Network and our partnerships across north-east Victoria and southern New South Wales, we are helping improve access to care, strengthen local services and support better health outcomes for our communities.

Our future focus

Guided by our Strategic Plan 2024–2028, *Transforming for Our Future*, we are focused on delivering safer care, supporting our people, strengthening regional partnerships and building sustainable services for generations to come. We are investing in our workforce, embracing innovation, modernising infrastructure and improving the way people experience care

As our region continues to grow, we remain committed to providing high-quality healthcare that is accessible, connected, accountable and centred on the needs of the people we serve.

Together, we are advancing the health and wellbeing of our whole community.



Our Board Directors



Mr Jonathan Green
Board Chair



Ms Angela Verde
Deputy Board Chair



Ms Ann Maree Keenan



Dr James Mackie



Mr Chris Mirams



Mr Ross Dallimore



Ms Elizabeth Lukin



Ms Tammy Atkins



Mr Anthony Hernan

The Albury Wodonga Health Board oversees the strategic aspects of our health service, ensuring that it operates efficiently and aligns with our strategic goals. The Board meets monthly to review outcomes and maintains high standards of service provision. Additionally, the Board has several subcommittees focused on areas such as finance, safety and quality, and community engagement. On 1 July 2025, AWH welcomed a new Board Director, Mr. Chris Mirams.

Board Committee & Subcommittees

Board of Directors	Board Finance Audit Infrastructure & Risk (BFAIR)	Board Patient Safety, Quality & Service Review (BPSQSR)	Board People Safety & Governance (BPSG)
Meets Monthly	**Meets Bi-monthly**	**Meets Bi-monthly**	**Meets Quarterly**
Board Directors	**Board Directors**	**Board Directors**	**Board Directors**
Board Chair	Ross Dallimore (Chair)	Dr James Mackie (Chair)	Angela Verde (Chair)
Angela Verde (Deputy Chair)	Anthony Hernan	Ann Maree Keenan	Dr James Mackie
Dr James Mackie	Tammy Atkins	Ross Dallimore	Ross Dallimore
Ann Maree Keenan	Chris Mirams	Elizabeth Lukin	Elizabeth Lukin
Chris Mirams	Board Chair	Board Chair	Board Chair
Ross Dallimore			
Tammy Atkins			
Elizabeth Lukin			
Anthony Hernan			
Attendees	**Attendees**	**Attendees**	**Attendees**
Chief Executive Officer	Chief Executive Officer	Chief Executive Officer	Chief Executive Officer
Invitees	Chief of Corporate Services Officer	Kim White (CNMO)	Chief of Corporate Services Officer
Linda Hudec (COO)	Kim White (CNMO)	Alana Jacob (CAHO)	Alana Jacob (CAHO)
Alana Jacob (CAHO)	Shaun Strachan (COI)	Linda Hudec (COO)	Linda Hudec (COO)
Chief of Corporate Services Officer	Linda Hudec (COO)	Chief Medical Officer	Chief Medical Officer
Kim White (CNMO)	Alana Jacob (CAHO)	Ms Lauren Petts (DSCQ)	
Shaun Strachan (COI)	Internal and External Auditors *– as required*	Consumer Representatives (x2)	
Chief Medical Officer			
Executive Sponsor	**Executive Sponsor**	**Executive Sponsor**	**Executive Sponsor**
Chief Executive Officer	Chief of Corporate Services Officer	Kim White (CNMO)	Chief of Corporate Services Officer
Secretary	**Secretary**	**Secretary**	**Secretary**
Executive Officer	Executive Officer	Executive Officer	Executive Officer

Community Engagement Committee(CEC)	Primary Care & Population Health Engagement (PCPHE)	Executive Remuneration Committee (ERC)
Meets Quarterly	**Meets Quarterly**	**Meets Bi-annually**
Board Directors	**Board Directors**	**Board Directors**
Tammy Atkins (Chair)	Ann Maree Keenan (Chair)	Board Chair
Anthony Hernan	Angela Verde	Angela Verde (BPSG Chair)
Chris Mirams	Tammy Atkins	Ross Dallimore (BFAIR Chair)
Board Chair	Board Chair	Dr James Mackie (BPSQSR Chair)
Consumers	**External Agencies**	
Melanie Massaro	DoH	
Jo-anne Wade	Local PHNs	
Meredith McIntyre	AWAHS	
Protais Hakizmana	AWECC	
Kerry Strauch	Upper Hume & Central Hume Health Services	
Mel Nicholson	Gateway Health	
Jacqui Boehringer	Local Universities	
Maria Berry	Local & Regional Councils	
Attendees	MLHD	
Chief Executive Officer	**Attendees**	**Attendees**
Kim White (CNMO)	Chief Executive Officer	Chief Executive Officer
Brooke Ford (CEM)	Chief Medical Officer	**Executive Sponsor / Secretary**
Sadie Tilleray (DC)	**Executive Sponsor**	Chief Executive Officer
Executive Sponsor	Chief Medical Officer	
Kim White (CNMO)	**Secretary**	
Secretary	Executive Officer	
Executive Officer		

Our Organisational Structure

Chief Executive Officer
Executive Assistant to CEO

- **General Counsel**
- **Director of Communications**

Chief Operating Officer
Executive Assistant

Access & Flow Division
- Director of Access & Flow

Emergency & Critical Care Division
- Director of Nursing
- Medical Director

Medicine & Cancer Division
- Director of Nursing
- Clinical Director, Cancer Services, Medical Oncologist
- Medical Director, Medicine
- Director of Cardiology

Mental Health Division
- Area Director, Mental Health & Wellbeing
- Operational Director, Acute Care
- Business Manager
- Operational Director, Community Care
- Director of Nursing
- Operational Director, Residential & Rehabilitation
- Medical Director, Psychiatry

Perioperative & Surgical Services Division
- Director of Nursing
- Clinical Director General Surgery
- Medical Director
- Director of Anaesthetics

Women's & Children's Services Division
- Director of Nursing
- Medical Director
- Clinical Director Obstetrics

Chief Allied Health Officer
Executive Assistant

Allied Health Division
- AWRCC Psychology
- Aboriginal Services
- Disability Liaison
- Allied Health Education training and research
- Hand Therapy & Occupational Therapy
- Nutrition & Dietetics
- Pastoral Care
- Physiotherapy
- Allied Health Service Development
- Speech Pathology
- Social Work
- Aboriginal Hospital Liaison Officers

Chief Medical Officer
Executive Assistant

Medical Services
- Director of Medical Services
- Credentialling
- DMS Services to SRH
- Governance
- Legal
- Training & Workforce
- SOCP

Library, Research & Ethics
- Manager

Pharmacy & Medicines Safety Division
- Director of Pharmacy

Local Public Health Unit
- Operations Director
- Clinical Director

Chief Nursing & Midwifery Officer
Executive Assistant

Community Care Division
- Director

Clinical Safety & Quality Division
- Director

Infection Prevention & Surveillance Division
- Director

Nursing Workforce & Practice Division
- Director

Risk & Audit Division
- Manager

Support Services Division
- Director

Chief Corporate Services Officer
Executive Assistant

Corporate Operations Division
- Director, Corporate Operations

Finance Services Division
- Deputy Chief Finance Officer
- Financial Controller
- Director, Procurement & Supply
- Director, Finance Business Partnering

Health Information Division
- Director of Health Information Privacy Officer

Technology Services Division
- Director of Technology Services
- Director of Business Intelligence

Workforce Division
- Director, Workforce Operations & Solutions

Employee Relations Division
- Director, HR Partnering & Employee Relations

Safety, Culture & Capability Division
- Director of Safety, Culture & Capability

Chief of Infrastructure
Executive Assistant

Capital Redevelopment Division
- Director, Capital Redevelopment
- Operational Commissioning Manager
- Change Manager

Infrastructure Division
- Director of Infrastructure

Facilities & Maintenance Department
- Site Manager, Albury
- Site Manager, Wodonga
- Minor Works Manager
- Biomedical Engineering Manager
- Administration Department

Capital Projects & Delivery Division
- Director, Capital Projects & Delivery

Our Service Profile

Albury Wodonga Health (AWH) is Australia's only cross-border public health service and one of Victoria's largest regional health services. Established through an intergovernmental agreement between the Victorian and New South Wales Governments, AWH provides integrated public healthcare across north-east Victoria and southern New South Wales.

Our objective is to improve the health and wellbeing of our communities by delivering safe, high-quality, person-centred healthcare that is accessible, equitable and sustainable.

AWH provides a comprehensive range of hospital and community health services, supports education, training and research, promotes health and wellbeing, and works in partnership with consumers, staff and the broader health sector to improve health outcomes across our region.



The nature and range of services delivered by AWH are outlined in the following Service Profile.

Outpatient and Allied Health

Allied Health Services
- Cardiac Rehabilitation
- Chronic Disease Management
- Dietetics
- Falls Prevention Service
- Fracture Clinic
- Hydrotherapy
- Lymphoedema Service
- Occupational Therapy
- Physiotherapy
- Advanced Practice Physiotherapy clinics
- Pastoral Care
- Podiatry
- Psychology
- Pulmonary Rehabilitation
- Rural Allied Health Team
- Social Work
- Speech Pathology
- Upper Limb & Hand Therapy

Community and Preventative Services
- Aboriginal Health
- Aged Services Emergency Team
- Alcohol and Other Drugs Service
- Antenatal Services
- Commonwealth Home Support Programme Packages
- Community Midwife Program
- Community Health & Health Promotion
- Community Mental Health Services
- Community Rehabilitation
- Continence Clinic
- Dental Outreach & Outpost Services
- District Nursing
- Infant, Child and Youth Mental Wellbeing Services
- Meals on Wheels
- Parents and Babies Service
- Sexual Health
- Transition Care Program

Support and Specialised Services
- Diabetes Education
- Health Coordination
- Pharmacy
- Stomal Therapy

Specialties

Medicine
- Cardiology
- Cognitive, Dementia & Memory Clinic
- Gastroenterology
- Renal Medicine
- Respiratory Medicine
- Internal Medicine
- Geriatric Medicine

Dialysis and Renal Care
- Dialysis Unit
- Renal Medicine

Critical and Emergency Care
- Critical Care
- Emergency Medicine
- Intensive Care
- Trauma Centre

Surgery
- Breast Surgery
- Colorectal Surgery
- Head and Neck Surgery
- General Surgery
- Ophthalmology
- Orthopaedics
- Plastic and Reconstructive Surgery
- Paediatric Surgery
- Upper GI Surgery
- Urology
- Vascular Surgery

Anaesthetics and Perioperative Services
- Anaesthetics
- Perioperative Service
- Pre-admission Clinic / Services

Oncology and Chemotherapy
- Chemotherapy
- Haematology
- Medical oncology and haematology services
- Day oncology and chemotherapy treatment
- Inpatient cancer care
- Radiation therapy services
- Specialist cancer outpatient clinics

Women's Health and Paediatrics
- Obstetrics and Gynaecology
- Neonatology
- Paediatric Medicine and Surgery

Mental Health and Addiction Services
- Adult and Older Persons Mental Health Services
- Alcohol and Other Drugs

Diagnostic and Medical Imaging
- Diagnostic GI Endoscopy
- Interventional Radiology
- Medical Imaging Services

Additional Specialties
- Dental
- Pain Management
- Public Health Unit
- Rehabilitation Medicine
- Palliative Care

A Joint Message from the Interim Board Chair and Chief Executive Officer



Therese Tierney
Interim Board Chair



Susan Delroi
CEO

As we reflect on 2025-26, it would be impossible to describe the past financial year without acknowledging that it was one of the most significant periods in Albury Wodonga Health's recent history.

Like many health services across Australia, we continued to face growing demand, workforce pressures and increasing complexity in healthcare delivery. At the same time, AWH experienced substantial organisational change, driven by important conversations about leadership, culture, patient safety and the experience of our people.

Some of these conversations were challenging. Many played out publicly. All have contributed to shaping the organisation we want to become.

These events prompted reflection at every level of AWH and reinforced the importance of listening to our people, strengthening organisational culture, improving systems and governance, and building the trust placed in us by our staff, patients and community.

Through this, it is equally important to recognise what our staff continued to achieve.

Every day, thousands of clinicians, support staff, volunteers and leaders came to work focused on delivering the best possible care for their community. They cared for patients in our emergency departments, hospital wards and community, supported families through some of life's most difficult moments, delivered mental health services across the region, expanded access to cancer care and improved patient safety systems.

This report captures both of those journeys: an organisation confronting important challenges while continuing to build the health service our community deserves and relies on.

This year also marked the conclusion of former Chief Executive Officer Bill Appleby's tenure at Albury Wodonga Health. Throughout his leadership, Bill made a significant contribution to the organisation, guiding AWH through a period of growth, change and opportunity for the region. We acknowledge his dedication to improving healthcare and thank him for his service to the staff, patients and communities of Albury-Wodonga and the surrounding region.

Listening, learning and improving

A defining feature of 2025-26 was the opportunity to reflect on who we are as an organisation and who we aspire to be.

Throughout the year, AWH received important feedback from staff, consumers, regulators and the broader community.

Much of that feedback reinforced the dedication, professionalism and compassion found across our health service every day. Some challenged us to do better, highlighting areas where change was needed.

In response, significant work commenced across culture, leadership, clinical governance, communication, staff engagement and patient safety. Recommendations arising from external reviews, together with work already underway, are helping sharpen our focus on the actions required to build a stronger and more connected organisation.

While this work is ongoing, it has provided greater clarity about where we need to improve and strengthened our commitment to creating a workplace where people feel heard, supported and empowered to contribute to better outcomes for patients and one another.

Continuing to improve access to care

Alongside this work, our services continued to evolve to meet the needs of a growing region.

During the year, teams across AWH expanded and redesigned services to improve access and patient experience. This included developments in breast cancer care, paediatric services, virtual models of care, patient transport, social work and allied health-led clinics, helping more people receive the right care at the right time.

One of the most significant milestones was the successful transition of inpatient and day oncology services at the Albury Wodonga Regional Cancer Centre to a publicly operated model. This important change improved equity of access for patients across our region and strengthened our ability to provide integrated, multidisciplinary cancer care closer to home.

We also strengthened partnerships across the region, recognising that better health outcomes are achieved when health services work together. From regional mental health initiatives and emergency response coordination to collaborative clinical programs and specialist outreach services, AWH continued to play a leadership role in improving healthcare beyond our own walls.

Recognising our people

No achievement outlined in this report would have been possible without the dedication of our people.

Throughout a year marked by change, uncertainty and heightened community interest, our staff, volunteers and leaders demonstrated extraordinary resilience, remaining focused on caring for patients and supporting one another. Whether working on the frontline, supporting patients behind the scenes, conducting research, maintaining facilities or helping families navigate complex health journeys, their contribution has been immense.

We know outstanding patient care begins with a skilled, supported and engaged workforce. This year AWH continued to invest in staff development by expanding student and graduate pathways, creating further workforce training opportunities and celebrating staff and volunteer contributions through scholarships, recognition initiatives and awards.

This year also marked the loss of a much-loved colleague and leader, Dr Lucie Shanahan. Lucie dedicated more than 25 years of service to Albury Wodonga Health, first as an allied health professional and later as a valued member of the Executive team. Her contribution to AWH, commitment to improving healthcare and genuine care for people left a lasting impact on our organisation and community.

Her passing was deeply felt by colleagues across the health service and throughout the region. The establishment of the Dr Lucie Shanahan Scholarship honours her legacy and reflects her enduring belief in supporting the next generation of allied health leaders.

Looking ahead

The events of 2025-26 have reinforced an important truth: strong organisations are not defined by the absence of challenge, but by how they respond to it.

As we look to the future, we do so with optimism and humility. We know there is more work ahead. Trust must continue to be earned. Our community expects strong leadership, safe care and a culture where people can thrive.

What gives us confidence is the dedication of our people, the strength of our partnerships and the progress already underway.

Guided by our Strategic Plan, AWH remains committed to delivering safe, connected care, empowering our workforce, strengthening regional leadership and ensuring the long-term sustainability of healthcare across our border communities.

The year ahead provides an opportunity to build on the lessons of 2025-26 and continue advancing the health and wellbeing of the communities we serve.



Recognising the Contribution of Board Chair Jonathan Green.

Albury Wodonga Health farewelled Board Chair Jonathan Green at the conclusion of his three-year term on 30 June 2026, recognising his leadership during a period of significant change and transformation across the health service.

Bringing extensive experience in governance, law and health service leadership, Jonathan led the Board through several major milestones, including the opening of the new Albury Emergency Department, the public transition of the Albury Wodonga Regional Cancer Centre, expanded renal services at Wodonga, and continued progress on the Albury Regional Hospital Project.

He also helped guide the development of the AWH Strategic Plan 2024–2028, setting the organisation's direction across safe, high-quality care, workforce, partnerships, sustainability and improved health outcomes for the region.

Reflecting on his tenure, Jonathan said:

"It has been an enormous privilege to serve as Chair of Albury Wodonga Health and to work alongside people who care deeply about this organisation and the communities we serve.

"I leave enormously proud of our people and confident in the organisation's future. Regional communities deserve outstanding healthcare close to home, and I know AWH will continue to work towards delivering exactly that. Get behind AWH and its people. They are truly worth it, as they are always there for you."

Throughout his term, Jonathan was a strong advocate for staff, volunteers and the community. He also represented AWH across the Victorian health system, including as Deputy Chair of the Hume Local Health Services Network and as a member of the Victorian Council of Board Chairs.

Albury Wodonga Health thanks Jonathan for his leadership, expertise and commitment to improving health outcomes for the communities it serves.

Albury Wodonga Health at a Glance

1,616
Babies Born

51,105
Inpatients Admissions

40,980
Specialist Outpatient Contacts

73,084
Emergency Presentations

3,427
Staff Employed

16,428
Planned Procedures

1,050
Mental Health Admissions

4,427
Emergency Procedures (surgical)

9,269
Patients Cared for at Home



Our Operational Highlights

Every day, thousands of interactions take place across Albury Wodonga Health - patients receiving care, teams working together, services adapting to meet demand, and staff striving to deliver the best possible outcomes for our community.

This section highlights some of the progress achieved during 2025–26 across our organisation. Structured around four strategic priorities - Safe, Connected Care; Empowered Teams; Regional Leadership; and Sustainable Services - it reflects the practical work undertaken by our people to strengthen services, improve experiences and build a healthier future for our region.

Safe Connected Care

Safe, connected care is at the heart of Albury Wodonga Health's purpose. Across 2025–26, we continued to strengthen the systems, services and partnerships that support high-quality care for our community — from expanding access to specialist treatment and improving patient flow, to strengthening cultural safety, cancer care, paediatric services, mental health support and patient safety. These highlights reflect the work of teams across AWH to deliver care that is safer, more coordinated, more equitable and closer to home.

A New Era for Cancer Care

In January 2026, AWH reached a major milestone with the transition of the Inpatient Ward and Day Oncology Unit at the Albury Wodonga Regional Cancer Centre (AWRCC) to a publicly operated service.

The transition represents one of the most significant investments in cancer care for the Border region in recent years. By bringing the service into the public health system, patients can now access specialist consultations, diagnostics and treatment without out-of-pocket costs, ensuring more equitable access to high-quality cancer care close to home.

Despite the scale and complexity of the transition, AWH worked to ensure continuity of care for patients throughout the process. Patients remained under the care of their existing oncologists; appointments proceeded as planned, and essential cancer treatments continued throughout the transition. This was made possible through a coordinated organisation-wide effort involving clinical, operational, and support teams working together to ensure every patient continued to receive safe, high-quality care throughout the transition.

The public model has also created opportunities to deliver more connected care. Greater integration between clinical teams, expanded access to allied health services and dedicated cancer-specific inpatient beds are supporting more coordinated, holistic care while improving patient flow and reducing length of stay. Investment in specialist nursing leadership and education has further strengthened the service's ability to safely manage higher-acuity patients locally, reducing the need for travel to metropolitan centres.

Partnerships with the Peter MacCallum Cancer Centre and the Royal Melbourne Hospital continue to strengthen access to specialist expertise, while a dedicated Cancer Clinical Governance Subcommittee provides ongoing oversight to ensure care remains evidence-based and patient centred.

Digital transformation has also been central to the transition. Charm Evolution was implemented from day one, with the successful delivery of the iPM interface in June marking a significant milestone in creating a fully integrated cancer service. From 1 July, Charm Evolution will become the core platform for Cancer Specialist Outpatient Clinics, with further integration of pathology, radiology and BOSSnet planned throughout 2026. Together, these initiatives will provide clinicians with a single patient record, improving care coordination and supporting more timely clinical decision-making.

The transition marks a new chapter for cancer care in our region. More than a change in how services are delivered, it reflects AWH's commitment to providing equitable, connected and high-quality cancer care that enables more people to receive world-class treatment close to home.

> **This is a significant step forward for regional cancer care.** Together with our staff, clinicians and partners, we are building a future where every patient can receive high quality cancer care closer to home, with confidence, compassion and dignity.
>
> **Linda Hudec**
> ***Chief Operating Officer***



Strengthening Breast Care Services

Over the past year, the AWH Breast Care Service has strengthened its multidisciplinary model of care, improving access and support for patients from their first point of contact with the health service. A key development is the establishment of dedicated public specialist clinics, which now serve as the primary entry point to the service. This model enables earlier engagement with patients, supports continuity of care and strengthens collaboration between clinicians, helping deliver more coordinated, patient-centred care.

The Breast Care Service continues to provide comprehensive support across the entire care journey, from diagnosis and treatment through to survivorship and follow-up. Specialist Breast Care Cancer Support Nurses play a vital role, providing expert clinical guidance, psychosocial support and continuity of care for patients and their families. Demand for the service continues to grow, reflecting increasing community need and awareness of the importance of early detection.

Recent support from the Sunshine Trust has enabled the acquisition of advanced technologies, including the Faxitron Specimen Radiography System and SCOUT® Radar Localisation System, enhancing the precision and efficiency of breast cancer surgery. These technologies support more accurate tumour localisation and real-time specimen imaging, helping clinicians deliver timely, high-quality care while improving the patient experience. Together with other equipment investments, they are strengthening access to advanced cancer treatment close to home.



Staff Spotlight



Dr Maged Al-Ammari
Consultant Clinical Haematologist

Dr Maged Al-Ammari is a consultant clinical haematologist with Fellowship training in Australia & experience across tertiary cancer centres. He completed peer reviewed supervised practice at Liverpool Hospital, NSW, and has undertaken a dedicated leukaemia clinical trials fellowship, with a strong focus on malignant haematology.

Dr Al-Ammari takes a patient-centred, evidence-based approach to care, emphasising clear communication, shared decision-making, and individualised treatment planning. He supports patients and families through complex diagnoses and treatments with a focus on safety, continuity, and compassionate care.

He is actively involved in clinical trials and research across both malignant and non-malignant haematology. Dr Al-Ammari has published in peer-reviewed haematology & medical journals, and abstracts at national & international conferences. He is an active member of the American Society of Hematology, the Haematology Society of Australia and New Zealand, and the Australia Lymphoma and Leukaemia Group.

As part of the Cancer Centre team, Dr Al-Ammari works closely with nursing staff, allied health professionals, the Wellness Centre, and medical colleagues across Albury Wodonga Health to provide coordinated and holistic care. He was drawn to the service by the opportunity to deliver highquality specialist haematology care within a regional setting and to contribute to the continued growth of the Cancer Centre.

Dr Al-Ammari, MBBS, FRACP (Clinical Haematology) started at AWH in February 2026.

Walking Together Towards Culturally Safe Care

Aboriginal Employment Plan

AWH has developed a strengthened Aboriginal Employment Plan (AEP) to build a culturally safe, inclusive and sustainable workforce that reflects the communities we serve.

