

Alpine Health

Annual Report

2025-2026

alpine health

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Alpine Health acknowledges the many Traditional Owners of the Alpine region and their connection to the mountains, rivers and valleys. We pay our respect to these groups, their history and culture, and their Elders past and present.



We strive to create a health service and a community that is respectful and inclusive for people of all backgrounds, cultures, genders and abilities.



DISCLOSURE INDEX

The annual report of Alpine 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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Legislation	Requirement	Page ref
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Other disclosures as required by FRDs in notes to the financial statements [(a)(b)]		
FRD 11	Disclosure of Ex gratia Expenses	N/A
FRD 103	Non-Financial Physical Assets	FR 18
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FRD 114	Financial Instruments – general government entities and public non-financial corporations	FR 28
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Carers Recognition Act 2012		RO 12
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Statement on National Competition Policy		RO 12
Financial Management Act 1994 [(b)]		RO 17

RO – Report of Operations
FS – Financial Statements
Notes:
(a) References to FRDs have been removed from the Disclosure Index if the specific FRDs do not contain requirements that are in the nature of disclosure.
(b) Refer to the Model financial statements section (Part two) for further details.

REPORT FROM THE CHAIR AND CHIEF EXECUTIVE OFFICER

Responsible bodies declaration

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

Activities, programs and achievements for the reporting period; significant changes in key initiatives and expectations for the future

The past twelve months have seen significant achievements.

In July 2025 the Hume Local Health Service Network commenced, being one of the key recommendations from the Victorian Government's Health Services Plan. The Network is one of twelve across Victoria and brings Northeast Victorian public health services together to coordinate care, improve access to services being provided closer to home, strengthen workforce planning and improve safety and quality across the system. Alpine Health has contributed to the work of the Network and residents of Alpine Shire have hopefully begun to see an increase in services being provided locally.

We have continued to use Mount Beauty as the site for our surgical services and are appreciative of the ongoing opportunity to undertake general surgery and endoscopies in partnership with Albury Wodonga Health. Pleasingly in April we commenced the provision of orthopaedic surgery in partnership with Northeast Health Wangaratta.

We continue to explore other opportunities to work with our regional health services to safely provide more services closer to home. Consistent with this is the Clinical Services Plan being undertaken by the Network which will plan for the provision of clinical services across the region for at least the next decade.

In February we successfully achieved accreditation under the National Safety and Quality Health Service Standards – Integrated Health Aged Care Standards. This is for the period from April 2026 to April 2029. This involved the input of many. Current planning is underway for accreditation against the Aged Care Quality Standards for our services provided under Support at Home and Commonwealth Home Support Programs. This is expected to occur prior to 31 October 2026.

There has been significant effort and resources put into improving our infrastructure across all three hospital sites. The installation of new heating, ventilation and air conditioning along with strengthening the roof to accommodate the additional weight commenced in Bright in April and is due for completion in mid-2026. Hawthorn Village has undergone refurbishment with ten rooms completed and a further ten due for completion in October. This will allow for more residents to be safely accommodated there.

Mount Beauty has had new flooring laid in Kiewa Valley House and soon will have new heating, ventilation and air conditioning installed.

Barwidgee Lodge in Myrtleford has had new flooring laid and is undergoing major landscaping works and will also have new heating, ventilation and air conditioning installed in the second half of 2026. All of these demonstrate our commitment to providing the best amenities we can for local people and we will continue to advocate for future funding as opportunities arise.

Whilst we were fortunate to escape the fires that ravaged our neighbouring communities over summer, the extreme weather conditions had a marked impact on our ability to provide a number of services into people's homes. We were regularly challenged by our need to ensure our workforce was safe but also cognisant of the need to ensure vulnerable people in the community were having their needs met. This is something we will continually review and seek to improve as our seasons become warmer.

Financially the health service performed very favourably for the year ended 30 June 2026. Structural changes implemented the previous year assisted in containing costs. Improvements to financial performance without compromising the quality of care is an ongoing consideration.

Alpine Health relies heavily on its communities across Alpine Shire. These people entrust us to care for them safely and with compassion. We are indebted to these people and it is our desire to operate in an environment that is safe, welcoming and inclusive. We are proud to have completed our Reconciliation Action Plan and are preparing to develop a newer version building on and learning from the previous one. We actively participated in NAIDOC Week celebrations and provided cultural safety training for our staff. We celebrated the multicultural nature of our workforce with our Filipino Fiesta held on Philippines-Australia Friendship Day.

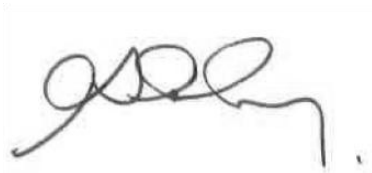
We are also indebted to our staff who work hard to uphold our values and make a meaningful contribution to improving the health of people when they need help the most. All roles in Alpine Health contribute to the quality of care we seek to provide.

We thank our medical staff along with other health professionals who collaborate with us. Health services cannot function to the standards we all desire without skilled and committed doctors and health professionals.

Finally, we acknowledge and thank the generosity of our local service clubs and our op shops located in Myrtleford, Bright and Mount Beauty. These people freely give their time and willingly assist us by donating funds for equipment and improvements. This embodies the relationship between a rural health service and its communities. It is something we do not take for granted.

Acknowledgements

We extend our appreciation to our partners — the State and Commonwealth Governments, our network of general practitioners and visiting medical officers, our partner health services and agencies, opportunity shops, and Alpine communities - for their invaluable support and contribution. Together, we've navigated challenges and celebrated successes that have strengthened health service provision to the Alpine and district communities.



Cameron Oxley
Chair, Board of Directors
Myrtleford

24 September 2026

GOVERNANCE

Alpine Health is governed by a Board of Directors, are selected from nominations within and external to our community and appointed by the Governor-in-Council upon the recommendation of the Minister for Health. Board Directors have a diverse range of skills, experience and interests that contribute to Alpine Health, to ensure the efficient, effective and accountable governance of the organisation, through strategic leadership and a direction focussed on defined outcomes.

The Board of Directors comes together:

- To govern and improve the well-being of the organisation,
- To protect and improve the health of the community; and
- To improve access to, and delivery of, health services

Board of Directors

Mr Cameron Oxley (Chair)
Mr David Leggo (Deputy Chair)
Ms Sarah Brindley
Ms Gillean Hilton
Ms Sonja Greenfield
Ms Corinne Rice
Ms Melissa Wood
Mr Matthew Stewart

Board Executive

Mr Cameron Oxley
Mr David Leggo
Ms Gillean Hilton
Ms Sarah Brindley

Finance and Audit Committee

Ms Sarah Brindley (Chair)
Mr David Leggo
Mr Cameron Oxley
Mr Joe Caruso (Independent Member)

Quality Committee

Ms Corinne Rice (Chair)
Ms Sonja Greenfield
Ms Melissa Wood
Mr Matthew Stewart

Population Health Committee

Ms Gillean Hilton (Chair)
Ms Sonja Greenfield
Ms Corinne Rice
Ms Melissa Wood
Ms Brigid Clarke (Community Member)

Credentialing and Privileging Committee

Dr Campbell Miller MBChB, MBA, FRACMA (Chair)
Dr Pat Giddings, MBBS, MHM, FRACMA, FRACGP, FACRRM, FAICD (Alpine Health Director of Medical Services/ Executive Officer)
Dr Graham Slaney, MBBS, MPH, DA, DRCOG, FACRRM (Expert Advisory)
Dr James Wei, MBBS, B MedSc, FRACGP
Mr Cameron Oxley (Board Director)
Mr Matthew Stewart (Board Director)

Consumer Advisory Group (formerly Community and Health Advisory Group)

Ms Libby Owen-Jones (Chair
Ms Kitty Knappstein (Deputy Chair)
Ms Trish Dixon

Ms Linda Cohen
Ms Brigid Clarke
Ms Natalie Ellis
Mrs Mary Tomaina
Ms Gill Hilton (Board Director)
Ms Corinne Rice (Board Director)

Medical Consultative Committee

Dr Pat Giddings, MBBS, MHM, FRACMA, FRACGP, FACRRM, FAICD (Chair)
Dr William Hunt, MBBS
Dr Laura Zagorski, MBBS
Mr Rhys Gloury, Chief Executive Officer (Interim) and Executive Director of Clinical Services (resigned 14 November 2025)
Mr Joshua Freeman, Chief Executive Officer (Interim), from 14 November 2025 to 29 January 2026
Mr Cameron Butler, Chief Executive Officer (Interim), from 29 January 2026 to 27 April 2026
Mr Cameron Butler, Chief Executive Officer, from 28 April 2026 to 30 June 2026

Executive

Chief Executive Officers (Interim):

- Mr Rhys Gloury, RN, Grad Dip. Paramedicine, Grad Dip Health Management (1 July 2025 to 14 November 2025)
- Mr Joshua Freeman, (14 November 2025 to 29 January 2026) BPharm, PGCertPharm (Otago), MBA (UniSA), SpecCertClinLead (Melb), GAICD, MPS
- Mr Cameron Butler (29 January 2026 to 27 April 2026) RN, B Bus

Chief Executive Officer

- Mr Cameron Butler (28 April 2026 to 30 June 2026) RN, B Bus

Director of Medical Services

Dr Pat Giddings, MBBS, MHM, FRACMA, FRACGP, FACRRM, FAICD (1 September 2025 to 30 June 2026)

Executive Director Clinical Services

Mr Rhys Gloury, RN, Grad Dip. Paramedicine, Grad Dip Health Management (1 July 2025 to 14 November 2025)

Executive Director Corporate and Business Services

Ms Kristy Kay, Bachelor of Business, Grad Cert Emergency Management and Preparedness

Director of Clinical Operations - Bright Hospital

Ms Cathy Lennon, RN, BN, GradCert Critical Care, GradCert Mgmt, TAE40122

Director of Clinical Operations - Mount Beauty District Hospital

Ms Andrea Herrin, RN, RM, Bachelor of Nursing, Graduate Diploma Child, Family and Community Nursing, Nurse Immuniser

Director of Clinical Operations – Myrtleford District War Memorial Hospital

Ms Lisa Townsend, RN, RIPRN, Grad Cert. Nursing, Master of Nursing - Leadership and Management

Director Safety and Quality

Ms Fiona MacPhee, RN, B. Nsg, Ad.Dip Health Service Manager, Cert. Clinical Governance

Operational Director Community Aged Care

Mr Peter Burgess, Dip. Community Services

Visiting Medical Officers

Dr Colin Cameron, MBChB, BSc
Dr Vanessa Cservid, MD, B Med Sc, B Sc Med Sc
Dr Lauren Cussen, MD, FACRRM, BBSc
Dr Skye Delaney, B Med Sc, MBBS, Dip Obs, RANZCOG, FRACGP, FACRRM
Dr Douglas Devereux, MBBS, FRACGP
Dr Justin Donaldson, MBChB, MRCS, MRCGP, FRACGP
Dr Shannon Elliott, MBBS, FRACGP
Dr Daniel Florrison, MBBS, GD (SurgAnt), FRACGP

