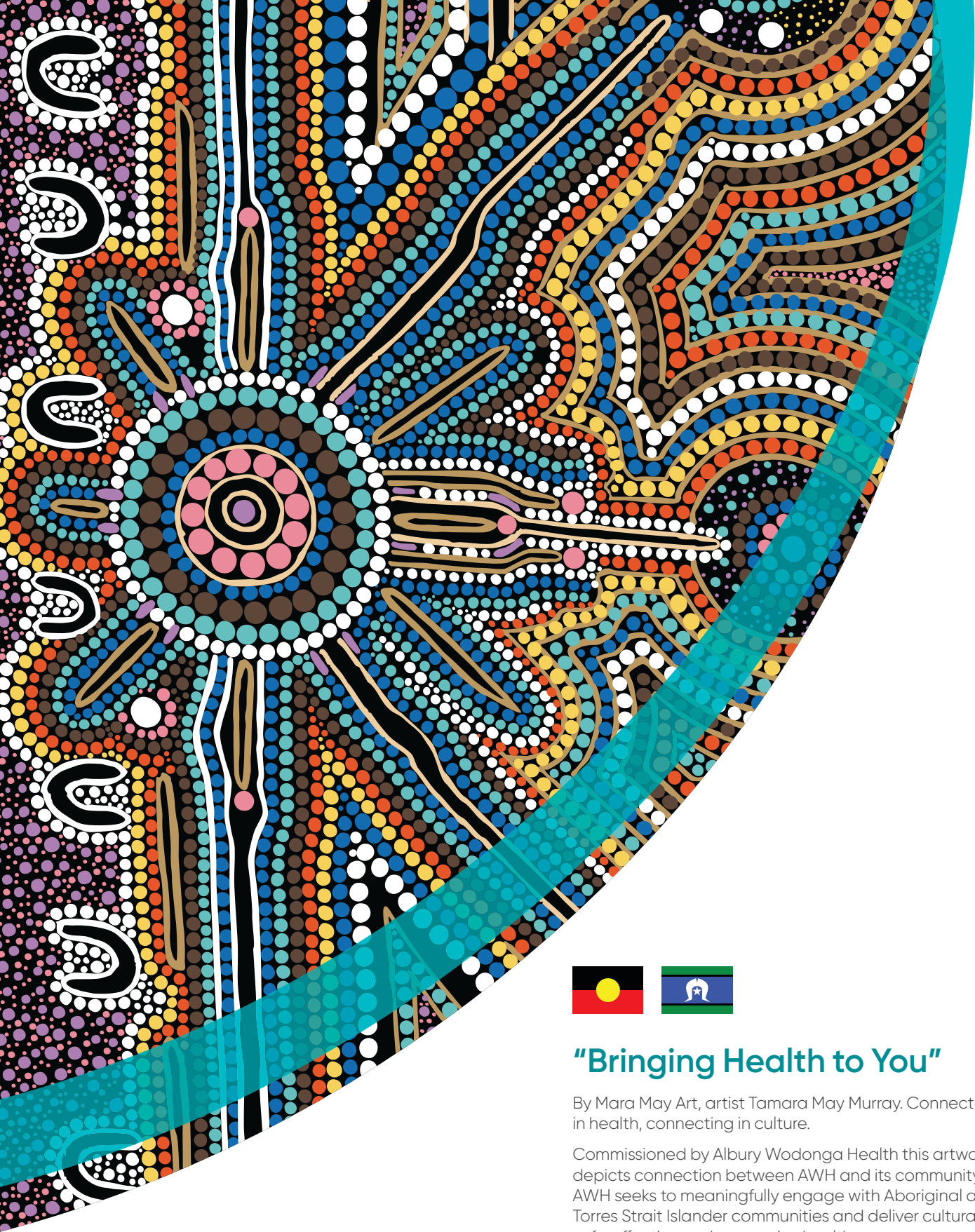


Annual Report

2023-24





"Bringing Health to You"

By Mara May Art, artist Tamara May Murray. Connecting in health, connecting in culture.

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

Albury Wodonga Health acknowledges the Traditional Custodians of the lands on which we live and work. This land has never been ceded, and always was and always will be Aboriginal land. We recognise the strength and resilience of Aboriginal and Torres Strait Islander people, and their continuing connection to land, water and community. We pay our respects to Elders past, present and emerging.

Sophia appears on the cover of this year's Annual Report, reflecting our commitment to delivering exceptional care for our Border community. She is shown receiving care from one of our Emergency Department clinicians in our newly opened, state-of-the-art facility.

Bodies Declaration

In accordance with the *Financial Management Act 1994*, I am pleased to present the report of operations for Albury Wodonga Health for the year ending 30 June 2024.

Jonathan Green

Board Chair

26 September 2024

Albury Wodonga Health Annual Report 2023-24

Albury Wodonga Health is a public health service and body corporate established in 2009 under the *Health Services Act 1988* (Victoria).

Albury Wodonga Health is the only cross-border public health service in Australia.

This annual report outlines the operational and financial performance for the Albury Wodonga Health from 1 July 2023 to 30 June 2024. The relevant ministers of the reporting period were:

Minister for Health

The Hon. Mary-Anne Thomas
From 1 July 2023 to 30 June 2024

Minister for Mental Health

The Hon. Gabrielle Williams
From 1 July 2023 to 1 October 2023

The Hon. Ingrid Stitt MP
From 2 October 2023 to 30 June 2024

Minister for Ambulance Services

The Hon. Gabrielle Williams
From 1 July 2023 to 30 September 2023

The Hon. Mary-Anne Thomas
From 1 October 2023 to 30 June 2024

Minister for Disability, Ageing and Carers

The Hon. Lizzie Blandthorn
From 1 July 2023 to 2 October 2023

Minister for Disability/Minister for Children

The Hon. Lizzie Blandthorn
From 2 October 2023 to 30 June 2024

Minister for Ageing

The Hon. Ingrid Stitt
From 2 October 2023 to 30 June 2024

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Board Chair and CEO Report

A Joint Message from the Board Chair and CEO

As we present the Albury Wodonga Health (AWH) Annual Report for 2023–2024, we take immense pride in reflecting on a year marked by significant milestones, transformative projects, and the launch of our new strategic plan, “Transforming for Our Future.” This report highlights our financial and operational activities up to June 30, 2024, and celebrates our strides in advancing the health and wellbeing of our community.

Transforming for Our Future

This year heralded the commencement of our strategic plan, “Transforming for Our Future,” an ambitious five-year roadmap designed to meet the evolving health needs of our community and the directives of the Victorian Department of Health. Our plan emphasises safety, service development, technological advancements, infrastructure investment, workforce enhancement, leadership, partnerships, and community engagement through its four key pillars: Safe Connected Care, Empowered Teams, Regional Leadership, and Sustainable Services. Developed through extensive engagement with staff, community members, and regional partners, this plan will guide us towards excellence in healthcare delivery.

A landmark achievement this year was the opening of Stage 1 of the Albury campus’ new \$36m Emergency Department, inaugurated in April 2024 by Victorian Minister for Health Mary-Anne Thomas. This state-of-the-art facility marks a bold leap forward in our healthcare capabilities, supporting our deep commitment to advancing patient care in the region. Tripling the previous floor space and introducing innovative features with cutting-edge technologies to improve efficiency and effectiveness in emergency medicine; the new Emergency Department embodies a significant enhancement in our service delivery, serving as a testament to our dedication to exceptional care and addressing the evolving healthcare needs of our diverse communities.

Advocating for continuous improvement

Our advocacy to strengthen and grow healthcare services for the shifting needs of our border communities remains a strong focus. This year, we participated in the Victorian Health Services Reform work, led by Bob Cameron and an Expert Advisory Committee. This important initiative will shape the future of the Victorian Health system and given our crucial role in regional leadership, AWH has actively contributed through regional planning workshops and submissions.

Our journey of continuous improvement has been acknowledged through our successful accreditation under the new Short Notice Accreditation regime.

Meeting all eight National Safety and Quality Health Service Standards, the Clinical Care Standards, and the National Clinical Trials Governance Framework reflects our ongoing commitment to high-quality, safe, and person-centred care. This is underscored by our strengthened clinical governance framework; revitalised committee structure, including Board subcommittees; and focus on incremental service improvement using the Institute of Healthcare Improvement methodology. We have also undertaken an extensive independent review of our cancer services, working collaboratively with Safer Care Victoria to ensure we can consistently provide timely, safe, and accessible care for all cancer patients.

Creating a digital health service

In alignment with our strategic goal of digital transformation, we have made substantial progress in leveraging technology to enhance clinical efficiency and safety. The implementation of new information systems at our Albury campus emergency department has improved our patient management capabilities. Additionally, the ongoing rollout of the region-wide Patient Administration System (PAS) across 15 health services within the Hume Region—through our partnership with the Hume Region Health Alliance—is set to optimise safety, efficiency, and regional capacity. Furthermore, we are introducing *MIYA Access Solution*, a new initiative designed to enhance regional patient flow opportunities. This system aims to streamline patient transitions and improve overall care coordination across the region. Lastly, we have also invested heavily in upgrading our technological capabilities in people management through the successful implementation of *SuccessFactors*.

Celebrating our people

The 2023 AWH Staff & Volunteers Excellence Awards ceremony was a highlight of the year. Keynote speaker Rachael Robertson, a dynamic leader who led the 58th Australian National Antarctic Research Expedition to Davis Station, joined us to celebrate the outstanding contributions of our staff and volunteers. This wonderful event highlighted the dedication and professionalism of individuals and teams across the organisation who exemplify our core values. Together, we recognised excellence in partnership, innovation, person-centred care, teamwork, rising talent, and volunteerism. These awards underscore our commitment to fostering a supportive and empowering environment for our staff and volunteers where excellence is celebrated.

Connecting with our community

Innovation remains a key enabler in our aim to inspire, connect, and showcase the great work being done

across our health service. This is illustrated by the success of the ROVER (Rapid Onsite Virtual Essential Response) program, designed to improve patient care by reducing hospital readmissions and enhancing post-discharge support. This program has supported over 340 newly discharged patients in its first year and secured continued funding, reinforcing its role in our broader strategy to integrate virtual care into patient management.

The Hume Bank City2City RunWalk, marking its tenth and final year in 2024, provided an opportunity to reflect on and celebrate the transformative impact of community spirit and support for our health service. Over the past decade, this event has raised over \$1m for AWH, significantly contributing to our healthcare services. This year’s focus on Women’s Health underscores our commitment to addressing unique healthcare needs of our community. The funds raised will enable us to continue providing essential services and support programs for women. We also thank the foundations, corporate sponsors, community groups, and individual donors whose critical contributions over the last twelve months continue to support our vital work.

This year also presented an invaluable opportunity to address gendered violence with renewed focus. As a healthcare provider, we recognise our role in preventing and responding to family and domestic violence. Our dedication to this cause is integral to our delivery of holistic, compassionate care which has seen us implement robust policies and initiatives to foster a workplace culture that encourages disclosure and provides comprehensive support to victims. By enhancing staff training, expanding partnerships with local support services, and integrating trauma-informed care practices, we strive to create a safe and supportive environment for all.

AWH is committed to delivering health and wellbeing services that are safe and accessible for first nations people. Our new strategic plan identifies meaningful engagement with communities to deliver culturally safe, effective and responsive care as a priority for coming years. Across 2024 we reviewed our Aboriginal Health Safety and Quality Plan ensuring we continuously evaluate the effectiveness of our services for Aboriginal people. We revised our Aboriginal Employment Plan and importantly, committed to undertaking a Reconciliation Action Plan. We have expanded our Aboriginal Liaison Services to our admitted and emergency departments to meet the needs of our Aboriginal and Torres Strait Islander patients. We continue to work to establish clear guidelines and principles to support staff in building relationships, establishing partnerships, and following protocols when engaging with Aboriginal communities.