Informed by consultation with local Aboriginal stakeholders, including the Wiradjuri and Dhudhuroa communities, the plan focuses on increasing Aboriginal representation, strengthening recruitment and retention, and supporting leadership and career development. With strong governance and accountability, the AEP aims to enhance workforce sustainability, improve patient experiences and access for Aboriginal communities, and position AWH as a leader in culturally responsive healthcare.

Cultural Safety Plan

AWH has developed an Aboriginal and Torres Strait Islander Health Cultural Safety Plan 2025–2027 to strengthen culturally safe, responsive and equitable care for Aboriginal and Torres Strait Islander peoples.

Developed in consultation with local Aboriginal communities, the plan provides a coordinated approach across leadership, workforce, community engagement, training and accountability to address identified disparities in care. Through strong leadership, staff and community engagement, clear planning and dedicated funding, the plan aims to build trust, improve access to culturally safe care and create a more welcoming and inclusive environment for patients, staff and the wider community.

Strengthening First Nations Maternity Care

AWH continues to strengthen culturally safe and responsive maternity care for Aboriginal and Torres Strait Islander women and families through collaboration, workforce development and community partnership. Working closely with Mungabareena Aboriginal Corporation and Albury Wodonga Aboriginal Health Service (AWAHS), maternity services continue to improve referral pathways, continuity of care and support.

As part of the national Every Week Counts – Round 2 collaborative, several initiatives are underway to improve engagement, continuity of care and outcomes for Aboriginal and Torres Strait Islander families. This includes expanding education, strengthening partnerships, enhancing maternity environments and refining processes to better identify and respond to cultural care needs.

During 2025–26, new roles were introduced to further support First Nations women and children accessing maternity services. An Aboriginal Liaison Officer started at the Wodonga Campus, providing support to women and families, strengthening staff engagement and increasing the visibility of Aboriginal support services within maternity care.

Funding from Safer Care Victoria also enabled the appointment of a Project Officer Midwife. Through engagement with Aboriginal women and communities, to further enhance culturally responsive maternity care and support the goals of the National Preterm Birth Prevention Program.

Together, these initiatives are helping build stronger partnerships, improve cultural safety and ensure Aboriginal and Torres Strait women and families receive care that is respectful, connected and responsive to their needs.



Reducing Preterm Birth Collaborative

AWH's Maternity Service continues its work with the National Preterm Birth Prevention Collaborative, with a strong focus on improving care for Aboriginal patients through culturally safe care and partnerships with First Nations communities.

As a pilot site, AWH is strengthening relationships with Albury Wodonga Aboriginal Health Service and Mungabareena Koori Maternity Services while expanding staff training in trauma-informed care, improving approaches to gathering patient feedback and creating more welcoming maternity spaces.

Together, these initiatives are improving experiences and health outcomes for Aboriginal patients while supporting healthier pregnancies and stronger starts for babies across our community.

Expanding the Aboriginal Hospital Liaison Officer Service

The Aboriginal Hospital Liaison Officer (AHLO) service has expanded to the Wodonga Hospital campus, supporting Aboriginal and Torres Strait Islander patients and families to feel safe, respected and culturally supported throughout their care.

AHLOs work closely with patients, families and staff across key areas including the Emergency Department, Maternity Services and Cancer Services. They support care coordination, discharge follow-up and connections with community services while helping ensure care respects connection to family, Community, Country and cultural needs. Within maternity services, AHLOs support families throughout pregnancy, birth and the postnatal period, encouraging the involvement of extended family and respecting important cultural practices.

The service has also partnered with Charles Sturt University to provide culturally appropriate placements for medical students, with two students commencing internships in 2026.



Staff Spotlight



Liz Heta
Wiradjuri Elder and Aboriginal Liaison Officer

Wiradjuri Elder and Aboriginal Liaison Officer Liz Heta helps Aboriginal patients and families feel supported, heard and connected throughout their healthcare journey.

Through her work within AWH's Mental Health and Wellbeing services, Liz supports Aboriginal patients and families to navigate their healthcare journey while helping staff build understanding of Aboriginal culture, history and lived experience.

Liz plays an important role in strengthening relationships between AWH and the local Aboriginal community, helping ensure care is respectful, culturally safe and responsive to the needs of Aboriginal and Torres Strait Islander peoples.

Read Liz's story in our National Reconciliation Week profile:



Aboriginal Advisory Group

The AWH Aboriginal Advisory Group was re-established during 2025–26, bringing together Aboriginal and Torres Strait Islander staff from across the organisation.

Meeting regularly, the group provides a culturally safe forum for staff to share knowledge, lived experience and community perspectives that help inform decision-making across the health service. The group plays an important role in ensuring AWH's services and practices are respectful, culturally appropriate and responsive to the needs of local Aboriginal communities.

Over the coming year, the group will focus on increasing awareness of its role across AWH and ensuring Aboriginal perspectives are considered early in planning and decision-making to support culturally safe care.

Walking Together: National Reconciliation Week and NAIDOC Week

During the year, AWH marked National Reconciliation Week (27 May–3 June) and NAIDOC Week (5–12 July) with a range of activities that brought staff and community together to learn, reflect and celebrate Aboriginal and Torres Strait Islander culture.

National Reconciliation Week encouraged staff across all sites to connect through Walk and Yarn activities, conversation prompts and shared spaces that fostered learning, understanding and meaningful conversations.

NAIDOC Week celebrations centred on the theme "*50 Years of Deadly*". A community event at the Albury campus featured a Welcome to Country, flag raising, cultural performances, storytelling and a community gathering, with activities across multiple sites encouraging broad participation.

Together, these events strengthened cultural awareness, celebrated Aboriginal and Torres Strait Islander culture and reinforced AWH's ongoing commitment to reconciliation and respectful engagement with community.

Reconciliation Action Plan

AWH has committed to developing and implementing an Innovate Reconciliation Action Plan (RAP) in partnership with Reconciliation Australia. A dedicated working group has been established to guide the development, implementation and monitoring of the RAP. The first draft has been developed in consultation with local Aboriginal and Torres Strait Islander community groups, ensuring community voices remain central to the process.

AWH continues to work closely with Reconciliation Australia to finalise the RAP, with completion expected in late 2026. Once endorsed, the focus will shift to implementing the plan and embedding its actions across the organisation to strengthen relationships, respect and opportunities for Aboriginal and Torres Strait Islander peoples.

Improving Nutrition, Feeding and Mealtime Care

A Multidisciplinary Approach to Eating Disorder Care

In 2025, AWH established an Adult Eating Disorders Multidisciplinary Team (MDT) Meeting, led by our Eating Disorders Early Intervention and Integration Lead. Held weekly, the MDT brings together medical, nursing, mental health and dietetics clinicians, with other disciplines such as social work involved as required.

The MDT was established to strengthen admission planning, coordinate care and support consistent communication across the team. Since its introduction, the service has delivered benefits for both patients and staff, including improved coordination of care, greater understanding of the roles and responsibilities of each discipline involved in eating disorder treatment, increased staff confidence in managing inpatient admissions and positive feedback from patients regarding their care experience.

The MDT has also contributed to improved patient outcomes, including reduced inpatient length of stay and fewer re-presentations requiring admission.

By bringing clinicians together to develop coordinated treatment plans and shared goals, the MDT is helping ensure people experiencing eating disorders receive safe, consistent and evidence-based care throughout their recovery journey.

Dietitian-Led Gastrostomy Clinic

In May 2026, AWH's Dietitian-led Gastrostomy Clinic celebrated its second anniversary. Established following specialised training at St Vincent's Hospital Melbourne, supported through a Victorian Government Allied Health Grant, the clinic uses the skills of an Advanced Practice Dietitian to independently remove and replace gastrostomy feeding tubes and manage stoma site complications.

Patients can now avoid travelling to Melbourne or waiting for surgical appointments, with feeding tube replacement often completed in minutes rather than requiring a half-day procedure. The clinic has also contributed to a significant reduction in Emergency Department presentations for broken or deteriorated feeding tubes.

Since opening, the clinic has received 72 referrals, delivered 380 occasions of service for tube care advice and undertaken 66 feeding tube replacement procedures. Our credentialed Dietitian also provides support managing tube dislodgement and replacement across medical and surgical wards in Albury and the Inpatient Rehabilitation Unit in Wodonga.







Improving Mealtime Safety for Patients with Dysphagia

During 2025–26, AWH introduced a new approach to providing texture-modified meals for patients with dysphagia (swallowing difficulties), improving the safety, consistency and quality of meals while meeting the International Dysphagia Diet Standardisation Initiative (IDDSI) standards.

The Safe Dysphagia Diets project brought together Food Services, Speech Pathology and Dietetics teams to review how specialised texture-modified meals were prepared and explore new ways to improve patient care. Following extensive product evaluation, staff education and consultation with the Community Engagement Committee, externally prepared IDDSI-compliant meals were introduced for most patients, while allergen-free meals continue to be prepared on site to ensure choice and dietary requirements are met.

The new model has improved confidence in the safety and consistency of texture-modified meals, enhanced meal presentation and reduced preparation time for Food Services staff, allowing greater focus on other patient meal services.

By combining clinical expertise with consumer feedback, the project has strengthened patient safety and improved the mealtime experience for people requiring specialised diets.

More Support, When People Need It Most



Expanded Lived and Living Experience Workforce

The Lived and Living Experience Workforce (LLEW) continued to expand its reach across Mental Health and Wellbeing services during 2025–26, strengthening recovery-oriented care and embedding lived experience across inpatient and community settings.

Peer workers were successfully introduced into both inpatient units at Kerferd and Nolan House, while ongoing peer support continued at Jarrah Parc and across community programs including HOPE, ICYMHS and the Wodonga Community Care Team.

A key achievement was the introduction of a peer worker into the Nolan House program. A collaborative Plan-Do-Study-Act (PDSA) process helped build staff understanding of peer practice and create a supportive environment for peer workers, who reported feeling valued, heard and meaningfully integrated into the team.

The workforce was further strengthened through the introduction of Grade 3 Peer Worker positions following recent Enterprise Bargaining Agreement (EBA) changes, creating opportunities for senior peer leadership, mentoring and workforce development, while supporting the long-term sustainability of peer practice.

While a grant application to establish a Peer Cadetship Program with Wodonga TAFE was unsuccessful, the work established a strong foundation for future workforce development opportunities should funding become available.

The continued expansion of the LLEW has increased access to peer support, strengthened recovery-oriented practice and amplified the voice of lived experience across Mental Health and Wellbeing services.

Strengthening Social Work Support

During 2025–26, AWH strengthened its Social Work Service to provide more responsive psychosocial care for patients, families and clinical teams, no matter when care is needed.

The expanded model increased seven-day coverage through enhanced weekend services, the introduction of an on-call trauma response service and a new four-hour Sunday shift on the medical wards. The Sunday service is funded through the Timely Emergency Care (TEC 2) initiative until 2027.

During the reporting period, the on-call trauma service supported 10 patients requiring urgent psychosocial care. The Sunday service assisted an average of three patients each week, with a particular focus on complex discharge planning.

By embedding social work more consistently across the patient journey, the service has improved access to timely psychosocial care outside standard weekday hours. It has strengthened response to trauma-related presentations, improved support for patients and families during periods of heightened need, and assisted treating teams to address psychosocial and discharge-related barriers as they arise. The expanded model has also improved weekend coordination of care, enhanced links with community-based supports, and contributed to safer, more timely discharge outcomes.



The Continued Growth of our Paediatric Services

Every year, Albury Wodonga Health cares for almost 3,000 paediatric inpatients, more than 15,000 children presenting to the Emergency Department, around 1,660 newborns and more than 400 Special Care Nursery admissions. As demand for paediatric and family support services grows, AWH identified an opportunity to strengthen outpatient and community-based paediatric services and reduce the need for families to travel to metropolitan centres.

In response, AWH established the Child & Family Hub, bringing together a range of previously separate paediatric and family services under a coordinated, family-centred model of care.

Aligned with the AWH Strategic Plan 2024–2028 priorities of Regional Leadership, Sustainable Services and Safe Connected Care, the Hub was developed through collaboration across paediatric, nursing and community services to improve care pathways, strengthen service integration and make it easier for families to access support closer to home. Rather than creating entirely new services, the initiative focused on strengthening connections between existing programs.

The Child & Family Hub brings together Community Paediatrics, Paediatric at the Child's Home (PATCH), Early Parenting Nurses, the Paediatric Diabetes Clinic and the Regional Paediatric Cancer Care Coordinator. Partnerships with organisations including the Albury Wodonga Regional Cancer Centre Trust Fund and Country Hope have further strengthened support for children and families with complex healthcare needs.

The Hub delivers care across outpatient clinics, community settings and family homes, improving continuity of care and enhancing collaboration between services. Families have responded positively to the integrated approach, with parents highlighting the convenience of accessing multiple specialists through a single service and the support provided through home-based care programs. Feedback from the Parents and Babies Service has also been extremely positive.

The initiative was achieved through strong clinical leadership, workforce collaboration and the repurposing of existing resources, including the appointment of a dedicated Child & Family Hub Nurse Manager to coordinate services and drive ongoing development.

Looking ahead, AWH will continue to expand community and outpatient paediatric services, including new multidisciplinary assessment and support pathways. Supported by funding from the Royal Children's Hospital Grants Foundation through the Good Friday Appeal regional allocation, the Hub will continue to strengthen access to specialist care and improve outcomes for children and families across the region.



To the PATCH nurses, thank you for the love and care you showed in our home.

Child & Family Hub Consumer

Amazing, supportive and knowledgeable.

Parents & Babies Consumer

The Paediatric Diabetes Clinic

In February 2026, AWH launched a public Paediatric Multidisciplinary Diabetes Outpatient Clinic within the Child and Family Hub, providing coordinated care for children living with diabetes.

Previously, many patients were seen only up to three times a year due to competing demands within private paediatric rooms. The new clinic provides a welcoming, family-centred environment where children and their families attend coordinated three-monthly appointments with a paediatrician, diabetes educator and nurse in a single room, improving access, continuity and consistency of care.

Since opening, the service has supported 98 registered patients through 19 clinics and 121 face-to-face consultations recorded to June 2026.

A family survey conducted four months after implementation demonstrated strong support for the new model. Satisfaction with clinic flow, location and appointment availability increased from 47% to 93%, while overall satisfaction with service availability rose from 82% to 93%.

The clinic has also expanded to include social work support, further strengthening the holistic care available to children and families. Co-located within the Child and Family Hub, the service reflects AWH's commitment to delivering coordinated, family-centred care closer to home.



Bringing Care Home for Local Children

In November 2025, AWH celebrated one year of the PATCH (Paediatrics At The Child's Home) program, which delivers hospital-level care to children in the comfort of their own homes.

By reducing the need for hospital stays and travel, PATCH is helping children recover in familiar surroundings while providing families with greater flexibility, comfort and support.

It's reassuring for parents to know someone's coming by to check in and make sure their child is still well enough to be at home.

Nicole Varman
PATCH Nurse

Learn how PATCH is bringing care closer to home for local children and families:

Safer Care, Stronger Systems, Better Outcomes

Over the past year, AWH has strengthened the systems, processes and governance that support safe, high-quality care, with this progress recognised through independent accreditation assessment.

Following a Short Notice Accreditation Assessment by the Australian Council on Healthcare Standards (ACHS) in October 2025, AWH undertook significant work to address recommendations and further improve the systems that support safe, high-quality care for our patients. Eight peer assessors visited AWH over five days, with a follow-up assessment conducted in February 2026.

The results demonstrated substantial progress. All previous recommendations were addressed and the majority of identified improvement areas were successfully closed, reflecting stronger governance, clearer processes and greater consistency across the organisation.

While much of this work occurs behind the scenes, it delivers tangible benefits for patients, families and staff. Strengthened systems support:

- Safer care, with stronger checks and processes in place
- Better coordination, so care teams have the right information at the right time
- Greater accountability, with clearer systems supporting staff to deliver high-quality care

A small number of improvement areas remain in progress, primarily relating to documentation and workforce processes, with clear action plans in place.

The accreditation process reinforced AWH's commitment to continuous improvement. Investment in staff education, clinical governance and system improvements continues across the organisation, alongside preparations for the introduction of new aged care standards. Together, these initiatives are helping ensure AWH continues to deliver safe, reliable and compassionate care for the communities we serve.

Improving the Safety and Quality of Care: Patient Safety and Quality Action Plan

During 2025–26, AWH continued to strengthen the safety and quality of care through a range of initiatives delivered in partnership with Safer Care Victoria, helping ensure patients receive safer, more consistent and evidence-based care.

In cardiac care, nurses in the Emergency Departments can now administer aspirin to eligible patients presenting with chest pain, allowing treatment to begin sooner. A dedicated review group also brings cardiology and emergency clinicians together to continually improve the recognition and treatment of heart attacks.

Our stroke service redesigned its emergency pathway and adopted BEFAST, a simple tool that supports earlier recognition of stroke. Patients now receive a brain scan in a median of around 29 minutes, which is faster than the national average. AWH was recognised with Gold status by the World Stroke Organisation for excellence in stroke care.

Emergency and Infectious Diseases teams developed a new sepsis pathway to support earlier recognition and treatment of this life-threatening condition. The pathway is now being trialled with the support of a dedicated Sepsis Nurse Specialist. Work has also continued to reduce infections associated with intravenous lines by strengthening monitoring, care and review processes.

Within Mental Health services, new assessment tools, care plans and staff training have strengthened suicide prevention, with a focus on meaningful safety planning developed alongside people with lived experience.

Maternity Services further strengthened newborn care by ensuring a dedicated midwife or nurse is responsible for every baby from the moment of birth, ready to provide immediate support if needed. Births requiring additional intervention are also carefully reviewed to identify opportunities for continuous improvement.

AWH also strengthened blood clot prevention for surgical patients, achieving consistent delivery of preventative treatment and no clot-related lung complications over a recent four-month period. Improvements to medicines management have also enhanced the transfer of medication information to GPs at discharge, supporting safer transitions of care.

Together, these initiatives reflect AWH's ongoing commitment to continuously improving patient safety, reducing preventable harm and delivering high-quality care for every patient.





Improving Patient Flow and Experience

Patient Transport Expansion

In July 2025, AWH launched an expanded Non-Emergency Patient Transport (NEPT) service, strengthening our ability to safely and efficiently transport patients across the region.

The expanded service was designed to reduce reliance on external providers, improve patient flow and ensure patients can access care in a timely manner.

In its first 12 months, the expanded NEPT team completed 6,399 patient transfers, with only 561 requiring external providers. Our increased self-sufficiency has reduced delays, improved access to treatment and specialist services, and strengthened continuity of care for patients and families. It also supports a better experience for patients and families, providing consistent care throughout their journey.

While the expansion required significant investment in workforce and fleet capacity, it has reduced outsourced transport costs and improved operational efficiency across the organisation. AWH will continue to build on this success by strengthening fleet capacity, workforce capability, dispatch efficiency and safety systems to support the growing needs of our community.



Pitch for PX: Turning Ideas into Better Patient Experiences

Following a successful first year, the Pitch for PX program returned in 2026 with support from the AWH Opportunity Shop and AWH Foundation. The program provides $20,000 in funding to help turn frontline staff ideas into practical improvements for patients, families and carers.

Staff submitted 23 ideas in 2026, all focused on making care safer, easier to understand and more comfortable for consumers. Ten teams were shortlisted to present their ideas to the judging panel.

A defining feature of Pitch for PX is the strong involvement of consumer representatives in the assessment process, ensuring funded projects reflect the needs and experiences of the people who use our services.

In 2025, six projects received funding, including a paediatric feeding mannequin (PATCH Program), transfer board with integrated scale (Medical Wards), dementia-friendly door decals (Acute Ward), Emergency Department waiting room video, personal hearing amplifiers (Palliative Care), and cultural identity baby blankets (Maternity Services).

Pitch for PX continues to demonstrate the value of partnering with staff, consumers and the community to drive meaningful improvements in care. By supporting practical, patient-centred ideas, the program is helping create safer, more inclusive and more responsive healthcare experiences across AWH.

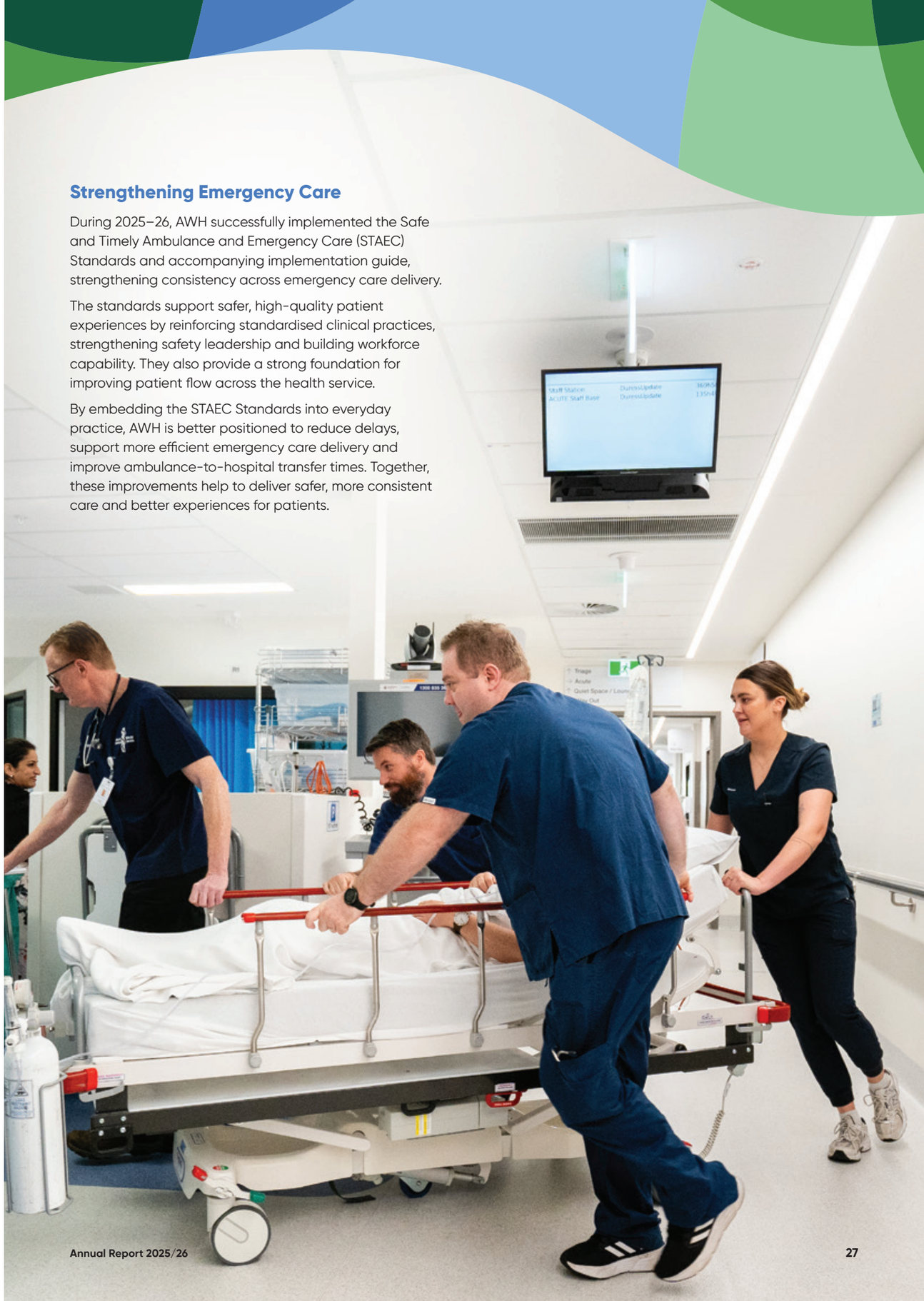


Strengthening Emergency Care

During 2025–26, AWH successfully implemented the Safe and Timely Ambulance and Emergency Care (STAEC) Standards and accompanying implementation guide, strengthening consistency across emergency care delivery.