Dr Elizabeth Garoni, MBBS, Dip Obstetrics, RANZCOG, FRACGP FACRRM
Dr Stuart Glastonbury, MBBS, BSc, FRACGP
Dr Laura Harris, MD, BBiomed, DRANZCOG, DCH
Dr Jake Hawkins, MD, B BSc
Dr Damian Heman, MBBS
Dr William Hunt, MD, BSc, Grad Dip Ed
Dr Yadana Khin, MBBS
Dr Andrew Mason, MD, FRACGP
Dr Matthew McAlpine, MBBS, BS, B Med Sc, FRACS
Dr Kate McCabe-Simon, MBBS, FRACGP
Dr Christopher O'Brien, MBBS, FRACGP, Grad DipRM, DRANZCOG, FACRRM, GradDipRGP
Dr Jacinta O'Neill, MBBS, BSci, M Sports Med
Dr Will Osborn MD, FRACGP
Dr Jeffrey Robinson, MBBS, Dip Obstetrics, RANZCOG, FACRRM, FRACGP, GradDipRGP
Dr Simon Shute, MBBS, BMedSc, FRACGP, DRANZCOG
Dr Angela Stratton, BMed, FACRRM, Dip Obstetrics, DRANZCOG (Advanced)
Dr Michael Valente, MD, BBSc, FRACGP
Dr James Wei, MBBS, B MedSc, FRACGP
Dr Martin Witney, MD, FRACGP
Dr Laura Zagorski, MBBS, Dip Obstetrics, RANZCOG, FRACGP, Dip CH

Visiting Specialist Anaesthetist

Dr Daniel Trevena, MBBS, FANZCA
Dr Shane Richards, MBBS, FRACGP, Dip RGA, ANZCA, FACRRM

Visiting Orthopaedic Surgeon

Dr Anton Lambers, MBBS, BMedSci, MSurg

Visiting Physician

Dr Robert Krones, MD, FRACP
Dr Phillip MacLeish, MBBS, FRACP

Visiting Geriatrician

Dr Nicholas Sharrock, MBBS, BS, FRACP

Visiting General Surgeons

Dr Daniel McIlroy, MBChB, MRCS, BSc, PhD, FRACS
Dr Adam Skidmore, MBBS, FRACS
Dr Quinton Smith, MBBS, FRACS, B Med Sc

Solicitors

Health Legal
Level 1, 499 St Kilda Road
Melbourne VIC 3004

Auditors

Victorian Auditor-General's Agent – Johnsons MME
Internal Auditors - Crowe

Banker

National Australia Bank

CHARTER AND PURPOSE

Manner of Establishment

Alpine Health is established under the *Health Services Act 1988* (Vic) as a designated Multi-Purpose Service (under the Tripartite Commonwealth-State Agreement) and has three main sites located in the townships of Myrtleford, Bright and Mount Beauty.

Alpine Health provides integrated acute health, community health, and community and aged residential services for the residents and visitors of the Alpine Shire.

The organisation was established in November 1996 through the amalgamation of three rural hospitals, nursing homes, hostel and accommodation units including Myrtleford District War Memorial Hospital, Bright District Hospital and Health Services and Tawonga District General Hospital, Barwidgee Lodge and Kiewa Valley House Nursing Homes, Hawthorn Village Hostel and the Myrtleford Extended Care Accommodation Centre Inc.

The Multi-Purpose Model of Service provision was developed by the joint Commonwealth/State governments taskforce established in March 1991 to address the problems of service provision of rural and remote communities.

From November 1996, State and Commonwealth funding streams for acute health, aged care and community health and support services for the former entities were provided as a flexible funding pool through which the varying health needs of the Alpine townships and communities are to be addressed.

Responsible Ministers

The responsible Ministers during the reporting period were:

Minister for Health Minister for Ambulance Services	The Hon Mary-Anne Thomas MP (1 July 2025 to 15 April 2026)
Minister for Health Minister for Ambulance Services	Hon Harriet Shing MP (15 April 2026 to 30 June 2026)
Minister for Health Infrastructure	The Hon Melissa Horne MP (1 July 2025 to 30 June 2026)
Minister for Mental Health Minister for Ageing	The Hon Ingrid Stitt MP (1 July 2025 to 30 June 2026)
Minister for Disability Minister for Children	The Hon Lizzie Blandthorn MP (1 July 2025 to 30 June 2026)


Vision
Improved health and well-being of our communities
alpine health
Mission
To deliver integrated, high quality and accessible care that is responsive to the needs of our local population.
Values
Excellence
We provide evidence-based health services that deliver safe and high quality care.
Innovation
We are innovative in our approach to improving health and wellbeing.
Respect
We respect the rights, dignity, independence and privacy of our consumers and work together to promote a fair, safe and inclusive health service.
Integrity
We are open, honest and transparent, contributing to a positive culture through our commitment.
Responsive
We are flexible and responsive to the needs of individuals.
Accountability
We are accountable and follow through on our commitments.
Partnership
We work in partnership with our consumers, with each other and with external partners.
Compassion
We show care, empathy and kindness in our approach to providing care and working together.

LEGISLATION

Freedom of Information under the Freedom of Information Act 1982

Alpine Health is an Agency under the *Freedom of Information Act (FOI) Act 1982* and requests for access to information may be made to the Freedom of Information Administration Officer at foi@alpinehealth.org.au. Further information can be found on the Alpine Health website. All requests must include the application fee (where applicable). A total of 21 requests were received and processed during the 12 months ended 30 June 2026. One request was denied.

The majority of the requests were from the general public and related to medical records.

In accordance with the *Freedom of Information Act 1982*, Alpine Health submits a report on FOI requests to the Office of the Victorian Information Commissioner at the end of each financial year.

Building Act 1993

Alpine Health has plans in place to ensure compliance with the building and maintenance provisions of the *Building Act 1993* and includes the regulations of the Act and relevant provisions of the National Construction Code.

Public Interest Disclosure Act 2012

Alpine Health complies with the principles of the *Public Interest Disclosure Act 2012*. The *Public Interest Disclosure Act* encourages and facilitates the making of disclosures of improper conduct and detrimental action by public officers and public bodies. It provides certain protections for people who make a disclosure, or those who may suffer detrimental action in reprisal for making a disclosure. An essential component of this protection is to ensure that information connected to a protected disclosure, including the identity of a discloser and the contents of that disclosure, is kept confidential. There were no disclosures made under the Act in 2025-26.

National Competition Policy

Alpine Health complies with the applicable National Competition Policy framework areas and the Victorian Government's policy on Competitive Neutrality. There has been no change in Alpine Health's compliance since the 2025-26 financial year.

Carers Recognition Act 2012

Alpine Health has taken practical measures to comply with its obligations under the *Carers Recognition Act 2012* and applies its principles to service activities.

Local Jobs First Act 2003 disclosures

Alpine Health complies with Local Jobs First Policy when applicable. While no 2025-26 projects reached the Local Jobs First Policy applicable threshold, Alpine Health applies Local Jobs First Policy principles to procurement activities where possible.

Safe Patient Care Act 2015

Alpine Health has fully implemented its obligations under the *Safe Patient Care Act 2015*. Each of Alpine Health's clinical environments meet, and in some cases exceed the nurse to patient ratios prescribed under the Act. Alpine Health has no matters to report in relation to its obligations under section 40 of the *Safe Patient Care Act 2015*.

ENVIRONMENTAL PERFORMANCE

GREENHOUSE GAS EMISSIONS	2025 to 2026	2024 to 2025	2023 to 2024	Notes	% change previous to selected range
G1 Total Scope 1 (direct) greenhouse gas emissions (t CO2-e)	**2025 to 2026**	**2024 to 2025**	**2023 to 2024**		
Carbon Dioxide	158.55	224.19	246.12		-29.28%
Methane	0.51	0.73	0.79		-29.64%
Nitrous Oxide	0.53	0.75	0.84		-29.28%
Total	**159.60**	**225.68**	**247.76**		-29.28%
Scope 1 GHG emissions from stationary fuel (F2 Scope 1) (t CO2-e)	**156.02**	**221.47**	**239.91**		-29.55%
Scope 1 GHG emissions from vehicle fleet (T3 Scope 1) (t CO2-e)	**3.58**	**4.21**	**7.85**		-15.06%
Medical/Refrigerant gases					
Nitrous oxide	4.14	1.38			201.09%
Total Scope 1 (direct) greenhouse gas emissions (t CO2-e)	**163.74**	**227.05**	**247.76**		-27.88%
G2 Total Scope 2 (indirect electricity) greenhouse gas emissions (t CO2-e)	**2025 to 2026**	**2024 to 2025**	**2023 to 2024**	**The emissions calculation for electricity-related activities uses the market-based method, as opposed to the location-based method used in previous FRD report versions.**	
Electricity	845.98	794.85	821.70		6.43%
Total Scope 2 (indirect electricity) greenhouse gas emissions (t CO2-e)	**845.98**	**794.85**	**821.70**		6.43%
G3 Total Scope 3 (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (t CO2-e)	**2025 to 2026**	**2024 to 2025**	**2023 to 2024**		
Commercial air travel					
Waste emissions (WR5)	123.58	121.85	122.20		1.43%
Indirect emissions from Stationary Energy	166.89	181.77	181.42		-8.18%
Indirect emissions from Transport Energy	0.89	1.05	1.94		-14.84%
Paper emissions					
Water emissions	16.32	18.97	19.83		-14.00%
Any other Scope 3 emissions	0.00	0.00	0.00		
Total Scope 3 greenhouse gas emissions (t CO2-e)	**307.69**	**323.64**	**325.39**		-4.93%
G(Opt) Net greenhouse gas emissions (t CO2-e)	**2025 to 2026**	**2024 to 2025**	**2023 to 2024**		
Gross greenhouse gas emissions (G1 + G2 + G3) (t CO2-e)	**1,317.41**	**1,345.54**	**1,394.85**		-2.09%
Total gross reported greenhouse gas emissions per bed-day (t CO2-e/OBD)	0.05	0.05	0.05		-5.36%
Carbon Neutral Electricity	0.00	0.00	0.00		
Green Power Electricity	0.00	0.00	0.00		
Purchased LGCs	-1,017.48	0.00	0.00		
Any Reduction Measures Offsets purchased (EL4-related)	**-960.87**			G(opt) EL4-related Reduction Measures Offsets capped to Scope2+3 Electricity	
Any Offsets purchased	**-960.87**			G(opt) EL4-related Reduction Measures Offsets capped to Scope2+3 Electricity	
Net greenhouse gas emissions (t CO2-e)	**356.54**	**1,345.54**	**1,394.85**		-73.50%

ELECTRICITY USE	2025 to 2026	2024 to 2025	2023 to 2024	Notes	% change previous to selected range
EL1 Total electricity consumption segmented by source (MWh)	**2025 to 2026**	**2024 to 2025**	**2023 to 2024**		
Purchased	1,262.77	1,204.29	1,249.28		4.86%
Self-generated	141.16	141.19	142.02		-0.02%
EL1 Total electricity consumption (MWh)	**1,403.94**	**1,345.48**	**1,391.30**		4.35%
EL2 On site-electricity generated (MWh) segmented by:	**2025 to 2026**	**2024 to 2025**	**2023 to 2024**		
Consumption behind-the-meter					
Solar Electricity	141.16	141.19	142.02		-0.02%
Total Consumption behind-the-meter (MWh)	**141.16**	**141.19**	**142.02**		-0.02%
Exports					
Solar Electricity	4.29	4.26	4.14		0.61%
Total Electricity exported (MWh)	**4.29**	**4.26**	**4.14**		0.61%
EL2 Total On site-electricity generated (MWh)	**145.45**	**145.45**	**146.17**		0.00%
EL3 On-site installed generation capacity (kW converted to MW) segmented by:	**2025 to 2026**	**2024 to 2025**	**2023 to 2024**		
Diesel Generator	0.97	0.97	0.97		0.00%
Solar System	0.13	0.13	0.13		0.00%
EL3 Total On-site installed generation capacity (MW)	**1.10**	**1.10**	**1.10**		0.00%
EL4 Total electricity offsets segmented by offset type (MWh)	**2025 to 2026**	**2024 to 2025**	**2023 to 2024**		
LGCs voluntarily retired on the entity's behalf	1,105.96				
RPP (Renewable Power Percentage in the grid)	218.35	220.62	234.37		-1.03%
EL4 Total electricity offsets (MWh)	**1,262.77**	**220.62**	**234.37**	EL4 Total value capped to EL1 Purchased value	472.37%