Reimagining healthcare on the Border

Looking to the future, we embrace the opportunity to ‘Reflect, Renew, and Reimagine’ healthcare on the Border as we approach the 15-year anniversary of Albury Wodonga Health. This pivotal moment coincides with a once-in-a-generation opportunity to reimagine our health service infrastructure through the \$558m joint Victorian and NSW investment in the Albury Wodonga Regional Hospital Project. This investment will enhance

our health service’s quality and capacity to meet the growing needs of our communities. We thank everyone involved in the design and planning to ensure we have a viable project that will deliver better facilities for our staff and improved health outcomes for our community. Hand in glove with this investment on the Albury campus is the crystallisation of the future role of our Wodonga campus. A critical missing piece to our future has been the finalisation of the Wodonga Campus Entity Service Plan (ESP) developed in partnership with our clinicians and the Victorian Department of Health and approved in September 2024.

The pages of our Annual Report contain facts and figures, but those alone don’t tell the whole story of AWH. Hidden within each page are the everyday acts of kindness of our staff, the efforts of our volunteers, and the relentless dedication of our clinicians and professionals. A special thanks to the many leaders across the organisation for their commitment and dedication to working intelligently, using a values-based lens, in a fast-moving, often resource-challenged, critical health service.

We bid farewell to three Board Directors – Dr. Rowan O’Hagan, Associate Professor Jo-Anne Mazzeo, and Trent Dean – and thank them for their service and contribution. We also sincerely thank Therese Tierney for her significant contribution as Ministerial Delegate over the past two years. We look forward to welcoming three new Board Directors commencing in July 2024, Elizabeth Lukin, Tammy Atkins, and Anthony Hernan, whose diverse expertise will be invaluable as we navigate the opportunities and challenges ahead.

The 2023–2024 year has been transformative for Albury Wodonga Health. The launch of our new strategic plan, the progress in planning the new Clinical Services Building for the Albury campus, the Wodonga campus ESP, along with significant milestones and community-driven initiatives have set a strong foundation for future growth and excellence.

We are immensely proud of our achievements and remain dedicated to advancing the health and wellbeing of our border communities.

Thank you for your continued support and partnership as we embark on this exciting journey.

With warm regards,



Jonathan Green
Board Chair



Bill Appleby
Chief Executive Officer

About Albury Wodonga Health

Albury Wodonga Health is a leading cross-border health service which provides a comprehensive and growing range of health services to the communities of Southern New South Wales and North East Victoria. As the second-largest regional health service in Victoria, we operate across state borders under the authority of the Victorian Department of Health, with funding from both State Governments through an Inter-Governmental Agreement.

Since our establishment in 2009, Albury Wodonga Health has continually evolved to bring more services closer to our geographically dispersed population, now serving approximately 300,000 people across Albury, Wodonga, Beechworth, and Wangaratta. With 21 clinical locations, including 2 hospital campuses, we provide a range of services through primary care clinics, community care, specialty care centres, and rehabilitation facilities. We are dedicated to delivering timely, high-quality healthcare tailored to the diverse needs of our community. Over the past year, we have made a substantial impact: providing care to 46,701 inpatients, managing 69,453 emergency presentations, and supporting 1,581 new births.

As we celebrate our 15th anniversary, we reflect on our journey from the merger of Albury Base Hospital and Wodonga Regional Health Service into a leading regional health provider. This milestone highlights our ongoing commitment to compassionate care and innovative practices.

We aspire to lead in regional healthcare by delivering exceptional, evidence-based, and person-centered

care. Committed to advancing health and wellbeing, we dedicate ourselves to educating and training future clinical experts through innovative research and hands-on learning. Our vision is to achieve optimal health and wellbeing outcomes for every individual we serve, ensuring a healthier community for all.

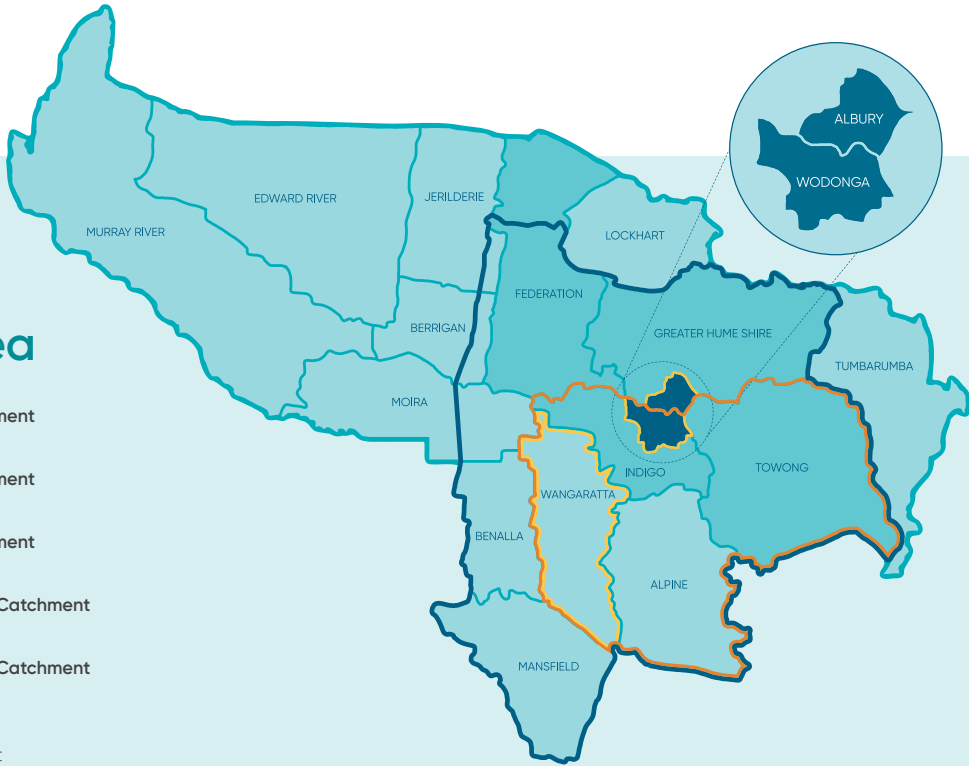
As we chart our trajectory with the newly launched 5-year Strategic Plan, 'Transforming for Our Future,' we are poised for continued growth and progress. This plan focuses on enhancing safety, improving care connectivity, empowering our teams, and ensuring sustainable services. These priorities are directly supported by our greatest strength: our people.

With approximately 3,173 staff members, Albury Wodonga Health is the largest employer in the region. Our growing and highly skilled workforce, which we are committed to developing and supporting, harnesses a culture of safety, learning and improvement. Our priority is to provide people with an environment in which they can be at their best. To achieve this, we continue to strengthen training, education, research opportunities, and further develop our capabilities, systems, and data driven processes, assuring our impact, now and into the future.

Our commitments underpin the cohesive way we deliver care. Central to our role is the celebration and embrace of the rich diversity among our staff, volunteers, consumers, and their families. At Albury Wodonga Health, we strive to ensure equitable access to health services for all, actively addressing structural inequalities and fostering safe, inclusive environments where everyone can thrive.

Our catchment area

-  **AWH Clinical Services Catchment**
Primary Catchment
-  **AWH Clinical Services Catchment**
Regional Catchment
-  **AWH Clinical Services Catchment**
Specialist Catchment
-  **AWH Mental Health Services Catchment**
Primary Catchment
-  **AWH Mental Health Services Catchment**
Regional Catchment
-  **AWH Ovens Murray PHU**
Public Health Unit Catchment



Our Board Directors



Jonathan Green
Board Chair



Angela Verde
Deputy Chair



Dr Rowan O'Hagan
Term concluded



Dr James Mackie



Ann Maree Keenan



Ashley Boyd



Trent Dean
Term concluded



Ross Dallimore



Assoc. Professor Jo-Anne Mazzeo
Term concluded November 2023

The Albury Wodonga Health Board oversees the strategic aspects of our health service, ensuring that it operates efficiently and aligns with our committed strategic goals. The Board meets monthly to review outcomes and maintain high standards of service provision. Additionally, the Board has several subcommittees focused on areas such as finance, safety and quality, and Community Engagement. A list of these subcommittees can be found on the next page.

On 1 July 2023, AWH welcomed five new Board Directors: Mr. Ashley Boyd, Mr. Trent Dean, Mr. Ross Dallimore, Ms. Ann Maree Keenan, and Board Chair Mr. Jonathan Green.

As the 5th Chair, Mr. Green brings extensive leadership experience and a strong commitment to healthcare excellence. We also extend our gratitude to Associate Professor Jo-Anne Mazzeo, Dr. Rowan O'Hagan, and Mr. Trent Dean for their valued contributions during their terms, which concluded in financial year 2023-24.

Board Subcommittees

Board Finance Audit Infrastructure & Risk (BFAIR)

Meets Bi-monthly

Board Directors:

Ross Dallimore (Chair), Ashley Boyd, Dr Rowan O'Hagan, Jonathan Green (Board Chair), ex-officio

Attendees:

Bill Appleby (CEO), Glenn Edwards (CFO), Kim White (EDQGPE & CNM), Shaun Strachan (COI), Linda Hudec (COO), Dr Lucie Shanahan (EDPHMHW & CAH), Charmaine Stefani (RAM) – as required, External Auditors – as required

Executive Sponsor:

Glenn Edwards (CFO)

Secretary:

Steph Odewahn (EO)

Board Patient Safety, Quality & Service Review (BPSQSR)

Meets Bi-monthly

Board Directors:

Dr James Mackie (Chair), Dr Rowan O'Hagan, Ann Maree Keenan, Trent Dean, Jonathan Green (Board Chair) ex-officio

Attendees:

Bill Appleby (CEO), Kim White (EDQGPE & CNM), Dr Lucie Shanahan (EDPHMHW & CAH), Linda Hudec (COO), Dr John Elcock (CMO), Dr Tegwyn, McManamny (DSCQ), Consumer Representatives (x2)

Executive Sponsor:

Kim White (EDQGPE/CNM)

Secretary:

Steph Odewahn (EO)

Board People Safety & Governance (BPSG)

Meets Quarterly

Board Directors:

Angela Verde (Chair), Dr James Mackie, Ross Dallimore, Jonathan Green (Board Chair) ex-officio

Attendees:

Bill Appleby (CEO), Rebecca Jhonston (CPC), Dr Lucie Shanahan (EDPHMHW & CAH), Linda Hudec (COO), Dr John Elcock (CMO)

Executive Sponsor:

Rebecca Jhonston (CPC)

Secretary:

Steph Odewahn (EO)

Community Engagement Committee (CEC)

Meets Quarterly

Board Directors:

Trent Dean (Chair), Ashley Boyd, Jonathan Green (Board Chair) ex-officio

Consumers:

Victoria Bryant, Melanie Massaro, Jo-anne Wade, Meredith McIntyre, Protais Hokizmana, Bradley Robertson, Tracey Fraser

Attendees:

Bill Appleby (CEO), Kim White (EDQGPE & CNM), Brooke Ford Consumer Experience Manager (CEM)

Executive Sponsor:

Kim White (EDQGPE / CNM)

Secretary:

Steph Odewahn (EO)

Primary Care & Population Health Engagement (PCPHE)

Meets Quarterly

Board Directors:

Angela Verde (Chair), Ann Maree Keenan

External Agencies:

DoH, Murray PHN, Murrumbidgee PHN, AWAH, AWECC, Upper and Central Hume Health Services, Gateway Health, Local Universities, local councils, MLHD

Attendees:

Bill Appleby (CEO), Dr Lucie Shanahan (EDPHMHW & CAH), Tanya Dawe (DCC), Dr John Elcock (CMO), Victoria Bryant (Consumer Rep)

Executive Sponsor:

Dr Lucie Shanahan (EDPHMHW / CAH)

Secretary:

Steph Odewahn (EO)

Executive Remuneration Committee (ERC)

Meets Bi-annually

Board Directors:

Jonathan Green (Chair), Angela Verde (BPSG Chair), Ross Dallimore (BFAIR Chair), Dr James Mackie (BPSQSR Chair)

Attendees:

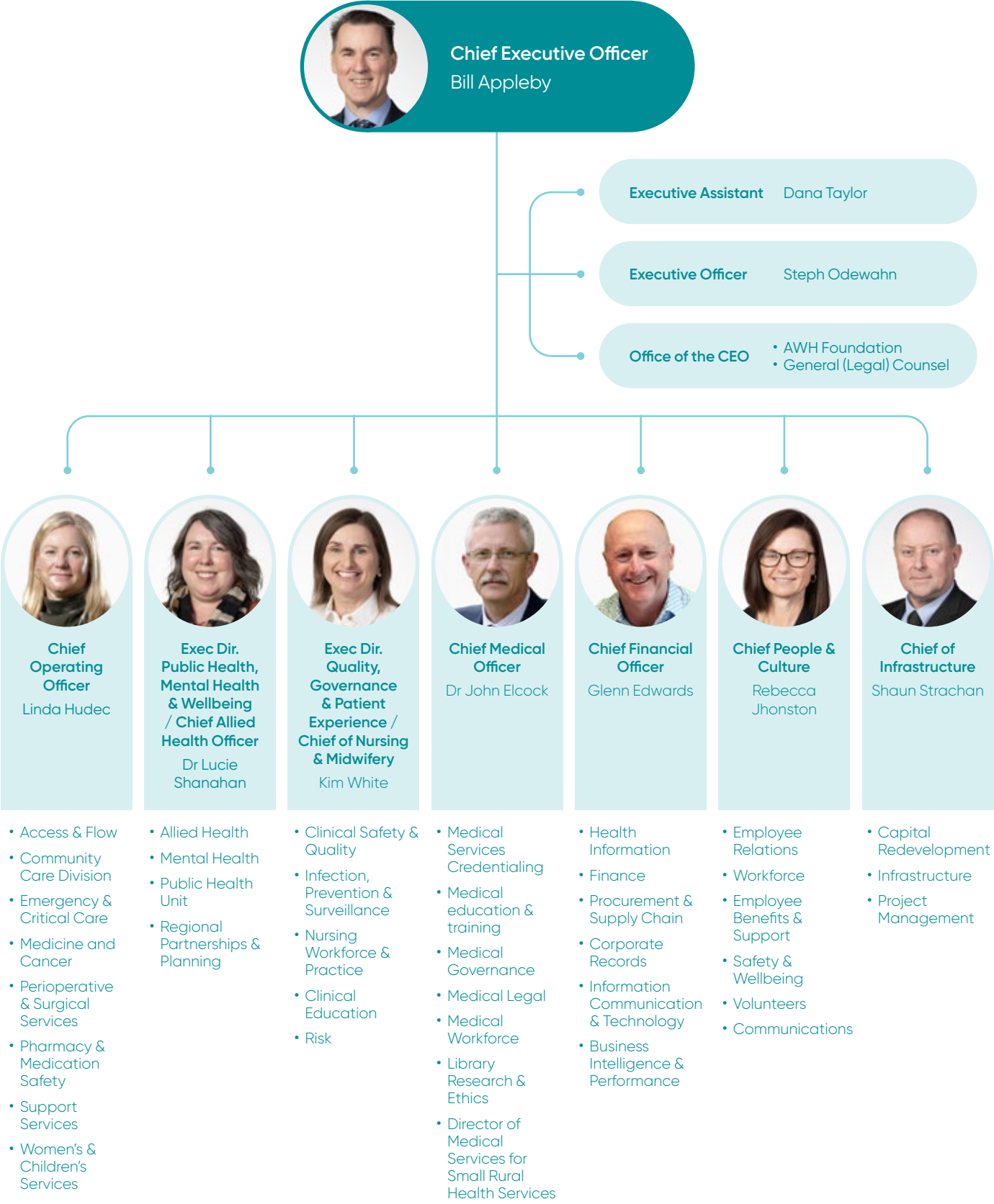
Bill Appleby (CEO)

Executive Sponsor / Secretary:

Bill Appleby (CEO)

Our Organisational Structure

(As at September 2024)



Albury Wodonga Health at a Glance



Our Service Profile

At Albury Wodonga Health, we are dedicated to delivering high-quality, comprehensive care that is tailored to the needs of our community. Our broad spectrum of services encompasses emergency and intensive care, specialised medical treatments, allied health support, and community-based care. By adopting an integrated approach, we ensure that patients receive the most appropriate and timely care, whether in urgent situations or through ongoing health management and outpatient services.

Serving the communities of Southern New South Wales

and North East Victoria, we operate 24 locations in Albury, Wodonga, Beechworth, and Wangaratta, including 21 clinical sites and 3 non-clinical sites. As a key regional referral service, we are integral to a network of medical services, addressing the unique challenges faced by our regional and rural communities. Our goal is to be fully equipped with the capacity and capability to meet the diverse needs of our consumers, who rely on us during their most vulnerable moments.

Our comprehensive and expanding range of services includes:

Specialities

Medicine

- Cardiology
- Gastroenterology
- Haematology
- Medical Oncology
- Renal Medicine
- Respiratory Medicine
- Internal Medicine
- Geriatric Medicine

Dialysis and Renal Care

- Dialysis Unit
- Renal Medicine

Critical and Emergency Care

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

Surgery

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

Anaesthetics and Perioperative Services

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

Oncology and Chemotherapy

- Chemotherapy
- Medical Oncology

Women's Health and Paediatrics

- Obstetrics and Gynaecology
- Neonatology
- Paediatric Medicine and Surgery

Mental Health and Addiction Services

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

Diagnostic and Medical Imaging

- Diagnostic GI Endoscopy
- Interventional radiology
- Medical Imaging Services

Additional Specialities

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

Outpatient and Allied Health

Allied Health Services

- Cardiac Rehabilitation
- Chronic Disease Management
- Cognitive, Dementia & Memory Clinic
- Diabetes Education
- Dietetics
- Falls Prevention Service
- Fracture Clinic
- Hydrotherapy
- Lymphoedema Service
- Occupational Therapy
- Orthopaedics
- Pain Management Program
- Physiotherapy
- Podiatry
- Pulmonary Rehabilitation
- Rehabilitation Clinic
- Rural Allied Health Team
- Social Work
- Speech Pathology
- Upper Limb & Hand Therapy

Community and Preventative Services

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

Support and Specialised Services

- Health Coordination
- Pastoral Care
- Pharmacy
- Stomal Therapy
- Vascular

Transforming for Our Future

Our Strategic Plan

In December 2023, we introduced our Strategic Plan 2024–2028, “Transforming for Our Future,” outlining our strategic commitments for the next five years. Aligned with the Victorian Department of Health’s objectives, this plan addresses both current and future health needs in our region. It was developed with valuable input from our staff, community members, volunteers, partners, and local and regional health service providers.

We are eager to build on the solid foundations of our organisation with a plan that is both ambitious and transformative.

Our key strategic pillars will continue to guide Albury Wodonga Health’s direction. These pillars focus on

upgrading technology and infrastructure, enhancing workforce recruitment and retention, and fostering value-based leadership. Our approach aims to improve efficiency and effectiveness, build capacity and self-sufficiency, and advance integrated, connected care. We are dedicated to ensuring the safety of staff and patients, enhancing community engagement, and strengthening regional partnerships.

In this year’s Annual Report, we highlight our progress across our four strategic pillars.

Safe Connected Care



Empowered Teams



Regional Leadership



Sustainable Services



Read our Strategic Plan here:



Safe Connected Care

Elevating Care with Commitment to Safety, Quality, and Patient Experience

We are dedicated to delivering high-quality, safe care with a focus on continuous improvement and a 'whole of person' approach. Our commitment to excellence is reflected in evidence-based, person-centred care that is inclusive and responsive to diverse needs, with a priority on equity and cultural safety.

As a regional referral service, we collaborate with multi-disciplinary teams to provide integrated care and are expanding home-based and tech-enabled options to minimise travel.

This section of our report highlights our progress in delivering safe, high-quality care while enhancing regional capacity and connectivity.

Patient Safety and Quality Action Plan

To advance our clinical governance systems, we engaged Safer Care Victoria (SCV), the state's premier authority on healthcare safety and improvement, for a comprehensive evaluation. This extensive review, conducted over three months and incorporating feedback from staff, clinicians, patients, and consumers, examined key aspects such as leadership, culture, consumer partnership, workforce, risk management, and clinical practice. The objective was to identify both our achievements and areas for enhancement, leading to the formulation of our Patient Safety and Quality Action Plan.

The Action Plan, based on 54 recommendations from SCV, is focused on advancing patient safety and service quality. As of July 2024, we have achieved 85% completion of the planned actions and remain on track for full implementation by 31 December 2024. Significant initiatives include the introduction of a new leadership program, an updated Clinical Governance Framework, an enhanced Occupational Violence and Aggression framework, the launch of the PROMPT quality management system, and a revised quality and audit plan. Furthermore, we have standardised Morbidity and Mortality processes to systematically evaluate and derive insights from clinical outcomes, driving continuous improvements in patient care and safety.

Short Notice Accreditation Assessment

In 2023, Albury Wodonga Health embarked on a significant journey with the implementation of Short Notice Accreditation Assessments (SNAA) as part of the National Safety and Quality Health Service (NSQHS) Standards. This new accreditation process requires health services to demonstrate their commitment to high-quality, patient-centred care with only 24 hours' notice before an assessment.

Despite the challenges of this rigorous new system, Albury Wodonga Health excelled. The assessors commended our dedication to quality and safety, noting our exceptional teamwork and the genuine care our staff provide to patients. Their visits to 20 of our sites highlighted the seamless collaboration across multidisciplinary teams, all focused on achieving the best outcomes for our patients and consumers.

As a result of this comprehensive assessment, Albury Wodonga Health successfully met all eight NSQHS Standards, including the Clinical Trials Governance Framework, and closed the six recommendations from our 2019 accreditation. This achievement underscores our ongoing commitment to continuous improvement and delivery of excellence.

We are proud of our team's efforts and will continue to build on this success, ensuring that our services consistently meet the highest standards of care.



Reforming Surgical Services for Better Patient Outcomes

Over the past year, Albury Wodonga Health has undertaken significant reforms in our surgical services, guided by the Victorian government's Planned Surgery Reform Blueprint. Our primary focus has been on enhancing surgical activity, improving patient engagement, and ensuring timely and effective surgical preparation, while maintaining the highest standards of safety and quality.

A major development was the relocation of the Albury Wodonga Health Patient Support Unit (formerly the Elective Surgery Access Unit, ESAU) to a central Albury location. This strategic move has improved accessibility for patients and their carers. Supported by additional funding, this relocation has enabled us to expand perioperative patient support services and improve access to both surgical and non-surgical treatment options where appropriate. The core objective of this initiative is to ensure safe and equitable surgical outcomes for our patients, both now and in the future.

In early 2024, the Victorian Department of Health introduced the updated Planned Surgery Access Policy. This critical document is being actively implemented by the Albury Wodonga Health Patient Support Unit, with all related protocols being updated to align with the new guidelines. Key improvements include the redesign of surgical pathways and models of care, optimisation of system flows, and enhancement of the efficiency of our surgical services.

A notable advancement is the introduction of the Endoscopy Surveillance Program, made possible by philanthropic funding from the Albury Wodonga Regional Cancer Centre (AWRCC) Trust Fund. This funding facilitated the acquisition of an advanced endoscopy reporting and data collection system, which enhances our ability to monitor colorectal cancer detection rates, design effective surveillance programs, and ensure timely follow-ups. Led by a Clinical Nurse Consultant (CNC), this project works closely with the medical team to improve access to public endoscopy services and refine care models.

Additionally, we have completed the Victorian state-wide Perioperative Capability Framework self-assessment, which establishes minimum standards for clinical workforce, infrastructure, equipment, and support services across six capability levels. The Department of Health is currently reviewing this and we hope to be able to make public our Perioperative Capability Level by the end of 2024.

The Albury Wodonga Health Perioperative & Surgical Services division has worked diligently to implement these strategic reforms, significantly enhancing access to care and improving patient outcomes across our surgical specialties. These efforts reflect our ongoing commitment to safety, quality, and excellence in patient care.

Enhancing Cultural Safety and Reconciliation at Albury Wodonga Health

Albury Wodonga Health has continued to focus on enhancing cultural safety and improving outcomes for Aboriginal and Torres Strait Islander patients this year. We are working towards this goal through the implementation of the Aboriginal and Torres Strait Islander Health Cultural Safety Plan 2024-2027, which aims to promote culturally safe care across all our services and facilities.

This year, staff have received training in Aboriginal and Torres Strait Islander cultural practices and beliefs, and we have introduced culturally sensitive discharge planning. As we implement this training, teams are working to provide more tailored support across various care settings and to improve the coordination of outpatient needs, including GP and specialist appointments.