The standards support safer, high-quality patient experiences by reinforcing standardised clinical practices, strengthening safety leadership and building workforce capability. They also provide a strong foundation for improving patient flow across the health service.

By embedding the STAEC Standards into everyday practice, AWH is better positioned to reduce delays, support more efficient emergency care delivery and improve ambulance-to-hospital transfer times. Together, these improvements help to deliver safer, more consistent care and better experiences for patients.



Expanding Access to Specialist Treatment

Bringing Specialist Neurology Care Closer to Home

In March and April 2026, AWH participated in an eight-week Virtual Neurology Ward Round pilot as part of the Victorian Virtual Hospital program, led by the Royal Melbourne Hospital (RMH) and Austin Health.

The pilot provided inpatients at both the Albury and Wodonga campuses with virtual access to specialist neurologists, helping patients receive expert assessment and treatment closer to home while reducing the need for transfer to metropolitan hospitals.

Over eight weeks, the multidisciplinary team completed 31 virtual consultations for 20 patients. The service had a significant impact on patient care, with specialist advice leading to a change in diagnosis, treatment, medication, investigations or discharge planning in 87% of consultations. Almost one-third of patients were referred to RMH specialist clinics for outpatient follow-up, while only one patient required transfer to RMH for further input.

In addition to improving access to specialist neurological expertise and reducing wait times, the pilot reduced travel and disruption for patients, supported faster referrals to specialist outpatient clinics, and provided valuable learning opportunities for AWH staff.

Following the success of the pilot, planning is underway to establish ongoing access to Virtual Neurology Ward Rounds, with pilots also running in other regional health services in North East Victoria.





VicKey: Improving Access to Planned Surgery Through Digital Innovation

During 2025–26, AWH introduced VicKey, a Victorian Department of Health-funded digital platform designed to improve the management of planned surgery and specialist outpatient waitlists.

Managed by the Patient Support Unit (PSU), VicKey supports a more consistent, patient-centred approach to waitlist management across Victoria's public health services.

The Customer Relationship Management (CRM) platform streamlines clinical and administrative workflows through four key functions:

- **Surgical waitlist tool** – an audit tool for patients waiting for planned (elective) surgery.
- **Online health questionnaire** – helps prepare patients for upcoming surgery.
- **Specialist clinic waitlist audit** – an audit tool for patients waiting for a specialist outpatient appointment.
- **Specialist clinic referral management system** – supports referral management and patient flow.

A key milestone was the implementation of VicKey's Surgical Waitlist Tool (Module 1) in December 2025. The tool automates validation of patients waiting for planned surgery, enabling them to confirm via a simple SMS questionnaire whether they still require their procedure and wish to remain on the AWH waitlist.

Patient responses trigger additional questions that help determine ongoing treatment needs, including whether non-surgical treatment options should be explored or whether removal from the waitlist is appropriate. This patient-centred approach improves communication, supports more accurate waitlist management and empowers patients to play an active role in their care. It also helps reduce unnecessary waiting times and ensures surgical capacity is directed to those who need it most.

Building on the success of Module 1, AWH is preparing to implement four additional VicKey modules designed to further improve the management of planned surgery and specialist outpatient services, supporting more efficient care pathways and improved access to treatment.

Expanding Allied Health-Led Models of Care

During 2025–26, AWH continued to expand Allied Health-led advanced practice models of care, helping patients access earlier assessment, faster treatment and the right care at the right time.

The program includes three advanced practice physiotherapy services.

- Advanced Practice Musculoskeletal Physiotherapy – Emergency Department
- Advanced Practice Musculoskeletal Physiotherapy – Orthopaedic Hip and Knee Service (OAHKS)
- Advanced Practice Pelvic Health Physiotherapy and Gynaecology Clinic

These services support earlier assessment and intervention, optimise conservative management, improve readiness for surgery where needed and ensure specialist appointments are reserved for patients who need them most.

Two significant developments this year were the launch of the Rapid Emergency Department Back Assessment Clinic (REDBAC), developed in partnership with the Royal Melbourne Hospital, and the establishment of the Advanced Practice Pelvic Health Physiotherapy and Gynaecology Clinic. The Pelvic Health Clinic was developed in collaboration with Wodonga Specialist Obstetrics and Gynaecology (WSOG), and informed by established pelvic health services across Victoria, the Pelvic Health Clinic has created a dedicated public pathway for women experiencing pelvic floor disorders. Before the clinic opened, women in the region often faced lengthy waits for specialist assessment and treatment or were required to access care through private services.

The new model provides earlier assessment, education and conservative management and often surgical avoidance, while ensuring women who require specialist care are identified and referred sooner. Consumer feedback has been overwhelmingly positive, with high levels of satisfaction across care, communication and overall experience. Building on this success, AWH is exploring opportunities to expand the model into ED avoidance services, expanded antenatal care and other women's health services. Together, these innovative models are improving access to care, reducing delays and helping more patients receive timely, evidence-based treatment closer to home while supporting a more sustainable health system for the region.



“The success of these services shows what's possible when we rethink traditional models of care. By utilising Allied Health expertise, through advanced practice clinics, we're improving access, reducing wait times and creating better experiences for patients across our region.”

Alana Jacob
Chief Allied Health Officer

Empowered Teams

The strength of Albury Wodonga Health has always been its people. Every day, our staff deliver care, support patients and families, and keep essential services running across our region, often in an environment of increasing complexity, demand and change.

Over the past year, we have taken an honest look at our organisation and the experience of our people. We have listened to feedback, reflected on the challenges identified through staff engagement and independent review processes, and committed to creating the conditions for a stronger, more connected workplace culture.

This work is not about a single initiative or a short-term program. It is about building an organisation where people feel respected, supported and empowered to contribute; where leaders are accountable; where communication is open; and where our values are reflected in the way we work together every day.

Culture change takes time, consistency and a collective commitment to doing things differently. While the journey is ongoing, we remain focused on creating a workplace where people can thrive, grow and deliver their best for the communities we serve.

The following section provides a snapshot of our workforce and the initiatives, achievements and progress that are helping shape the future of Albury Wodonga Health.

Culture isn't built in meeting rooms alone. Sometimes it looks like staff from across the organisation coming together, having a laugh and creating something memorable.

Our 2025 Christmas video is a great example of the spirit, teamwork and sense of community that exists across AWH.

Watch the video here:

Our Workforce at a Glance

3,427
Employees

330
Dedicated Volunteers

Workforce **80%** **Female** **20%** **Male**

70% of leadership roles **held by women** (175 of 250)

71 **Nurses and Midwives** in 2025.

Mental Health Graduates

3 **New** Year 1 **4** **Progressing** in Year 2

55 **Medical Students placed** in 2025

Workforce Data

Hospital Labour Category	June 2025 FTE	June 2026 FTE	Average Monthly FTE 2025	Average Monthly FTE 2026
Nursing	1,044	**1,147**	985	**1,106**
Administration and Clerical	344	**362**	349	**356**
Medical Support	108	**102**	108	**98**
Hotel and Allied Services	191	**195**	187	**184**
Medical Officers	33	**31**	32	**32**
Hospital Medical Officers	158	**195**	164	**188**
Sessional Clinicians	43	**50**	39	**47**
Ancillary Staff (Allied Health)	243	**259**	232	**243**
Total	**2,164**	**2,340**	**2,096**	**2,254**

*Full-time equivalent (FTE) number: FTE number measures the number of standard-hour workloads worked by employees. This excludes contracted staff. Headcount includes all employees, including part-time and casual workers, resulting in a higher number. Employment and conduct principles

AWH is committed to applying the Public Sector Values and Employment Principles and upholds the key principles of merit and equity in all aspects of the employment relationship including recruitment. All employees are required to comply with AWH Code of Conduct and relevant AWH policies and procedures. AWH is an Equal Opportunity Employer. Employees have been correctly classified in workforce data collections.



A Safer, Healthier Workplace

AWH remains committed to ensuring a safe, healthy, and supportive environment for every individual who engages with our services - whether as an employee, volunteer, patient, visitor, contractor, or supplier.

During 2025–2026, AWH continued to strengthen its safety culture through a range of initiatives focused on preventing harm, supporting staff wellbeing and fostering positive workplace behaviours. Key areas of focus included the implementation of psychosocial hazard management initiatives, leadership capability development, employee wellbeing programs, and the ongoing enhancement of our Work Health and Safety Management System (WHSMS) to support consistent risk management across the organisation.

Our Health and Safety Representatives (HSRs) continued to play an important role in supporting consultation with workers, identifying hazards, raising health and safety concerns, and contributing to safer workplaces through collaborative problem-solving and early intervention.

Occupational Health and Safety Statistics

Occupational Health and Safety Statistics	2025-2026	2024-2025	2023-2024
The number of reported hazards / incidents for the year per 100 FTE	**47.78**	43.13	59.46
The number of 'lost time' standard WorkCover claims for the year per 100 FTE	**1.11**	0.53	1.56
The average cost per WorkCover claim for the year	**$42,378**	$33,530	$18,042

Occupational Violence and Aggression

Occupational violence and aggression (OVA) continues to be one of the most significant health and safety risks facing the healthcare sector. AWH maintains a zero-tolerance approach to violence, aggression, abuse and threatening behaviour directed towards our workforce. Every employee, volunteer and contractor has the right to work in an environment where they feel safe, respected and supported while delivering care to our community.

Throughout 2025–2026, AWH continued to strengthen its approach to preventing, responding to and recovering from incidents of occupational violence and aggression through a coordinated, organisation-wide program of work. This included a continued focus on workforce capability, effective incident management, environmental and operational risk controls, and collaboration with key internal and external stakeholders.

Key initiatives during the year included:

- Continued delivery of education and training programs to build staff capability and confidence in preventing and responding to occupational violence and aggression.
- Ongoing enhancement of incident reporting, investigation and governance processes to support timely responses, organisational learning and continuous improvement.
- Strengthened collaboration with clinical services, emergency services and other key partners to support a coordinated approach to managing occupational violence and aggression risks.
- Delivery of the "No Excuse – End the Abuse" public awareness campaign, reinforcing the message that violence and aggression towards healthcare workers is unacceptable and encouraging greater community respect for our workforce.
- Continued oversight through the Occupational Violence and Aggression Steering Committee to monitor organisational performance, identify emerging risks and drive continuous improvement initiatives.

AWH remains committed to creating a workplace where everyone can provide safe, compassionate care free from violence and aggression. This commitment is fundamental to protecting our workforce and ensuring the delivery of high-quality healthcare across our communities.



Our AWH No Excuse, End the Abuse Campaign

Creating a safe workplace for healthcare workers remained a key priority for Albury Wodonga Health throughout 2025–26.

To strengthen its response to occupational violence and aggression, AWH launched "*No Excuse. End the Abuse*", a community awareness campaign co-designed with staff and shaped by their lived experience of working in healthcare. While aimed at the broader community, the campaign also reinforced AWH's commitment to the safety, wellbeing and right of every staff member to work free from violence and aggression.

At the heart of the campaign was the message *"I'm someone's..."*, reminding the community that behind every healthcare uniform is a person – a parent, partner, child, friend or colleague. Through authentic staff stories and a multi-channel campaign, AWH encouraged patients, visitors and the wider community to recognise the human impact of occupational violence and the shared responsibility to treat healthcare workers with dignity and respect.

The campaign was made possible through the generous support of 2AY, Regent Cinemas, WIN Television and Hume Bank, whose in-kind and financial contributions helped extend the message across the region.

Watch our campaign video here:

Occupational Health and Safety Statistics

Occupational Violence Statistics	2025 - 2026
Workcover accepted claims with an occupational violence cause per 100 FTE	3
Number of accepted WorkCover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	3
Number of occupational violence incidents reported	1532
Number of occupational violence incidents reported per 100 FTE	68.0
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	11.94%

Building our Future Clinical Workforce

Graduate Nurse Program

AWH has seen significant growth in its graduate workforce, with graduate nurse numbers increasing from 31 in 2020 to 63 in 2025. Around 75% of graduates completed their studies locally, reflecting AWH's strong partnerships with regional education providers and commitment to building a sustainable local workforce.

The program offers Registered and Enrolled Nurse graduates experience across 27 clinical areas, helping them build confidence, capability and clinical skills while exploring a diverse range of career pathways. In 2025, opportunities were expanded to include patient transport, infection prevention and control, and a combined Mental Health and Emergency Nursing rotation. The Enrolled Nurse Graduate Program was extended from six to 12 months, providing additional support and development opportunities for early-career nurses. The success of the program is reflected in strong retention outcomes, with 80% of Registered Nurse graduates and 100% of Enrolled Nurse graduates securing ongoing employment with AWH following completion.

Graduate Mental Health Program

Mental Health and Wellbeing continued to strengthen its early-career workforce in 2025, welcoming six graduate Registered Nurses (Mental Health), two Transition to Specialty Practice (TTSP) Registered Nurses and four nurses in a combined Mental Health and Emergency Department program. The intake was further complemented by three Social Work graduates and two Occupational Therapy graduates, reflecting a multidisciplinary approach to workforce development. The service also demonstrated strong retention and progression, with eight Registered Nurses and two Occupational Therapists transitioning into their second year.

Celebrating Graduate Midwives and Nurses

In 2025, AWH celebrated the achievements of graduates from its Midwifery and Graduate Nurse Programs with a joint graduate ceremony, recognising their dedication, growth and contribution to patient care during their first year of professional practice.

Registered Nurse Lillian Wells was named Graduate of the Year, recognised for her clinical excellence, adaptability and commitment to person-centred care. Recognition of Excellence awards were presented to Sharne Van Corler, Aimee Francis and Akeema Wevers.



“I have learned an incredible amount and felt consistently supported by the education team.”

Graduate Nurse

“The support I received, both when I asked and when I didn't, made my professional development invaluable.”

Graduate Nurse

Preparing the Future Allied Health Workforce

During 2025–26, AWH's Allied Health Education team partnered with the Three Rivers Department of Rural Health at Charles Sturt University to deliver three simulation-enhanced interprofessional education sessions for undergraduate allied health students completing clinical placements at AWH.

The sessions were designed to prepare students for the realities of rural and regional practice by exploring the patient journey through the health system and highlighting the roles of different allied health disciplines. Using realistic simulation scenarios focused on stroke management and chronic obstructive pulmonary disease (COPD), students worked together in facilitated groups to strengthen their clinical reasoning, communication and collaborative practice.

The program received overwhelmingly positive feedback, with students describing the sessions as engaging, realistic and valuable in building their understanding of multidisciplinary care and confidence working within healthcare teams.

Building on this success, AWH will continue working with the Three Rivers Department of Rural Health to expand simulation-based learning opportunities for allied health students in the coming year.



Volunteers at the Heart of Care

Volunteers continue to make an invaluable contribution to AWH, enhancing the experience of patients, families and visitors through their compassion, generosity and commitment to service. Whether providing practical assistance, offering companionship or supporting key programs, they help create a welcoming, connected and person-centred healthcare environment.

During 2025–26, more than 300 volunteers generously donated their time across a diverse range of services, supporting patients, visitors and staff throughout the organisation. Their contribution remains integral to the delivery of compassionate, high-quality healthcare and reflects AWH's strong partnership with the community.

National Volunteer Week provided an opportunity to celebrate this remarkable contribution at the annual Volunteer Luncheon, where volunteers were recognised for their dedication and Years of Service milestones. The year also saw continued growth across the volunteer program, including the introduction of the Golden Angels program, providing additional support for patients living with dementia and delirium.

Recognising the increasingly important role volunteers play in healthcare, AWH has started to develop a new Volunteer Strategy to strengthen the capability, sustainability and growth of its volunteer workforce. As the AWH redevelopment progresses, volunteers will play an even greater role in the patient journey, with an ambitious vision to grow the volunteer workforce to more than 1,000 volunteers over the next five years.

By creating new opportunities for community members to contribute across a broad range of services, AWH will continue strengthening connections with the community while enhancing the care and support provided to patients and families.

We sincerely thank every volunteer for the generosity, compassion and dedication they bring to our health service each day. Their contribution continues to make a lasting difference to our patients, our staff and our community.

Learn more about our volunteer programs here:







Our Annual National Volunteer Week Luncheon

During National Volunteer Week, AWH recognised the extraordinary contribution of more than 330 volunteers who generously give their time to support patients, families and staff across the organisation.

This year's theme, Your Year to Volunteer, highlighted the important role volunteers play in strengthening communities. At AWH, that contribution continues to grow, with volunteers supporting patients and visitors across a wide range of services. Some volunteers have dedicated more than 20 years of service, reflecting a remarkable and enduring commitment to our community.

As part of the celebrations, AWH hosted a Volunteer Appreciation Lunch, recognising service milestones and thanking volunteers for the difference they make every day.

Most people are quite scared to come into a cancer hospital, so it's just about making them feel a little bit more comfortable.

Olwyn
Albury Wodonga Regional Cancer Centre Concierge Volunteer

Volunteer Spotlight



Daniel Shipard
AWH Volunteer

Daniel is just one of our valued volunteers with Albury Wodonga Health who has made a positive contribution across multiple departments. Assisting staff, patients and other volunteers in the Discharge Lounge by ensuring patients have a positive experience as they transition from hospital to home. More recently, Daniel has extended his support to the Pharmacy Department at Albury Campus, assisting with administrative tasks and record management. His willingness to take on new responsibilities and provide reliable support highlights his dedication to enhancing patient care and operational efficiency across the organisation.

What do you like most about volunteering at AWH?
"There's so many things, its hard to pick one. The opportunities it has given me."

What jobs or activities do you enjoy doing the most when you volunteer?
"The activities I enjoy the most are pharmacy admin support and discharge lounge at Albury Campus."

How does volunteering at AWH make you feel?
"Important, helpful to others, proud, happy."

What is something you are proud of since becoming a volunteer?
"My positive impact on patients and hospital staff."

What would you tell someone who was thinking about volunteering at AWH?
"Go for it!!"



You represent the very best of AWH, across clinical and non-clinical areas. You represent innovation and compassion, courage and collaboration, trust and high performance. And above all, you represent a health service that is evolving, improving, and moving forward together.

Linda Hudec
Chief Operating Officer



It is inspiring to see the dedication and commitment in this room. These awards are a testament to the remarkable people who strengthen our health service and the community it serves.

Jonathan Green
Former AWH Board Chair

Celebrating Our People

At Albury Wodonga Health, we are proud to celebrate the remarkable contributions of our staff and volunteers.

2025 AWH Staff & Volunteer Excellence Awards

In its fourth year, the AWH Staff and Volunteer Service Excellence Awards recognised the people behind the care, celebrating the exceptional contributions of dedicated individuals and teams at AWH.

With recipients nominated by their peers and consumers, the awards celebrated achievements in various categories, from innovation and collaboration to person-centred care. The evening also recognised the remarkable career milestones of 72 staff, from 20 to 50 years of service, highlighting the long-term contributions that have shaped AWH over many decades.



Spirit of Albury Wodonga Health Award

Tim Malone

As Perioperative Services Manager, Tim is a respected leader whose professionalism and strategic thinking strengthen theatre services and patient outcomes. Measured and trustworthy, he brings teams together through clear communication and constructive advocacy. His leadership builds confidence, fosters collaboration and reflects the Spirit of AWH.

Rising Star Award

Claire Macinlay

Since joining AWH in January 2025, Claire has made an outstanding impact, quickly establishing herself as a skilled, professional and collaborative leader in Risk, Audit and Compliance. Respected for her kindness, transparency and can do approach, Claire's work has a wide reaching impact across the organisation.

Excellence in Person Centred Care

Danielle Hanlon

Paediatric Nurse Danielle's unwavering commitment to person-centred care transforms the experiences of children and families. Through personalised preparation strategies and creative care, she reduces trauma and anxiety for vulnerable patients. Her humility, innovation and quiet leadership sets a benchmark for paediatric care and strengthens the culture of the Children's Ward.

Excellence in Innovation Award

Kerferd Unit and Nicole Varman

The Kerferd Unit has redefined inpatient mental health care through Victoria's only open-door acute mental health model. Grounded in trauma-informed, recovery-oriented practice, the team has created a safe and dignified environment where consumers feel valued and empowered. Their work has achieved the lowest seclusion and restraint rates in the state, setting a benchmark for collaborative, evidence-based psychiatric care.

Nicole Varman has demonstrated exceptional leadership through leading the development of PATCH (Paediatrics at the Child's Home) delivering high-quality paediatric care in the family home. Recognising the impact of prolonged inpatient stays, she designed a model that keeps families together while maintaining best-practice standards.

Excellence in Partnerships & Collaboration

Bone Week Multidisciplinary Team and Enhancing Stroke Care Collaborative

The Bone Week Multidisciplinary Team has demonstrated exceptional collaboration in delivering an Enhanced Recovery After Surgery (ERAS) program for joint replacement patients through exceptional multidisciplinary collaboration. Orthopaedics, anaesthetics, nursing, allied health and pharmacy coordinated streamlined care across 4.5 days for 17 patients, reducing length of stay. Their work has improved access for patients awaiting surgery and established a benchmark for collaborative, patient-focused surgical care at AWH.

The Enhancing Stroke Care Collaborative set a clear and ambitious goal: reduce AWH's average Door-to-Needle time from 118 minutes to under 75 minutes to improve stroke recovery and long-term outcomes. Throughout 2025, the team worked closely with Emergency Department, Imaging and General Medicine clinicians to streamline processes and strengthen rapid response pathways. As a result, the median Door-to-Needle time improved to 83 minutes, with times as low as 62 minutes, representing significant progress in timely, life-saving treatment.

Excellence in Teamwork Award

Kerferd ICA Upgrade Project Team and Maternity Antenatal Postnatal Service Team

The Kerferd ICA Upgrade Team delivered a complex redevelopment enhancing safety and dignity within the unit. Despite funding and compliance challenges, clinicians, infrastructure teams and contractors worked collaboratively to achieve an outcome supporting recovery and privacy.

The Maternity Antenatal Postnatal Service (MAPS) team has reshaped maternity care through a midwifery-led continuity model. Since 2024, they have delivered personalised, evidence-based care across pregnancy, birth and postnatal care. Their collaborative approach has resulted in improved birth outcomes, earlier discharge and strong consumer feedback.

Volunteer of the Year Award

Carol Cassidy

Our volunteers are an essential part of the AWH family, and Carol's generosity, dedication and kindness make a profound difference. Carol has been a cornerstone of the Wodonga Op Shop team since 2014, contributing more than 2,000 volunteer hours. She leads the cut-rags initiative with care and precision, supporting vital fundraising for AWH.

Celebrating 50 Years of Service

Nurses Dianne Bentley and Elizabeth O'Connor were celebrated for 50 years of service, an extraordinary achievement reflecting a lifetime of commitment to care.

Relive the highlights of this year's staff awards event here:

"What has motivated me to continue nursing for so many years is the opportunity to make a meaningful difference to patients' lives, supporting people during vulnerable moments."

Elizabeth O'Connor
Celebrating 50 Years of Service



Investing in Our People

Albury Wodonga Health continued to invest in workforce development during 2025–26, expanding opportunities for staff to grow their knowledge, leadership and expertise through a suite of professional development scholarships.

Presented at the AWH Staff and Volunteer Excellence Awards, the scholarships recognise staff who demonstrate excellence, initiative and a commitment to improving healthcare. By supporting advanced education, research and international learning, they ensure new knowledge and best practice are brought back to benefit patients and communities across our region.