STATIONARY ENERGY	2025 to 2026	2024 to 2025	2023 to 2024	Notes	% change previous to selected range
F1 Total fuels used in buildings and machinery segmented by fuel type (MJ)	**2025 to 2026**	**2024 to 2025**	**2023 to 2024**		
Liquefied Petroleum Gas	2,574,644.10	3,654,586.20	3,958,935.80		-29.55%
F1 Total fuels used in buildings (MJ)	**2,574,644.10**	**3,654,586.20**	**3,958,935.80**		-29.55%
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**		
LPG	156.02	221.47	239.91		-29.55%
F2 Greenhouse gas emissions from stationary fuel consumption (t CO2-e)	**156.02**	**221.47**	**239.91**		-29.55%

TRANSPORTATION ENERGY	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24	Notes	% change previous to selected range
T1 Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type (MJ)	**2025 to 2026**	**2024 to 2025**	**2023 to 2024**		
Non-executive fleet - Gasoline	26,891.70	27,141.30	19,415.20		-0.92%
Petrol	**26,891.70**	**27,141.30**	**19,415.20**		-0.92%
Non-executive fleet - Diesel	24,970.30	33,732.70	92,798.70		-25.98%
Diesel	**24,970.30**	**33,732.70**	**92,798.70**		-25.98%
Total energy used in transportation (vehicle fleet) (MJ)	**51,862.00**	**60,874.00**	**112,213.90**		-14.80%
T2 Number and proportion of vehicles in the organisational boundary segmented by engine/fuel type and vehicle category	**2025 to 2026**	**2024 to 2025**	**2023 to 2024**	**Not reported by Eden Suite**	
T3 Greenhouse gas emissions from transportation (vehicle fleet) segmented by fuel type (t CO2-e)	**2025 to 2026**	**2024 to 2025**	**2023 to 2024**		
Non-executive fleet - Gasoline	1.82	1.84	1.31		-0.92%
Petrol	**1.82**	**1.84**	**1.31**		-0.92%
Non-executive fleet - Diesel	1.76	2.38	6.53		-25.99%
Diesel	**1.76**	**2.38**	**6.53**		-25.99%
Total Greenhouse gas emissions from transportation (vehicle fleet) (t CO2-e)	**3.58**	**4.21**	**7.85**		-15.06%
T4 Total distance travelled by commercial air travel (passenger km travelled for business purposes by entity staff on commercial or charter aircraft)	**2025 to 2026**	**2024 to 2025**	**2023 to 2024**		
Total distance travelled by commercial air travel					
T(opt1) Total vehicle travel associated with entity operations (1,000 km)	**2025 to 2026**	**2024 to 2025**	**2023 to 2024**		
Total vehicle travel associated with entity operations (1,000 km)					
T(opt2) Greenhouse gas emissions from vehicle fleet (t CO2-e per 1,000 km)	**2025 to 2026**	**2024 to 2025**	**2023 to 2024**		
t CO2-e per 1,000 km					

ENVIRONMENTAL PERFORMANCE (cont.)

TOTAL ENERGY USE	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24	Notes	% change previous to selected range
E1 Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)	**2025 to 2026**	**2024 to 2025**	**2023 to 2024**		
Total energy usage from stationary fuels (F1) (MJ)	2,574,644.10	3,654,586.20	3,958,935.80		-29.55%
Total energy usage from transport (T1) (MJ)	51,862.00	60,874.00	112,213.90		-14.80%
Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)	**2,626,506.10**	**3,715,460.20**	**4,071,149.70**		-29.31%
E2 Total energy usage from electricity (MJ)	**2025 to 2026**	**2024 to 2025**	**2023 to 2024**		
Total energy usage from electricity (MJ)	5,054,175.35	4,843,712.52	5,008,696.89		4.35%
E3 Total energy usage segmented by renewable and non-renewable sources (MJ)	**2025 to 2026**	**2024 to 2025**	**2023 to 2024**		
Renewable	5,054,175.70	1,302,524.79	1,355,024.88	E3 Renewable value capped to EL1 Purchased value (consumed-behind-meter is never capped)	288.03%
Non-renewable (E1 + E2 - E3 Renewable)	2,626,505.75	7,256,647.92	7,724,821.71		-63.81%
E4 Units of Stationary Energy used normalised: (F1+E2)/normaliser	**2025 to 2026**	**2024 to 2025**	**2023 to 2024**		
Energy per unit of bed-day (LOS+Aged Care OBD) (MJ/OBD)	282.26	325.28	326.50		-13.23%
SUSTAINABLE BUILDINGS AND INFRASTRUCTURE	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24	Notes	% change previous to selected range
B1 - B5					
Not applicable					
SUSTAINABLE PROCUREMENT	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24	Notes	% change previous to selected range
Not applicable					
WATER USE	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24	Notes	% change previous to selected range
W1 Total units of metered water consumed by water source (kL)	**2025 to 2026**	**2024 to 2025**	**2023 to 2024**		
Potable water (kL)	11,632.00	11,600.00	11,819.00		0.28%
Total units of water consumed (kL)	**11,632.00**	**11,600.00**	**11,819.00**		0.28%
W2 Units of metered water consumed normalised by FTE, headcount, floor area, or other entity or sector specific quantity	**2025 to 2026**	**2024 to 2025**	**2023 to 2024**		
Water per unit of bed-day (LOS+Aged Care OBD) (kL/OBD)	0.43	0.44	0.43		-3.07%
WASTE AND RECYCLING	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24	Notes	% change previous to selected range
WR1 Total units of waste disposed of by waste stream and disposal method (kg)	**2025 to 2026**	**2024 to 2025**	**2023 to 2024**		
Landfill (total)					
General waste - bins	21,203.71	20,993.77	21,049.60		1.00%
General waste - skips	70,654.66	69,610.50	69,817.50		1.50%
	91,858.37	**90,604.27**	**90,867.10**		
Offsite treatment					
Clinical waste - incinerated	141.04	134.34	135.51		4.98%
Clinical waste - sharps	373.72	361.08	366.20		3.50%
Clinical waste - treated	2,735.96	2,671.84	2,677.27		2.40%
	3,250.72	**3,167.27**	**3,178.97**		
Recycling/recovery (disposal)					
Commingled	**58,895.77**	**57,911.28**	**58,102.00**		1.70%
Total units of waste disposed (kg)	**154,004.86**	**151,682.81**	**152,148.07**		1.53%
WR1 Total units of waste disposed of by waste stream and disposal method (%)	**2025 to 2026**	**2024 to 2025**	**2023 to 2024**		
Landfill (total)					
General waste	59.65%	59.73%	59.72%		-0.14%
Offsite treatment					
Clinical waste - incinerated	0.09%	0.09%	0.09%		3.40%
Clinical waste - sharps	0.24%	0.24%	0.24%		1.94%
Clinical waste - treated	1.78%	1.76%	1.76%		0.86%
Recycling/recovery (disposal)					
Commingled	38.24%	38.18%	38.19%		0.17%
WR3 Total units of waste disposed normalised by FTE, headcount, floor area, or other entity or sector specific quantity, by disposal method	**2025 to 2026**	**2024 to 2025**	**2023 to 2024**		
Total waste to landfill per patient treated ((kg general waste)/PPT)	3.25	3.32	3.14		-2.02%
Total waste to offsite treatment per patient treated ((kg offsite treatment)/PPT)	0.12	0.12	0.11		-0.81%
Total waste recycled and reused per patient treated ((kg recycled and reused)/PPT)	2.08	2.12	2.01		-1.71%
WR4 Recycling rate (%)	**2025 to 2026**	**2024 to 2025**	**2023 to 2024**		
Weight of recyclable and organic materials (kg)	58,895.77	57,911.28	58,102.00		1.70%
Weight of total waste (kg)	154,004.86	151,682.81	152,148.07		1.53%
Recycling rate (%)	**38.24%**	**38.18%**	**38.19%**		0.17%
g	95109	93772	94046		
WR5 Greenhouse gas emissions associated with waste disposal (t CO2-e)	**2025 to 2026**	**2024 to 2025**	**2023 to 2024**		
t CO2-e	123.58	121.85	122.20		1.43%

ENVIRONMENTAL INITIATIVES



- Recycled batteries and kept them out of landfill.



- Researched plan for the replacement of internal combustion engine (ICE) vehicles with electric vehicles (EV)



- Recycled printer cartridges and kept them out of landfill.



- Commingled recycling



- Sustainable energy savings through the use of solar panels across Alpine Health's four sites. These contribute to lower energy costs and reduced CO_2 emissions.

SOCIAL PROCUREMENT

Alpine Health is committed to maximising the social, economic and environmental benefits of its procurement activities, consistent with the Victorian Government's Social Procurement Framework.

As Alpine Health's annual procurement spend is less than $10 million, the organisation is not required to develop a Social Procurement Strategy under the Framework. Alpine Health is committed to applying the principles of social procurement through its procurement policies, processes and governance arrangements.

During 2025–26, Alpine Health continued to develop its social procurement focus through:

- utilising collaborative procurement arrangements through HealthShare Victoria, where social procurement is embedded within State Purchase Contract procurement processes and tender evaluation criteria;
- promoting procurement opportunities to local and regional suppliers wherever appropriate, recognising the important contribution these businesses make to the local economy and community;
- incorporating social procurement considerations into locally managed procurement activities where appropriate; and
- strengthening procurement governance through the ongoing implementation of its Procurement Policy and procurement procedures.

Alpine Health remains committed to achieving value for money while supporting broader social, economic and environmental outcomes through its procurement activities. The organisation will continue to strengthen its social procurement practices in a manner that is proportionate to its procurement profile and organisational capacity.

HealthShare Victoria

Alpine Health works closely with HealthShare Victoria and regional health service partners to access relevant state-wide and regional procurement arrangements and contracts. Alpine Health maintains a Procurement Policy and associated processes to support sound procurement practices, value for money and alignment with relevant government and sector procurement requirements and better practice.

DISCLOSURE OF EMERGENCY PROCUREMENT AND EMERGENCY COMPLAINTS

No emergency procurements were undertaken during the 2025-2026 financial year, resulting in nil emergency procurement expenditure. No procurement complaints were received during the year.

REVIEWS AND STUDY EXPENSES

Alpine Health did not conduct reviews or studies during 2025-26.

GRANTS AND TRANSFER PAYMENTS

Alpine Health did not make any grants or transfer payments during 2025-26.