Our engagement with Aboriginal Community Controlled Health Organisations (ACCHOs) and local Aboriginal communities has increased, helping to ensure our services are more closely aligned with community needs and expectations. During National Reconciliation Week (27 May – 3 June), we participated in reflections on the histories, cultures, and contributions of Aboriginal and Torres Strait Islander peoples. The theme, "Now More Than Ever," highlighted our ongoing commitment to justice, equality, and reconciliation, fostering dialogue and reaffirming our dedication to respect and unity.

In our ongoing commitment to inclusivity and equality, we are in the process of developing an organisational Reconciliation Action Plan, which we aim to finalise within the next 18 months. This plan will outline our strategic approach to advancing reconciliation and creating a culturally safe and inclusive environment for both patients and staff.



The Aboriginal Liaison Team

This year, the Aboriginal Liaison Team has been instrumental in enhancing the healthcare experience for Aboriginal and Torres Strait Islander patients. By incorporating cultural perspectives into their work, the team has effectively addressed barriers such as language and communication, ensuring that patients' concerns are clearly communicated to clinical teams.

Key Areas of Impact:

- **Emergency Department:** Aboriginal Liaison Officers (ALOs) provide culturally appropriate support to Aboriginal and Torres Strait Islander patients during emergency care.
- **Nolan House:** In our acute mental health inpatient unit for adults, the team offers culturally tailored care and advocacy.
- **Admitted Wards:** In admitted wards, ALOs ensure that the cultural needs of Aboriginal and Torres Strait Islander patients are respected and addressed throughout their stay.

The efforts of the Aboriginal Liaison Team highlight our ongoing commitment to delivering culturally appropriate and responsive care.



Commencement of the Wodonga Entity Services Plan

Developing a Vision for a More Connected Health Service

In conjunction with the Victorian Department of Health, Albury Wodonga Health has developed the Wodonga Entity Service Plan (ESP) as a pivotal step toward aligning our services across both campuses, reflecting our vision for optimal service delivery.

This plan serves as a roadmap to meet the needs of our growing community, characterised by a significant health burden, by promoting the delivery of high-quality, safe, and effective care. The ESP articulates the future service profile, projected activity, and infrastructure capacity requirements for the Wodonga Campus, while aligning with our broader regional goals and development priorities.

See Wodonga ESP:



The ESP is designed to facilitate the transition to a comprehensive, integrated health service system, supporting the mid-term rationalisation of services at our Albury and Wodonga campuses. The strategy envisions decanting multiday acute activities to the Albury Campus, while Wodonga will continue to provide subacute, renal dialysis, day surgery, day medical, and other low-acuity services. A key feature is the proposed establishment of a single Emergency Department. We also aim to enhance telehealth, virtual care, and home-based care to achieve a 20% activity target by 2036-37.

The Entity Service Plan is a valuable tool in determining the future service requirements for the Wodonga Campus, and the detailed implementation of the ESP recommendations, including any capital requirements, will be determined by future Master Planning and Business Case development processes. This reflects our collaborative effort with the Victorian Department of Health, ensuring our strategy aligns with state and regional health objectives. We remain committed to working closely with our stakeholders, including the NSW Ministry of Health, to advocate for the necessary funding and investment to realise our shared vision for the future of healthcare in our region.



Patient Experience

Piper's Remarkable Care Journey

In December, our Albury Emergency Department was instrumental in providing timely and coordinated care for six-year-old Piper Wakley during a severe health crisis. Her mother, Tayla Wakley, reflects on their experience, highlighting the critical role of safe and connected care

"On December 18, 2023, Piper became unresponsive and was taken to Albury Base Hospital via ambulance. She was having a stroke, and we were terrified.

From the moment we arrived, we were greeted with incredible professionalism and care by the junior ED doctors, paediatric registrar, and nurses. Piper's condition was critical, but we felt reassured knowing she was receiving the best possible care. Even in the midst of urgent treatment, the staff kept us informed and comforted every step of the way.

As Piper was being stabilised for transport to Melbourne, the kindness and compassion of the staff left a lasting impression. Two doctors held Piper's hand while continuing to treat her, and Nicola from the Children's Ward checked on us during her breaks. When we arrived at Monash Children's Hospital, the team even sent us a generous gift card for meals and necessities.

We will never forget the support and care provided by every single person who looked after Piper at Albury Wodonga Health. Because of their quick and exemplary treatment, Piper has made an incredible recovery, and we celebrated her sixth birthday with joy and relief. Words can't fully express our gratitude, so we simply say, "Thank you'."



Advancing Disability-Inclusive and Supportive Care

Enhancements and Achievements

Our focus on delivering inclusive and effective care for patients with disabilities remains a priority. Central to this effort is our Disability Liaison Officer (DLO) Program, which advocates for patients and supports our healthcare staff by addressing accessibility needs and arranging necessary accommodations.

This year, we expanded our DLO services to the Albury and Wodonga campuses, extending across Acute, Subacute, Medical, Mental Health, and community services. This expansion reflects our ongoing commitment to providing comprehensive care throughout our network.

We have also made significant strides in supporting NDIS participants. Improved identification of NDIS participants at admission has enabled earlier DLO

intervention and more efficient coordination with the NDIS agency, leading to reduced hospital stays and fewer unnecessary admissions. The formation of the NDIS Strategic Working Group has further streamlined our processes, equipping staff to better identify, record, and refer NDIS cases.

Our Pathways to Home program, supported by the Victorian Department of Health, has successfully transitioned three patients to their homes while they await NDIS funding, freeing up 52 bed days. This initiative underscores our commitment to making effective use of our resources and enhancing patient care.

Additionally, our Deaf Awareness Training undertaken this year has provided staff with essential communication toolkits, including remote interpreting services and Auslan applications.

These advancements underscore our dedication to providing care that is both inclusive and supportive. By continuously enhancing and adapting our services, we ensure that every individual, regardless of background or need, receives the highest standard of care.

Mental Health and Wellbeing Transformation

This year, our Mental Health and Wellbeing Transformation program has made significant progress, demonstrating our commitment to person-centred, inclusive care. Our initiatives align with the Royal Commission into Victoria's Mental Health System, resulting in meaningful improvements in how we support our community.

With the Victorian *Mental Health and Wellbeing Act 2022 (Vic)* coming into effect in September 2023, we responded by rolling out comprehensive staff training. This has ensured our teams are knowledgeable about the new regulations and skilled in delivering care that meets the Act's standards, enhancing our ability to provide informed and compassionate support to those experiencing mental ill-health and psychiatric distress.

Our efforts to reduce restrictive interventions have shown notable improvements. Through our involvement in Safer Care Victoria's project, led by the Kerferd Unit, we have gained valuable insights that are now influencing practices at Nolan House and in emergency departments in Wangaratta and Wodonga. This focus on human rights and decision-making principles has contributed to a safer, more inclusive environment.

Future workforce development has been a key focus. Our Early Careers Workforce initiatives, which include clinical education roles for graduates and a partnership with the Rural Workforce Agency Victoria, have supported the

relocation of 13 psychiatrists and mental health clinicians to the Albury Wodonga region, significantly enhancing our service capacity.

In digital innovation, we have advanced our blueprint for service collaboration. By employing a co-design approach, we ensure that community feedback is central to our digital service design. The planned rollout of virtual support groups in the 2024/2025 financial year will improve access to mental health services, particularly for those in remote areas.

The completion of The Willows activity centre represents a significant development, providing a kitchen for cooking programs and a communal space for residents. This facility supports both therapeutic activities and daily living needs, reflecting our holistic approach to care.

We continue to engage with Safer Care Victoria's Mental Health Improvement Projects, including efforts to eliminate restrictive practices at Kerferd Unit, enhance sexual safety at Nolan House, and participate in the Adopting Zero Suicide Framework. These initiatives highlight our commitment to reducing suicide rates and advancing mental health services across Victoria.

As we move forward, we remain dedicated to incorporating the experiences of those with lived mental health experiences into our service design and delivery, ensuring we provide the highest standard of support to our community.



Pictured above, the recently constructed Willows Activity Centre.

Empowered Teams

Our people are our greatest asset.

This year, we have continued to prioritise the safety and wellbeing of our teams, while also making substantial progress in cultivating and embedding a culture of safety, learning, and quality improvement. We have advanced our efforts to grow our future workforce and further enhanced our learning environment to ensure everyone can thrive.

Our people are our greatest asset and Albury Wodonga Health is committed to providing an environment in which they can be their best. We are working to leverage our strengths, supporting learning, and developing systems and processes that empower our teams to perform at their best every day.

This section of our report provides key workforce data, highlights significant achievements in our workforce initiatives, and celebrates the exceptional staff and volunteers who propel our organisation forward in delivering outstanding care.

Our workforce at a glance

Albury Wodonga Health (2023-2024):



Our Workforce data

Hospital Labour Category	June current month FTE		Average Monthly FTE	
	2023	2024	2023	2024
Nursing	944	965	933	944
Administration and Clerical	351	361	347	353
Medical Support	97	105	96	100
Hotel and Allied Services	171	186	167	176
Medical Officers	32	33	30	32
Hospital Medical Officers	160	153	144	151
Sessional Clinicians	27	35	22	33
Ancillary Staff (Allied Health)	199	225	206	206
Total	1,981	2,063	1,945	1,995

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

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

Occupational Health and Safety

Albury Wodonga Health is committed to meeting its legislative obligations to provide a healthy and safe environment to protect our employees, volunteers, patients, visitors, suppliers, and contractors.

Albury Wodonga Health continues to implement safety and wellbeing initiatives to build a positive safety culture and minimise risk at work, including by providing training, coaching and mentoring practices and implementing Work Health Safety Management System (WHSMS) framework to provide guidance to all management and employees at Albury Wodonga Health.

Occupational Health and Safety Statistics	2021 - 2022	2022 - 2023	2023 - 2024
The number of reported incidents for the year per 100 FTE	41.7	48.99	59.46
The number of 'lost time' standards WorkCover	0.65	0.82	1.56
The average cost per WorkCover claim for the year	\$27,308	\$64,652	\$18,042

Occupational Violence

Albury Wodonga Health is committed to providing a safe and healthy work environment for all employees. We believe that every staff member has the right to work in a setting free from violence and aggression, and we are dedicated to continuously improving our strategy to address Occupational Violence and Aggression (OVA). Our zero-tolerance policy for occupational violence reflects our commitment to ensuring that staff can perform their duties without fear of violence.

During 2023-2024, Albury Wodonga Health introduced several key initiatives to address OVA:

- Implemented an organisation-wide OVA strategy led by Dr. Lucie Shanahan.
- Trained over 300 staff members in OVA Reduction and Response techniques.
- Established dedicated OVA working groups at key sites, including mental health units and Emergency Departments.
- Rollled out the ANMF 10-point action plan to systematically reduce OVA risks across all areas of AWH.
- Launched a proactive Reduce and Respond OVA campaign to further enhance our efforts.



Occupational Health and Safety Statistics		2023-2024
Workcover accepted claims with an occupational violence cause per 100 FTE		0.24
Number of accepted WorkCover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked		0.81
Number of occupational violence incidents reported		944
Number of occupational violence incidents reported per 100 FTE		47.32
Percentage of occupational violence incidents resulting in a staff injury, illness or condition		7.9%

Empowering Staff Through Growth and Development

At Albury Wodonga Health, we are committed to empowering our staff by providing meaningful opportunities for growth and development. We believe that these opportunities are crucial to our organisation's success and excellence.

In the past year, we delivered over 60 training sessions with a particular focus on addressing occupational violence and aggression. A standout feature was our integration of virtual reality, which offered immersive simulations of real-life healthcare scenarios. Additionally, our Nurse Unit Manager Development Program was a significant highlight, tailored to equip nurses transitioning into managerial roles with vital practical skills.

Leadership development has been a key priority, leading to the creation of the Albury Wodonga Leadership and Management Capability Framework. Developed with input from nearly 200 leaders, this framework defines essential leadership behaviours and provides a structured pathway for growth, from emerging leaders to executive roles.

We have also emphasised professional development to enhance technical expertise and advance career skills. Last year, Albury Wodonga Health supported staff in presenting at the Australian Pharmacy Conference, attending cognitive behavioural therapy workshops, and pursuing postgraduate qualifications in midwifery and mental health.