This year saw the introduction of two new scholarships. The inaugural Dr Lucie Shanahan Memorial Scholarship, proudly supported by the Albury Wodonga Health Foundation, honours the legacy of Dr Lucie Shanahan, an exceptional clinician, educator and leader dedicated to improving regional healthcare. Physiotherapist Kate Armstrong received the inaugural award and will attend the International Stroke Conference in Houston to bring the latest advances in stroke rehabilitation back to AWH.

The inaugural SPARK Scholarship reflects AWH's commitment to supporting medical practitioners throughout their careers. Surgical Registrar Dr Narayan Khanal will undertake professional development in Qualitative Research Methods and Implementation Science through the Monash Centre for Health Research and Implementation, strengthening his ability to translate research into improved care for rural and regional communities.

The Tom Northam Memorial Travelling Scholarship, now in its second year, and supported by the AWH Foundation, was awarded to paediatric nurse Danielle Hanlon, who will attend the Society for Paediatric Sedation Annual Conference in New Orleans to expand her expertise in paediatric procedural management.



Staff Spotlight



Brooke Turner
2025 Tom Northam Travelling Scholarship Recipient

Brooke Turner was named the 2025 recipient of the Tom Northam Travelling Scholarship, enabling her to attend the Institute for Healthcare Improvement Forum 2025.

The forum brought together healthcare leaders from around the world to explore emerging best practice in patient safety, quality improvement and healthcare innovation. For Brooke, it provided valuable insights into how health services can improve outcomes, reduce harm and strengthen system performance.

A key theme was patient-centred care, with sessions highlighting that safe, high-quality healthcare extends beyond clinical outcomes. Respect, compassion, communication and understanding each patient's story were reinforced as essential to delivering equitable and person-centred care.

Brooke also explored global examples of quality improvement in action, including large-scale patient safety programs supported by strong leadership, multidisciplinary teams, clear accountability and structured improvement methodology.

As the 2025 recipient, Brooke will bring contemporary knowledge and international learnings back to AWH, supporting ongoing improvements in patient care, quality and safety while contributing to Tom's lasting legacy.

Regional Leadership

As the major regional health service for the Border, Albury Wodonga Health plays an important role in strengthening care, capability and connection across our region. In 2025–26, this work focused on improving access to services, building clinical partnerships, supporting workforce development and responding to the needs of communities across a large and diverse catchment. From patient flow and mental health reform to allied health collaboration and regional maternity support, these initiatives reflect AWH's commitment to working with partners to deliver more connected, responsive and sustainable care closer to home.



Improving Access to Care Through Better Patient Flow

During 2025–26, AWH continued to improve patient flow and access to care through a range of initiatives focused on reducing delays, improving coordination and responding to growing demand across the health service.

Key improvements included optimisation of the Progression of Care Hub, expansion of the Non-Emergency Patient Transport (NEPT) service and continued implementation of the Timely Emergency Care (TEC) program.

Key Results in 2025–26

Ambulance transfers completed within

40 minutes

improved from approximately **60 - 63%** to **66%**

More than

6,400

patient transfers completed through AWH's NEPT service

Reliance on **external patient transport providers reduced**

AWH

from approximately

1500

transfers to

600

A key driver of improvement has been the Progression of Care Hub, which provides greater visibility of patient demand, bed availability and patient movement across the organisation. Combined with initiatives such as discharge before midday, criteria-led discharge, regional bed optimisation and the introduction of an Acute Care Coordinator, these changes have supported more timely access to inpatient beds and reduced delays throughout the patient journey.

Additional funding through the TEC program and Safe and Timely Ambulance and Emergency Care Standards supported initiatives such as Towards 7-Day Flow, helping reduce variation in weekend discharges and improve patient movement.

Enhanced data capability, including identification of internal Emergency Department (ED) admissions, has also strengthened understanding of demand and supported more proactive, data-informed decision-making. This has enabled targeted improvements to patient flow and measurable improvements in system performance.

While much of this work occurs behind the scenes, the benefits are felt across the health service. Patients are gaining faster access to the right care environment, ambulance crews are returning to the community sooner, ED clinicians are spending less time managing bottlenecks and more time focused on patient care, and ward teams benefit from more consistent and predictable discharge processes.

Future work will focus on expanding centralised patient flow and intake functions, increasing access to alternative models of care (including Hospital in the Home and virtual pathways), and improving capacity for patients who are medically cleared but unable to discharge. These initiatives will support continued improvements in ED wait times, length of stay and overall system flow, ensuring sustainable access to care as demand continues to grow.



Strengthening Mental Health Support for Consumers and Communities

Improving Mental Health Care

In 2025–26, AWH Mental Health and Wellbeing continued its partnership with Safer Care Victoria (SCV) through the Mental Health Improvement Project (MHIP), progressing initiatives across three key priority areas:

- Improving Sexual Safety in Inpatient Units
- Towards the Elimination of Restrictive Practices
- Adopting the Zero Suicide Framework

SCV provided ongoing support through regular coaching sessions and face-to-face workshops, helping build capability and drive improvement across all projects.



Recovery is built through relationships. When people feel safe, respected and connected, better outcomes are possible for consumers, carers and staff alike.

Jessica Johnson
Nurse Unit Manager, Kerferd

Improving Sexual Safety in Inpatient Units

AWH introduced a new Sexual Safety Plan across Nolan House, co-designed with consumers and staff to strengthen the prevention of, and response to, sexual safety risks in inpatient settings. The plan has been well received by consumers and has improved engagement in safety planning.

Sexual safety posters were also developed for inpatient and community settings in collaboration with consumers, the Lived and Living Experience Workforce and Nolan House staff. Plans are underway to expand the initiative to the Kerferd Unit.

Towards the Elimination of Restrictive Practices

At the Kerferd Unit, therapeutic and engagement-based programs were expanded to reduce reliance on restrictive practices. Initiatives including pet therapy, fishing groups, Coffee Club, Pyjama Friday and a redesigned Welcome to Kerferd consumer information brochure have increased opportunities for connection and engagement.

A new Meet and Greet program was also introduced, enabling Kerferd Unit staff to meet consumers in the North East Health Emergency Department before admission. This early engagement helps build rapport, provide information and support a more person-centred transition into inpatient care. Opportunities are being explored to introduce the initiative at Nolan House.

Adopting the Zero Suicide Framework

AWH continued implementation of the Zero Suicide Framework, embedding evidence-based approaches to suicide prevention and strengthening workforce capability across all stages of care.

Key achievements included the introduction of a redesigned Wellbeing and Safety Plan following extensive consultation and testing. The updated plan features improved usability, a more accessible design and less emphasis on clinical terminology. Early feedback indicates greater consumer engagement and accessibility.

A new risk assessment framework was also introduced in early 2026, moving away from traditional risk stratification (low, medium, high) towards a contemporary, evidence-based model of risk formulation. Workforce capability has been further strengthened through the rollout of monthly Suicide EUR training for clinical staff, with a target of 80% completion by the end of 2026. New suicide care pathway documentation has also been developed to support consistent, evidence-based care.

Together, these initiatives are helping create safer, more person-centred mental health services and improving experiences for consumers, carers and staff across the region.

Leading the Mental Health Response During Community Emergencies

During 2025–26, AWH's Mental Health, Wellbeing and Alcohol and Other Drugs (MHW&AOD) Division led coordinated mental health responses to two major emergencies affecting our region.

The first followed the Porepunkah incident in August 2025, in which two police officers were tragically killed and a third seriously injured. The incident resulted in an extended manhunt, a geographical lockdown and months of uncertainty for the Alpine community.

Drawing on lessons from previous disasters, AWH immediately brought together a coordinated partnership involving Alpine Health, Alpine Shire Council, Gateway Health, Headspace, APMHA Healthcare, Red Cross, Murray PHN, The Mental Health and Wellbeing Local, Wellways, ACSO Partners in Wellbeing and the Victorian Department of Health. Together, the Alpine Mental Health Response focused on delivering coordinated psychosocial support during the immediate and medium-term recovery.

Key initiatives included the establishment of a free mental health helpline operated by ACSO's Partners in Wellbeing, community drop-in sessions staffed by clinicians, peer workers and community engagement workers, coordinated public communications, a mental health service support and navigation flyer, and real-time reporting to the Victorian Department of Health. The partnership also played a central role in the Porepunkah Event Relief and Recovery group, providing a single point of coordination for mental health services across the region.

In January 2026, the Walwa bushfires again tested the resilience of the Upper Murray community, marking its second major disaster in five years following the devastating 2019 bushfires. AWH once again led a coordinated regional response in partnership with Gateway Health, Corryong Health, Wellways, ACSO, AgBiz, Murray PHN, APMHA, Lifeline, DFFH, Red Cross and Tallangatta Health.

This work continues today, with Gateway Health and The Mental Health and Wellbeing Local leading the ongoing psychosocial recovery, while AWH continues to provide acute community mental health care as part of a coordinated, tiered response. Together, these partnerships have strengthened community resilience and ensured people affected by major emergencies can access timely, coordinated mental health support when they need it most.

Building a Connected Regional Allied Health Workforce

Advanced Musculoskeletal Physiotherapy Community of Practice

AWH continues to lead regional collaboration through the Advanced Practice Physiotherapy (APP) Community of Practice, bringing together clinicians from AWH, Goulburn Valley Health and Northeast Health Wangaratta.

As the most established Advanced Musculoskeletal Physiotherapy (AMP) service in the region, AWH provides mentoring, knowledge sharing and practical learning opportunities to support the growth of emerging services across Northeast Victoria and the Goulburn Valley. The Community of Practice provides a forum for advanced practice physiotherapists to share expertise, discuss complex cases, strengthen clinical governance and support the ongoing development of advanced musculoskeletal physiotherapy services.

During 2025–26, clinicians from Goulburn Valley Health and Northeast Health Wangaratta participated in case discussions, service development activities, recruitment support and observational opportunities within AWH's Advanced Musculoskeletal Physiotherapy services, gaining experience in advanced assessment, clinical decision-making and multidisciplinary models of care.

The Community of Practice has strengthened professional connections across the region, reducing professional isolation and creating valuable opportunities for peer support and shared learning. Participants reported increased confidence in advanced practice roles, enhanced clinical reasoning and greater access to specialist advice and practical strategies that could be applied within local services.

The initiative has also fostered stronger clinical partnerships between health services, supporting the delivery of high-quality, evidence-informed care and contributing to the development of a highly skilled and connected regional allied health workforce.

Hume Regional Allied Health Conference

In October 2025, the Hume Region Allied Health Education Group hosted its biennial conference, "Insights into Influence: The Impact of Allied Health in Healthcare", at The Cube Wodonga.

Delivered as a hybrid event, the conference brought together more than 130 allied health professionals, educators, students and leaders from across the Hume Region and beyond. As Platinum Sponsor, AWH proudly supported the event, reinforcing its commitment to strengthening regional partnerships and advancing allied health education and workforce development.

The program featured keynote presentations, concurrent sessions and posters showcasing clinical excellence, culturally responsive care, workforce innovation and education pathways. Presenters from health services, universities and community organisations shared practical initiatives for translating allied health expertise into improved consumer outcomes, service redesign and system-level change.

Participant feedback highlighted the value of connecting as a regional allied health community to share ideas, celebrate achievements and build new collaborations. The conference reinforced the important role of allied health in influencing policy, models of care and workforce sustainability, and confirmed the Hume Region Allied Health Education Group as a key driver of coordinated education and professional development across our Local Health Service Network.





Strengthening Regional Maternity Care Through Collaboration

In early 2026, AWH welcomed a new Regional Liaison Midwife, supporting maternity services across North East Health, Benalla Health, Alpine Health, Yarrawonga Health and Mansfield District Hospital.

Working closely with regional obstetricians, midwifery leaders, Aboriginal maternity programs, Safer Care Victoria and statewide maternity networks, the Regional Liaison Midwife focuses on strengthening collaboration, workforce capability and access to high-quality, woman-centred care across the Hume region. The role supports care across multiple settings, including antenatal clinics, birth suites, postnatal services, special care nurseries and community-based programs.

A key focus during the first six months was building relationships and strengthening communication pathways between services to improve care coordination and support equitable access to maternity care, regardless of location.

The role also promotes consistency in maternity care through the implementation of evidence-based guidelines, clinical governance frameworks and quality improvement initiatives. This includes supporting culturally safe care, strengthening continuity of care models and enhancing integration across regional maternity and newborn services.

Supporting implementation of the Victorian Maternity and Newborn Services Framework has been another important priority, with a focus on workforce development, education and clinical support. Neonatal resuscitation training has already been delivered at Mansfield District Hospital, with further education, mentoring and clinical upskilling planned across the region.

By strengthening partnerships, building workforce capability and supporting consistent, high-quality care, the Regional Liaison Midwife role is helping to improve outcomes for women, babies and families across Northeast Victoria.

Sustainable Services

Sustainable services are about ensuring AWH can continue to meet the growing needs of our community in a way that is safe, efficient and responsive. Across infrastructure investment, research, innovation and service redesign, this work is strengthening access to care, making better use of resources and supporting new models of care that are more sustainable for patients, staff and the health system.

Strengthening Services Through Infrastructure Investment

Completed Projects

Kerferd Unit ICA Ensuite and Family Room Upgrade

With thanks to Victorian Infrastructure Delivery Authority (VIDA $1.3M)

The upgraded Intensive Care Area at the Kerferd Unit opened in September 2025, purpose-built to support trauma-informed and gender-sensitive care with features designed to enhance privacy, safety and therapeutic engagement. Consumers now benefit from private ensuites, consumer-controlled swipe card access to bedrooms, a dedicated family space and expanded therapeutic areas.

This project responds directly to Recommendation 13(2) of the Royal Commission into Victoria's Mental Health System, which calls for improved gender-based safety and consumer autonomy in inpatient care settings.





Albury Wodonga Health

Key Health Worker Accommodation

With thanks to the Commonwealth, NSW Government & Victorian Government (NSW & Commonwealth $9.5M)

The Key Health Worker Accommodation delivers modern, affordable accommodation for nurses, doctors and allied health practitioners, helping to attract and retain a skilled health workforce in the border region. The 21 one-bedroom, self-contained modular units on the Albury campus will provide short to medium term accommodation (up to six months) for healthcare workers. Delivered in partnership with NSW Health Infrastructure, the project was accomplished on time and on budget, with main works completed in June 2026. Each fully furnished, self-contained unit is designed for comfort, featuring bright open-plan living, a modern kitchen, ensuite bedroom, internal laundry and screened veranda.

Built using off-site modular construction, the units were installed at Albury Hospital over four nights, with minimal disruption to hospital operations. Delivered in partnership with AWH, Health Infrastructure NSW, Regional Development Victoria, the Commonwealth Department of Regional Development, Zauner Construction and Yarrawonga Housing, the project highlights strong local collaboration - supporting jobs, investment and quality construction across the region. We're grateful to our partners Zauner Construction and Yarrawonga Manufactured Housing for delivering these units on time, on budget, and without disruption to our operations.



Providing a comfortable environment for clinicians is just one way we're improving the staff experience, enabling us to deliver high-quality care for our community.

Quentin Smith
General Surgeon



In-progress Projects

Renal Dialysis Expansion

With thanks to Victorian Infrastructure Delivery Authority (VIDA $4.4M)

In December 2025, AWH received funding to deliver 10 additional renal dialysis care points across the Albury (2) and Wodonga Campuses (6) and the Home Dialysis Service (2), supporting both current demand and future service growth.

Construction began in mid-2026 and will be delivered in stages over approximately 12 months to maintain continuity of care. Once complete, and with staff trained and operationally ready, the expansion will effectively double AWH's renal dialysis capacity, removing the need for patients to travel outside the region for treatment.

This funding announcement is an important step forward in delivering kidney care for our region. For people living with kidney disease, dialysis is a life-sustaining treatment that often means long hours and frequent travel. This growth will support more patients to receive timely and appropriate treatment closer to home, reducing pressure on our existing service and improving the overall patient experience.

"The dialysis expansion will mean patients have access to haemodialysis at Albury Hospital, expanded dialysis capacity in the Wodonga Dialysis Unit, and greater support for dialysis treatment at home.

Dr Jack Heron
Staff Specialist Nephrologist

Community Mental Health Expansion

With thanks to Victorian Infrastructure Delivery Authority (VIDA $1.24M)

In November 2025, in consultation with the Victorian Infrastructure Delivery Authority (VIDA), it was agreed to deliver a modular administration unit at the Wodonga Campus for an expanded Hospital Outreach Post Suicide Engagement (HOPE) Program Service as well as the relocation of the Triage Service. Moving the Triage Service from the Brain and Mind Centre in Albury to Wodonga allows AWH to safely operate Wodonga ED as a Designated ED, improving timely access to care closer to home, reducing the need to transport Community Treatment Order (CTO) patients to the Kerferd Unit in Wangaratta.

Construction is scheduled to commence in August 2026, with completion expected by December 2026. The new facility will provide office accommodation for approximately 17 FTE and includes meeting and focus spaces equipped to support the delivery of community mental health programs to rural and remote communities via videoconferencing.

Multidisciplinary Virtual Care Service

(VIDA & Commonwealth $4.8M)

Design, operational planning and accommodation planning for the Multidisciplinary Virtual Care Service commenced in July 2025, following completion of the service plan and models of care. A series of workshops took place over several months to confirm administration and clinical accommodation requirements.

In March 2026, selected modular providers were invited to tender, with the successful contractor scheduled to commence works in early August 2026 and complete construction by March 2027. Additional minor refurbishments will also be undertaken within the CRC Building to create additional clinical spaces.

The ICT workstream is progressing, with a consultant engaged to perform an ICT audit to inform procurement of new computers and laptops, followed by development of a business case and recommendations for technology to support and enhance the virtual care model. The project remains on track for service delivery by June 2027.



Willows Continuing Care Unit Redevelopment

(Commonwealth $12M)

The Project Steering Committee approved concept designs for the redevelopment of the Willows Continuing Care Unit in November 2025. The project includes three duplex buildings comprising six residential pods with 18 care points at a new site adjacent to the existing facility. The proposed designs were shared with the local council and were well received.

Schematic design was completed and approved in February 2026, enabling early release of a Design & Construct tender in mid-February, with detailed design to be completed by the successful contractor. Design development has included extensive consultation with operational staff and current residents, with valuable feedback informing key design considerations.

Following completion of the tender process, contract award is anticipated in late August 2026, with detailed design expected to commence in October 2026. Construction of the new residences is expected to be completed by June 2027.



Fire Sprinkler Upgrade

With thanks to Victorian Infrastructure Delivery Authority (VIDA $7.05M)

Following confirmation of the final project scope and funding in May 2026, fire sprinkler installation works recommenced across both the Albury and Wodonga hospitals in June 2026. The works are expected to be completed by June 2027 and will strengthen fire safety infrastructure, supporting compliance with additional Victorian mandatory fire management compliance under the Capital Development Guidelines Series 7 Fire Risk Management.

Completion of the works is essential to ensuring the safety and quality of care provided across bed-based and high-risk clinical areas, reinforcing AWH's commitment to delivering safe, compliant and high-quality care in all settings. Investing in fit-for-purpose, compliant infrastructure supports long-term operational continuity and risk reduction.

The Albury Wodonga Regional Hospital Project

The Albury Wodonga Regional Hospital Project will deliver a major regional clinical services building and improved health services for the Albury, Wodonga and border communities. The project will deliver a substantial new hospital building at the existing Albury Hospital campus and targeted upgrades to existing facilities to support the hospital expansion.

The NSW and Victorian Governments have each committed $225 million toward the redevelopment of the Albury Wodonga Regional Hospital project, in addition to the $108 million already committed by the NSW and Australian governments, bringing the total investment commitment to $558 million.

Once complete, the new hospital building will bring many services together at one location to improve patient safety, reduce the duplication of services and travel between the Wodonga Hospital and Albury Hospital sites, and increase the capability and responsiveness of the health service to meet the future health care needs of the community.

Northeast Building

Since planning approval for the Northeast Building was received in August 2025, construction has been moving at pace. Due for completion in late 2026, this purpose-built facility will house key health services currently located in the existing Allied Health Building and lays the foundation for construction of the proposed multi-storey Clinical Services Building (CSB), which will deliver more beds and consolidate complex acute care on one site.

Designed with future growth in mind, the Northeast Building offers a flexible layout that can easily adapt to changing healthcare needs and outpatient services over time.

The building will feature a range of modern facilities designed to enhance patient care and staff support, including:

- Purpose-built allied health clinical spaces, such as therapy and consultation rooms;
- Dedicated administrative zones to support health service operations;
- Conference rooms and a library to support education and collaboration,
- A comprehensive outpatient area, including specialist clinics, cardiac services; and pre-admission clinics;
- A new hospital pharmacy;
- A medical staff lounge to promote staff wellbeing;
- A new link bridge, connecting to the hospital's existing public entry level.

The new two-storey building is starting to take shape, with structural steel and roof installation completed in June 2026.

Parking at Albury Hospital

Health Infrastructure and AWH are working closely with the builder to manage parking and traffic changes to support construction while maintaining access to hospital services. A staged approach to parking delivery is being rolled out as we aim to minimise disruption while impacting parking availability over time.

Works completed in H1 2026 include:

- 120+ parking spaces opened along Borella Road in June 2026;
- Approximately 50 spaces will return for public use when the Key Health Worker Accommodation Project site compound is removed in late June;
- Temporary and permanent verge parking under works along East Street.

What this means is that more parking will be available on the hospital campus, with the long-term plan providing around 1000 parking spaces for the Albury Hospital campus.



Net Zero By Design

Sustainability is being embedded into every stage of the Albury Wodonga Regional Hospital development, guided by a project Sustainability Strategy endorsed through design, planning and governance. The strategy aligns with NSW and Victorian Government Net Zero targets and the AWH Sustainability Strategy 2045.

Patient experience sits at its core, with sustainability measures designed to support care, comfort, workforce wellbeing and long-term health outcomes.

Five priorities guide delivery:

- Exceptional patient experience
- A great place to work
- Planetary health
- Climate resilience
- Long-term economic sustainability

The project has set clear targets, including exceeding National Construction Code Section J energy efficiency requirements by 10%, achieving a 5 Star Green Star equivalent rating, and fully electrifying the new Clinical Services Building through the elimination of gas consumption.

Detailed planning and design is guided by five themes: Net Zero 2045, Circular Materials, Sustainable Food Systems, Green Infrastructure and Water Resilience.

These themes are reflected throughout the Clinical Services Building design, with initiatives including elevated gardens, bioswales and rainwater harvesting, rooftop solar, full electrification, EV charging, improved building-envelope performance, low-carbon materials, on-site food waste composting and end-of-trip cyclist facilities.

All initiatives are funded within the project budget and are progressing through design development.

The Northeast Building, currently under construction and due for completion in late 2026, provides an early opportunity to implement the broader sustainability objectives, including rooftop solar and full electrification.

Together, these initiatives demonstrate AWH's commitment to creating a lower-carbon, resilient and future-ready health campus that supports healthier people and a more sustainable health system.



Learn more about this research project here.

CARISTA:
Thunderstorm Asthma Research

AWH is participating in CARISTA (Creating A Risk Assessment Biomarker Tool to prevent Seasonal and Thunderstorm Asthma), a five-year study led by the University of Melbourne in partnership with the Royal Melbourne Hospital.

The study, funded through the Medical Research Future Fund, follows participants across two consecutive hay fever seasons to identify the clinical and biological markers that predict who is most at risk of severe springtime and thunderstorm asthma.

As AWH continues to build maturity in clinical trials, CARISTA presented an exceptional opportunity to be mentored by the Royal Melbourne Hospital and build the capacity for research in a regional health service.