SUMMARY OF OUR SERVICES

Acute Services

- Ante and post-natal domiciliary midwifery care
- District Nursing
- Infection Control
- McGrath Cancer Nurse (Breast)Medical
- Palliative Care
- Renal Dialysis
- Urgent Care

Purchased Services

- Exercise Physiology
- Gerontology
- Medical Imaging
- Pathology
- Pharmacy
- Podiatry
- Speech Pathology
- Hospital in the Home
- Post-Acute Care

Aged Care

- Alpine@Home
- Commonwealth Home Support Program/HACC PYP (HACC Program for Younger People)
- Home Care
- Home modification
- Home Maintenance
- Independent Living Units
- Lite n Easy
- Indigo@Home
- Palliative Care
- Personal Care
- Planned Activity Groups
- Respite Care
- Residential aged care
- Support at Home
- Veteran Affairs Services
- Volunteers

Community Health

- Diabetes Education
- Dietetics
- Occupational Therapy
- PACE (Chronic Disease Management Program - MPHN funded)
- Physiotherapy
- Social Work

External Service Providers

- Dementia Australia
- Dermatology
- Mental Health Services
- Victorian Infant Newborn Hearing Testing

Education and Training

- Advanced Life Support
- External Student Placement
- Graduate Nurse Programs
- Specialised Advanced Life Support (ALS) program
- Workforce education

Financial Management Compliance

I, Cameron Oxley, on behalf of the Responsible Body, certify that Alpine Health has no Material Compliance Deficiency with respect to the applicable Standing Directions under the *Financial Management Act 1994* and instructions.



Cameron Oxley
Chair, Board of Directors
Myrtleford

24 September 2026

Data Integrity Declaration

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



Cameron Butler
Chief Executive Officer
Myrtleford

24 September 2026

Conflict of Interest Declaration

I, Cameron Butler, certify that Alpine 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 Alpine Health and Directors of the Board, and all declared conflicts have been addressed and are being managed. Conflict of interest is a standard agenda item for declaration and documenting at each board meeting.



Cameron Butler
Chief Executive Officer
Myrtleford

24 September 2026

Integrity, Fraud and Corruption Declaration

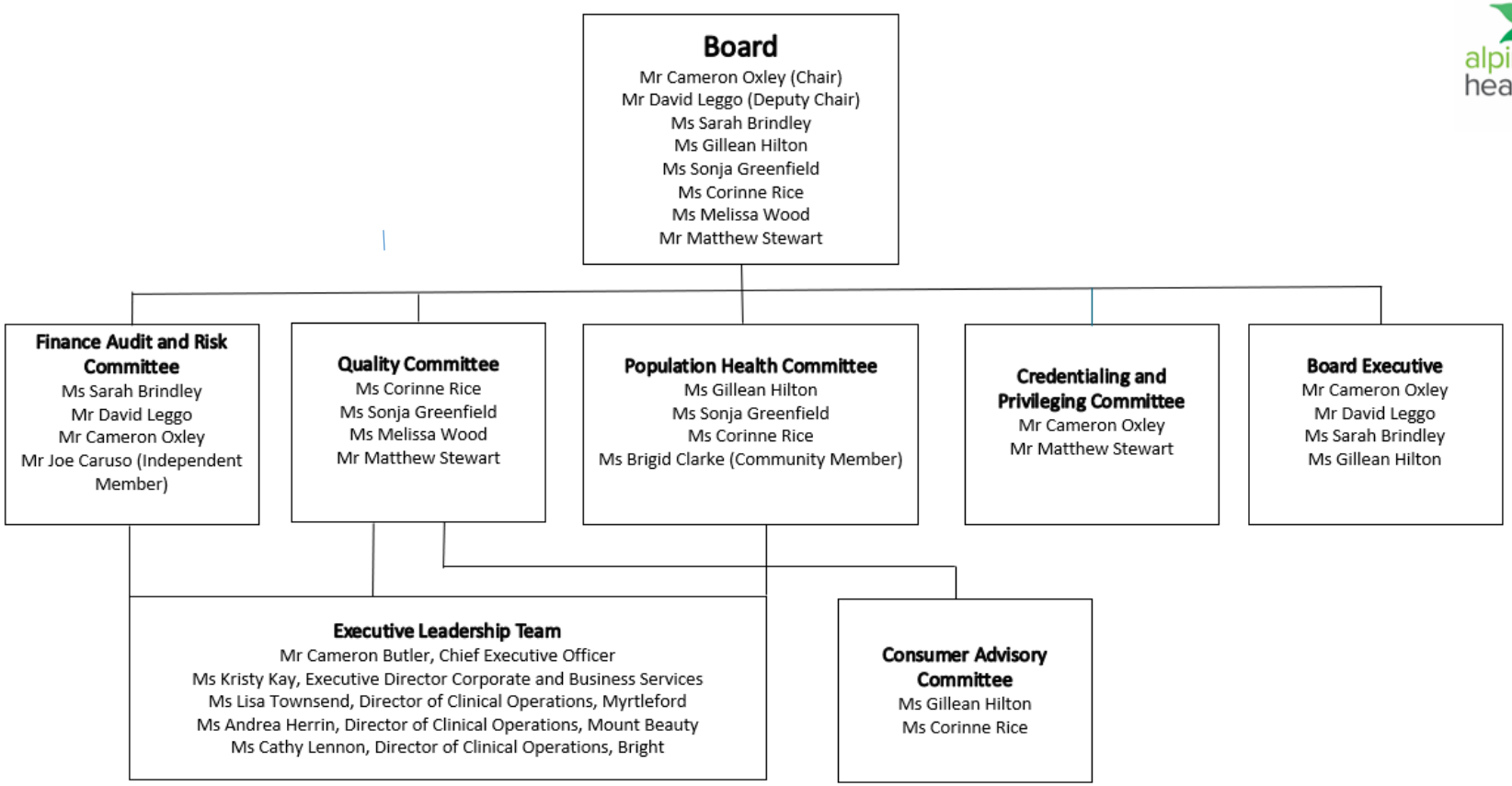
I, Cameron Butler, have put in place appropriate internal controls and processes to ensure that integrity, fraud and corruption risks have been reviewed and addressed at Alpine Health during the year.