Furthermore, maintaining and enhancing clinical and medical skills remains a top priority, supported by our expert clinical and medical educators. This ongoing investment ensures our team remains at the cutting edge of their fields and continues to deliver exceptional care.

Strengthening Medical Training and Workforce in the Region

Albury Wodonga Health is dedicated to advancing medical education and workforce development. Over the past year, we have supported 30 new medical graduates through accredited rotations and experiences, assisted approximately 70 prevocational doctors, and nearly 100 registrars. With the new national prevocational framework launching in early 2024, we've updated our education series to align with the revised

curriculum, focusing on enhancing the experiences of prevocational doctors and training supervisors to build a strong regional workforce.

We've also introduced various skills workshops to offer local educational and procedural training for medical staff. In October 2023, we hosted our inaugural Critical Care Skills Workshop, providing on-site training in ultrasound-guided lines, paracentesis, and airway management for critically ill patients. Prevocational doctors benefit from additional workshops on emergency birthing, cardiac emergencies, fracture and dislocation management, and dental emergency care.

Our partnership with the Border Regional Training Hub enhances staff access to rural and regional conferences and workshops on clinical skills, communication, and supervision. Through our collaboration with the Rural Generalist Training Network, we provide rural generalist trainees with valuable experience and advanced skills, including post-qualification consolidation. We also facilitate John Flynn rotations for prevocational doctors in local general practices and have developed a Hume Hospitalist partnership with Mansfield to expand training opportunities. Additionally, we remain committed to supporting accredited specialist training registrars across various specialties, ensuring their continued professional development.

Aboriginal Employment Plan 2024-2027

This year, we introduced the Aboriginal Employment Plan 2024-2027, a strategic initiative by Albury Wodonga Health aimed at increasing the employment of Aboriginal and Torres Strait Islander peoples within our health service. This plan underscores our commitment to creating a culturally safe and inclusive workplace, where all employees feel respected and valued. By implementing comprehensive cultural competence training and revising our workplace policies, we aim to foster an environment that supports the unique needs and contributions of Aboriginal and Torres Strait Islander staff.

The plan also focuses on enhancing workforce diversity and improving representation across various roles, including leadership positions. Through targeted recruitment, career development opportunities, and community engagement, we seek to build a more representative and enriched workforce.

Growing Our Future Workforce

Expanding Global Talent

Over the past 12 months, we have expanded our talent acquisition strategy to include international recruitment. This effort involved participating in job fairs in Dublin, Toronto, London, Bristol, and Auckland, resulting in 91 candidates accepting conditional offers and over 500 candidates being added to our database for future opportunities. Our presence at these international events has raised AWH's global profile, with candidates now reaching out to us directly.

We have already welcomed ten new international employees, with many more progressing through the visa application process. We anticipate a significant increase in new hires in the latter half of 2024. This initiative has established AWH as an Employer of Choice in the global market.

Among the new additions to our team are four international nurses from the United Kingdom and New Zealand. These professionals bring diverse skills and experience in specialties such as ICU, Cardiology, Obstetrics, Theatre, and Emergency Medicine. Their arrival underscores our commitment to enhancing patient care and delivering exceptional healthcare services. We look forward to supporting these new team members through mentorship and integration into our community, ensuring they thrive in their roles and contribute to our provision of high-quality healthcare.

Building Our Future Allied Health Workforce

Work Experience Simulation

This year, our Work Experience Simulation for Year 10 students has offered an immersive and engaging introduction to allied health careers. In collaboration with La Trobe University, Charles Sturt University, and Wodonga and Albury TAFE, this regional initiative aims to ignite students' interest in healthcare professions and guide them toward local educational and career opportunities.

Over five days, participants engage in practical activities that encompass essential healthcare skills, including patient interaction, treatment planning, and basic life support. Our innovative approach includes creative simulations, such as using Skittles to represent medications while assembling Webster packs and practicing the application and removal of plaster casts. These activities provide students with a tangible understanding of allied health processes and patient care.

Each session, conducted four times a year and accommodating 40 students, allows us to reach 160 students annually. The program also features panel discussions with allied health professionals, offering students the chance to ask questions and gain insights into whether this career path aligns with their aspirations. By fostering these connections and experiences, we strategically position our local educational institutions and healthcare facilities as top choices for students considering their future careers.



CrazySocks4Docs

In June 2024, we embraced the CrazySocks4Docs campaign with the aim of breaking down the stigma around mental health in doctors and healthcare professionals. By encouraging our team to wear colorful, fun socks, we fostered a sense of community, lightened the workplace atmosphere, and opened up important dialogues about mental health. This initiative helped to create a more supportive environment, boosting morale and demonstrating our commitment to enhancing staff wellbeing.

Pictured on the right: Winners of the CrazySocks4Docs winners: Dr. Henry Mou, Dr. Mohadisa Batool, Dr. Kehsani Nishadika Pranisisku Ginthothage, and Dr. Eina Santokh.



Definitions

For the purposes of the statistics referred above and on the previous page, the following definitions apply:

Occupational Violence and Aggression (OVA) - 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 ratings 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 2023-2024.

Lost Time - is defined as greater than one day.

Injury, illness or condition - This includes all reported harms as a result of the incident regardless of whether the employee required time off work or submitted a claim.

A Dynamic Duo: Champions in Healthcare Excellence

Over the last year, Lindsay and Jane Nichol, a dedicated nursing couple, have made significant impacts at Albury Wodonga Health.

Lindsay, as Nurse Unit Manager (NUM) of the Albury Emergency Department, played a crucial role in the recent redevelopment. Through his strategic oversight and collaborative efforts, the new state-of-the-art Albury Emergency Department now boasts 42 treatment areas, a specialised resuscitation hub, dedicated sections for

paediatric and acute care, and multiple triage rooms with adjacent waiting areas. These enhancements allow us to better manage the high volume of emergency presentations each year, improving our capacity to handle patient flow and optimise care efficiency.

Jane, as NUM of the Special Care Nursery, spearheaded the Neurodevelopmental Care Round, an innovative program designed to promote optimal developmental outcomes for newborns. By developing collaborative care plans involving medical and allied health professionals, Jane and her team provide personalised support, tailored to each family's unique needs, ensuring the best possible start for our youngest patients.

Lindsay and Jane Nichol's journey at Albury Wodonga Health is characterised by their desire to serve their community. Their impactful contributions over the past year exemplify our shared commitment to advancing healthcare excellence and continuously improving patient and family outcomes. Their contributions reflect the supportive, community-focused culture at Albury Wodonga Health.



Recognising and celebrating the exceptional contributions of our staff and volunteers.

2023 Staff and Volunteer Awards

We are thrilled to share the highlights of the 2023 Albury Wodonga Health Staff and Volunteer Excellence Awards. This special evening not only recognised the outstanding contributions of our staff and volunteers but also celebrated our 15th anniversary as an organisation. As we reflect on our journey and look forward to our future, we are reminded that the success of Albury Wodonga Health is deeply rooted in the dedication and excellence of our people.

This year's awards showcased the depth of skill and talent within Albury Wodonga Health, with finalists representing both clinical and non-clinical backgrounds from across our diverse health service. These individuals exemplify the principle that leadership is not confined to job titles—everyone can lead and set standards of excellence. As we celebrated their achievements, we were inspired by their commitment to our purpose and their drive to improve each day.

Our award recipients represent the highest standards of dedication, professionalism, and innovation, aligning with our commitment to advancing the health and wellbeing of our community. Their achievements reflect the collective desire for improvement that drives Albury Wodonga Health.

The awards were presented in seven categories:

Excellence in Partnership & Collaboration:

Benalla, Wangaratta & Mansfield Local Mental Health (MH) Wellbeing Service

Excellence in Innovation:

Elizabeth Freeman, Health Innovation Team, ROVER project.

Excellence in Person Centred Care:

Joanna Owen

Rising Star:

Sean Jacobs

Spirit of AWH:

Dr Barbara Robertson

Excellence in Teamwork:

Albury Operating Theatre Nursing Leadership Team

Volunteer of the Year:

Annabel Young

Pictured, Joanna Owen, awardee of Excellence in Person Centred Care



2023 Graduate of the Year

Amy Wilcox

Albury Wodonga Health is proud to introduce the Graduate of the Year Award, a new initiative aimed at recognising outstanding graduate nurses. This award celebrates those who exemplify excellence in their practice, based on nominations from education staff and supervisors who support graduate nurses throughout their 12-month journey.

For 2023, the award was presented to Enrolled Nurse Amy Wilcox. Amy distinguished herself during her clinical rotations in Medical 1, Sub-Acute Unit, and Surgical 1 by embodying the organisation's values and delivering exceptional patient-centred care. Her contributions were consistently praised across all rotations.

Amy's appraisals highlighted her self-motivation, active listening, calm demeanour in high-pressure environments, strong communication skills, and meticulous patient assessments. These qualities underscore her excellence in patient-centred care and her value as a team member.

Currently employed in Medical 1 and pursuing further studies, Amy represents the high standards of AWH's Graduate Nurse Program. The program's success is evident in its impressive statistics: 92% of Registered Nurse graduates and 100% of Enrolled Nurse graduates have continued their employment with us. This remarkable retention rate reflects the quality of our graduates and the exceptional support provided by our Clinical Education team and ward staff.

Pictured above are CEO Bill Appleby, Graduate of the Year Amy Wilcox, and Chief of Nursing & Midwifery Kim White.

To the right: Volunteers Shirley Logue and Joan Riches present Bill Appleby with a \$500,000 check. Shirley and Joan were also honoured with 10-year service awards

Volunteer Excellence

Dawn McCulloch was honoured at this year's Volunteer Thank-You Breakfast for her exceptional dedication and fifteen years of service as a volunteer in palliative care. Her impact on our organisation and the community exemplifies a steadfast commitment to delivering exceptional care during life's most challenging moments.

As one of eleven palliative care volunteers in our program, Dawn consistently receives praise from colleagues and those she assists for her warmth, generosity, and genuine compassion. Interactions with Dawn leave individuals deeply enriched; her selfless dedication and infectious positivity brighten the lives of others, offering profound comfort and support.

Beyond her compassionate care, her humour—a cherished asset in palliative care settings—provides invaluable moments of levity amidst serious circumstances. Dawn's exemplary service not only enhances the lives of patients and families but also inspires others to give back to the community, embodying the true spirit of volunteerism.

Celebrating Our Volunteers

In May, as part of National Volunteer Week, we celebrated and expressed our deep gratitude to the volunteers who have significantly contributed to our services over the past year. We honoured their dedication by presenting them with certificates recognising their years of service.

A highlight of the event was the presentation of a remarkable \$500,000 donation to CEO Bill Appleby. Raised by the Albury Wodonga Health Opportunity Shops over the past two years, this generous contribution will significantly enhance our clinical teams' ability to acquire essential equipment, including new patient beds. Additionally, it will support patient experience initiatives, such as artwork for our main hospital campuses.

Throughout the past year, around 80 dedicated volunteers have supported our Opportunity Shops in Albury and Wodonga. From July 1, 2023, to June 30, 2024, the Albury Shop volunteers logged 6,685 hours, while the Wodonga Shop volunteers contributed 7,326 hours.

We extend our heartfelt thanks to all our volunteers for their unwavering support and commitment.



Regional Leadership

We Achieve More Together

This year, we have maintained a strong focus on forging strong, effective partnerships and advancing our leadership and advocacy efforts. Through close collaboration with stakeholders, we've made substantial progress in achieving our shared regional goals. Our commitment to leadership and advocacy has strengthened our capacity to tackle key issues and capitalise on new opportunities to support our community.

In this section of our report, we highlight our strategic partnerships, leadership initiatives, and the impact of our advocacy efforts on regional success. We also spotlight some of the exceptional Albury Wodonga Health leaders who drive our organisation forward.

Hume Health Service Partnership Strategic Service Plan

The Hume Health Service Partnership (HSP) Strategic Service Plan outlines a comprehensive approach for developing public hospital services in the Hume region up to 2036, in line with the Victorian Department of Health's integrated service planning framework. Co-designed with local health services and the Department, the plan aims to enhance service delivery to address both current and future needs.