AWH's involvement was precipitated by a particular vulnerability in our community. In November 2024, a thunderstorm asthma surge overwhelmed our emergency departments, with more than 150 patients presenting in a single night. That event made clear both the scale of local risk and the importance of regional participation in research that has historically been concentrated in metropolitan centres.

To support recruitment, AWH established dedicated research clinics to conduct spirometry and blood tests for allergy screening. Of 88 expressions of interest received, 43 participants were found to be eligible and consented to the study, and 38 attended clinic appointments.

Our patients are being tested for ryegrass pollen allergy and for sensitivity to Alternaria, a fungus that grows on ryegrass. This additional testing reflects an emerging line of inquiry into whether fungal allergy may be a contributing factor in thunderstorm asthma.

For many of our participants, involvement in CARISTA represents access to specialist allergy investigations they would not otherwise receive locally. The study has also built beneficial relationships between AWH and RMH Research leads and positions AWH as a contributor to nationally significant research aimed at preventing future thunderstorm asthma emergencies.



When our community experienced a thunderstorm asthma surge, we saw first-hand the importance of regional involvement in research. Through CARISTA, we are helping generate knowledge that could improve prediction, prevention and outcomes for patients across Australia.

Anna Griffith
Library, Research and Ethics Manager

Improving Emergency Care Through Smarter Systems

SQuDs-ED: The Safe and Sustainable Shift in Diagnostics

Every test ordered in an emergency department should add value to a patient's care. SQuDs-ED (Sustainable and Quality Use of Diagnostics in Emergency Departments) aims to reduce unnecessary testing, ensuring patients receive the care they need while avoiding investigations that do not influence treatment decisions.

In its first full year, the program has delivered significant benefits for patients, the health service and the environment. Since July 2025, more than 3,200 unnecessary tests have been safely avoided across AWH's emergency departments. This has reduced unnecessary procedures and waiting times for patients, while supporting more efficient and evidence-based care.

The initiative has also generated more than $104,000 in savings and freed hundreds of staff hours that can be redirected towards patient care. Reducing unnecessary pathology testing has also contributed to a meaningful reduction in the environmental footprint of healthcare delivery.

Substantial improvement came from reducing the use of two routinely ordered blood tests that rarely influenced clinical management. By providing clinicians with clear guidance on when these tests add value, ordering rates fell by up to one-third across both campuses.

Building on this success, AWH introduced new care pathways for lower back pain and renal colic in May 2026 and is exploring further opportunities to reduce low-value interventions. Following the program's strong results, Safer Care Victoria has confirmed a further year of funding, supporting AWH to continue delivering care that is safer, simpler and more sustainable for patients and the community.





Improving Patient Flow Through the Short Stay Unit

In April 2025, AWH commissioned a new nine-bed Short Stay Unit (SSU) as part of its broader Access and Flow strategy, designed to improve patient flow, reduce Emergency Department (ED) congestion and support more timely, patient-centred care.

The SSU has enhanced AWH's ability to manage patients requiring short-term observation, assessment and treatment, reducing reliance on inpatient bed-based care when it is not clinically required. By providing an alternative model of care for appropriate patients, the unit supports more efficient use of acute inpatient beds and helps reduce overall length of stay. It also complements broader Access and Flow priorities, including alignment with the Timely Emergency Care (TEC) program and strengthening whole-of-hospital approaches to demand and capacity management.

Since opening, the SSU has improved the delivery of timely and coordinated care, supporting earlier senior clinical decision-making, reduced waiting times for assessment and treatment, and improved care progression. This has enhanced patient experience, particularly for those requiring observation or short-term interventions. The unit has also strengthened the ED's ability to manage periods of peak demand, improving patient flow and supporting safer, more responsive care across the service.

Looking ahead, AWH plans to further strengthen access to care and meet growing demand across the region through the proposed expansion of the Short Stay Unit to a 16-bed service, while continuing to optimise admission pathways to ensure more patients benefit from timely, coordinated care.



> **Sustainable healthcare is not just about meeting today's needs. It is about making the investments, building the partnerships and developing the workforce that will allow our community to access high-quality care close to home for generations to come.**
>
> **Shaun Strachan**
> *Chief Infrastructure Officer*

Our Foundation

The Albury Wodonga Health Foundation connects the generosity of our community with opportunities to strengthen healthcare across our region. Through philanthropy, partnerships, fundraising and community support, the Foundation helps deliver equipment, programs, education and initiatives that enhance the experience of patients, families and staff.
This year marked an important period of growth, with continued investment in building sustainable partnerships, strengthening community engagement and ensuring every contribution delivers meaningful local impact. Together, our donors, volunteers, supporters and community partners are helping create a healthier future for the communities we serve.



Community Generosity in Action

The continued generosity of our community is helping shape the future of healthcare across the Albury Wodonga region. Throughout 2025–26, philanthropic support enabled the Albury Wodonga Health Foundation to invest in priority equipment, enhance clinical services and support programs that improve the experience of patients, families and staff. Every contribution, whether from an individual donor, community fundraiser, service club, trust or corporate partner, played a vital role in strengthening care across our health service.

This year, community support helped fund a range of priority initiatives, including advanced imaging technology, surgical equipment, neonatal simulation capability, and specialised maternity and hearing assessment equipment. These investments are supporting clinicians to deliver the highest standard of care while improving outcomes for patients across our region.

We gratefully acknowledge the outstanding support of our major funding partners, including Albury Wodonga Opportunity Shops, SS&A Club, the Good Friday Appeal, the Sunshine Trust, Commercial Club Albury, and Hume Bank. Their ongoing commitment continues to make significant projects possible and demonstrates the power of strong community partnerships.

Community generosity was once again a defining feature of the year. From the Murray River Police District Toy Drive Christmas Appeal and Lester-ween to the On the Border Community Market Mother's Day Raffle, candle sales at the Wodonga Christmas Carols and the Wodonga Zipper Club's support of the Cardiac Rehabilitation Program, local people and organisations came together to make a meaningful difference for patients and families.

Beyond the funds raised, these partnerships strengthen the connection between AWH and the communities we serve. Together, they are helping ensure local people can access high-quality healthcare close to home, now and into the future.









Story Spotlight

Frankie May's Gift – A Legacy of Hope

When Frankie May Maroney was born at just 23 weeks, her parents, Bree Sinclair and Sam Maroney, spent 137 precious days with their daughter. Amid their grief, they made a remarkable decision: they wanted Frankie's life to continue making a difference for other families. That vision became Frankie May's Gift.

The Border community rallied behind the campaign, raising more than $118,250 through "A Night for Frankie May", community fundraising and the generous support of the SS&A Club, local businesses and sponsors.

The funds delivered a SimNewB Neonatal Simulator and new breast pumps for Albury Wodonga Health's Special Care Nursery. The simulator is strengthening neonatal education by allowing clinicians to practise critical assessment and resuscitation skills, while the breast pumps are helping more mothers provide breastmilk for premature and unwell babies.

Today, Frankie May's Gift stands as a lasting reminder of what can be achieved when a community comes together. One family's love, matched by the generosity of so many others, is helping deliver better care, stronger clinical training and hope for local families.

> **Frankie's legacy now lives on through the equipment helping local families during some of the most vulnerable moments of their lives. We couldn't be more proud that her story is creating hope for others.**
>
> **Bree Sinclair**
> ***Frankie's Mum***















City2City:
Every Step Invests in Better Care

More than 3,000 people came together in February for the 2026 SS&A City2City Run Walk. In its first year under the stewardship of the Albury Wodonga Health Foundation, the event raised an outstanding $154,292 to support Allied Health services.

From seasoned runners chasing personal bests to families enjoying a walk together, participants crossed the iconic Murray River in support of AWH. City2City also showcased the strength of our community, with 121 teams, 97 volunteers and more than 226 AWH staff taking part, alongside thousands of spectators who lined the course and gathered at the Finishers' Village to celebrate while raising vital funds for local healthcare.

The funds raised will help purchase rehabilitation and physical therapy equipment, supporting patients to recover from illness and injury, regain independence and maintain their mobility and wellbeing. The event will also leave a legacy through the establishment of the Dr Lucie Shanahan Memorial Scholarship, honouring the late Dr Shanahan's commitment to compassionate care while supporting the ongoing development of Allied Health professionals across our region.

City2City would not be possible without the generous support of our naming rights partner, SS&A Albury; major sponsors World Gym Albury, Flexout Health, Tonkin Group, and Riverina Podiatry Group & Sports Podiatry Centre; and our many local sponsors, volunteers and supporters.

Every registration, every volunteer shift and every kilometre completed helps improve the health and wellbeing of our community, ensuring local patients can access the care and support they need, close to home.



City2City in Stats

$154,292
Net proceeds raised for Allied Health

3,024
Participants

3,000+
Spectators

121
Teams

97
Volunteers

226+
AWH staff participated



Reporting Against the Statement of Priorities

The Statement of Priorities is the principal accountability agreement between Albury Wodonga Health and the Minister for Health. This annual agreement ensures that Albury Wodonga Health delivers on or makes substantial progress towards key shared objectives, including financial viability, improved access, and enhanced quality of service provision.

Part A

1. Innovate and improve access and care

We aim for the best patient experience and care outcomes by assuring safe practice, leadership of safety, an engaged and capable workforce and continuing to improve and innovate care.

1.1 Align with the Victorian Clinical Governance Framework to strengthen clinical governance systems, ensuring safe, high-quality care.

Deliverable	Outcome
1.1.1 Demonstrate high quality care in which consumer engagement and input is creatively sought, facilitated and used to drive system change to improve consumer experience and outcomes.	**Status: Achieved** Consumer partnership continued to grow across AWH during 2025–26, ensuring lived experience informed service design, decision-making and quality improvement activities. Consumer representation was embedded across key governance committees, including the Board Patient Safety and Quality Sub-Committee, Consumer Engagement Committee, Clinical Governance Committee and Comprehensive Care Committee, ensuring the consumer voice contributed to organisational oversight and service improvement. Consumers also participated in initiatives such as the ORCHID Working Group, the Pitch for Px judging panel and the design of The Willows redevelopment. These opportunities strengthened consumer involvement across the organisation and supported the delivery of more responsive, person-centred care.
1.1.2 Ensure that health service reporting, reviews and decision-making are underpinned by a safety culture and systems that are transparent, accurate and fair for staff and consumers.	**Status: Partially Achieved** The Clinical Governance Framework continued to provide the foundation for a strong safety culture across Albury Wodonga Health, supporting transparent reporting, effective incident management and organisational learning. Established governance processes enabled the review of clinical incidents, consumer feedback and performance data to inform decision-making and continuous improvement activities. A review undertaken by Safer Care Victoria identified opportunities to further strengthen elements of the framework, with targeted improvement work planned for 2026–27 to enhance governance systems, safety culture and organisational learning across the organisation.
1.1.3 Health services are able to show evidence of a comprehensive training program approach that includes performance management, accountability, and continuous improvement.	**Status: Achieved** During 2025–26, AWH strengthened its organisation-wide approach to quality improvement, performance accountability and continuous learning through the implementation of a comprehensive training and capability development program. The Quality Improvement Framework and Quality Improvement Toolkit were launched in August 2025, providing a consistent framework and practical resources to support improvement initiatives across the health service. Education and training sessions were delivered to directors and managers to build capability in quality improvement methodologies, accountability processes and performance management, supporting a culture of continuous improvement and evidence-based decision-making across the organisation

1.2 Improve access to timely emergency care by implementing system-wide patient flow strategies that reduce emergency department wait times and improve ambulance-to-hospital transfer times.

Deliverable	Outcome
1.2 Implement all relevant standards outlined in the Standards for Safe and Timely Ambulance and Emergency Care (STAEC) for Victorians and the accompanying Implementation Guide.	**Status: Achieved** The implementation of the Safe and Timely Ambulance and Emergency Care (STAEC) standards and accompanying implementation guide has been completed, supporting the overarching theme of improving access and care through innovation and consistency in practice. This achievement contributes directly to the objective of delivering safe, high-quality patient experiences by reinforcing standardised clinical processes, strengthening safety leadership, and ensuring workforce capability. By embedding these standards, the organisation has established a more consistent and efficient approach to emergency care delivery, which supports system-wide patient flow strategies. This aligns strongly with Goal 2, as improved coordination and adherence to best practice are expected to reduce emergency department wait times and contribute to more timely ambulance-to-hospital transfers. Overall, this initiative represents a key foundation for sustained improvements in patient outcomes and service efficiency.

1.3 Maintain a commitment to delivering equitable and timely access to planned care and drive reform in alignment with the Planned Surgery Reform Blueprint.

Deliverable	Outcome
1.3.1 Implement and scale theatre optimisation initiatives in planned surgery, for example same-day surgery and same-day surgery by default models of care, criteria-led discharge, monitoring of theatre measures, and high-throughput approaches such as high-intensity theatre lists.	**Status: Achieved** The Victorian Planned Surgery Blueprint continued to be implemented, which saw improved patient flow, enhanced patient experience and increased theatre optimisation. Same Day Surgery models of care have been extended to some ENT and Orthopaedic surgery. This was supported through evidence based clinical pathways, comprehensive perioperative planning and strengthened discharge process, improving patient experience, reducing overnight admissions and increased surgical capacity while maintaining safe, high-quality care. AWH maintained a strong focus on theatre optimisation through the use of targeted high-intensity theatre sessions, delivered across several specialities such as endoscopy, sports injury repair and gynaecological laparoscopy. All of these initiatives saw AWH deliver record numbers of ESIS reportable surgeries and progressively improve performance across time to surgery within clinically recommended time.
1.3.2 Proactively manage planned surgery and specialist clinics (or outpatients) waitlists, for example validating and supporting patients into optimal care pathways such as evidence-based alternatives to surgery and optimisation pathways. A particular focus should be applied to long-wait patients and priority population groups (for example, Aboriginal and Torres Strait Islander patients and under-18 patients.	**Status: Ongoing** The Victorian Specialist Clinic Blueprint has been embraced by AWH and implementation commenced. Improved scheduling, monitoring of performance measures and multidisciplinary collaboration resulting. The Digital Waitlist tool – VicKey in conjunction with optimisation of care pathways improved oversight of planned surgery waiting lists and supported improved access to care for long wait patients and priority population groups. Strong collaboration between surgical, anaesthetic, nursing, allied health and administrative teams has enabled ongoing improvements in patient preparedness for surgery and service delivery outcomes.

1.4 Support the implementation of the "Next Phase of Reform" to deliver inclusive, personalised, compassionate, integrated mental health and wellbeing care in the community.

Deliverable	Outcome
1.4.1 Progress mental health reform: Implement mental health services per department guidelines and engage in reform related initiatives to improve access to community mental health services, crisis reforms, headspace integration, youth and adolescent inpatient care, catchment removal as well as infant, child and youth age streaming.	**Status: Achieved** All Mental Health programs have been maintained and remains operational despite ongoing national, statewide and regional workforce challenges. AWH has engaged in all reform related activities offered by the DoH. Including, but not limited to, Consultation for Draft Service Framework for Community-Based Care in Area Mental Health & Wellbeing services; Service planning for 10 Youth Prevention and Recovery Care (Y-PARC) beds in Shepparton; implementation of ABF model for community MH; implemented new Consumer Exit Survey (CES) and Your Experience of Service (YES) processes; expanded Lived Experience service provision; Implementation of Inspire Mentoring Youth Outreach Service (IMYOS); expanded Hospital Outreach Post-suicidal Engagement (HOPE) workforce.
1.4.2 Partner with Safer Care Victoria in one or more mental health improvement programs: elimination of restrictive intervention, improving sexual safety, implementation of the zero suicide framework and reducing compulsory treatment.	**Status: Achieved** AWH Mental Health and Wellbeing continued its productive partnership with Safer Care Victoria (SCV) through the Mental Health Improvement Program, progressing key initiatives focused on the elimination of restrictive practices, improving sexual safety and implementation of the Zero Suicide Framework. Significant achievements including the introduction of a co-designed Sexual Safety Plan, expansion of therapeutic programs and initiatives to reduce restrictive interventions and continued implementation of evidence-based suicide prevention strategies through enhanced safety planning, risk formulation, workforce training and development of suicide care pathways.
1.4.3 Progress partnerships, whether through a formal partnership, MOU or exchange of letters, with local community based mental health services (including Mental Health and Wellbeing Locals, Headspace and other local NGO providers) and deliver initiatives that align with the objectives of the *Mental Health and Wellbeing Act 2022*, and in accordance with the priorities outlined in Victoria's next phase of reform for Mental Health and Wellbeing	**Status: Achieved** Formal partnerships with Wellways to support delivery of services to Benalla, Wangaratta and Mansfield Mental Health and Wellbeing Locals as per reform agenda has continued, along with MIND Australia. Gateway Health continues to be a key partner in supportive services to young people via Headspace and ICYMHS. Coordination and delivery of a single Mental Health response with Level 3, 4 and 5 Mental Health partner agencies and small rural health services in response to 2 separate local disasters.

2. Prudent, sustainable and effective use of resources

We are innovative and resourceful in balancing improved patient care, operational performance, and system management to ensure a financially secure health system. We invest in a skilled and future-ready workforce, maintaining a modern, safe, and resilient healthcare system for all Victorians.

2.1 Develop and implement initiatives to strengthen financial sustainability. By delivering sustainable, responsible budgets, we can ensure a well-managed, viable, and sustainable health system for the future.

Deliverable	Outcome
2.1.1 Deliver the key initiatives outlined in the Budget Action Plan within the Government Parameters.	**Status: Achieved** AWH did not require a Budget Action Plan in FY25/26 as there was a forecast balanced budget. The $6 million in efficiency initiative savings required in 2025-26 were achieved.
2.1.2 Utilise data analytics and performance metrics to identify areas of inefficiency and waste and make evidence-based decisions to improve financial sustainability and operational performance.	**Status: Achieved** AWH recorded an improved operating deficit for FY25/26 over FY24/25 against a budgeted breakeven position, with the shortfall representing 1% of total operating revenue. Despite considerable fiscal pressures, AWH has strengthened its use of data and metrics to identify opportunities across the organisation. Regular monthly performance reviews — spanning Operational Leaders, Executive, Finance and Audit Committee, and Board forums — have surfaced options for cost reduction as well as opportunities to lift activity and revenue. Dashboards developed at both Board and operational levels now track key clinical, workforce and financial metrics, materially improving the quality of decision-making. This data-driven approach has been central to pinpointing waste and efficiency opportunities in areas such as agency staffing, security and pathology, where AWH continues to build deeper insight to manage these domains more effectively.
2.1.3 Use funding efficiently and effectively to optimise patient facing services. Undertake programs to reduce the cost of service delivery, improve safety, capacity and reduce unnecessary waiting.	**Status: Achieved** AWH strives to use funding efficiently and effectively to optimise patient facing services. The savings initiatives in the FY25/26 Budget were all focused on corporate areas and reducing input costs for service delivery. This work is ongoing, utilising benchmarking data to identify specific service delivery areas where efficiencies may be found.

3. A stronger workforce

We strive to foster an equitable, skilled and supported workforce that builds professional capabilities to meet current and future roles.

3.1 Position Victoria as a leader in employee experience, capability, and capacity by focusing on future roles and professional development in line with the Victorian Health Workforce Strategy to ensure a regenerative and sustainable workforce.

Deliverable	Outcome
3.1.1 Implement processes to sustain workforce supply and fulfill obligations, including those under the *Gender Equality Act 2020* by improving employee experience in leadership, health and safety, flexibility, career development, and agility to ensure safe, high-quality care.	**Status: Ongoing** This includes fulfilling our legislative and sector obligations through implementation of the Gender Equality Action Plan (GEAP), Aboriginal Employment Plan, Disability Action Plan and broader diversity and inclusion priorities including Work Experience via the Volunteer Workforce. Our approach focuses on building a skilled, safe and inclusive workforce that reflects our community, supported by leadership development, employee wellbeing, psychological safety and targeted strategies to attract and retain priority workforce groups. Progress is monitored through workforce data, People Matter Survey results and relevant diversity, inclusion and regulatory measures.
3.1.2 Collaborate with the department to improve workforce data analytics, generate actionable insights, and enhance strategic planning.	**Status: Ongoing** AWH has continued to work closely with the Department of Health to strengthen workforce data analytics capability across the organisation. This has included refining workforce reporting with departmental data standards and reporting requirements, enabling more consistent and timely insight into workforce composition, utilisation and cost. Enhanced workforce dashboards have been developed to support Executive / Board / Operational Leaders in monitoring workforce trends. These insights have informed strategic workforce planning discussions, supporting more evidence-based decision-making around workforce sustainability and future service delivery needs. AWH will continue to build on this work.

4. Improving Aboriginal health and wellbeing

Strengthen cultural safety in Victoria's health service system by fostering strong connections to Aboriginal culture, creating a holistic, accessible, and empowering health system.

4.1 Enhance Delivery and Access to Culturally Safe Services, fostering strong connections to culture. Address racism and provide Aboriginal people with culturally safe healthcare and referral pathways between mainstream and community-controlled health services.

Deliverable	Outcome
4.1.1 Deliver high-quality cultural safety training to all executives and staff using independent, expert, community-controlled organisations or a registered Aboriginal business.	**Status: Ongoing** AWH continues our commitment to provide high quality externally facilitated cultural safety training to Executive and staff across the organisation. Many sessions are conducted throughout the year and advertised on all staff emails. Due to multiple changes at the executive level of the organisation in FY25/26 not all executive staff at AWH in FY25/26 completed this full day in person training.
4.1.2 Health service executives and senior leaders establish and maintain strong, ongoing partnerships with Aboriginal community-controlled organisations and/or recognised Aboriginal leaders within their local catchments. These partnerships must be based on regular, proactive engagement that prioritises the voices, self-determined priorities, and cultural knowledge of Aboriginal communities in the design, delivery, and evaluation of health and wellbeing services.	**Status: Achieved** AWH executives and senior leadership took a very pro-active approach to regular community and Aboriginal Community Controlled Health Organisation engagement throughout 2025/2026. AWH was supported by local Aboriginal community leadership groups and organisations to help inform, design and improve the AWH Aboriginal employment plan, Health Cultural Safety Action Plan and Reconciliation Action Plan in FY25/26.
4.1.3 Ensure culturally appropriate systems for identifying Aboriginal and Torres Strait Islander patients and implement responsive discharge plans and referral pathways.	**Status: Partially Achieved** AWH is committed to continuing to improve health care and cultural safety for Aboriginal and Torres Strait Islander People. Training is provided to staff to support identification of Aboriginal and Torres Strait Islander patients and consumers and how to input into our patient management system. Our Miya patient journey boards also illustrate Aboriginal and Torres Strait Islander status. Our Aboriginal Hospital Liaison Officers work closely with our clinical teams in the hospital, mental health and community settings to support responsive discharge plans and referral pathways.

5. Moving from competition to collaboration

We are committed to transforming Victoria's health system by partnering with care providers and health services to share knowledge, information, and resources.

5.1 Collaborate within the Local Health Service Network to build a more integrated health system, with better access and experience for patients, strengthened workforce, consistently high-quality care, and more sustainable healthcare delivery.

Deliverable	Outcome
5.1.1 Meet all objectives agreed to in the Local Health Service *Network Statement of Expectations* across priority areas (access, equity and flow, workforce, safety and quality, and shared services).	**Status: Achieved** The Hume Local Health Service Network has successfully met all objectives outlined in its Statement of Expectations, demonstrating strong performance across access, equity and flow; workforce; safety and quality; and shared services. Overall, targets have been achieved, supported by the successful recruitment of key Network staff. Where delays have occurred, these have been appropriately communicated to, and endorsed by, the Department of Health. The Hume Network has established robust collaboration and governance arrangements through a comprehensive foundation process, shaped by active contributions from all member health service Chief Executive Officers and Board Chairs. Broad Health Service representation across committees supports collective, system-focused decision-making, strengthening the Network's ability to respond to challenges and improve health outcomes across Hume. This work has positioned the Network to enable genuine, sustained collaboration. The Network finalised its Strategy 2026–2028 following extensive consultation with members. The Strategy provides a clear three-year roadmap to strengthen collaboration, improve equitable access, and enhance the quality and sustainability of health services across the Network. Bringing together twelve public health services, the Network is focused on improving system effectiveness and efficiency through coordinated planning, shared expertise, and reduced duplication.