Cameron Butler
Chief Executive Officer
Myrtleford

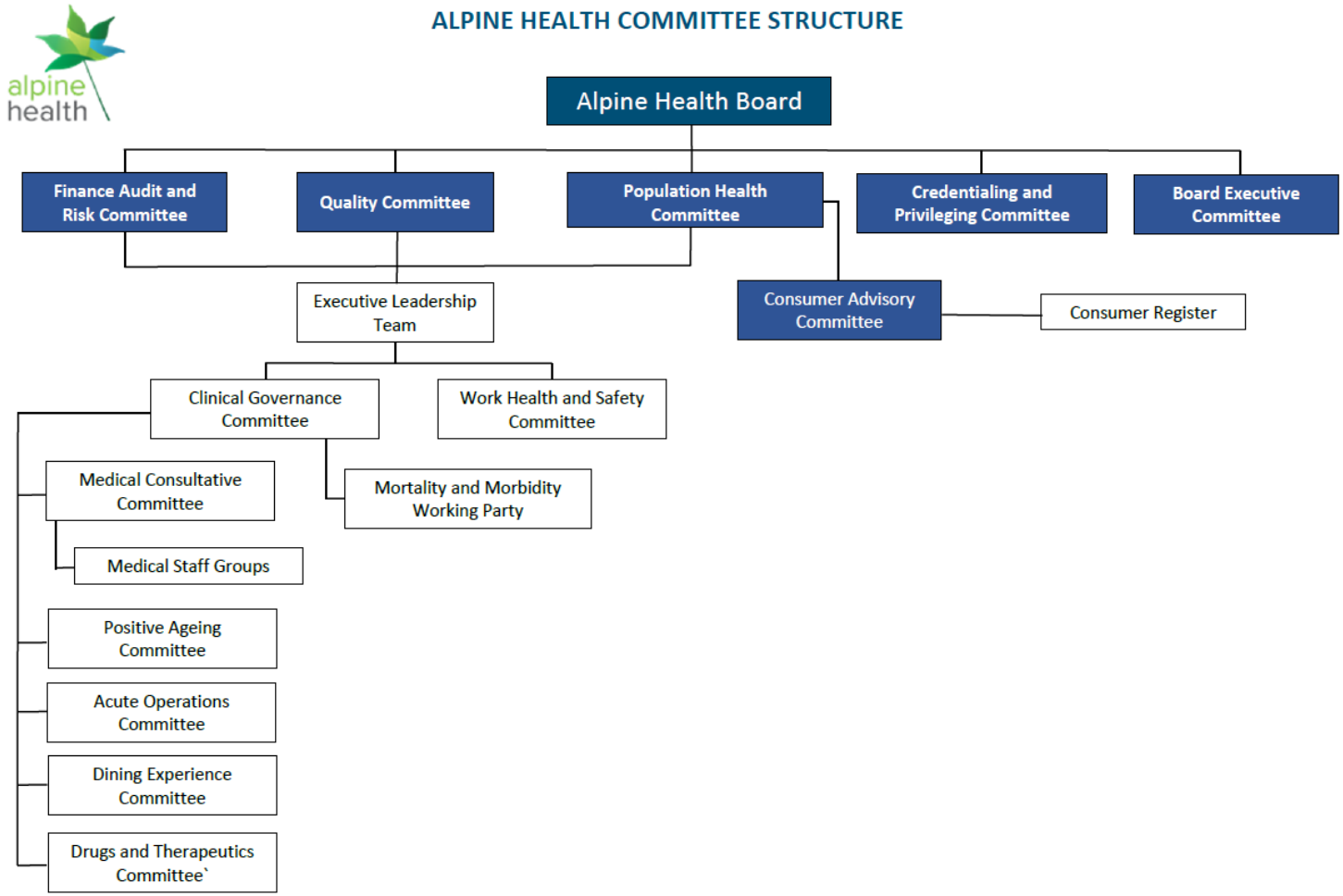
24 September 2026

BOARD, BOARD COMMITTEES AND EXECUTIVE MEMBERSHIP

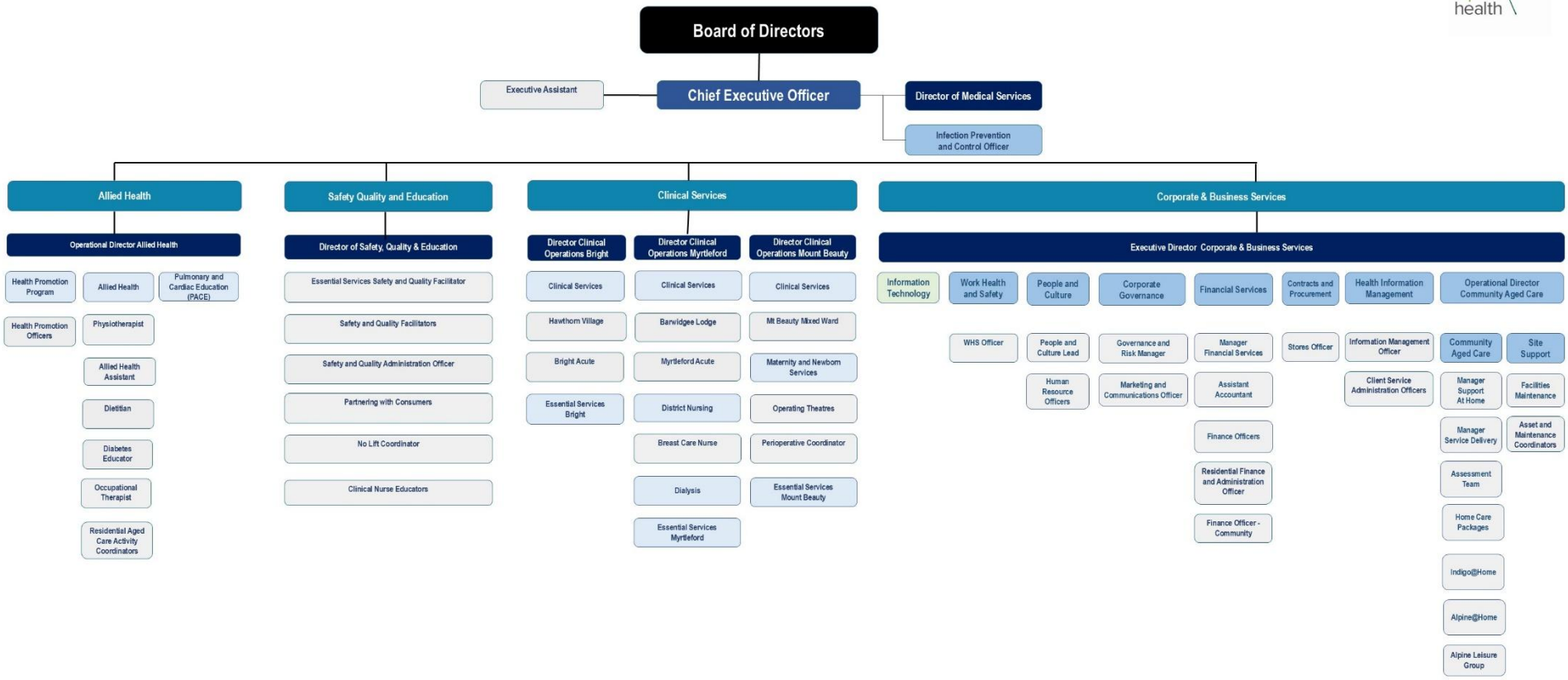


COMMITTEE AND WORKING PARTY STRUCTURE

ALPINE HEALTH COMMITTEE STRUCTURE



ORGANISATIONAL STRUCTURE



WORKFORCE DATA DISCLOSURES AND EMPLOYMENT AND CONDUCT PRINCIPLES

Labour Category	JUNE Current Month FTE		Average Monthly FTE	
	2025	2026	2025	2026
Nursing	102.79	103.07	100.04	102.43
Administration and Clerical	40.89	40.75	42.68	37.79
Hotel and Allied Services	66.27	70.97	68.86	68.88
Medical Officers	0.21	0.00	0.21	0.01
Allied Health	8.99	12.26	8.72	10.28
Total	**219.15**	**227.05**	**220.51**	**219.39**

NB: Figures include back-filling of positions for staff on leave and casuals and excludes overtime. These FTE figures do not include contracted staff (e.g. agency nurses, fee for service, visiting medical officers) who are not regarded as employees for this purpose.

Alpine Health's employment and conduct principles are consistent with relevant legislation and guided by the Victorian Public Sector Employees' Code of Conduct. Alpine Health is committed to the application of the employment and conduct principles and all employees have been correctly classified in workforce data collections.

WORKFORCE INCLUSION POLICY

Alpine Health is committed to fostering a diverse, inclusive and respectful workplace that reflects the communities we serve across the Alpine region. As a small rural health service, we recognise that attracting, supporting and retaining a skilled and diverse workforce is essential to delivering high-quality, person-centred care.

Our Diversity, Inclusion, Gender Equity and Anti-Discrimination Policy promotes equal opportunity and ensures that all employees, volunteers and consumers are treated with dignity, fairness and respect. We are committed to providing a workplace free from, harassment and bullying, where individuals feel safe, valued and empowered to contribute their unique skills, experiences and perspectives.

As a Victorian public sector healthcare organisation, Alpine Health is committed to meeting its obligations under the Gender Equality Act 2020 (Vic). We recognise the important role that gender equality plays in achieving positive outcomes for our workforce and the communities we serve. Through our Gender Equality Action Plan and broader workforce initiatives, we seek to identify and address barriers to participation, advancement and leadership opportunities, and promote equitable access to flexible work arrangements and career development.

During the reporting period, Alpine Health continued to support inclusive employment practices, workforce wellbeing and workplace flexibility. We remained focused on creating opportunities for people from diverse backgrounds, including Aboriginal and Torres Strait Islander peoples, people with disability, culturally and linguistically diverse communities, individuals of all ages, genders and sexual orientations, and those living and working in rural and regional areas.

We recognise that an inclusive and gender-equitable workplace strengthens collaboration, supports innovation and enhances our ability to deliver compassionate, high-quality care. Alpine Health remains committed to continuous improvement in workforce inclusion and to ensuring that our values of respect, integrity and excellence are reflected in the experience of every employee, volunteer and consumers.

OCCUPATIONAL HEALTH AND SAFETY DATA

Occupational Health and Safety Statistics	2023-24	2024-25	2025-26
Number of reported hazards/incidents for the year per 100 FTE	30	12	12
Number of 'lost time' standard WorkCover claims for the year per 100 FTE	1.7	5	1
The average cost per Workcover claim for the year per 100 FTE	$9,257.18	$58,471.79	$22,669

OCCUPATIONAL VIOLENCE

Occupational violence statistics	2025-26
1. WorkCover accepted claims with an occupational violence cause per 100 FTE.	0
2. Number of accepted WorkCover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked.	0
3. Number of occupational violence incidents reported.	14
4. Number of occupational violence incidents reported per 100 FTE.	6.38
5. Percentage of occupational violence incidents resulting in a staff injury, illness or condition.	39%

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

MPS PERFORMANCE PRIORITY REPORTING

Quality and safety		
Key performance indicator	**Target**	**Result**
Health service accreditation	Full compliance	Full compliance
Compliance with the Hand Hygiene Australia program	85%	83%
Percentage of healthcare workers immunised for influenza	92%	98%
Victorian Healthcare Experience Survey – percentage of positive patient experience responses	95% positive experience	100%

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

Strong governance, leadership and culture		
Key performance indicator	**Target**	**Result**
People Matter Survey – Percentage of staff with an overall positive response to safety culture survey questions.	80%	*71%

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

Financial sustainability		
Key performance indicator	**Target**	**Result**
Operating result ($m)	$0.19M	$1.58M
Variance between actual Adjusted Current Asset Ratio (ACAR) and target, including performance improvement over time or maintaining actual performance	0.7 or 3 per cent improvement from health service base target	0.98
Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June	5 percent movement in forecast revenue and expenditure forecasts	Achieved

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

MPS SERVICES ACTIVITY REPORTING

MPS Funded flexible aged care places	Number
Flexible aged care beds	70
Flexible home care	0

Utilisation of flexible aged care places	Number	Occupancy
Flexible aged care beds - Bright	24	76.9%
Flexible aged care beds – Mount Beauty	18	94.7%
Flexible aged care beds – Myrtleford	28	82.3%

Acute Care

Service	Type of activity	Actual Activity 2025-26	
Medical Inpatients	Bed days	Bright:	1649
		Myrtleford:	2445
		Mount Beauty:	1618
		Total	**5712**
Urgent Care	Presentations	Bright:	3040
		Myrtleford:	1286
		Mount Beauty:	1605
		Total:	**5931**
Renal Dialysis	Occasions of service	341	

Primary Health Care

Service	Actual activity 2025-26	
Dietetics	Acute, Residential Aged Care and Community	438 hours
District nursing (occasions of service)	5319	
Occupational Therapy	582 hours	
Physiotherapy	1259 hours	
Speech Pathology	Acute, Residential Aged Care and Community Health (includes menu review and audits)	102.5 hours
Diabetes Education	Acute, Residential Aged Care and Community Health	132.5 hours
	Consultations by Murray Primary Health Network	446
Social Worker	185.5 hours	

INFORMATION AND COMMUNICATION TECHNOLOGY (ICT EXPENDITURE)

The total ICT expenditure incurred during 2025-26 is $$1,381,957 (excluding GST) with the details shown below.

Business as Usual (BAU) ICT expenditure	Non-Business as Usual (non-BAU) ICT expenditure		
(Total) (*excluding GST)*	(Total=Operational expenditure and Capital Expenditure) (excluding GST)	Operational expenditure (excluding GST)	Capital expenditure (excluding GST)
$1,381,957	0	0	0

CONSULTANCIES

Details of individual consultancies < $10,000

In 2025-26, Alpine Health engaged five (5) consultants where the total fees payable to the consultants was less than $10,000 each (excluding GST) with a total expenditure of $20,621

Details of individual consultancies > $10,000

In 2025-26, there were two (2) consultancies where the total fee payable to the consultant was $10,000 or greater. The total expenditure incurred during 2025-26 in relation to these consultancies was $32,720 (excluding GST).

Consultant	*Purpose of consultancy*	*Start date*	*End date*	*Total approved project fee (exc GST)*	*Expenditure 2025-26 (exc GST)*	*Future expenditure (exc GST)*
Paul Angus Robertson	Support at Home Program Review	April 2026	June 2026	$48.800	$10,400	$38,400
JWP Architects	Mount Beauty Theatre Upgrade	October 2025	March 2026	$22,320	$22,320	0

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 Alpine 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 must be retained and made available upon request:

(a) a statement that declarations of pecuniary interests have been duly completed by all relevant officers;

(b) details of shares held by a senior officer as nominee or held beneficially in a statutory authority or subsidiary;

(c) details of publications produced by the entity about itself, and how these can be obtained;

(d) details of changes in prices, fees, charges, rates, and levies charged by the entity;

(e) details of any major external reviews carried out on the entity;

(f) details of major research and development activities undertaken by the entity;

(g) details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;

(h) details of major promotional, public relations and marketing activities undertaken by the entity to develop community awareness of the entity and its services;

(i) details of assessments and measures undertaken to improve the occupational health and safety of employees;

(j) a general statement on industrial relations within the entity and details of time lost through industrial accidents and disputes;

(k) a list of major committees sponsored by the entity, the purposes of each committee and the extent to which the purposes have been achieved; and

(l) details of all consultancies and contractors including:

   i. consultants/contractors engaged;

   ii. services provided; and

   iii. expenditure committed to for each engagement.

This information is available on request from:

FOI Officer
Alpine Health
Phone: (03) 5751 9300
Email: foi@alpinehealth.org.au

(More information is available at Compliance with Financial Reporting Direction 22.)

FINANCIAL HIGHLIGHTS 2025-26

Operating Result (prior to capital items)

Alpine Health recorded an operating surplus of $1.58 million for 2025-26, compared with a budgeted deficit of $0.19 million.

The result was due to revenue being higher than budget, including private patient income, State Government funding and other income. This was offset by higher expenditure in a number of areas, particularly repairs and maintenance.

While the operating result was favourable, this is before depreciation and capital items. Alpine Health continues to have infrastructure and equipment renewal needs across its ageing asset base.

Net Result

The preliminary net result for 2025-26 was a deficit of $2.68 million, including depreciation expense of $5.08 million.

Revenue

Operating revenue totalled $44.47 million, compared with a budget of $41.05 million.

The favourable result included higher private patient income, additional State Government funding and higher other income, including revenue associated with the Hume Rural Health Alliance Joint Venture.

Operating Expenses

Operating expenditure totalled $41.77 million, compared with a budget of $41.24 million.