A key objective is to improve local self-sufficiency in hospital services, targeting an overall rate of 85%, with even higher targets for specific types of care. Currently, Hume HSP's self-sufficiency rate stands at 79%. Bill Appleby, our CEO, and many medical, nursing, and allied health leaders across Albury Wodonga Health were actively involved in the project control group and working groups, contributing to the development and strategic direction of the plan.

Advocacy White Paper

Corridors of Care

In our ongoing commitment to advancing regional healthcare, Albury Wodonga Health submitted an advocacy white paper to the Expert Advisory Committee commissioned by the Victorian Health Minister. This Committee was tasked with examining the design and governance of Victoria's health services system and developing a Health Services Plan aimed at creating a more connected healthcare landscape.

Our white paper outlined comprehensive recommendations to address healthcare challenges in the region, with the goal of delivering higher quality and safer care for all Victorians.

Our Board Chair, Jonathan Green, and CEO, Bill Appleby, played key roles in engaging with the Expert Advisory Committee and the Minister, advocating for essential reforms that shaped the final Health Services Plan released in August 2024.

We are dedicated to actively participating in the key pillars of reform outlined in the Plan, which focus on improving equity, care consistency, and access to healthcare by fostering integrated care that breaks down silos, optimises resource sharing, and promotes collaboration.

As part of these reforms, Albury Wodonga Health will join a Local Health Service Network, which will be geographically defined and accountable for meeting the healthcare needs of its communities. These Networks will address challenges faced by individual health services, including ensuring

equitable access to care, establishing consistent patient pathways, enhancing quality and safety, and better supporting the workforce.

Within each Network, there will be formal relationships with a major tertiary hospital, as well as women's and children's hospitals. These collaborations will provide expertise, share specialist resources, and ensure timely access to complex care, facilitating seamless access to specialised services for our community.

The Victorian Role Delineation Framework will guide clearer definitions of the roles and responsibilities of different health service sites based on their size and capabilities. This framework will enhance collaboration, coordination, and overall efficiency in healthcare delivery.

We are confident that these initiatives will strengthen our healthcare system and significantly improve outcomes for the communities we serve, ultimately leading to a healthier and more resilient population.



Strategic Partnership and Innovations in Surgical Care

As the Clinical Director of General Surgery at Albury Wodonga Health, Dr. Adam Skidmore has made significant progress in surgical care this year, drawing on his expertise in Upper Gastrointestinal surgery and his commitment to patient care. Albury Wodonga Health has successfully partnered with Alpine Health to enhance access to planned surgeries and reduce regional wait times with Dr. Skidmore at the helm. This regional collaboration aims to run two surgical lists each month, serving 16–20 patients per session, and potentially achieving up to 200 surgeries annually.

Under his leadership, Albury Wodonga Health has also launched new Public Outpatient services, greatly

Strengthening Partnerships to Address Domestic and Family Violence

Albury Wodonga Health is pleased to announce a significant advancement in our approach to addressing Domestic and Family Violence (DFV), made possible through a strategic partnership with YES Unlimited and other local organisations. This collaboration represents a major step forward in our commitment to supporting victims of DFV.

Co-funded by YES Unlimited and local partners, the new initiative aims to implement a community-based strategy to better identify and support DFV victims who seek care at our healthcare services. Over the next 18 months, we will establish a standardised referral process, develop a comprehensive care coordination pathway, and strengthen our capacity to assist patients impacted by DFV.

A key component of this initiative is the introduction of the Violence and Abuse Navigator role at Albury Wodonga Health. This role will ensure continuous, coordinated care for individuals affected by DFV and provide critical support to our healthcare staff, enabling them to more effectively recognise and engage with victims.

The partnership with YES Unlimited and other local organisations aims to create a seamless support network that improves accessibility and effectiveness for those experiencing DFV. By working together, we are setting a new standard in community-based healthcare, enhancing our ability to address DFV, and contributing to better overall population health for our region.

Enhancing Regional Mental Health

Benalla, Wangaratta, and Mansfield Local Service

In collaboration with Wellways and the Australian Community Support Organisation, we have established the Mental Health and Wellbeing Local Service in Benalla, Wangaratta, and Mansfield (BWM). This service is one of the initial three Mental Health and Wellbeing Local Services introduced in Victoria, following recommendations from the Royal Commission into Victoria's Mental Health System.

The BWM Local Service complements the specialist Area Mental Health and Wellbeing Service provided by Albury Wodonga Health, streamlining access to treatment, care, and support for individuals aged 26 and over facing mental health or wellbeing challenges, including those with concurrent alcohol and drug issues. This initiative is enhancing the mental health and wellbeing landscape in regional Victoria, providing critical support and resources to those who need them.

Every Week Counts National Preterm Birth Prevention Collaborative

Albury Wodonga Health is a partner in the Every Week Counts National Preterm Birth Prevention Collaborative, a Commonwealth Government-funded initiative focused on reducing preterm and early term birth rates across Australia. Led by the Australian Preterm Prevention Alliance, in collaboration with Women's Healthcare Australasia, the Institute for Healthcare Improvement, and Safer Care Victoria, the program encompasses 52 maternity services nationwide and employs seven core strategies supported by comprehensive data collection.

The initiative employs evidence-based practices, such as cervical length measurement and natural progesterone supplements, to improve pregnancy outcomes. It also offers extensive training for healthcare providers, promoting continuous professional development and empowering our workforce through knowledge sharing and innovative practices. Albury



Wodonga Health's involvement supports crucial research and tailored care, driving sustainable health improvements.

Aiming for a 20% reduction in preterm and early term births by March 2024, the Every Week Counts initiative utilises advanced technologies and a holistic approach to address immediate health concerns and reduce long-term complications for preterm children. The program was showcased at the Great Hall of Parliament in Canberra on 19 March 2024.

Regional Paediatric Oncology Partnership

Enhancing Care with The Royal Children's Hospital and The Regional Cancer Centre Trust

This partnership marks a significant advancement in paediatric oncology care for our regional communities. Funded philanthropically by the Albury Wodonga Regional Cancer Centre Trust Fund, the program features a dedicated paediatric oncology nurse who acts as a vital link between local care and The Royal Children's Hospital (RCH).

The nurse plays a crucial role in treatment planning, administering therapies, and facilitating virtual consultations with RCH paediatric oncologists. This model ensures that advanced paediatric oncology services are available locally, improving care coordination and maintaining high treatment standards. By bringing leading-edge care closer to home, the program helps to ease the emotional and financial burdens on families, particularly those associated with frequent travel for prolonged treatment.

Regional Infection Prevention & Clinical Governance Support

In our ongoing commitment to regional healthcare excellence, we have implemented a Clinical Nurse Consultant lead Infection Prevention & Surveillance program with Tallangatta Health in April 2024. This three-year initiative, operating two days a week, reflects our dedication to enhancing infection control and patient safety across the region and supporting smaller services with our resources and skills.

Additionally, we have partnered with Corryong Health to provide comprehensive clinical governance support. With our focus on implementing collaborative models of care with our rural and sub-regional partners, our role involves providing expert advice on governance frameworks, risk management, and quality improvement. This regional approach ensures we are advancing healthcare standards and safety across the region and working collaboratively to meet the population health needs of our communities.



"Our aim at Albury Wodonga Health is to empower healthy, safe, and inclusive communities by consistently providing exceptional, high-quality care and delivering excellence in our work"

Jonathan Green
Board Chair

Leadership Transition:

Honouring Matt Burke's Contributions and Welcoming Jonathan Green's Leadership

Matt Burke OAM as Chair of the Albury Wodonga Health Board has left a notable impact through his commitment to community. During his time on the Board Albury Wodonga achieved significant milestones in expanding facilities and services and setting new standards for regional healthcare. Matt's advocacy was instrumental in securing \$558 million in state funding for the Albury Wodonga Regional Hospital, reflecting his dedication to advancing healthcare in the region.

A highlight of Matt's tenure was his role in recruiting our new CEO, Bill Appleby. Bill's strong focus on patient care and staff engagement has infused Albury Wodonga Health with renewed energy and strategic vision.

Matt's leadership was characterised by his approachable and personable style. He engaged effectively with politicians, dignitaries and the media but found his greatest satisfaction in direct interactions with staff and volunteers. His integrity, compassion, and commitment to improving community health outcomes are the hallmarks of his legacy at AWH Albury Wodonga Health.

In July 2023, Matt transitioned the chairmanship to Jonathan Green, confident in Jonathan's ability to continue Albury Wodonga Health's legacy of excellence. Jonathan brings extensive experience from various local board roles, including North East Water, Murrumbidgee Local Health District, and Chair of Northeast Health Wangaratta. Known for his strategic vision and collaborative approach, Jonathan's leadership emphasises teamwork and effective communication. Jonathan has led the way with developing and establishing Albury Wodonga Health's 2024-2028 Strategic Plan focusing on our long-term sustainability bolstering our digital capabilities, improving service efficiency, and embedding operational agility

With qualifications in law and politics and a career in commercial real estate law, Jonathan is also a dedicated community advocate. Under his leadership, Albury Wodonga Health is well-positioned to continue its purpose of advancing the health and wellbeing of our community.

Sustainable Services

Our commitment to long-term success drives us to continually enhance our services and facilities. We focus on developing contemporary solutions to meet the growing needs of our community while advancing technologies to improve operational efficiency and patient care.

Collaboration and data-informed decision-making are essential for achieving sustainable health outcomes in our region. By modernising our facilities and systems and embracing innovation, we are shaping the future of our health service and ensuring it is both effective and sustainable.

This section highlights how our commitment to modernising facilities and integrating cutting-edge technologies is transforming the way we deliver health services.

Enhancing Patient Flow and Care Coordination through Innovative Systems and Strategies

Over the past year, we have concentrated on enhancing patient flow and care coordination through several key strategic initiatives, drawing inspiration from the Royal Melbourne Hospital and employing a multidisciplinary approach. These initiatives include the development of the Progression of Care Hub, the implementation of a region-wide Patient Administration System (PAS), and the forthcoming Patient Flow Platform and Virtual Monitoring Platform, which are currently in the final planning stages and are set for future implementation.

Progression of Care Hub:

Albury Wodonga Health has established the 'Progression of Care Hub,' an advanced central access and flow coordination centre—the first of its kind in a regional Victorian health service. Modelled from the Royal Melbourne Hospital's Digital Coordination Centre, this innovative, multidisciplinary hub centralises key staff from various departments, providing real-time visibility into patient statuses and resource availability.

By integrating these key staff members, the hub enhances coordination among services, reduces care delays, and ensures smoother transitions between facilities, facilitating timely and appropriate patient care. This initiative has significantly improved patient flow, reduced pressure on clinical teams, and increased the capacity for planned surgeries within the community.

Further advancements are anticipated in November with the expansion of digitalisation across the Hume region, which will further strengthen these efforts.

In recognition of these achievements, Albury Wodonga Health has been invited to join the Victorian Department of Health's state-wide 'Timely Emergency Care' program. This initiative promotes collaboration and leadership among clinicians and health leaders, allowing Albury Wodonga Health to engage with leading health services across Victoria and share best practices in access and flow.

Region-Wide Patient Administration System (PAS):

The Hume region has invested in a region-wide PAS that will unify the Albury, Wodonga, and Wangaratta (Kerferd) campuses onto a single system for the first time. This system will enhance patient flow and coordination not only within AWH but also across regional partner health services. The PAS will be complemented by a digital patient flow portal that provides a comprehensive view of patient statuses, facilitating seamless coordination and communication among healthcare providers.

Patient Flow Platform and Virtual Monitoring Platform:

We are currently in the planning stages for the Patient Flow Platform and Virtual Monitoring Platform, which are scheduled for implementation in November 2024. These tools are designed to further optimise patient movement and bed utilisation across the region by enhancing real-time monitoring and coordination.

Optimising Regional Bed Utilisation:

In addition to these technological advancements, we are focused on optimising regional bed utilisation in collaboration with other local health services.

Through these initiatives and our strong regional partnerships, we are dedicated to innovating and enhancing our systems to elevate patient care and coordination across the region.