Part B: Performance Priorities

High Quality and Safe Care

Key Performance Measure	Target	Actual
Infection Prevention and Control		
Percentage of healthcare workers immunised for influenza	94%	90%
Continuing Care		
Average change in the functional independence measure (FIM) score per day of care for rehabilitation separations.	≥ 0.645	0.547
Adverse Events		
Percentage of reported sentinel events for which a root cause analysis (RCA) report was submitted within 30 business days from notification of the event.	All RCA reports submitted within 30 business days	100%
Aged Care		
Public Sector residential aged care services overall star rating.	Minimum rating of 3 stars	100%
Patient Experience		
Percentage of patients who reported positive experiences of their hospital stay	95%	92.3%
Aboriginal Health		
Difference between the percentage of Aboriginal patients and non-Aboriginal patients who left against medical advice.	0%	2%
Difference between the percentage of Aboriginal patients and non-Aboriginal patients presenting to ED who did not wait to be treated.	0%	**Albury** 4% **Wodonga** 4%
Mental Health		
Mental Health Patient Experience		
Percentage of consumers who rated their overall experience with a service in the last three months as positive.	80%	56.3%
Percentage of families/carers reporting a 'very good' or 'excellent' overall experience of the service.	80%	37.1%
Percentage of families/carers who report they 'always' or 'usually' felt their opinions as a carer were respected.	90%	69.7%
Percentage of mental health consumers reporting they 'usually' or 'always' felt safe using this service.	90%	66.9%
Mental Health follow-ups, readmissions, and seclusions		
Percentage of consumers followed up within 7 days of separation - inpatient.	88%	89%
Percentage of consumers re-admitted within 28 days of separation - inpatient.	<14%	12%
Rate of seclusion episodes per 1,000 occupied bed days - inpatient.	≤ 6	6.7

Strong Governance, Leadership, and Culture

Key Performance Measure	Target	Actual
Organisational Culture		
People Matter Survey - Percentage of staff with an overall positive response to safety culture survey questions.	80%	59%

* Percentage of staff with an overall positive response to safety culture survey questions' measure. Historical results are not directly comparable and should be interpreted with consideration of a break in the time series.

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.

Timely Access To Care

Key Performance Measure	Target	Actual
Planned Surgery		
Percentage of urgency category 1 planned surgery patients admitted within 30 days.	100%	100%
Percentage of all planned surgery patients admitted within the clinically recommended time.	94%	81.3%
Number of patients admitted from the planned surgery waiting list.	6,995	7,013
Percentage of patients on the waiting list who have waited longer than the clinically recommended time for their respective triage category.	25% proportional improvement from prior year	15.2%
Optimisation of surgical inpatient length of stay (LOS), including through the use of virtual and home-based pre-and post-operative models of care.	Reduction in avg LOS for surgical patients by 2% from prior year	1.26%
Emergency Care		
Percentage of patients transferred from ambulance to emergency department within 40 minutes.	**Albury** 4% improvement from the same time last year **Wodonga** >=80% FY24 - 56% - VIC ONLY	**Albury** 63% **Wodonga** 68%
Number of emergency patients with a length of stay in the ED greater than 24 hours.	Zero	**Albury** 1,753 **Wodonga** 668
Average ED length of stay (LOS) for admitted patients, in minutes.	Avg LOS <414 minutes or, if not met, a 5% improvement from the same time last year	**Albury** 887 **Wodonga** 787
Average ED length of stay (LOS) for non-admitted patients, in minutes.	Avg LOS <240 minutes or, if not met, a 3% improvement from the same time last year	**Albury** 221 **Wodonga** 226

Mental Health		
Percentage of mental health-related emergency department presentations with a length of stay of less than 4 hours.	65%	**Albury** 40% **Wodonga** 38%
Percentage of departures from emergency departments to a mental health bed within 8 hours.	80%	**Albury** 56% **Wodonga** 38%
Number of admitted mental health occupied bed days.	13,594	12,706
Number of community mental health service hours.	61,976	68,630
Specialist Clinics		
Percentage of patients referred by a GP or external specialist who attended a first appointment within the recommended timeframe.	95%	89.8%
Home Based Care		
Percentage of admitted bed days delivered at home.	13.2%	6.8%

Effective Financial Management

Key Performance Measure	Target	Actual
Operating Result ($m)	0.00	(5.47M)
Adjusted current asset ratio.	0.7 or 3% improvement from health service base target	0.39
Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June.	5% movement in forecast revenue and expenditure forecasts	Not achieved

Part C: Activity and Funding

Funding Type	Actual
Consolidated Activity Funding	
Acute admitted, subacute admitted, emergency services, non-admitted NWAU	55,262
Community mental health NWAU	4327
Acute Admitted	
Acute admitted DVA	110
Acute admitted TAC	10
Subacute - DVA	28
Aged Care	
HACC	5,829
Mental Health and Drug Services	
Mental health Ambulatory	728
Mental Health residential	5,114
Mental Health subacute	3649
Drug Services	230
Primary Health	
Community health / primary care programs	5,312
Small Rural	
Small rural mental health	9,536

Summary of Financial Results FY 2025-2026

	2026 $000	2025 $000	2024 $000	2023 $000	2022 $000
Operating Result*	**(5,474)**	**(7,139)**	**(36,250)**	**(206)**	**414**
Total revenue	580,993	530,271	461,162	467,304	407,844
Total expenses	(602,815)	(549,743)	(512,490)	(471,035)	(418,647)
Net result from transactions	**(21,822)**	**(19,472)**	**(51,328)**	**(3,731)**	**(10,803)**
Total other economic flows	(3,776)	2,399	(1,091)	160	660
Net result	**(25,597)**	**(17,073)**	**(52,419)**	**(3,571)**	**(10,143)**
Total assets	231,898	272,040	272,920	216,595	219,545
Total liabilities	165,983	155,668	141,025	112,104	121,049
Net assets / Total equity	**65,915**	**116,372**	**131,895**	**104,491**	**98,496**

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

Albury Wodonga Health has shown a sustained improvement in operating performance compared to prior year with a n operating deficit of $5.47m (prior year reported deficit of $7.1m).

The operating performance of AWH has been positively impacted by additional funding received from the Department of Health in line with increased activity and strong oversight over administration and overhead costs.

This has been offset by the cost of impost of labour resourcing due to EBA uplifts and the use of agency labour.

The decrease in total assets is attributed to a change in accounting treatment of NSW-based assets.

Reconciliation of Net Result From Transactions and Operating Results

	2025-2026 $000
Operating Result*	**(5,474)**
Capital Purpose Income	11,270
Expenditure for capital purpose	(2,545)
Depreciation and amortisation	(25,073)
Net result from transactions	**(21,822)**

Consultancies

Details of Consultancies (under $10,000)

In 2025/26 there were nil consultants where the total fee payable was less than $10,000. The total expenditure incurred during 2025/26 in relation to these consultancies was $0 (excl. GST)

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

In 2025/26 there was 1 consultancy where the total fee payable was greater than $10,000. The total expenditure incurred during 2025/26 in relation to this consultancy was $21,000 (excl. GST).

Consultant	Purpose of Consultancy	Start Date	End Date	Total Approved Project Fee (EXC GST)	Expenditure 2025-2026 (EXC GST)	Future Expenditure (EXC GST)
Nelson Sala Trust	Safer Care Victoria Protected Review	Dec 25	Feb 26	21,000	21,000	0

Social Procurement Framework

Albury Wodonga Health is committed to supporting the objectives of the Victorian Social Procurement Framework and embedding social procurement considerations into its procurement activities.

During 2025-26, AWH incorporated social procurement requirements into relevant procurement and tender documentation and considered opportunities to support Victorian Government social procurement outcomes as part of procurement planning, evaluation and supplier engagement processes. This included requiring suppliers to address social procurement commitments within major procurement activities and considering social procurement outcomes alongside value for money, capability and service delivery requirements.

AWH also continued to apply Victorian Government procurement requirements relating to social procurement, supplier conduct, Fair Jobs Code obligations and Local Jobs First requirements where applicable. These activities support the ongoing integration of social procurement principles into procurement decision-making across the organisation.

During 2025-26, AWH achieved direct social procurement spend with Victorian Aboriginal businesses, Victorian social enterprises and Australian Disability Enterprises as outlined in the table.

Energy Use	SPF Outcome	Number	Total expenditure $
Opportunities for Victorian Aboriginal People	Purchasing from Victorian Aboriginal businesses	2	$21,185.00
Opportunities for Victorians with disability	Purchasing from Victorian social enterprises and Australian Disability Enterprises	2	$1,964.00
Opportunities for disadvantaged Victorians	Purchasing from Victorian social enterprises	1	$120,206.39
Sustainable Victorian social enterprise and Aboriginal sectors	Purchasing from Victorian social enterprises and Aboriginal Businesses	0	0

The data reflects Victorian suppliers only and excludes NSW suppliers. There is no requirement for NSW suppliers to comply with the Victorian obligations referenced above.

Emergency Procurement

No emergency procurement activities were undertaken or approved during the 2025-26 financial year. Accordingly, emergency procurement provisions were not required or utilised during the reporting period.

Procurement Complaints

No procurement-related complaints were received during the 2025–26 financial year. Albury Wodonga Health maintains procurement governance processes in accordance with the HSV Purchasing Policies, including mechanisms to support the management of procurement-related concerns

ICT Expenditure

For the 2025-2026 reporting period, Albury Wodonga Health had a total ICT expenditure of $17.2 million, with the details shown below:

Business as Usual (BAU) ICT Expenditure	**Non-Business as Usual (non-BAU) ICT expenditure**		
Total (EXC GST)	Total = Operational expenditure and Capital Expenditure (EXC GST) **(a) + (b)**	Operating expenditure (EXC GST) **(a)**	Capital expenditure (EXC GST) **(b)**
15.12	2.08	0.54	1.54

Freedom of Information Act 1982

Under the Freedom of Information Act 1982 (Vic) and the Health Records and Information Privacy Act 2002 (NSW), AWH received the following requests:

	Total
FOI requests received	709
Full access granted	614
Part Access granted under Sections 30,33, & 35	48
Access Denied under Section 33	0
Requests not proceeded with	45
No documents	22
Not yet finalised	47

During 2025-26, Albury Wodonga Health received 709 applications. Of these requests, 2 were from Members of Parliament, 1 from the media, and the remainder from the public.

Albury Wodonga Health made 662 FOI decisions during the 12 months ended 30 June 2026.

There were 595 decisions made within the statutory time periods. Of the decisions made outside time, 57 were made within a further 45 days and 10 decisions were made in greater than 45 days.

A total of 662 FOI access decisions were made where access to documents was granted in full, granted in part or denied in full. 38 decisions were made after mandatory extensions had been applied or extensions were agreed upon by the applicant. Of requests finalised, the average number of days over / under the statutory time (including extended timeframes) to decide the request was 28 days.

During 2025-26, 4 requests were subject to a complaint/internal review by Office of the Victorian Information Commissioner. 0 requests progressed to the Victorian Civil and Administrative Tribunal (VCAT).

Information on how to make a Freedom of Information (FOI) request, including application form, charges and contact details are available on the AWH website.

Further information regarding Freedom of Information is available from the Office of the Victorian Information Commissioner (OVIC) via its website, **www.ovic.vic.gov.au**, by telephone on **1300 006 842**, or by email at **enquiries@ovic.vic.gov.au**.

Disclosures required under Legislation

Workforce Inclusion Policy

Albury Wodonga Health is committed to creating a workplace where diversity is valued, inclusion is embedded in everyday practice, and every person feels respected, safe and empowered to contribute. Through the implementation of the Gender Equality Action Plan, Diversity and Inclusion Action Plan, Disability Action Plan and Aboriginal Employment Plan, AWH is strengthening workforce capability and fostering a culture that reflects the diverse communities we serve.

Workforce Inclusion Targets – 2026–27

During 2026–27, AWH will focus on achieving the following workforce inclusion outcomes:

- Increase Aboriginal and Torres Strait Islander workforce representation from the current baseline towards the organisational target of 4% by June 2028.
- Maintain gender balance (40:40:20) across executive and senior leadership positions.
- Increase the proportion of employees who voluntarily identify as having a disability by 10% through improved confidence in disclosure and strengthened workplace adjustment processes.
- Increase the proportion of employees who voluntarily identify as being from a culturally and linguistically diverse (CALD) background by 10%, supporting more accurate workforce planning and targeted inclusion initiatives.
- Achieve 100% completion of inclusive leadership, cultural safety, disability inclusion and equal opportunity training for all people leaders.
- Ensure 100% of recruitment panel members complete inclusive recruitment and unconscious bias training before participating in recruitment processes.
- Increase the proportion of new employees recruited from priority cohorts, including Aboriginal and Torres Strait Islander peoples, people with disability and multicultural communities, through targeted employment pathways and community partnerships.
- Improve positive People Matter Survey responses relating to inclusion, respect, psychological safety and belonging by at least two percentage points across the organisation.
- Expand the AWH Volunteer Program to better reflect the diversity of the communities served, including increasing participation from Aboriginal, multicultural and multilingual volunteers.

Progress during 2025–26

During 2025–26, AWH continued to strengthen workforce inclusion through a range of strategic initiatives, including:

- Maintaining gender balance across senior leadership positions.
- Continuing implementation of the Aboriginal Employment Plan through targeted recruitment and partnerships.
- Developing the Disability Action Plan to improve accessibility and workplace adjustment practices.
- Expanding volunteer recruitment strategies to better reflect the multicultural communities of the Albury-Wodonga region.
- Continuing implementation of the Gender Equality Action Plan, with a focus on equitable employment practices, leadership opportunities and workplace flexibility.
- Monitoring workforce diversity data to support evidence-based workforce planning and continuous improvement.

Statement On National Competition Policy

Albury Wodonga Health complies with the requirements of the National Competition Policy and Victoria's Competitive Neutrality Policy. Where relevant, competitive neutrality principles are applied to ensure significant business activities are undertaken fairly and consistently with Victorian Government policy.

There were no material changes to the application of competitive neutrality principles during 2025–26. Albury Wodonga Health was not advised of any competitive neutrality complaints requiring investigation during the reporting period.

Building Act 1993

Albury Wodonga Health has complied with the requirements of the Building Act 1993.

Routine inspections and ongoing maintenance programs were undertaken to ensure buildings across all sites were maintained in a safe and serviceable condition.

Where required, recommendations arising from these inspections were addressed through planned rectification and maintenance programs.

Mechanisms to ensure buildings conform with relevant building standards include, but are not limited to:

- Fire Engineer inspections and reporting
- Inspections by Approved Practitioners – Fire Safety
- Asbestos Containing Material reviews
- Condition assessments of facilities
- Regular safety inspections and reporting by trained Work Health and Safety Representatives

All identified improvement actions arising from inspections and compliance reviews were entered into Albury Wodonga Health's Asset Information Management System for monitoring and implementation.

Mechanisms for the inspection, reporting, scheduling and undertaking of maintenance works included:

- Submission of Strategic Asset Management Plans (SAMPs) and Asset Management Plans (AMPs) to the Victorian and New South Wales Governments

  Fire compliance certification activities to ensure compliance with statutory requirements
- Asset maintenance programs incorporating:
  - Unplanned maintenance – urgent and non-urgent corrective works
  - Planned maintenance – preventive and predictive maintenance programs

Condition-based monitoring systems, including Building Management Systems (BMS), to identify and respond to emerging asset issues before unplanned failures occur.

During 2025–26:

- 5 occupancy permits or certificates of final inspection were issued

Major works projects (greater than $50,000) completed or in progress during the reporting period included:

Kerferd Unit ICA Ensuite and Family Room Upgrade (VIDA)
In September 2025, this unit was successfully re-opened following the completion of four new ensuites and a refurbished family room, delivering critical infrastructure improvements.

Fire Sprinkler Upgrade (VIDA)
Additional fire sprinklers are being installed across sections of the Albury and Wodonga campuses to maintain compliance with Victorian Health Capital Development Guidelines. The project has continued from the previous reporting period, into this reporting period. Expected completion by June 2027.

Key Health Worker Accommodation (NSW & Commonwealth)
Delivered 21 one-bedroom self-contained and one shared common modular units for essential health workers in June 2026 at the Albury Campus in partnership with Regional Development Victoria, Commonwealth Government and NSW Health Infrastructure.

Multidisciplinary Virtual Care Service (VIDA & Commonwealth)
This project will deliver a purpose designed hybrid service hub at the Wodonga Campus, consolidating five non-admitted sub-acute and Community Care programs. Delivery includes a new modular Administration Zone, a refurbished Clinical Zone and a standardised technology environment. Project completion expected by March 2027.

Willows Continuing Care Unit Redevelopment (Commonwealth)
A new purpose-built 18 bed residential mental health rehabilitation facility will be delivered in Beechworth, replacing six ageing dwellings. Schematic designs have been completed. Completion is scheduled for September 2027.

Renal Dialysis Expansion (VIDA)
The renal dialysis service will be expanded by additional 10 care points across Albury and Wodonga. Albury works will be completed by September 2026 and Wodonga works by May 2027.

ED / SSU (VHBA)
Following the opening of the new Emergency Department in 2024, the former ED was refurbished into a 16-bed Short Stay Unit. The project was completed and commissioned in July 2025, finalising the Albury Campus ED expansion.

Albury Wodonga Regional Hospital Project (NSWHI)
Planning and design of the $558 million hospital redevelopment continued throughout 2025, progressing into detailed design. Early works are underway, including the Northeast Building and supporting infrastructure upgrades.

Albury Fire Systems Upgrade (AWH)
Upgrades to the Albury Campus fire detection system are progressing following identification of end-of-life infrastructure. Works include replacement of critical system components to improve reliability and compliance.

NSW Regional Health Minor Works Program 24/25 & 25/26 (MoH)
AWH received $975,000 to deliver priority infrastructure and equipment upgrades, including kitchen improvements, sanitation initiatives, speech pathology equipment and a theatre table replacement.

Albury Vertical Lift Upgrade (AWH)
AWH is in the process of replacing ageing lift infrastructure identified as a critical operational risk, improving safety, accessibility and service reliability.

Community Mental Health Expansion (CMHEP)
A new modular unit will be delivered to the Wodonga Campus to accommodate the relocation of the Triage and HOPE teams, supporting improved access to mental health services. The facility will provide fit-for-purpose office space with ICT suitable for rural outreach, facilities for meetings, and staff amenities.

Junior Medical Officer Lounge Upgrade (AWH)
Refurbishment of the existing JMO area was undertaken to expand workspace capacity, improve staff amenities and support accreditation requirements for the growing junior medical workforce.

Antenatal Office Upgrade, Wodonga (AWH)
Two new antenatal consultation rooms were constructed at the Wodonga Campus to support growing demand and the delivery of maternity services.

CSSD AS4187 Partial Upgrade, Albury (AWH)
End-of-life endoscope reprocessing equipment is being replaced to ensure ongoing compliance, improve infection control and enhance operational efficiency within the Central Sterilisation Services Department.

Environmental Performance

Albury Wodonga Health recognises the important connection between environmental sustainability, climate change and human health. As a large regional health service operating across multiple sites, AWH is committed to reducing its environmental impact while continuing to provide safe, reliable and high-quality healthcare to our community.

During 2025/26, AWH continued to strengthen its approach to environmental sustainability, with a focus on improving resource efficiency, reducing waste and monitoring energy and water consumption across its facilities.

The environmental performance scorecard reflects consumption data for AWH corporate properties only.

During the reporting period, AWH continued to invest in initiatives designed to reduce environmental impact and support long-term sustainability outcomes. These initiatives included the development of a framework to reduce waste in its many forms, ongoing utilisation of solar power systems on the Albury and Wodonga campuses, continued investment in LED lighting upgrades, water reduction strategies, and the installation of waterless urinals.

Environmental performance is influenced by a range of operational factors including patient activity, infrastructure requirements, facility utilisation, climatic conditions and capital development projects. AWH continues to monitor electricity, water and natural gas consumption across its facilities to identify opportunities for improved efficiency and sustainable resource management.

The information presented in this report has been compiled from multiple sources, including the Department of Health's EDEN Suite and AWH utility invoices, and is considered accurate to the best of our knowledge at the time of preparation. Where complete or final data was unavailable, estimates, assumptions and professional judgement have been applied.

Electricity consumption remained relatively stable during 2025/26, decreasing slightly from 9,755 MWh in 2024/25 to 9,731 MWh in 2025/26. This reflects ongoing energy efficiency initiatives and continued monitoring of energy use across the organisation.

Notable factors influencing environmental performance during the year included major construction projects, including the North East Building (NEB) and Key Health Worker Accommodation (KHWA), as well as an extended period of higher summer temperatures.

Water consumption increased from 78,811 kL in 2024/25 to 90,590 kL in 2025/26. This increase was largely attributable to construction activity, prolonged dry conditions, and higher-than-average summer temperatures, which increased water demand across AWH facilities.

Natural gas consumption decreased by 5.4% during the reporting period, from 42,045 GJ in 2024/25 to 39,757 GJ in 2025/26. This reduction contributed positively to AWH's overall energy performance and reflects ongoing efforts to improve operational efficiency.

Albury Wodonga Health continues to participate in the Environmental Data Exchange Network (EDEN), through which utility consumption data is reported and submitted to the National Australian Built Environment Rating System (NABERS). NABERS provides an independent assessment of building environmental performance and supports benchmarking of energy and water efficiency over time.

While environmental performance outcomes can vary from year to year due to operational and infrastructure requirements, AWH remains committed to identifying practical opportunities to improve resource efficiency, reduce waste and support environmentally sustainable healthcare delivery.

AWH Electricity (MWh)

2025/26	2024/25	2023/24	2022/23	2021/22	2020/21
9,731	9,755*	9,086	8,305	8,755	8,611

*This figure has been revised following the identification of a calculation error in the 2024/25 reporting period.