Salaries and wages finished below budget. Repairs and maintenance expenditure was above budget, reflecting substantial works undertaken across Alpine Health's facilities during the year, including Bright Hospital, Hawthorn Village and Barwidgee Lodge.

Capital Purchases

Capital investment during 2025–26 was limited, with investment relating to leased information technology equipment and vehicles.

A number of infrastructure works were undertaken during the year; however most of these were treated as repairs and maintenance rather than capital expenditure.

Liquidity

Alpine Health maintained sufficient liquidity to meet its operating commitments throughout 2025-26.

At 30 June 2026, cash and centralised banking balances were $20.95 million, including $12.02 million held in trust in relation to residential aged care accommodation deposits.

The current asset ratio was 1.03 and cash days available was 55 days.

Cameron Butler
Alpine Health Accountable Officer
24 September 2026

SUMMARY OF THE FINANCIAL RESULTS FOR THE YEAR

	2026 $000	2025 $000	2024 $000	2023 $000	2022 $000
OPERATING RESULT*	**1,583**	**1,621**	**(3,854)**	**12**	**363**
Total Revenue	44,465	42,737	37,009	40,307	40,126
Total Expenses	47,167	(44,134)	(42,556)	(41,652)	(41,474)
Net result from transactions	**(2,702)**	**(1,398)**	**(5,547)**	**(1,345)**	**(1,348)**
Total other economic flows	21	172	135	(62)	213
Net result	**(2,681)**	**(1,226)**	**(5,142)**	**(1,407)**	**(1,135)**
Total Assets	70,480	69,140	69,369	55,355	57,908
Total Liabilities	25,139	21,118	20,122	19,151	20,297
Net Assets/Total Equity	**45,341**	**48,022**	**49,248**	**36,204**	**37,611**

*Reconciliation of Net Result from transactions and Operating Result

	2025-26 $'000
OPERATING RESULT*	1,583
Capital and specific items	
Capital purpose income	1,063
COVID-19 State Supply Arrangements Assets received free of charge or for nil consideration under the State Supply	0
State supply items consumed up to 30 June 2025	0
Expenditure for capital purpose	(265)
Depreciation and amortisation	(5,083)
Net result from transactions	**(2,702)**

BUDGET ANALYSIS FOR YEAR ENDED 30 JUNE 2026				
	Actual	**Budget**	**Variance**	**Variance**
Item	**$'000**	**$'000**	**$'000**	**%**
Operating Revenue	43,415	41,049	2,366	0.1
Total Revenue	44,567	42,999	1,568	3.6
Operating Expenses	41,773	41,242	(0.530)	0.0
Total Expenses	47,249	46,816	(0.433)	(0.9)
Operating Result surplus/(deficit)	**1,583**	**(194)**	**1,836**	**9.5**
Net Result (deficit)	**(2,681)**	**(3,816)**	**1,135**	**(0.3)**

ALPINE HEALTH STRATEGIC SERVICE PLAN 2023-28
SEAMLESS CARE ACROSS THE CONSUMER JOURNEY

CORPORATE PLAN PRIORITIES

Improve Access

Objective	Areas of focus	Outcome
Review models of care across Alpine Health to ensure that we are providing relevant and contemporary services to the community	Relevant service streams for model of care enhancement include:	
	• Community-based services	**Complete** Community based services have been supported to grow. Health promotion and allied health services have been increased to provide additional primary health services to the community. Partnering with Alpine Outreach
	• Inpatient acute and subacute services	**In Progress** Ongoing participation in Patient Flow discussions with regional health services as part of the work of Hume Local Health Service Network to increase the transfer of local people back to Alpine Health
	• Urgent Care Services	**In Progress** Working to improve the model of care for Urgent Care to provide appropriately skilled practitioners. Adjusted staffing levels to accommodate surges arising in peak holiday periods.
	• Priority acute conditions/pathways	**In Progress** Ongoing participation in the work of the Hume Local Health Service Network in the areas of patient flow and the regional clinical services plan.
	• Residential aged care	**In Progress** Reviewed the service profile for Hawthorn Village aged care service at Bright with changes to be implemented from 1st July 2026
	• Theatre services	**Complete** Provision of general surgery in partnership with Albury Wodonga Health

Objective	Areas of focus	Outcome
		Commenced the provision of orthopaedic surgery in partnership with Northeast Health Wangaratta.
Increase health services available to the community with the view of providing more care closer to home	• Explore partnerships with other health services to support increased service availability	**In Progress** Partnerships have been reaffirmed with regional health services Discussions have taken place with community health providers about joint service opportunities Ongoing participation in Alpine Outreach
	• Promote and support access to virtual health services	**In Progress** VED is used and available if required
	• Review transport options to improve access to services outside of our communities	**In Progress** Exploring the feasibility of providing a patient transport service

Deliver integrated care

Objective	Areas of focus	Outcome
Integrate community clinical care within the broader clinical services structure	• Establish, support and maximize maternity services as part of the clinical structure	**Complete** Demand for Level 1 maternity services has increased significantly
	• Integrate community clinicians into clinical structure	**Complete** Community clinicians incorporated into clinical structure
	• Develop structured complex care coordination capacity within the district nursing team	**In Progress** DNS team working collaboratively with acute and community aged care services
Embed safety and quality into all aspects of the client journey	• Establish Safety, Quality & Education team, pooling the expertise and resources of education, partnering with consumers and safety and quality thereby delivering a single point of leadership	**Complete** This team has been established with solid leadership
	• Implement and embed Alpine Health's Clinical Governance Framework across all areas of the organisation	**Complete** Framework has been developed and implemented
	• Strengthen Alpine Health's focus on mandatory education of all staff, and defining, prioritising and reporting on the completion of mandatory training	**In Progress** Mandatory education has been reviewed. Participation and reporting have improved.
	• Explore and develop partnership opportunities to enhance Alpine Health's Clinical Governance	**In Progress** Participation in Hume LHSN Clinical Governance meetings Participation in regional Falls Prevention project Participation in Safer Together project

Improve sustainability

Objective	Areas of focus	
Ensure sustainability of health services through management of costs	• Refine and monitor rostering and rostering processes to ensure protocols are adhered to	**In Progress** Rostering improvement project has commenced and due for completion in September 2026
	• Reduction of overtime and penalties	**In Progress** Overtime is actively monitored. Reduction has been impacted by availability of staff and impact of peak holiday periods and COVID-19 outbreaks
Review and optimise revenue streams	• Develop business plans for home care programs to ensure sustainable growth and service delivery	**Complete** Business Plans have been developed.
	• Mitigate the loss of residential aged care revenue	**In Progress** Plan to increase occupancy in Hawthorn Village
Review energy efficiency and improve environmental sustainability	• Review of waste management practices and introduce targeted initiatives to reduce waste	**Complete** Waste management practices have been reviewed and strategies introduced to minimize waste and increase recycling.
	• Prioritise hybrid and electric fleet options	**In Progress** Hybrid vehicles are being purchased when vehicles are turned over. Electric vehicles have been considered but at this time, charging is problematic.

Workforce

Enabler	Areas of focus	
Implement a transition to practice program for registered nurses	• Develop a transition to practice program that supports graduates to be integrated into the Alpine Health workforce	**Complete** Transition to practice program implemented and graduates integrated.
Deliver a secure and skilled workforce	• Build career pathways to support new and existing workforce	**In Progress** Registered Nurse supported to undertake RIPRN training and haemodialysis training. Planning commenced to support the training and employment of Nurse Practitioners.
	• Positively influence workforce recruitment and retention barriers	**Complete** Supportive recruitment strategies introduced, including assistance with accommodation. Collaboration with staff to address feedback from People Matter Survey

Partnerships

Enabler	Areas of focus	
Continue to strengthen Alpine Health's partnerships	• Strengthen partnerships with consumers and the community, with services and external organisations	**In Progress** Ongoing commitment to strengthening community partnerships. This includes partnering with Alpine outreach. Increased efforts to actively seek and respond to feedback from consumers. Alpine Health has a strong Consumer Advisory Committee which provides guidance and input into policies and service planning.
	• Proactively support partnerships with other health services and explore and assess opportunities for shared service delivery and enhancement to service provision	**In Progress** Active participation in the Hume Local Health Service Network initiatives seeking to foster collaboration and partnerships between health services.

Digital Transformation

Enabler	Areas of focus	
Collaborate with the Hume Regional Health Alliance (HRHA) to implement the digital health roadmap	• Implementation of the Electronic Medical Record system and stage one of a new Patient Administration System (PAS)	**In Progress** The PAS has been implemented and collaboration with HRHA and member agencies to develop an Electronic Medical Record business case for consideration continues.
	• Consider systems or software solutions that are supported across the region wherever possible to support the long-term efficiency and integration with other health services	**In Progress** Commenced the introduction of Optima, a rostering and payroll platform that is in place across the region.
Enhance our business systems to support organisational improvement and performance	• Implementation of Chef Max to elevate food services	**Complete** Chef Max has been introduced.
Enhance consumer experience and outcomes with digital health	• Support the use of telehealth strategies to enable remote consultations (at home and in clinic settings) by healthcare professionals including specialists	**In Progress** Telehealth strategies such as VED have been supported to enhance remote consultations where it was not possible or more convenient than to access in person

Infrastructure

Enabler	Areas of focus	
	• Asset condition inspections completed and review of Asset Management Strategy and Plan	**In Progress** Asset inspections are ongoing. Asset Management and Strategy Plan completed.
	• Identify priorities for asset renewal by campus	**In Progress** Assets are being recorded and prioritised for renewal.

DONORS AND COMMUNITY SUPPORT

Alpine Health would like to acknowledge the valuable donations received from the following donors for the year ended 30 June 2026.

Donations for the Bright District Hospital and health services and Hawthorn Village Aged Care Hostel were received from:

- Bright Opportunity Shop
- Ritchies IGA
- Alpine Aged Care Advocacy

Donations for the Mount Beauty District Hospital and Kiewa Valley House were received from:

- Mt Beauty Hospital and Kiewa Valley House Op Shop Inc
- Bright Opportunity Shop
- Astra Lodge
- Ian Cohn
- Justine Leahy
- Winston Marsh

Donations for the Myrtleford District War Memorial Hospital and Barwidgee Lodge were received from:

- Myrtleford Hospital and Community Opportunity Shop
- Bright Opportunity Shop
- NW 60s and Over Bowlers

District Nursing Service

- Myrtleford Hospital and Community Opportunity Shop

Specific Purposes

Special thanks to everyone who supported, participated and contributed to groups or events including contributions, in full or part, towards the purchase of specific items across the three Alpine Health sites at Bright, Mount Beauty and Myrtleford.