Hospital Avoidance Initiatives

Comprehensive Support and Care

This year, our Health Coordination Team (HCT) has advanced hospital avoidance through its intensive coordination and Short Term Supports (STS) programs. Using a holistic approach, the HCT combines in-home visits with regular phone support, addressing needs like GP care, medication management, housing, and patient-centred support. This ongoing monitoring and timely intervention effectively reduces re-admissions risks.

The STS program further supports this by providing in-home services such as nursing care, personal assistance, and domestic support. These services aid recovery, assist with daily activities, and significantly lower the likelihood of hospital readmissions, enhancing client care and promoting efficient use of healthcare resources.

New ROVER Program: Revolutionising Hospital Avoidance and Patient Care

We are pleased to highlight the ROVER (Rapid Onsite Virtual Essential Response) program at Albury Wodonga Health, which has transformed our approach to patient care and hospital avoidance. Since its launch in 2023, ROVER has significantly improved patient outcomes and reduced hospital re-admissions.

ROVER contacts patients within 72 hours of discharge to ensure they understand their instructions and access follow-up care. Through phone consultations and text messaging, our Health Coordinators provide symptom monitoring, educational resources, and health coaching, to enhance patient support.

This initiative prevents unnecessary hospital re-presentations and admissions, easing bed occupancy and relieving pressure on emergency services. With ongoing funding, we've supported over 340 newly discharged patients from July 2023 to June 2024.



Extended for another 12 months with additional funding from the Better @ Home initiative, ROVER continues to improve patient flow, reduce re-presentations, and prevent re-admissions. This program exemplifies our commitment to innovation and excellence in patient care.

Residential in reach

The Residential In-Reach (RIR) service, set to launch in November 2024, is a strategic initiative aimed at enhancing patient care and reducing unnecessary Emergency Department (ED) visits from Residential Aged Care Facilities (RACFs). Following comprehensive scoping this reporting year, RIR will offer a non-admitted service that includes care, consultation, referral, education, and support within RACFs, while ensuring clients remain under their General Practitioner's clinical care.

Led by Clinical Nurse Consultants and Nurse Practitioners, RIR aims to prevent avoidable hospital admissions by providing expert care directly at facilities, supporting smooth transitions from hospital to home, and enhancing emergency services with an additional clinical resource. The program also seeks to build more collaborative relationships with aged care providers. By employing a proactive and preventative approach, RIR will address a range of needs including post-hospital follow-up, acute care assessments, wound management, palliative care, chronic disease management, and issues related to nutrition, hydration, and outbreak management.

Introduction of an Electronic Medical Credentialing Platform

In our ongoing efforts to enhance efficiency and sustainability, Albury Wodonga Health has implemented a new electronic platform for medical credentialing. This initiative aims to streamline our operations and support more sustainable healthcare practices.

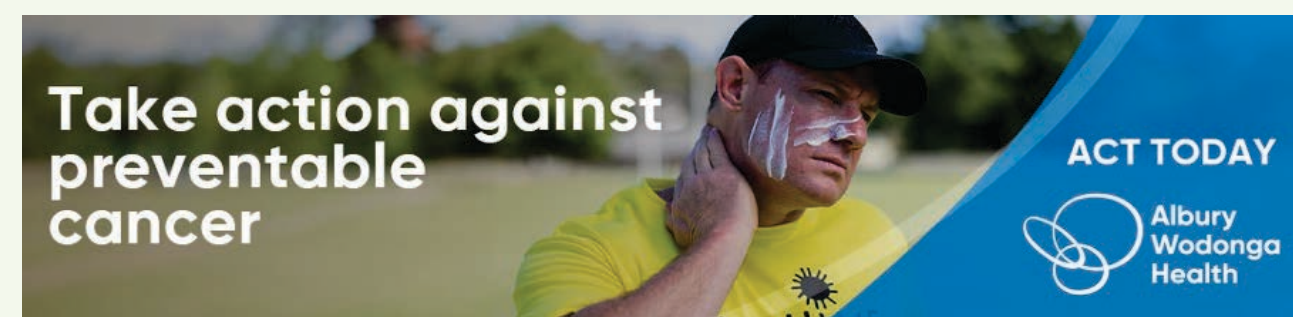
Credentialing involves verifying a healthcare practitioner's qualifications, experience, and expertise before determining their clinical scope of practice. This process is essential for ensuring high standards of patient care.

While Albury Wodonga Health has always upheld a robust credentialing system for senior medical staff, we have taken a significant step forward with the introduction of CGov in May 2024, as part of the Hume Health Service Partnership Regional Credentialing Project. CGov is an advanced digital platform designed to manage credentialing applications, simplify document handling, and efficiently track outcomes.

The Medical Credentialing and Scope of Practice Committee, which includes all medical Clinical Directors at Albury Wodonga Health, now utilises CGov. The platform provides a unified view of the documentation submitted by senior doctors, supports transparent decision-making, and enhances our clinical governance. Furthermore, CGov facilitates information sharing between health services, enabling Albury Wodonga Health to collaborate with neighbouring health services to develop shared credentialing processes. This integration will allow senior doctors to work across multiple health services with a single set of documents, reducing administrative burdens and promoting consistent credentialing practices throughout the region.

Ovens Murray Public Health Unit

Our Ovens Murray Public Health Unit (OMPHU) is dedicated to improving regional health through health protection, population health initiatives, and responding to health-related emergencies.



Health Protection

Over the past year, the OMPHU has effectively managed 83 notifiable conditions, including Mpox, bird flu, legionellosis, meningococcal disease, Q fever, and a rise in cases of blood-borne and sexually transmitted infections. We also addressed outbreaks of respiratory viruses and gastroenteritis in local aged care and childcare facilities, working closely with these institutions and local governments.

Population Health

In the area of population health, we released the Population Health Catchment Plan and Health Needs Assessment, which outline key health priorities for our region. Our preventive health efforts focused on cancer screening (breast, bowel, and cervical) and mental well-being. Notable activities included a media campaign to promote cancer screening, efforts to address screening barriers in culturally and linguistically diverse communities, collaboration through the Primary Care and Population Health Committee, and advocacy in various forums.

Collaborative Research

The OMPHU has worked with the Goulburn Valley Public Health Unit, the Loddon Mallee Public Health Unit, and the Department of Health on research into Japanese Encephalitis Virus. We previously completed a serosurvey on Japanese Encephalitis Virus, which was published in the Medical Journal of Australia and provided valuable insights into its impact in our region. We have since carried out a second serosurvey on Murray Valley Encephalitis Virus, which has been completed and is now in the process of being published.

These collaborative efforts reflect a strong commitment to advancing public health. The findings from both studies are crucial for refining public health strategies and improving the understanding of flavivirus infections in the region.

Population Health

This year, we released the Population Health Catchment Plan and Health Needs Assessment, which outline regional health priorities. Our health promotion efforts concentrated on cancer screening and mental wellbeing, including a media campaign to encourage cancer screening and collaborative projects with local community organisations and alliances. A major focus has been supporting the Primary Care and Population Health Engagement Committee (PC&PHEC) board subcommittee in aligning key population health stakeholders across the Ovens Murray region towards a unified future direction.

A New Era in Emergency Care

The Albury Campus Emergency Department

In April 2024, we proudly unveiled the new Emergency Department at the Albury Campus, marking a major milestone in our commitment to advancing healthcare in our community. This \$36 million state-of-the-art facility, supported by the Victorian and NSW Health Infrastructure Funds, significantly enhances our ability to provide modern, efficient, and high-quality emergency care.

Stage 1 of the department officially opened on April 10, with Victorian Minister for Health Mary-Anne Thomas inaugurating the facility. The new Emergency Department features advanced technology and innovative design, including 42 treatment areas, a dedicated resuscitation hub, and specialised sections for paediatric and acute care. It also includes a bariatric room with specialised equipment to ensure comprehensive care for all patients, improving our ability to manage patient flow and enhance care efficiency.

The project, delivered by the Victorian Health Building Authority, local builder Joss Group, and AWH, created over 100 local jobs at its peak. Prior to the official opening, we hosted a Community Day where residents, healthcare professionals, and visitors explored the new facilities and met the dedicated team. Attendees had the opportunity to tour the modern treatment areas, observe the advanced technology, and learn about the improved care pathways designed to enhance patient outcomes.

As part of this phase, we commissioned local artist Abi Thompson to create an art installation for the waiting room. Her triptych, "Murray Meander," captures the Murray River and its wetlands, offering a calming and engaging visual experience that enhances the patient environment.

Construction for Stage 2 began in May 2024, which will add a 16-bed overnight Short Stay Unit, further expanding the emergency department's capacity.

The new Emergency Department is more than just a physical space; it embodies our mission to enhance community health and well-being through exceptional and equitable healthcare. By investing in state-of-the-art infrastructure and embracing innovative care models, we continue to prioritise the well-being of our staff, patients, and their families, setting new benchmarks in emergency care excellence.



Take a look inside the Albury ED:

“ We’ve expanded Albury Wodonga Health’s emergency department to give our hardworking doctors and nurses the world-class facilities they need to give the community the best possible care. ”

Mary-Anne Thomas, Minister of Health



Above: Pictured left to right are: Elaine Hill, Lauren Black, Abi Thompson, CEO Bill Appleby, and Board Chair Jonathan Green, in front of Abi Thompson's artwork, Murray Meander.

Above: campaign collateral from our OMPHU's preventable cancer initiative.

Albury's Negative Pressure Rooms

In November 2023, we embarked on an important project to build five new Negative Pressure Rooms (NPRs) as an extension of Medical Ward 2. These state-of-the-art rooms are designed to provide specialised respiratory isolation, significantly reducing the transmission of infectious diseases. This development will enable us to treat patients requiring isolation closer to home, enhancing their comfort and care experience without the need for travel. Notably, one room will be equipped for bariatric patients, featuring a ceiling hoist and specialised furniture to enable immediate access to care when needed. We anticipate that these NPRs will be fully operational by November 2024, marking a significant advancement in our infection control capabilities.

Pictured to the right: AWH CEO, Bill Appleby, senior infrastructure staff and medical directors, join project team AKPS and Joss Group construction leads onsite inspecting our Negative Pressure Room project.



Director of Infrastructure, Facilities, and Maintenance

As the Director of Infrastructure, Facilities, and Maintenance at Albury Wodonga Health, Shane Hancock has shown exceptional leadership in delivering high-quality facilities and operational excellence.

This year, Shane managed the successful integration of medical gases in the new Albury Emergency Department. This critical project ensured the proper installation and compliance of medical gas systems, which are essential for patient safety and operational reliability. Additionally, Shane effectively directed the transition of the Emergency Department from construction to full operational status, facilitating a smooth integration of new systems and a seamless shift to daily operations.

Shane's leadership is characterised by his strategic insight and proactive approach. His "Start with the end in mind" philosophy was notably applied in the remediation of Albury Medical Ward 2 and various fire

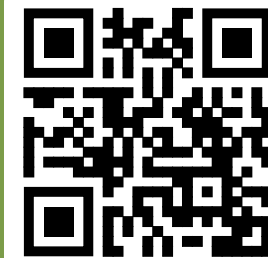


systems projects. By clearly communicating his vision and involving his team in the planning process, Shane cultivates a sense of ownership and motivation among his staff.

To maintain team morale under pressure, Shane emphasises clear communication and recognition. By celebrating both major and minor achievements and keeping the team updated on progress, he strives to make sure that all team members feel valued and engaged.



Take a look at the new project:



A New Regional Hospital for Albury, Wodonga, and Beyond

The Albury Wodonga Regional Hospital project reached a significant milestone this year, with the master planning phase now complete and progress advancing to the concept design stage. This phase outlines the hospital's scope, scale, and layout, demonstrating the connections between clinical functions, services, and facilities.

Working collaboratively with NSW Health Infrastructure, the importance of ongoing consultation with a diverse range of stakeholders and community members was recognised throughout the design process. This commitment was exemplified by the establishment of the Project Community Advisory Group in September 2023. Comprising local patients and community representatives, this group bring together varied backgrounds and experiences to help shape a hospital that addresses the community's needs.

In parallel, the engagement with local Aboriginal Elders and community members through Connecting with Country Design Jam Workshops has been instrumental. Their input ensures that the new hospital will be a culturally safe and welcoming space, integrating elements that reflect the unique heritage and environment of the region.