AWH Water (kL)

2025/26	2024/25	2023/24	2022/23	2021/22	2020/21
90,590	78,811	55,400	50,867	46,893	45,046

AWH Natural Gas (GJ)

2025/26	2024/25	2023/24	2022/23	2021/22	2020/21
39,757	42,045	38,869	40,314	47,711	36,505

NABERS Ratings

Rating	2025/26	2024/25	2023/24	2022/23	2021/22	2020/21
Albury Water	4.5	4.5	4.5	4.0	4.0	4.0
Albury Energy	3.5	3.5	3.5	3.5	4.5	4.5
Wodonga Water	5.5	6.0	6.0	5.5	5.5	5.5
Wodonga Energy	5.5	5.5	5.5	5.0	5.0	5.0

FRD24 Report: Albury Wodonga Health Organisation Hierarchy

Greenhouse Gas Emissions

G1 Total Scope 1 (direct) greenhouse gas emissions (t CO2-e)	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
Carbon Dioxide	2,411.98	2,429.68	1,999.92
Methane	4.05	4.19	3.75
Nitrous Oxide	2.99	2.65	1.69
Total	**2,419.02**	**2,436.52**	**2,005.35**
Scope 1 GHG emissions from stationary fuel (F2 Scope 1) (t CO2-e)	2,057.37	2,136.47	1,925.09
Scope 1 GHG emissions from vehicle fleet (T3 Scope 1) (t CO2-e)	361.65	300.06	80.27
MEDICAL/REFRIGERANT GASES			
Sevoflurane	35.08	11.65	
Total Scope 1 (direct) greenhouse gas emissions (t CO2-e)	**2,454.10**	**2,448.17**	**2,005.35**
G2 Total Scope 2 (indirect electricity) greenhouse gas emissions (t CO2-e)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
Electricity	6,380.42	6,636.05	6,078.49
Total Scope 2 (indirect electricity) greenhouse gas emissions (t CO2-e)	**6,380.42**	**6,636.05**	**6,078.49**
G3 Total Scope 3 (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (t CO2-e)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
COMMERCIAL AIR TRAVEL			
Waste emissions (WR5)	742.36	742.36	759.81
Indirect emissions from Stationary Energy	1,275.47	1,333.35	1,128.24
Indirect emissions from Transport Energy	90.74	75.52	19.72
Water emissions	92.99	50.83	65.00
Any other Scope 3 emissions	0.00	0.00	0.00
Total Scope 3 greenhouse gas emissions (t CO2-e)	**2,201.56**	**2,202.06**	**1,972.78**
G(Opt) Net greenhouse gas emissions (t CO2-e)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
Gross greenhouse gas emissions (G1 + G2 + G3) (t CO2-e)	11,036.07	11,286.28	10,056.62
Total gross reported greenhouse gas emissions per bed-day (t CO2-e/OBD)	0.08	0.10	0.08
Purchased LGCs	-2,413.74	0.00	0.00
Any Reduction Measures Offsets purchased (EL4-related)	-2,413.74		
Any Offsets purchased	-2,413.74		
Net greenhouse gas emissions (t CO2-e)	8,622.33	11,286.28	10,056.62

Electricity Use

EL1 Total electricity consumption segmented by source (MWh)	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
Purchased	9,523.56	10,028.87	9,240.75
Self-generated	653.78	676.40	748.29
EL1 Total electricity consumption (MWh)	**10,177.34**	**10,705.27**	**9,989.04**
EL2 On site-electricity generated (MWh) segmented by:	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
CONSUMPTION BEHIND-THE-METER			
Solar Electricity	653.78	676.40	748.29
Total Consumption behind-the-meter (MWh)	**653.78**	**676.40**	**748.29**
EXPORTS			
EL2 Total On site-electricity generated (MWh)	**653.78**	**676.40**	**748.29**
EL3 On-site installed generation capacity (kW converted to MW) segmented by:	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
Diesel Generator	3.31	3.31	3.31
Solar System	0.49	0.49	0.49
EL3 Total On-site installed generation capacity (MW)	**3.80**	**3.80**	**3.80**

EL4 Total electricity offsets segmented by offset type (MWh)	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
LGCs voluntarily retired on the entity's behalf	2,623.63		
RPP (Renewable Power Percentage in the grid)	1,646.50	1,835.65	1,733.26
EL4 Total electricity offsets (MWh)	**4,270.13**	**1,835.65**	**1,733.26**

Stationary Energy

F1 Total fuels used in buildings and machinery segmented by fuel type (MJ)	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
Natural gas	38,879,205.20	40,324,774.70	37,358,533.50
Diesel	768,140.00	833,760.00	
F1 Total fuels used in buildings (MJ)	**39,647,345.20**	**41,158,534.70**	**37,358,533.50**
F2 Greenhouse gas emissions from stationary fuel consumption segmented by fuel type (t CO2-e)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
Natural gas	2,003.45	2,077.94	1,925.09
Diesel	53.92	58.53	
F2 Greenhouse gas emissions from stationary fuel consumption (t CO2-e)	**2,057.37**	**2,136.47**	**1,925.09**

Transportation Energy

T1 Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type (MJ)	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
Non-executive fleet - Gasoline	3,207,960.00	3,059,190.00	2,554,957.00
Petrol	3,207,960.00	3,059,190.00	2,554,957.00
Non-executive fleet - Diesel	2,055,450.00	1,323,594.00	1,139,086.00
Diesel	2,055,450.00	1,323,594.00	1,139,086.00
Total energy used in transportation (vehicle fleet) (MJ)	**5,263,410.00**	**4,382,784.00**	**3,694,043.00**
T3 Greenhouse gas emissions from transportation (vehicle fleet) segmented by fuel type (t CO2-e)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
Non-executive fleet - Gasoline	216.92	206.86	172.76
Petrol	216.92	206.86	172.76
Non-executive fleet - Diesel	144.72	93.19	80.20
Diesel	144.72	93.19	80.20
Total Greenhouse gas emissions from transportation (vehicle fleet) (t CO2-e)	**361.65**	**300.06**	**252.96**

Total Energy Use

E1 Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
Total energy usage from stationary fuels (F1) (MJ)	39,647,345.20	41,158,534.70	37,358,533.50
Total energy usage from transport (T1) (MJ)	5,263,410.00	4,382,784.00	3,694,043.00
Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)	**44,910,755.20**	**45,541,318.70**	**41,052,576.50**
E2 Total energy usage from electricity (MJ)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
Total energy usage from electricity (MJ)	**36,638,410.70**	**38,538,988.90**	**35,960,552.75**
E3 Total energy usage segmented by renewable and non-renewable sources (MJ)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
Renewable	17,726,087.30	9,043,394.51	8,933,592.08
Non-renewable (E1 + E2 - E3 Renewable)	63,823,078.60	75,036,913.09	68,079,537.17
E4 Units of Stationary Energy used normalised: (F1+E2)/normaliser	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
Energy per unit of LOS (MJ/LOS)	560.99	731.55	553.16
Energy per unit of bed-day (LOS+Aged Care OBD) (MJ/OBD)	560.99	731.55	553.16
Energy per unit of Separations (MJ/Separations)	1,451.76	1,915.94	1,665.47
Energy per unit of floor space (MJ/m2)	1,473.49	1,539.39	1,416.19

Water Use

W1 Total units of metered water consumed by water source (kL)	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
Potable water (kL)	66,522.94	32,828.90	50,825.20
Total units of water consumed (kL)	**66,522.94**	**32,828.90**	**50,825.20**
W2 Units of metered water consumed normalised by FTE, headcount, floor area, or other entity or sector specific quantity	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**
Water per unit of LOS (kL/LOS)	0.76	0.30	0.38
Water per unit of bed-day (LOS+Aged Care OBD) (kL/OBD)	0.76	0.30	0.38
Water per unit of Separations (kL/Separations)	1.96	0.79	1.15
Water per unit of floor space (kL/m2)	1.99	0.63	0.98

Waste and Recycling

WR1 Total units of waste disposed of by waste stream and disposal method (kg)	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
LANDFILL (TOTAL)			
General waste - bins	5,071.55	5,071.55	5,083.92
General waste - compactors	446,728.28	446,728.28	447,920.00
General waste - skips	19,419.78	19,419.78	31,100.50
OFFSITE TREATMENT			
Clinical waste - incinerated	1,510.70	1,510.70	1,893.11
Clinical waste - sharps	10,285.99	10,285.99	10,316.51
Clinical waste - treated	88,522.06	88,522.06	88,768.45
RECYCLING/RECOVERY (DISPOSAL)			
Cardboard	45,000	51,963.25	52,105.84
Commingled	82,000	99,022.21	99,300.96
Organics (food)	15,000		54,230.40
Paper (confidential)	31,000		87.55
PVC	544.00	471.00	188.00
Total units of waste disposed (kg)	**745,082**	**722,994.81**	**790,995.26**

WR1 Total units of waste disposed of by waste stream and disposal method (%)	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
LANDFILL (TOTAL)			
General waste	82.37%	65.18%	61.20%
OFFSITE TREATMENT			
Clinical waste - incinerated	0.26%	0.21%	0.24%
Clinical waste - sharps	1.80%	1.42%	1.30%
Clinical waste - treated	15.47%	12.24%	11.22%
RECYCLING/RECOVERY (DISPOSAL)			
Cardboard	6.04%	7.19%	6.59%
Commingled	11.01%	13.70%	12.55%
Organics (food)	2.01%		6.86%
Paper (confidential)	4.16%		0.01%
PVC	0.10%	0.07%	0.02%

WR3 Total units of waste disposed normalised by FTE, headcount, floor area, or other entity or sector specific quantity, by disposal method	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
Total waste to landfill per patient treated ((kg general waste)/PPT)	1.80	2.27	1.97
Total waste to offsite treatment per patient treated ((kg offsite treatment)/PPT)	0.38	0.48	0.41

WR4 Recycling rate (%)	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
Weight of recyclable and organic materials (kg)	173,544.00	151,456.46	205,912.76
Weight of total waste (kg)	745,082.00	722,994.81	790,995.26
Recycling rate (%)	23.29%	20.95%	26.03%

WR5 Greenhouse gas emissions associated with waste disposal (t CO2-e)	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
t CO2-e	742.36	742.36	759.81

Normalisation Factors

	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
ED Departures	72,970.00	57,384.00	69,329.00
FTE	1,408.00	1,331.00	1,330.00
LOS	135,983.00	108,944.00	132,546.00
OBD	135,983.00	108,944.00	132,546.00
PPT	261,500.00	207,925.00	245,898.00
Separations	52,547.00	41,597.00	44,023.00
Total Area M^2	51,772.00	51,772.00	51,772.00

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

Local Jobs First Act 2003

AWH is committed to supporting local industry participation, local employment opportunities and regional economic development through the application of the Local Jobs First Act 2003.

During 2025 - 26, AWH undertook procurement activities that met the thresholds for application of the Local Jobs First Policy. Local Jobs First requirements were incorporated into the procurement process for applicable projects, including engagement with the Industry Capability Network (ICN) where required.

The outcomes achieved during the reporting period are summarised below:

Measure	2025-26
Number of applicable Local Jobs First Projects	3
Number of Strategic Projects	0
Number of MPSG Applicable Projects	3
Total Value of Applicable Projects	$14,106,778.00
Average Local Content Commitment	91.68%
Total Employment Commitment	61.59 AEE
Total Labour Hours Commitment	121,690

Carers Recognition Act 2012

Albury Wodonga Health has taken all practical measures to comply with its obligations under the *Carers Recognition Act 2012*.

These measures include:

- considering the care relationship principles set out in the Act when developing policies and delivering services;
- implementing priority actions consistent with the Victorian Carer Strategy 2025–2035;
- promoting the inclusion of carers in service planning, policy development and quality improvement activities; and
- engaging consumer representatives with lived experience as carers on committees and working groups to help inform organisational policies, procedures and service delivery.

Public Interest Disclosure Act 2012

Albury Wodonga Health is committed to the aims of the Public Interest Disclosure Act 2012 (VIC) and has established policy and procedures to protect people against detrimental action being taken because someone makes a disclosure.

A public interest disclosure is a disclosure made about either improper conduct of public bodies or public officers, or detrimental action taken by public bodies or public officers in reprisal against a person for making a public interest disclosure.

Albury Wodonga Health's policy and procedures are available to all staff via the intranet and are highlighted at orientation.

No disclosures were notified to Albury Wodonga Health during 2025–26.

Safe Patient Care Act 2015

Albury Wodonga Health has no matters to report in relation to its obligations under Section 40 of the Safe Patient Care Act 2015.

Government Advertising Campaign

No government advertising campaigns undertaken by Albury Wodonga Health during the reporting period incurred a total media buy of $100,000 or more (excluding GST). Accordingly, no disclosures are required under section 5.15 of the Annual Report Guidelines.

Disclosure of Review and Study Expenses

Albury Wodonga Health did not undertake any reviews or studies during 2025–26 that met the disclosure requirements for review and study expenditure under the annual reporting guidelines. Accordingly, there are no review or study expenses to report.

Additional Information Available on Request

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

The following information is available on request:

- a statement that declarations of pecuniary interests have been duly completed by all relevant officers;
- details of shares held by a senior officer as nominee or held beneficially in a statutory authority or subsidiary;
- details of publications produced by Albury Wodonga Health about itself and how these can be obtained;
- details of changes in prices, fees, charges, rates and levies charged by Albury Wodonga Health;
- details of any major external reviews carried out on Albury Wodonga Health;
- details of major research and development activities undertaken by Albury Wodonga Health;
- 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 Albury Wodonga Health to develop community awareness of its services;
- details of assessments and measures undertaken to improve the occupational health and safety of employees;
- a general statement on industrial relations within Albury Wodonga Health and details of time lost through industrial accidents and disputes;
- a list of major committees sponsored by Albury Wodonga Health, the purposes of each committee and the extent to which those purposes have been achieved; and
- details of all consultancies and contractors including:
  consultants/contractors engaged;
  services provided; and
  expenditure committed to for each engagement.

This information is available on request from:

Executive Services
Albury Wodonga Health
Phone: (02) 6058 4444
Email: info@awh.org.au

Attestations and Declarations

Responsible Body's Declaration

In accordance with the *Financial Management Act 1994*, I am pleased to present the Report of Operations for Albury Wodonga Health for the year ending 30 June 2026.

Therese Tierney
Interim Board Chair
Albury Wodonga Health
21/9/2026

I, Therese Tierney, on behalf of the Responsible Body, certify that Albury Wodonga Health has no Material Compliance Deficiency with respect to the applicable Standing Directions under the Financial Management Act 1994 and Instructions.

Therese Tierney
Interim Board Chair
Albury Wodonga Health
21/9/2026

Data Integrity Declaration

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

Susan Delroi
Chief Executive Officer
Albury Wodonga Health
21/9/2026

Conflict of Interest Declaration

I, Susan Delroi, certify that Albury Wodonga Health has put in place appropriate internal controls and processes to ensure that it has implemented a Conflict of Interest policy consistent with the minimum accountabilities required by the Victorian Public Sector Commission (VPSC). Declaration of private interest forms have been completed by all executive staff within Albury Wodonga Health and members of the Board, and all declared conflicts have been addressed and are being managed. Conflict of interest is a standard agenda item for declaration and documentation at each Executive and Board meeting.

Susan Delroi
Chief Executive Officer
Albury Wodonga Health
21/9/2026

Integrity, Fraud and Corruption Declaration

I, Susan Delroi, certify that Albury Wodonga Health has put in place appropriate internal controls and processes to ensure that integrity, fraud and corruption risks have been reviewed and addressed at Albury Wodonga Health during the year.

Susan Delroi
Chief Executive Officer
Albury Wodonga Health
21/9/2026

Compliance with HealthShare Victoria (HSV) Purchasing Policies

No compliance issues

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

Susan Delroi
Chief Executive Officer
Albury Wodonga Health
21/9/2026

Disclosure Index

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

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Independent Auditor's Report

Victorian Auditor-General's Office

To the Board of Albury Wodonga Health

Opinion

I have audited the financial report of Albury Wodonga Health (the health service) which comprises the:

- balance sheet as at 30 June 2026
- comprehensive operating statement for the year then ended
- statement of changes in equity for the year then ended
- cash flow statement for the year then ended
- notes to the financial statements, including material accounting policy information
- board member's, accountable officer's and chief finance & accounting officer's declaration.

In my opinion the financial report presents fairly, in all material respects, the financial position of the health service as at 30 June 2026 and their financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the *Financial Management Act 1994* and Australian Accounting Standards – Simplified Disclosures.

Basis for Opinion

I have conducted my audit in accordance with the *Audit Act 1994* which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report.

My independence is established by the *Constitution Act 1975.* My staff and I are independent of the health service in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Board's responsibilities for the financial report

The Board of the health service is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards – Simplified Disclosures and the *Financial Management Act 1994*, and for such internal control as the Board determines is necessary to enable the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Board is responsible for assessing the health service's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.

Level 31 / 35 Collins Street, Melbourne Vic 3000
T 03 8601 7000 enquiries@audit.vic.gov.au www.audit.vic.gov.au

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
23 October 2026

Simone Bohan
as delegate for the Auditor-General of Victoria

Financial Statements
Financial Year ended 30 June 2026

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

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

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2026 and the financial position of Albury Wodonga Health at 30 June 2026.

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

We authorise the attached financial statements for issue on 22nd October, 2026.

Board member

Therese Tierney

Board Chair

Albury
22nd October, 2026

Accountable Officer

Susan Delroi

Chief Executive Officer

Albury
22nd October, 2026

Chief Finance & Accounting Officer

Kate Arnold

Acting Deputy Chief Financial Officer

Albury
22nd October, 2026

Comprehensive Operating Statement
Albury Wodonga Health
For the Financial Year Ended 30 June 2026

	Note	2026 $'000	2025 $'000
Revenue and income from transactions			
Revenue from contracts with customers	2.1 (a)	348,085	294,476
Government Grants	2.1 (b)	215,362	215,983
Other sources of income		17,546	19,812
Total revenue and income from transactions		**580,993**	**530,271**
Expenses from transactions			
Employee expenses	3.1 (a)	(440,255)	(395,203)
Supplies and consumables	3.1 (c)	(83,656)	(82,811)
Depreciation and amortisation	4.1(a), 4.2	(25,073)	(24,179)
Other operating expenses	3.1 (d)	(53,831)	(47,550)
Total expenses from transactions		**(602,815)**	**(549,743)**
Net result from transactions - net operating balance		**(21,822)**	**(19,472)**
Other economic flows included in net result			
Net gain/(loss) on sale of non-financial assets		(4,582)	283
Net gain/(loss) on financial instruments		(94)	225
Other gain/(loss) from other economic flows		901	1,891
Total other economic flows included in net result		**(3,775)**	**2,399**
Net result		**(25,597)**	**(17,073)**
Other economic flows - other comprehensive income			
Items that will not be reclassified to net result			
Changes in property, plant and equipment revaluation surplus		(1,771)	-
Total other comprehensive income		**(1,771)**	**-**
Comprehensive result		**(27,368)**	**(17,073)**

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

Balance Sheet
Albury Wodonga Health
As at 30 June 2026

	Note	2026 $'000	2025 $'000
Financial assets			
Cash and cash equivalents	6.1	24,131	25,979
Receivables	5.1	33,918	33,445
Contract assets		1,179	4,101
Total financial assets		**59,228**	**63,525**
Non-financial assets			
Prepayments		4,538	1,698
Inventories		2,516	2,374
Property, plant and equipment	4.1	165,532	204,285
Intangible assets		84	158
Total non-financial assets		**172,670**	**208,515**
Total assets		**231,898**	**272,040**
Liabilities			
Payables	5.2	81,844	81,232
Contract liabilities		1,726	-
Borrowings		11,132	8,636
Employee benefits	3.1(b)	70,504	65,017
Monies held in trust		777	783
Total liabilities		**165,983**	**155,668**
Net assets		**65,915**	**116,372**
Equity			
Reserves		101,265	103,036
Contributed capital		118,587	141,676
Accumulated surplus/(deficit)		(153,937)	(128,340)
Total equity		**65,915**	**116,372**

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

Cash Flow Statement
Albury Wodonga Health
For the Financial Year Ended 30 June 2026

	Note	2026 $'000	2025 $'000
Cash flows from operating activities			
Receipts from Government		541,745	481,732
Commercial activity revenue received		4,370	2,822
GST Received from ATO		13,374	12,147
Other receipts		39,751	31,387
Total receipts		**599,240**	**528,088**
Payments to employees		(435,384)	(387,024)
Payments to suppliers and consumables		(112,573)	(102,518)
Other payments		(37,656)	(31,180)
Total payments		**(585,614)**	**(520,722)**
Net cash flows from operating activities		**13,626**	**7,366**
Cash flows from investing activities			
Proceeds from sale of non-financial assets		175	462
Purchase of non-financial assets		(12,269)	(7,708)
Other capital receipts		15	694
Capital donations and bequests received		303	562
Net cash flows used in investing activities		**(11,776)**	**(5,990)**
Cash flows from financing activities			
Capital contribution		-	1,550
Repayment of borrowings and principal portion of lease liabilities		(3,692)	(3,236)
Repayment of accommodation deposits		(6)	(477)
Receipt of accommodation deposits		-	400
Net cash flows from financing activities		**(3,698)**	**(1,763)**
Net decrease in cash and cash equivalents held		**(1,848)**	**(387)**
Cash and cash equivalents at beginning of year		25,979	26,366
Cash and cash equivalents at end of year	6.1	**24,131**	**25,979**

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

Statement of Changes in Equity
Albury Wodonga Health
For the Financial Year Ended 30 June 2026

	Property, Plant and Equipment Revaluation Surplus $'000	Contributed Capital $'000	Accumulated Surplus/(Deficit) $'000	Total $'000
Balance at 1 July 2024	**103,036**	**140,126**	**(111,267)**	**131,895**
Net result for the year	-	-	(17,073)	(17,073)
Capital contribution	-	1,550	-	1,550
Balance at 30 June 2025	**103,036**	**141,676**	**(128,340)**	**116,372**
Net result for the year	-	-	(25,597)	(25,597)
Other comprehensive income for the year	(1,771)	-	-	(1,771)
Capital contribution	-	10,558	-	10,558
Derecognition of Albury Emergency Department and Short Stay Unit*	-	(33,647)	-	(33,647)
Balance at 30 June 2026	**101,265**	**118,587**	**(153,937)**	**65,915**

* Refer to Note 1.6

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

Structure

1.1 Basis of preparation
1.2 Material accounting estimates and judgements
1.3 Reporting entity
1.4 Economic dependency
1.5 Albury Wodonga Regional Hospital Project
1.6 Derecognition of Albury Emergency Department and Short Stay Unit

Note 1 About this Report

These financial statements represent the financial statements of Albury Wodonga Health for the year ended 30 June 2026.

Albury Wodonga Health is a not-for-profit entity established as a public agency on 1 July 2009 under the *Health Services Act 1988 (Vic)* . A description of the nature of its operations and its principal activities is included in the Report of Operations, which does not form part of these financial statements.

This section explains the basis of preparing the financial statements.

Note 1.1 Basis of preparation

These financial statements are Tier 2 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).

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

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

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

Notes to the Financial Statements
Albury Wodonga Health
For the Financial Year Ended 30 June 2026

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 Albury Wodonga Health.

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

The financial statements are presented in Australian dollars.

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

The annual financial statements were authorised for issue by the Board of Albury Wodonga Health on 22nd October, 2026.

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 Albury Wodonga Health.

Albury Wodonga Health’s principal address is:

Vermont Street
Wodonga, Victoria 3690

Note 1.4 Economic dependency

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

Note 1.5 Albury Wodonga Regional Hospital Project

The NSW, Victorian and Federal Governments have jointly committed $558 million to the proposed Albury Wodonga Regional Hospital Project (the project). The project involves the construction of a number of buildings including a new multi-storey clinical services building, that will provide a state-of-the-art healthcare infrastructure to meet the growing needs of our community and improve health outcomes for generations to come.

The project is being managed by the NSW Ministry of Health through their Health Infrastructure Division. Funding for the project will be managed directly by the NSW Ministry of Health, the asset being vested with Health Administration Corporation NSW who will retain ownership of the buildings once completed which will be subject to a leasing arrangement via the NSW Ministry of Health to the Victorian Department of Health and in turn Albury Wodonga Health.

Note 1.6 Derecognition of Albury Emergency Department and Short Stay Unit

Albury Wodonga Health reassessed the accounting treatment of the Albury Emergency Department and Short Stay Unit following consideration of the ownership and lease arrangements applying to assets located at the Albury Campus. The reassessment determined the Emergency Department and Short Stay Unit should be accounted for under the existing peppercorn lease arrangement rather than recognised as an owned building. Accordingly, Albury Wodonga Health derecognised the Emergency Department and Short Stay Unit as at 30 June 2026. The adjustment comprised a reduction in property, plant and equipment of $33.7 million, a reduction in contributed capital of $33.6 million and a net impact on the operating result of $79 thousand, including the derecognition of $2.59 million of income and the reversal of $2.5 million of depreciation expense. The Emergency Department and Short Stay Unit remain owned and controlled by NSW Ministry of Health and continue to be operated by Albury Wodonga Health under the existing peppercorn lease arrangement. The impact attributable to prior reporting periods was assessed as not material to those financial statements. Accordingly, comparative information has not been restated.