ALPINE HEALTH

Multi-Purpose Service

www.alpinehealth.org.au

CONTACT LIST

Myrtleford District War Memorial Hospital 30 O'Donnell Avenue Myrtleford Vic 3737	Tel 03 5751 9300 Fax 03 5751 9395
Bright District Hospital and Health Service 32-36 Cobden Street Bright Vic 3741	Tel 03 5755 0100 Fax 03 5755 2110
Mount Beauty District Hospital 2-8 Hollonds Street Mount Beauty Vic 3699	Tel 03 5754 3500 Fax 03 5754 3555
Corporate Office 30 O'Donnell Avenue Myrtleford Vic 3737	Tel 03 5751 9344 Fax 03 5751 9396
Aged Care Facilities **Barwidgee Lodge Nursing Home** 30 O'Donnell Avenue Myrtleford Vic 3737	Tel 03 5751 9345 Fax 03 5751 9395
Kiewa Valley House 2-8 Hollonds Street Mount Beauty Vic 3699	Tel 03 5754 3521
Hawthorn Village 1 Rotary Drive Bright Vic 3741	Tel 03 5755 0150
Alpine@home - Activity Groups (Bright) **Bright Uniting Church Hall** 32-36 Cobden Street Bright Vic 3741	Tel 03 5755 5123
Alpine@home - Activity Groups (Bright) **Mount Beauty** 2 Lakeside Avenue Mount Beauty Vic 3699	Tel 03 5754 3526
Myrtleford Myrtleford Senior Citizens Centre 13 Smith Street Myrtleford Vic 3737	Tel 0417 527658
Alpine@home Homecare hotline	Tel 03 5755 0142
Indigo@home Homecare hotline	Tel 03 5728 0215

Independent Auditor's Report

Victorian Auditor-General's Office

To the Board of Alpine Health

Opinion	I have audited the financial report of Alpine 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
30 September 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 Alpine 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 Alpine 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 24th September, 2026.

Board member	**Accountable Officer**	**Chief Finance & Accounting Officer**
		
Cameron Oxley	Cameron Butler	Kristy Kay
Chair	Chief Executive Officer	Director Corporate & Business Services
Myrtleford 24th September, 2026	Myrtleford 24th September, 2026	Myrtleford 24th September, 2026

Comprehensive Operating Statement
Alpine 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)	7,182	6,617
Government Grants	2.1 (b)	33,938	32,231
Other sources of income	2.1 (c)	3,345	3,889
Total revenue and income from transactions		**44,465**	**42,737**
Expenses from transactions			
Employee expenses	3.1 (a)	(30,939)	(29,266)
Supplies and consumables	3.1 (c)	(4,890)	(4,867)
Depreciation and amortisation	4.1(a), 4.2	(5,083)	(5,085)
Other operating expenses	3.1 (d)	(6,255)	(4,917)
Total expenses from transactions		**(47,167)**	**(44,135)**
Net result from transactions - net operating balance		**(2,702)**	**(1,398)**
Other economic flows included in net result			
Net gain/(loss) on sale of non-financial assets		(60)	205
Net gain/(loss) on financial instruments		(3)	(40)
Other gain/(loss) from other economic flows		84	7
Total other economic flows included in net result		**21**	**172**
Net result		**(2,681)**	**(1,226)**
Comprehensive result		**(2,681)**	**(1,226)**

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

Balance Sheet
Alpine Health
As at 30 June 2026

	Note	2026 $'000	2025 $'000
Financial assets			
Cash and cash equivalents	6.1	20,953	16,894
Receivables	5.1	3,000	1,942
Contract assets		95	84
Total financial assets		**24,048**	**18,920**
Non-financial assets			
Prepayments		518	393
Inventories		224	263
Property, plant and equipment	4.1	45,647	49,563
Intangible assets		43	1
Total non-financial assets		**46,432**	**50,220**
Total assets		**70,480**	**69,140**
Liabilities			
Payables	5.2	3,643	3,640
Contract liabilities		1,269	452
Borrowings		789	806
Employee benefits	3.1(b)	7,421	6,706
Monies held in trust	5.3	12,017	9,514
Total liabilities		**25,139**	**21,118**
Net assets		**45,341**	**48,022**
Equity			
Reserves		64,188	64,188
Contributed capital		14,496	14,496
Accumulated surplus/(deficit)		(33,343)	(30,662)
Total equity		**45,341**	**48,022**

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

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

	Note	2026 $'000	2025 $'000
Cash flows from operating activities			
Receipts from Government		37,510	35,475
Commercial activity revenue received		72	3,653
GST received from ATO		1,021	790
Donations and bequests received		251	1,431
Other receipts		6,398	1,427
Total receipts		**45,252**	**42,776**
Payments to employees		(30,518)	(27,646)
Payments to suppliers and consumables		(5,601)	(4,867)
Other payments		(6,473)	(6,313)
Total payments		**(42,592)**	**(38,826)**
Net cash flows from/(used in) operating activities		**2,660**	**3,950**
Cash flows from investing activities			
Proceeds from sale of non-financial assets		101	420
Purchase of non-financial assets		(1,237)	(1,373)
Capital donations and bequests received		182	-
Net cash flows from/(used in) investing activities		**(954)**	**(953)**
Cash flows from financing activities			
Repayment of borrowings and principal portion of lease liabilities		(150)	(185)
Repayment of accommodation deposits		(2,530)	(2,321)
Receipt of accommodation deposits		5,033	3,625
Net cash flows from/(used in) financing activities		**2,353**	**1,119**
Net increase/(decrease) in cash and cash equivalents held		**4,059**	**4,116**
Cash and cash equivalents at beginning of year		16,894	12,778
Cash and cash equivalents at end of year	6.1	**20,953**	**16,894**

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

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

	Property, Plant and Equipment Revaluation Surplus	Contributed Capital	Accumulated Surplus/(Deficit)	Total
	$'000	$'000	$'000	$'000
Balance at 1 July 2024	**64,188**	**14,496**	**(29,436)**	**49,248**
Net result for the year	-	-	(1,226)	(1,226)
Balance at 30 June 2025	**64,188**	**14,496**	**(30,662)**	**48,022**
Net result for the year	-	-	(2,681)	(2,681)
Balance at 30 June 2026	**64,188**	**14,496**	**(33,343)**	**45,341**

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

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

Structure

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

Note 1 About this Report

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

Alpine Health is a not-for-profit entity established as a public agency on 1 November, 1996 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.

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 Alpine 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 Alpine Health on 24th September, 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 Alpine Health.

Alpine Health's principal address is:

30 O'Donnell Ave
Myrtleford, Victoria 3737.

Note 1.4 Economic dependency

Alpine 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. Alpine 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 Alpine Health operations and on that basis, the financial statements have been prepared on a going concern basis.

Note 2 Funding delivery of our services

Alpine 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. Alpine Health predominantly receives income (grants) for the provision of health service outputs. Alpine Health also receives income from the supply of services.

Significant judgement - Grant revenue

Alpine 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)	7,182	6,617
Government Grants	2.1(b)	33,938	32,231
Other sources of income	2.1(c)	3,345	3,889
Total revenue and income from transactions		**44,465**	**42,737**

Note 2.1(a) Revenue from contracts with customers

	2026 $'000	2025 $'000
Government grants (State) - Operating	368	310
Government grants (Commonwealth) - Operating	2,652	2,750
Patient and resident fees	4,090	3,557
Commercial activities	72	-
Total revenue from contracts with customers	**7,182**	**6,617**

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 Alpine Health's goods or services. Alpine 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 Alpine Health's revenue streams, with information detailed below relating to Alpine 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.
Commonwealth Residential Aged Care Grants	Funding is provided for the provision of care for aged care residents within facilities at Alpine Health. The performance obligations include provision of residential accommodation and care from nursing staff and personal care workers. Revenue is recognised at the point in time when the service is provided within the residential aged care facility.
Commonwealth CHSP	The Commonwealth Home Support Program provides entry level support for older people who need help to stay at home. Alpine Health is required to perform a set number of unit deliveries. Revenue is recognised as the delivery of services under the funding arrangement is incurred.

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
Alpine Health
For the Financial Year Ended 30 June 2026

Note 2.1(b) Government Grants

	2026 $'000	2025 $'000
Government grants (State) - Operating	22,102	20,493
Government grants (Commonwealth) - Operating	11,206	10,867
Government grants (State) - Capital	630	871
Total Government grants	**33,938**	**32,231**

How we recognise Government grants
Government grants

Alpine 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 Alpine Health has an unconditional right to receive cash which usually coincides with receipt of cash. On initial recognition of the asset, Alpine 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 Alpine 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 Alpine 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 DH makes some payments on behalf of Alpine Health as follows:

Supplier	Description
Victorian Managed Insurance Authority	The Department of Health purchases non-medical indemnity insurance for Alpine 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.
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.

Note 2.1(c) Other sources of income

	Note	2026 $'000	2025 $'000
Other capital purpose income		182	197
Assets received free of charge or for nominal consideration	2.1(d)	252	1,488
Other income from operating activities		2,066	1,423
Income from non-operating activities		845	781
Total other sources of income		**3,345**	**3,889**

Note 2.1(d) Fair value of assets and services received free of charge or for nominal consideration

	2026 $'000	2025 $'000
Cash donations and gifts	251	1,431
Personal protective equipment and other consumables	1	57
Total fair value of assets and services received free of charge or for nominal consideration	**252**	**1,488**

How we recognise the fair value of assets and services received free of charge or for nominal consideration

Contributions of assets received free of charge or for nominal consideration are recognised at their fair value when Alpine Health obtains control over the resources, irrespective of whether restrictions or conditions are imposed over the use of the contributions.

The exception to this policy is when an asset is received from another government agency or department as a consequence of a restructuring of administrative arrangements, in which case the asset will be recognised at its carrying value in the financial statements of Alpine Health as a capital contribution transfer.

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)	30,939	29,266
Supplies & Consumables	3.1(c)	4,890	4,867
Other operating expenses	3.1(d)	6,255	4,917
Total expenses incurred in the delivery of services		**42,084**	**39,050**

Note 3.1(a) Employee expenses

	2026 $'000	2025 $'000
Salaries and wages	25,761	24,214
Superannuation expense [(1)]	2,757	2,997
Agency expenses	1,013	823
Fee for service medical officer expenses	1,408	1,232
Total employee expenses	**30,939**	**29,266**

[(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	103	82
Annual leave	3,045	2,680
Long service leave	2,866	2,554
Provision for on-costs	836	740
Total current provisions for employee benefits	**6,850**	**6,056**
Non-current provisions for employee benefits		
Long service leave	500	569
Provision for on-costs	71	81
Total non-current provisions for employee benefits	**571**	**650**
Total provisions for employee benefits	**7,421**	**6,706**

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

Long service leave

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

Unconditional LSL is disclosed in the notes to the financial statements as a current liability even where Alpine 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 Alpine Health expects to wholly settle within 12 months or
- present value – if Alpine 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. The on-costs provision is immaterial in 2026.

Note 3.1(c) Supplies and consumables

	2026 $'000	2025 $'000
Drug supplies	144	109
Medical and surgical supplies (including Prostheses)	488	634
Diagnostic and radiology supplies	228	208
Other supplies and consumables	4,030	3,916
Total supplies and consumables	**4,890**	**4,867**

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	423	491
Repairs and maintenance	1,347	668
Maintenance contracts	286	385
Medical indemnity insurance	275	116
Other administration expenses	3,887	3,220
Finance costs	37	37
Total other operating expenses	**6,255**	**4,917**

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 Alpine 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

Alpine 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 Alpine 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	6,302	6,302	-	-	6,302	6,302
Buildings at fair value	42,628	42,685	(8,611)	(4,312)	34,017	38,373
Works in progress at cost	699	105	-	-	699	105
Plant, equipment and vehicles at fair value	11,220	10,765	(6,591)	(5,982)	4,629	4,783
Total property, plant and equipment	**60,849**	**59,857**	**(15,202)**	**(10,294)**	**45,647**	**49,563**

How we recognise property, plant and equipment

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

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

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

	Land $'000	Buildings $'000	Works in progress $'000	Plant, equipment and vehicles $'000	Total $'000
Balance at 1 July 2025	**6,302**	**38,373**	**105**	**4,783**	**49,563**
Additions	-	6	594	728	1,328
Disposals	-	(45)	-	(116)	(161)
Depreciation	-	(4,317)	-	(766)	(5,083)
Balance at 30 June 2026	**6,302**	**34,017**	**699**	**4,629**	**45,647**

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, Alpine 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 Alpine Health's revaluation cycle.

4.1(b) Impairment of property, plant and equipment

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

Alpine Health Service has assessed all right-of-use assets for impairment, and no indicators of impairment are identified as at 30 June 2026.

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 - 34 years	7 - 34 years
Plant, equipment and vehicles (including leased assets)	2 - 33 years	2 - 33 years

Note 5 Other assets and liabilities

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

Structure

5.1 Receivables
5.2 Payables
5.3 Monies held in trust

Note 5.1 Receivables

	Note	2026 $'000	2025 $'000
Current receivables			
Contractual			
Inter hospital debtors		15	79
Trade receivables		920	311
Patient fees		383	284
Allowance for impairment losses		(60)	(60)
Other receivable		596	326
Total contractual receivables		**1,854**	**940**
Statutory			
GST receivable		186	124
Total statutory receivables		**186**	**124**
Total current receivables		**2,040**	**1,064**
Non-current receivables			
Contractual			
Long service leave - Department of Health		960	878
Total contractual receivables		**960**	**878**
Total non-current receivables		**960**	**878**
Total receivables		**3,000**	**1,942**
(i) Financial assets classified as receivables			
Total receivables		3,000	1,942
GST receivable		(186)	(124)
Total financial assets classified as receivables	7.1	**2,814**	**1,818**

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		1,885	1,506
Accrued salaries and wages		1,185	1,554
Accrued expenses		43	408
Deferred capital grant income		291	152
Other		239	11
Total contractual payables		**3,643**	**3,631**
Statutory			
GST Payable		-	9
Total statutory payables		**-**	**9**
Total current payables		**3,643**	**3,640**
Total payables		**3,643**	**3,640**
(i) Financial liabilities classified as payables			
Total payables		3,643	3,640
Deferred capital grant income		(291)	(152)
GST payable		-	(9)
Total financial liabilities classified as payables	7.1	**3,352**	**3,479**

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 Alpine 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.

Note 5.3 Monies held in trust

	Note	2026 $'000	2025 $'000
Current monies held in trust			
Refundable accommodation deposits		12,017	9,514
Total current monies held in trust		**12,017**	**9,514**
Total other liabilities		**12,017**	**9,514**
*** Represented by:**			
- Cash assets	6.1	12,017	9,548
		12,017	**9,548**

How we recognise monies held in trust

Refundable Accommodation Deposit (RAD)/Accommodation Bond liabilities

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

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

Note 6 How we finance our operations

This section provides information on the sources of finance utilised by Alpine Health during its operations, along with interest expenses (the cost of borrowings) and other information related to financing activities of Alpine 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)		1	1
Cash at bank (excluding monies held in trust)		8,935	7,345
Total cash held for operations		**8,936**	**7,346**
Cash at bank (monies held in trust)		12,017	9,548
Total cash held as monies in trust	5.3	**12,017**	**9,548**
Total cash and cash equivalents	7.1	**20,953**	**16,894**

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	1,059	-	-	1,059
Operating expenditure commitments	1,269	-	-	1,269
Total commitments (inclusive of GST)	**2,328**	**-**	**-**	**2,328**
Less GST recoverable	(212)	-	-	(212)
Total commitments (exclusive of GST)	**2,116**	**-**	**-**	**2,116**

30 June 2025	Less than 1 year $'000	1-5 Years $'000	Over 5 years $'000	Total $'000
Operating expenditure commitments	1,262	872	-	2,134
Total commitments (inclusive of GST)	**1,262**	**872**	**-**	**2,134**
Less GST recoverable	(115)	(80)	-	(195)
Total commitments (exclusive of GST)	**1,147**	**792**	**-**	**1,939**

How we disclose our commitments

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

Expenditure commitments

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

Short term and low value leases

Alpine Health discloses short term and low value lease commitments which are excluded from the measurement of right-of-use assets and lease liabilities.

Note 7 Financial instruments, contingencies and valuation judgements

Alpine 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

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 Alpine 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	Impairment loss $'000
Financial assets at amortised cost				
Cash and cash equivalents	6.1	20,953	845	-
Receivables	5.1	2,814	-	(3)
Total financial assets [i]		**23,767**	**845**	**(3)**
Financial liabilities at amortised cost				
Payables	5.2	3,352	-	-
Borrowings		789	(37)	-
Other financial liabilities - Refundable Accommodation Deposits	5.3	12,017	-	-
Total financial liabilities [i]		**16,158**	**(37)**	**-**

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

30 June 2025	Note	Carrying amount $'000	Total interest income/ (expense) $'000	Impairment loss $'000
Financial assets at amortised cost				
Cash and cash equivalents	6.1	16,894	781	-
Receivables	5.1	1,818	-	(40)
Total financial assets [i]		**18,712**	**781**	**(40)**
Financial liabilities at amortised cost				
Payables	5.2	3,479	-	-
Borrowings		806	(37)	-
Other financial liabilities - Refundable Accommodation Deposits	5.3	9,514	-	-
Total financial liabilities [i]		**13,799**	**(37)**	**-**

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

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

Alpine 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.

Alpine Health recognises the following liabilities in this category:

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

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
- Alpine 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
- Alpine 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 Alpine Health has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of Alpine 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, Alpine 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

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.

Alpine 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.

Alpine 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 Alpine 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).

The last scheduled full independent valuation of all of Alpine 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, Alpine 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, Alpine 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 Alpine 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. Alpine 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 Alpine 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[ii]	10-25% (20%)[(ii)]
Specialised buildings	Current replacement cost approach	Cost per square metre	$1,000 - $1,500/m^2 ($1,300)
		Useful life	5 - 54 years
Vehicles	Current replacement cost approach	Cost per unit	$29,000 - $65,000 ($38,500 per unit)
		Useful life	3 - 5 years (3 years)
Plant, equipment, furniture and fittings	Current replacement cost approach	Cost per unit	$1,000 - $140,000 ($9,000 per unit)
		Useful life	4 - 30 years (7 years)

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

[(ii)] CSO adjustments ranging from 10% to 25% were applied to reduce the market approach value for Alpine Health's specialised land.

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

At balance date, there have been no ex-gratia payments (2025: $Nil)

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	1 Jul 2025 - 14 April 2026
Minister for Ambulance Services	1 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	1 July 2025 - 30 June 2026
The Honourable Ingrid Stitt MP:	
Minister for Mental Health	1 July 2025 - 30 June 2026
Minister for Ageing	1 July 2025 - 30 June 2026
The Honourable Lizzie Blandthorn MP:	
Minister for Children	1 July 2025 - 30 June 2026
Minister for Disability	1 July 2025 - 30 June 2026
Governing Boards	
Mr Cameron Oxley (Chair of the Board)	1 Jul 2025 - 30 Jun 2026
Mr David Leggo	1 Jul 2025 - 30 Jun 2026
Ms Sarah Brindley	1 Jul 2025 - 30 Jun 2026
Ms Gillean Hilton	1 Jul 2025 - 30 Jun 2026
Ms Sonja Greenfield	1 Jul 2025 - 30 Jun 2026
Ms Corinne Rice	1 Jul 2025 - 30 Jun 2026
Ms Melissa Wood	1 Jul 2025 - 30 Jun 2026
Mr Matthew Stewart	1 Jul 2025 - 30 Jun 2026
Accountable Officers	
Mr Cameron Butler	27 Jan 2026 - 30 Jun 2026
Mr Joshua Freemam	17 Nov 2025 - 23 Jan 2026
Mr Rhys Gloury	1 Jul 2025 - 14 Nov 2025

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

Remuneration of Responsible Persons

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

Income Band	2026 No	2025 No
$0 - $9,999	7	9
$10,000 - $19,999	1	-
$50,000 - $59,999	-	1
$60,000 - $69,999	1	-
$100,000 - $109,999	1	-
$120,000 - $129,999	1	-
$310,000 - $319,999	-	1
Total Numbers	**11**	**11**

	2026 $'000	2025 $'000
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	**353**	**291**

Amounts relating to the Governing Board Members and Accountable Officer of Alpine Health's controlled entities are disclosed in their own financial statements. 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]	951	860
Total number of executives	5	6
Total annualised employee equivalent [ii]	5.0	5.1

[i] The total number of executive officers includes persons who meet the definition of Key Management Personnel (KMP) of Alpine 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

Alpine 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 Loddon Mallee Rural Health Alliance and
- all health services and public sector entities that are controlled and consolidated into the State of Victoria financial statements.

Significant transactions with government related entities

Alpine Health received funding from government related entities of $22.80m (2025: $21.70 m) and indirect contributions of $0.224m (2025: $0.124m). Balances outstanding as at 30 June 2026 are $0.095m (2025: $0.084m).

Expenses incurred by Alpine 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 Alpine 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 Alpine Health and its controlled entities, directly or indirectly.

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

Entity	KMPs	Position Title
Alpine Health	Mr Cameron Oxley	Chair of the Board
Alpine Health	Mr David Leggo	Board Member
Alpine Health	Ms Sarah Brindley	Board Member
Alpine Health	Ms Gillean Hilton	Board Member
Alpine Health	Ms Sonja Greenfield	Board Member
Alpine Health	Ms Corinne Rice	Board Member
Alpine Health	Ms Melissa Wood	Board Member
Alpine Health	Mr Matthew Stewart	Board Member
Alpine Health	Mr Cameron Butler	Chief Executive Officer (from Jan 26)
Alpine Health	Mr Joshua Freemam	Interim Chief Executive Officer (from Nov to Jan 26)
Alpine Health	Mr Rhys Gloury	Interim Chief Executive Officer (to Nov 25)
Alpine Health	Ms Kristy Kay	Director Corporate & Business Services
Alpine Health	Mr Peter Burgess	Acting Director Healthy Communities
Alpine Health	Ms Lisa Townsend	Director Clinical Services Myrtleford Site
Alpine Health	Ms Catherine Lennon	Director Clinical Services Bright Site
Alpine Health	Ms Andrea Herrin	Director Clinical Services Mt Beauty Site

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]	1,304	1,151

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

Transactions with KMPs and other related parties

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

Outside of normal citizen type transactions with Alpine 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).

There were no related party transactions required to be disclosed for Alpine Health Board of Directors, Chief Executive Officer and Executive Directors in 2026 (2025: none).

Note 8.5 Remuneration of Auditors

	2026 $'000	2025 $'000
Victorian Auditor-General's Office		
Audit of the financial statements	32	32
Total remuneration of auditors	**32**	**32**

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 (HRHA)	Information Technology Services	6.78	6.46

	2026 $'000	2025 $'000
Total revenue and income	1,646	1,014
Total expenses	(1,759)	(1,161)
Total net result	(113)	(147)
Total other economic flows	-	-
Comprehensive result for the year	(113)	(147)
Total assets	979	1,112
Total liabilities	826	847
Total equity	153	265

Contingent liabilities and capital commitments

There are no known contingent liabilities or capital commitments held by the jointly controlled operations at balance date. Alpine Health is involved in joint arrangements where control and decision-making are shared with other parties. Alpine 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.

alpine health

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