Notes to the Financial Statements
Albury Wodonga Health
For the Financial Year Ended 30 June 2026

Note 2 Funding delivery of our services

Albury Wodonga Health's overall objective is to provide quality health service and to be a leading regional healthcare provider delivering timely, accessible, integrated and responsive services to our region. Albury Wodonga Health predominantly receives income (grants) for the provision of health service outputs. Albury Wodonga Health also receives income from the supply of services.

Significant judgement - Grant revenue

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

Structure

2.1 Revenue and income from transactions

Note 2.1 Revenue and income from transactions

	Note	2026 $'000	2025 $'000
Revenue from contracts with customers	2.1(a)	348,085	294,476
Government Grants	2.1(b)	215,362	215,983
Other sources of income		17,546	19,812
Total revenue and income from transactions		**580,993**	**530,271**

Note 2.1(a) Revenue from contracts with customers

	2026 $'000	2025 $'000
Government grants (State) - Operating	311,084	262,194
Government grants (Commonwealth) - Operating	9,934	9,004
Patient and resident fees	18,908	16,442
Private practice fees	3,789	4,014
Commercial activities	4,370	2,822
Total revenue from contracts with customers	**348,085**	**294,476**

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 Albury Wodonga Health's goods or services. Albury Wodonga Health 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 Albury Wodonga Health's revenue streams, with information detailed below relating to Albury Wodonga Health's material revenue streams:

Government grant	Performance obligation
Activity Based Funding (ABF) paid as National Weighted Activity Unit (NWAU)	NWAU is a measure of health service activity expressed as a common unit against which the national efficient price (NEP) is paid. The performance obligations for NWAU are the number and mix of admissions, emergency department presentations and outpatient episodes, and is weighted for clinical complexity. Revenue is recognised at point in time, which is when a patient is discharged.

Patient and resident fees

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

Notes to the Financial Statements
Albury Wodonga Health
For the Financial Year Ended 30 June 2026

Note 2.1(b) Government Grants

	Note	2026 $'000	2025 $'000
Government grants (State) - Operating		204,407	203,330
Government grants (State) - Capital		10,955	12,653
Total Government Grants		**215,362**	**215,983**

How we recognise Government grants

Government grants

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

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

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

Capital grants

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

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

Non-cash contributions from the Department of Health

The Department of Health (DH) makes some payments on behalf of Albury Wodonga Health as follows:

Supplier	Description
Victorian Managed Insurance Authority	The Department of Health purchases non-medical indemnity insurance for Albury Wodonga Health which is paid directly to the Victorian Managed Insurance Authority. To record this contribution, such payments are recognised as income with a matching expense in the net result from transactions.
Victorian Infrastructure Delivery Authority	The Department of Health made payments to the Victorian Infrastructure Delivery Authority to fund capital works projects during the year ended 30 June 2026, on behalf of Albury Wodonga Health.
Department of Health	Long Service Leave (LSL) revenue is recognised upon finalisation of movements in LSL liability in line with the long service leave funding arrangements with the DH.

Notes to the Financial Statements
Albury Wodonga Health
For the Financial Year Ended 30 June 2026

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

	Note	2026 $'000	2025 $'000
Employee expenses	3.1(a)	440,255	395,203
Supplies & Consumables	3.1(c)	83,656	82,811
Other operating expenses	3.1(d)	53,831	47,550
Total expenses incurred in the delivery of services		**577,742**	**525,564**

Note 3.1(a) Employee expenses

	2026 $'000	2025 $'000
Salaries and wages	321,491	285,741
Superannuation expense [1]	33,110	28,742
Agency expenses	61,204	58,407
Fee for service medical officer expenses	24,450	22,313
Total employee expenses	**440,255**	**395,203**

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

How we recognise employee expenses

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

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

Note 3.1(b) Employee related provisions

	2026 $'000	2025 $'000
Current provisions for employee benefits		
Accrued days off	2,440	1,686
Annual leave	35,871	32,893
Long service leave	22,241	20,942
Provision for on-costs	5,877	5,777
Total current provisions for employee benefits	**66,429**	**61,298**
Non-current provisions for employee benefits		
Long service leave	3,599	3,260
Provision for on-costs	476	459
Total non-current provisions for employee benefits	**4,075**	**3,719**
Total provisions for employee benefits	**70,504**	**65,017**

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 Albury Wodonga Health does not have an unconditional right to defer settlement of these liabilities.

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

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

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

The components of this current LSL liability are measured at:

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

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

Provisions

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

Note 3.1(c) Supplies and consumables

	2026 $'000	2025 $'000
Drug supplies	10,110	8,683
Medical and surgical supplies (including Prostheses)	17,835	16,108
Diagnostic and radiology supplies	22,946	22,900
Other supplies and consumables	32,765	35,120
Total supplies and consumables	**83,656**	**82,811**

How we recognise 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.

Note 3.1(d) Other operating expenses

	2026 $'000	2025 $'000
Fuel, light, power and water	3,961	3,846
Repairs and maintenance	2,902	1,374
Maintenance contracts	3,043	2,956
Medical indemnity insurance	12,425	9,511
Other administration expenses	31,500	29,863
Total other operating expenses	**53,831**	**47,550**

How we recognise other operating expenses

Expense recognition

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

Other operating expenses

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

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

Note 4 Key assets to support service delivery

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

Significant judgement - Fair value measurement

Where the assets included in this section are carried at fair value, additional information is disclosed in Note 7.3 in connection with how those fair values were determined.

Structure

4.1 Property, plant and equipment

4.2 Depreciation and amortisation

Note 4.1 Property, plant and equipment

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2026 $'000	2025 $'000	2026 $'000	2025 $'000	2026 $'000	2025 $'000
Land at fair value - Crown	4,241	7,168	-	-	4,241	7,168
Buildings at fair value	167,670	166,027	(48,484)	(32,080)	119,186	133,947
Works in progress at cost	24,531	40,827	-	-	24,531	40,827
Plant, equipment and vehicles at fair value	71,644	71,925	(54,070)	(49,582)	17,574	22,343
Total property, plant and equipment	**268,086**	**285,947**	**(102,554)**	**(81,662)**	**165,532**	**204,285**

How we recognise property, plant and equipment

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

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

Notes to the Financial Statements
Albury Wodonga Health
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Note 4.1(a) Reconciliation of the carrying amounts of each class of asset

	Land $'000	Buildings $'000	Works in progress $'000	Plant, equipment and vehicles $'000	Total $'000
Balance at 1 July 2025	**7,168**	**133,947**	**40,827**	**22,343**	**204,285**
Additions	-	4,328	23,295	1,392	29,015
Disposals	(1,156)	-	(3,350)	(251)	(4,757)
Revaluation increments/(decrements)	(1,771)	-	-	-	(1,771)
Net transfers between classes	-	36,241	(36,241)	-	-
Derecognition of Albury Emergency Department and Short Stay Unit*	-	(36,241)	-	-	(36,241)
Depreciation	-	(19,089)	-	(5,910)	(24,999)
Balance at 30 June 2026	**4,241**	**119,186**	**24,531**	**17,574**	**165,532**

* Refer to Note 1.6

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, Albury Wodonga Health has elected to apply the practical expedient in FRD 103 *Non-Financial Physical Assets* and has therefore not applied the amendments to AASB 13 *Fair Value Measurement.* The amendments to AASB 13 will be applied at the earlier of the interim revaluation or next scheduled independent revaluation in 2029, in accordance with Albury Wodonga Health's revaluation cycle.

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.

	2026	2025
Buildings	7 - 55 years	7 - 55 years
Leasehold improvements	5 - 40 years	5 - 40 years
Plant & equipment	4 - 40 years	4 - 40 years
Computers & Communication	3 - 10 years	3 - 10 years
Furniture & Fittings	7 - 25 years	7 - 25 years
Motor Vehicles	4 - 6 years	4 - 6 years
Intangible Assets	3 years	3 years

Note 5 Other assets and liabilities

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

Structure

5.1 Receivables
5.2 Payables

Note 5.1 Receivables

	Note	2026 $'000	2025 $'000
Current receivables			
Contractual			
Inter hospital debtors		363	387
Trade receivables		5,451	10,738
Patient fees		2,826	3,099
Allowance for impairment losses		(852)	(767)
Other receivables		10,814	5,042
Total contractual receivables		**18,602**	**18,499**
Statutory			
GST receivable		714	1,651
Total statutory receivables		**714**	**1,651**
Total current receivables		**19,316**	**20,150**
Non-current receivables			
Contractual			
Long service leave - Department of Health		14,602	13,295
Total contractual receivables		**14,602**	**13,295**
Total receivables		**33,918**	**33,445**
(i) Financial assets classified as receivables			
Total receivables		33,918	33,445
GST receivable		(714)	(1,651)
Total financial assets classified as receivables	7.1	**33,204**	**31,794**

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.

Note 5.2 Payables

	Note	2026 $'000	2025 $'000
Current payables			
Contractual			
Trade creditors		25,107	15,784
Accrued salaries and wages		10,183	11,700
Accrued expenses		29,839	37,152
Deferred capital grant income		13,213	13,854
Other		3,502	2,742
Total contractual payables		**81,844**	**81,232**
Total payables		**81,844**	**81,232**
(i) Financial liabilities classified as payables			
Total payables		81,844	81,232
Deferred capital grant income		(13,213)	(13,854)
Total financial liabilties classified as payables	7.1	**68,631**	**67,378**

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 Albury Wodonga Health prior to the end of the financial year that are unpaid.

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

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

Notes to the Financial Statements
Albury Wodonga Health
For the Financial Year Ended 30 June 2026

Note 6 How we finance our operations

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

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

Structure

6.1 Cash and cash equivalents
6.2 Commitments for expenditure

Note 6.1 Cash and Cash Equivalents

	Note	2026 $'000	2025 $'000
Cash on hand (excluding monies held in trust)		7	7
Cash at bank (excluding monies held in trust)		23,286	25,189
Total cash held for operations		**23,293**	**25,196**
Cash at bank (monies held in trust)		838	783
Total cash held as monies in trust		**838**	**783**
Total cash and cash equivalents	7.1	**24,131**	**25,979**

Notes to the Financial Statements
Albury Wodonga Health
For the Financial Year Ended 30 June 2026

Note 6.2 Commitments for expenditure

30 June 2026	Less than 1 year $'000	1-5 Years $'000	Over 5 years $'000	Total $'000
Capital expenditure commitments	8,946	6,614	-	15,560
Total commitments (inclusive of GST)	**8,946**	**6,614**	**-**	**15,560**
Less GST recoverable				(1,415)
Total commitments (exclusive of GST)				**14,145**

30 June 2025	Less than 1 year $'000	1-5 Years $'000	Over 5 years $'000	Total $'000
Capital expenditure commitments	327	11,175	5,830	17,332
Total commitments (inclusive of GST)	**327**	**11,175**	**5,830**	**17,332**
Less GST recoverable				(1,576)
Total commitments (exclusive of GST)				**15,756**

How we disclose our commitments

Our commitments relate to expenditure.

Expenditure commitments

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

Note 7 Financial instruments, contingencies and valuation judgements

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

Structure

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

Notes to the Financial Statements
Albury Wodonga Health
For the Financial Year Ended 30 June 2026

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

30 June 2026	Note	Carrying amount $'000	Total interest income/ (expense) $'000
Financial assets at amortised cost			
Cash and cash equivalents	6.1	24,131	1,888
Receivables	5.1	33,204	-
Total financial assets [i]		**57,335**	**1,888**
Financial liabilities at amortised cost			
Payables	5.2	68,631	-
Borrowings		11,132	165
Monies held in trust		777	-
Total financial liabilities [i]		**80,540**	**165**

30 June 2025	Note	Carrying amount $'000	Total interest income/ (expense) $'000
Financial assets at amortised cost			
Cash and cash equivalents	6.1	25,979	2,901
Receivables	5.1	31,794	-
Total financial assets [i]		**57,773**	**2,901**
Financial liabilities at amortised cost			
Payables	5.2	67,378	-
Borrowings		8,636	165
Monies held in trust		783	-
Total financial liabilities [i]		**76,797**	**165**

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

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 Albury Wodonga Health solely to collect the contractual cash flows.

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.

Albury Wodonga Health recognises the following assets in this category:

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

Categories of financial liabilities

Financial liabilities at amortised cost

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

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

Albury Wodonga Health recognises the following liabilities in this category:

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

Notes to the Financial Statements
Albury Wodonga Health
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Derecognition of financial assets

A financial asset (or, where applicable, a part of a financial asset or part of a group of similar financial assets) is derecognised when:

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

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

Derecognition of financial liabilities

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

Reclassification of financial instruments

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

A financial liability reclassification is not permitted.

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, with the exception of right-of-use assets arising under AASB 16, which are measured using the cost model
- Lease liabilities.

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

Valuation hierarchy

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

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

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

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

Fair value determination: non-financial physical assets

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

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

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

Non-specialised land and non-specialised buildings

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

Specialised land and specialised buildings

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

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

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

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

Vehicles

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

Plant and equipment, furniture, fittings

Plant and equipment, furniture, fittings, (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 land	Market approach	Community Service Obligations adjustment	0-20% (20%)[(ii)]
Specialised buildings	Current replacement cost approach	Cost per square metre Useful life	$2,000 - $5,000/m^2 ($3,000) 40 - 50 years (45 years)
Vehicles	Current replacement cost approach	Cost per unit Useful life	$11,000 - $100,000 ($39,500 per unit) 3 - 5 years (4 years)
Plant, equipment, furniture and fittings	Current replacement cost approach	Cost per unit Useful life	$1,000 - $1.7M ($3,500 per unit) 4 - 20 years (10 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.

[(ii)] CSO adjustments ranging from 0% to 20% were applied to reduce the market approach value for Albury Wodonga Health's specialised land, with the weighted average 20% reduction applied.

Notes to the Financial Statements
Albury Wodonga Health
For the Financial Year Ended 30 June 2026

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 Ex-gratia expenses
8.2 Responsible persons disclosures
8.3 Remuneration of executives
8.4 Related parties
8.5 Remuneration of auditors
8.6 Events occurring after the balance date
8.7 Joint arrangements

Note 8.1 Ex gratia payments

	2026 $'000	2025 $'000
Albury Wodonga Health has made the following ex gratia expenses:		
Negotiated departure	443	-
Total ex-gratia expenses	**443**	**-**

Ex gratia expenses are the voluntary payments of money or other non-monetary benefit (e.g. a write off) that are not made either to acquire goods, services or other benefits for the entity or to meet a legal liability, or to settle or resolve a possible legal liability of or claim against the entity.

Note 8.2 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	01 Jul 2025 - 14 April 2026
Minister for Ambulance Services	01 Jul 2025 - 14 April 2026
The Honourable Harriet Shing MP:	
Minister for Health	15 April 2026 - 30 June 2026
Minister for Ambulance Services	15 April 2026 - 30 June 2026
The Honourable Melissa Horne MP:	
Minister for Health Infrastructure	01 Jul 2025 - 30 June 2026
Minister for Prevention of Family Violence	15 April 2026 - 30 June 2026
The Honourable Ingrid Stitt MP:	
Minister for Mental Health	01 Jul 2025 - 30 June 2026
Minister for Ageing	01 Jul 2025 - 30 June 2026
Minister for Multicultural Affairs	15 April 2026 - 30 June 2026
The Honourable Lizzie Blandthorn MP:	
Minister for Children	01 Jul 2025 - 30 June 2026
Minister for Disability	01 Jul 2025 - 30 June 2026
Governing Boards	
Jonathan Green (Chair of the Board)	1 Jul 2025 - 30 Jun 2026
Ann Maree Keenan	1 Jul 2025 - 30 Jun 2026
Ross Dallimore	1 Jul 2025 - 30 Jun 2026
Chris Mirams	1 Jul 2025 - 30 Jun 2026
Angela Verde	1 Jul 2025 - 30 Jun 2026
Tammy Atkins	1 Jul 2025 - 30 Jun 2026
Anthony Hernan	1 Jul 2025 - 30 Jun 2026
Elizabeth Lukin	1 Jul 2025 - 30 Jun 2026
Dr James Mackie	1 Jul 2025 - 30 Jun 2026
Accountable Officers	
Prof. Andrew Way (Interim Chief Executive Officer)	25 Mar 2026 - 30 Jun 2026
William Appleby (Chief Executive Officer)	1 Jul 2025 - 24 Mar 2026

Notes to the Financial Statements
Albury Wodonga Health
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Remuneration of Responsible Persons

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

Income Band	2026 No	2025 No
$20,000 - $29,999	1	8
$30,000 - $39,999	7	-
$60,000 - $69,999	-	1
$70,000 - $79,999	1	-
$130,000 - $139,999	1	-
$500,000 - $509,999	-	1
$510,000 - $519,999	1	-
Total Numbers	**11**	**10**

	2026 $'000	2025 $'000
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	**970**	**796**

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

Note 8.3 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 8.4)

	Total Remuneration	
	2026 $'000	2025 $'000
Total remuneration [i]	2,453	2,340
Total number of executives	8	9
Total annualised employee equivalent [ii]	6.1	7.3

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

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

Note 8.4 Related parties

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

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

Significant transactions with government related entities

Albury Wodonga Health received funding from government related entities of $515 m (2025: $466 m) and indirect contributions of $1.51 m (2025: $1.94 m).

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

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

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

Key management personnel

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

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

Entity	KMPs	Position Title
Albury Wodonga Health	Jonathan Green	Chair of the Board (to 30/06/2026)
Albury Wodonga Health	Ann Maree Keenan	Board Member
Albury Wodonga Health	Ross Dallimore	Board Member
Albury Wodonga Health	Chris Mirams	Board Member
Albury Wodonga Health	Angela Verde	Board Member
Albury Wodonga Health	Tammy Atkins	Board Member
Albury Wodonga Health	Anthony Hernan	Board Member
Albury Wodonga Health	Elizabeth Lukin	Board Member
Albury Wodonga Health	Dr James Mackie	Board Member
Albury Wodonga Health	William Appleby	Chief Executive Officer (to 24/03/2026)
Albury Wodonga Health	Prof. Andrew Way	Interim Chief Executive Officer (from 25/03/2026)
Albury Wodonga Health	Dr John Elcock	Chief Medical Officer (to 02/04/2026)
Albury Wodonga Health	Dr John H Reeves	Interim Chief Medical Officer (from 13/04/2026)
Albury Wodonga Health	Kim White	Chief Nursing & Midwifery Officer
Albury Wodonga Health	Linda Hudec	Chief Operating Officer
Albury Wodonga Health	Shaun Strachan	Chief of Infrastructure
Albury Wodonga Health	Glenn Edwards	Chief Financial Officer (to 19/05/2026)
Albury Wodonga Health	Vijay Bala	Acting Chief Financial Officer (from 22/04/2026 to 20/05/2026)
Albury Wodonga Health	Vijay Bala	Interim Chief Financial Officer (from 20/05/2026)
Albury Wodonga Health	David Green	Chief of People & Culture (to 19/05/2025)
Albury Wodonga Health	Vijay Bala	Interim Chief of People & Culture (from 20/05/2026)
Albury Wodonga Health	Alana Jacob	Chief Allied Health Officer

Notes to the Financial Statements
Albury Wodonga Health
For the Financial Year Ended 30 June 2026

Remuneration of key management personnel

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

	2026 $'000	2025 $'000
Total compensation - KMPs [i]	3,423	3,136

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

Transactions with KMPs and other related parties

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

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

During the year, Albury Wodonga Health purchased furniture from key management personnel for a total of $17,500 (2025: Nil). This transaction was conducted on normal commercial terms and conditions no more favourable than those available to unrelated parties. As at 30 June 2026, there was no outstanding balance relating to this transaction (2025: Nil).

Note 8.5 Remuneration of Auditors

	2026 $'000	2025 $'000
Victorian Auditor-General's Office		
Audit of the financial statements	61	58
Total remuneration of auditors	**61**	**58**

Note 8.6 Events occurring after the balance sheet date

There are no events occurring after the Balance Sheet date.

Note 8.7 Joint arrangements

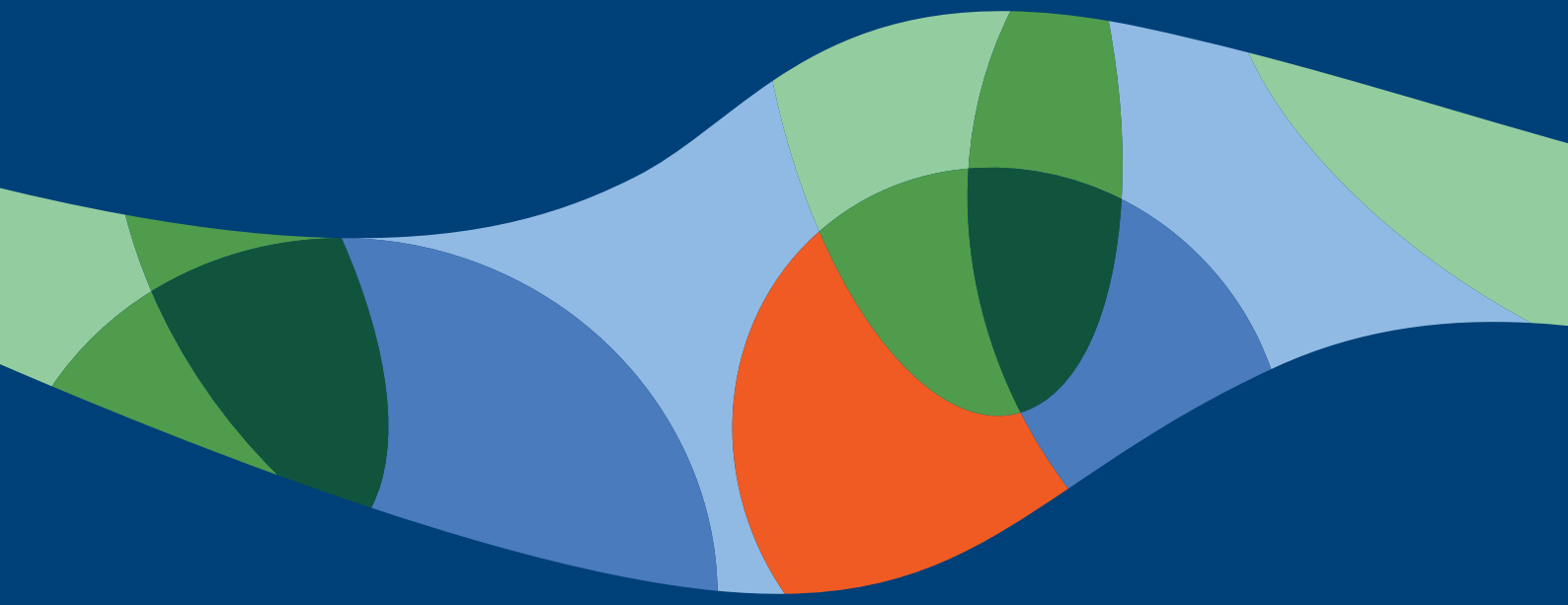
	Principal Activity	Ownership Interest 2026 %	Ownership Interest 2025 %
Hume Rural Health Alliance	Provision of Information Technology Services	13.34	13.00

	2026 $'000	2025 $'000
Total revenue and income	3,212	2,010
Total expenses	(3,460)	(2,336)
Total net result	(248)	(326)
Total other economic flows	-	(1)
Comprehensive result for the year	(248)	(327)
Total assets	1,926	2,238
Total liabilities	1,626	1,704
Total equity	300	534

Contingent liabilities and capital commitments

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

Albury Wodonga Health



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