With a \$558 million investment from the NSW, Victorian, and Federal or Commonwealth governments, this project is one of the largest regional health initiatives underway in both states. Once completed, the new Albury Campus facilities will not only enhance patient safety but also improve healthcare access by reducing service duplication and minimising travel between hospital sites. This project will significantly boost our capability and responsiveness to meet the future healthcare needs of the Albury, Wodonga, and border communities.



Thank You to Our Generous Donors and Supporters

Albury Wodonga Health extends its profound gratitude to the individuals, community groups, and businesses whose generous support has significantly impacted our services. We are honoured to recognise and celebrate the exceptional contributions of several key supporters:

Hume Bank City2City 2024

Since its inception in 2014, the Hume Bank City2City RunWalk has been a key fundraising initiative. In 2024, this event raised an impressive \$160,000, contributing to a cumulative total of over \$1 million raised to date. The 2024 funds were allocated to critical gynaecological and maternity equipment, including the Myosure and Ally Positioning Systems, as well as the Affinity Birthing Bed. We extend our deepest thanks to the City2City committee, volunteers, and major sponsors—Hume Bank, Immix, Anytime Fitness, Back on Track Physiotherapy, and Johnsons MME—for their steadfast support.

Pictured below: City2City Committee members and Border Trust receive a demo of theatre equipment purchased with 2024 fundraising.



Business Women Albury Wodonga's Paediatric Courtyard Fundraiser

Felicity Cahill, inspired by her visit to the Paediatric ward with her son, led a fundraising campaign through Business Women Albury Wodonga for the Paediatric Courtyard. This campaign raised an extraordinary \$36,655, far surpassing the initial goal of \$4,000. This remarkable generosity has transformed the Paediatric Courtyard into a more engaging and supportive environment for young patients and has funded specialised sensory equipment for our paediatric ward.

Wodonga Rally Marathon

In May, the Wodonga Squash and Racquetball Association hosted the Wodonga Rally Marathon—a 24-hour squash and racquetball event. With 97 participants across eight teams, the event successfully raised \$26,646 for surgical instruments used in women's procedures. Teams, adorned in inventive costumes and playing continuously through day and night, demonstrated the community's tremendous support for our healthcare services and significantly enhanced our surgical capabilities.

Pictured below: CEO Bill Appleby thanks Helen Woolley, Rally Marathon participant and Wodonga Squash and Racquetball Club Committee Member.



Acknowledgment of Major Donors

We extend our deepest thanks to our major donors for their steadfast support throughout 2023–2024:

- The Royal Children's Hospital Good Friday Appeal
- The SS&A Club Albury
- The Hume Bank City2City Run Walk
- The Pratt Foundation
- The Albury Wodonga Regional Cancer Centre Trust Fund
- Collier Charitable Fund

The success of our initiatives this year underscores the profound impact of community collaboration in advancing healthcare in our region. We look forward to continuing this journey with renewed dedication and enthusiasm.

Reporting Against the Statement of Priorities

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

Part A: Strategic Priorities

EXCELLENCE IN CLINICAL GOVERNANCE	
We aim for the best patient experience and care outcomes by assuring safe practice, leadership of safety, an engaged and capable workforce, and continuing to improve and innovate care.	
GOAL	
MA2 Strengthen clinical governance systems that support safe care, including clear recognition, escalation, and addressing clinical risk and preventable harm.	
HEALTH SERVICE DELIVERABLE	ACHIEVEMENT / OUTCOME
MA2 Implement DH Surgery Capability Framework when released	ACHIEVED We have completed the Victorian state-wide Perioperative Capability Framework self-assessment. The Department of Health is currently reviewing this and we hope to be able to make public our Perioperative Capability level by the end of 2024. In parallel, we are developing Models of Care for perioperative services that align with this framework to standardise our approach and ensure evidence-based service delivery. The draft AWH Perioperative Capability Framework Guidelines are currently under review by the Clinical Governance and the Board's Patient Safety, Quality, and Service Review Committee. An Improvement Plan is also in place to drive continuous enhancement and alignment of perioperative services with the framework.
MA2 Health Service Partnerships (HSP) collaborations such as "Getting it Right First Time" program	PARTIALLY ACHIEVED Progress on the Getting It Right First Time (GIRFT) initiative has experienced delays due to the redesign of the Orthopaedic Unit. Recruitment for specialist positions is now in its final stages, with specialists expected to commence on boarding in August 2024. The GIRFT program is anticipated to resume advancement in September 2024. Furthermore, membership in the Australian and New Zealand Hip Fracture Registry (ANZHFR) commenced on 1 July 2024, providing AWH with critical opportunities for monitoring and reporting on hip fracture surgical performance.

EXCELLENCE IN CLINICAL GOVERNANCE	
We aim for the best patient experience and care outcomes by assuring safe practice, leadership of safety, an engaged and capable workforce, and continuing to improve and innovate care.	
GOAL	
MA9 Maintain commitment to driving planned surgery reform in alignment with the Surgery Recovery and Reform Program, as well as identify and implement local reform priorities.	
HEALTH SERVICE DELIVERABLE	ACHIEVEMENT / OUTCOME
MA9 Proactively manage preparation lists (formerly waiting lists) including validation and support of patients into optimal care pathways	PARTIALLY ACHIEVED Substantial efforts have been made to standardise pathways for non-surgical treatments.
HEALTH SERVICE DELIVERABLE	ACHIEVEMENT / OUTCOME
MA9 Collaboratively drive reform regionally through delivery and innovation teams, in alignment with Surgery Recovery and Reform Priorities	ACHIEVED Development and implementation of contractual arrangements to utilise latent regional operating theatre and bed capacity has been developed with strong engagement from several sub-regional partners.
GOAL	
MA11 Develop strong and effective systems to support early and accurate recognition and management of deterioration of paediatric patients	
HEALTH SERVICE DELIVERABLE	ACHIEVEMENT / OUTCOME
MA11 Partner with Safer Care Victoria (SCV) and relevant multidisciplinary groups to establish protocols and auditing processes to manage effective monitoring and escalation of deterioration in paediatric patients via ViCTOR charts.	ACHIEVED The ViCTOR track and trigger chart has been successfully implemented across AWH since its introduction. AWH was a trial site for these charts, and they are now fully integrated into our observation chart audits. This integration supports the effective monitoring and escalation of patient deterioration, in alignment with the established protocols and auditing processes.
MA11 Improve paediatric patient outcomes through implementation of the "ViCTOR track and trigger" observation chart and escalation system, whenever children have observations taken.	ACHIEVED The ViCTOR track and trigger chart has been implemented fully across AWH since its introduction. AWH participated as a trial site for the charts. These charts are included in the observation chart audits.
MA11 Implement staff training on the "ViCTOR track and trigger" tool to enhance identification and prompt response to deteriorating paediatric patient conditions.	ACHIEVED Staff training on the ViCTOR track and trigger tool has been successfully implemented. This training has enhanced our team's ability to identify and promptly respond to deteriorating conditions in paediatric patients.

WORKING TO ACHIEVE LONG TERM FINANCIAL SUSTAINABILITY	
Ensure equitable and transparent use of available resources to achieve optimum outcomes.	
GOAL	
MB1 Co-operate with and support Department-led reforms that look towards reducing waste and improving efficiency to address financial sustainability, operational and safety performance, and system management.	
HEALTH SERVICE DELIVERABLE	ACHIEVEMENT / OUTCOME
MB1 <i>Operational efficiency improvements</i> : Develop and implement strategies to improve operational efficiency, such as reducing waiting times, improving patient flow, and optimising resource allocation.	ACHIEVED Significant improvement activities have been successfully implemented, resulting in enhanced patient flow across AWH and a reduction in daily bed demand by approximately 10 beds. Key initiatives include the launch of Rapid Access Clinics and enhancements to early supported discharge programs, such as Subacute in the Home (SITH) and Hospital in the Home (HITH), which have improved access to home-based services.
MB1 <i>Collaborative partnerships</i> : Collaborate with other health service providers, community organisations, the department and stakeholders to explore opportunities for shared services, joint procurement, and resource sharing to reduce costs and improve efficiency.	ACHIEVED A joint work plan has been established across the Central Hume and Upper Hume Local Health Service Partnerships, with AWH serving as the lead for all projects. This collaboration has resulted in improved patient access and flow across partner services, the formation of a regional workforce council, and the implementation of a virtual in-reach physician model of care.
GOAL	
MB2 Development of a health service financial sustainability plan in partnership with the Department with a goal to achieving long term health service safety and sustainability.	
HEALTH SERVICE DELIVERABLE	ACHIEVEMENT / OUTCOME
MB2 <i>Cost containment initiatives</i> : Implement strategies to control costs, such as negotiating favourable contracts with suppliers, optimising workforce utilisation, and managing healthcare technologies and equipment effectively.	PARTIALLY ACHIEVED AWH have embarked on several saving initiatives in the reported year. A significant initiative has seen a complete review of labour resource management across third party agency spend, as well as roster management across AWH employee spend. There are a several reviews currently in progress to create greater efficiencies in the provision of catering, security and cleaning services across the health service.
MB2 <i>Long-term investment planning</i> : Develop a comprehensive investment plan that aligns with the health service's strategic priorities, focusing on initiatives that have a positive impact on health outcomes and financial sustainability in.	PARTIALLY ACHIEVED With the development of the AWH Strategic Plan 2024-2028, there are a range of transformational activities that will lead to a more sustainable health service that advances the health and wellbeing of the local community. There are a range of initiatives to improve patient access and flow, as well as prudent financial decisions on required capital expenditure on infrastructure and information technology /digital solutions that will better serve our growing community's needs.

IMPROVING EQUITABLE ACCESS TO HEALTHCARE AND WELLBEING

Ensure that Aboriginal people have access to a health, wellbeing and care system that is holistic, culturally safe, accessible, and empowering.

Ensure that communities in rural and regional areas have equitable health outcomes irrespective of locality.

GOAL

MC1 Address service access issues and equity of health outcomes for rural and regional people including more support for primary, community, home-based and virtual care, and addiction services.

HEALTH SERVICE DELIVERABLE	ACHIEVEMENT / OUTCOME
MC1 CEO and executive leadership to drive and be accountable for outcomes in cultural safety and Aboriginal self-determination.	PARTIALLY ACHIEVED The AWH Strategic Plan 2024–2028, titled <i>Transforming for Our Future</i> , was officially launched at the Annual General Meeting in December 2023. A key focus of the plan is enhancing Aboriginal health and wellbeing. The strategic pillar of “Safe Connected Care” will underpin our ongoing efforts in this area. Additionally, the Cultural Competency Plan 2023–2026 has been reviewed and integrated into a comprehensive AWH Aboriginal Health Action Plan.
MC1 Effective Aboriginal and Torres Strait Islander client and patient identification, including quality improvement processes to continually improve in this area.	PARTIALLY ACHIEVED The National Best Practice for Collecting Indigenous Status in Health Data Sets is consistently applied across AWH. A current policy and procedure for asking and recording Indigenous status are in place. We aim for 100% of administrative services, allied health, and nursing staff to complete online training on asking and recording Indigenous status. This initiative is currently in progress. Monthly reports on the number of staff who have completed the online training module are provided to the Comprehensive Care Committee and the Board’s Patient Safety, Quality, and Service Review Committee.

GOAL

MC2 Strengthen programs that support Aboriginal people to access early intervention and prevention services.

HEALTH SERVICE DELIVERABLE	ACHIEVEMENT / OUTCOME
MC2 Alignment of health service operating hours and the availability of hospital Aboriginal Health Liaison Officer (ALO) workforce.	ACHIEVED Additional Aboriginal Liaison Officer full-time equivalents have been recruited as part of the Albury Emergency Department expansion. This recruitment has enhanced ALO presence throughout the week across the health service.
MC2 Identify and prioritise the health, wellbeing and service needs of the Aboriginal catchment population and service users – including improved patient identification, discharge planning and outpatient care.	PARTIALLY ACHIEVED An Aboriginal Health Dashboard has been developed, including detailed data specifications and definitions. Key Performance Indicators (KPI) on the dashboard encompass timely access to mental health care, dental care, community services, as well as maternity and newborn safety indicators and hospital-acquired complications. These KPIs are designed to monitor variations in health outcomes across various clinical areas. Additionally, the Ovens Murray Local Public Health Unit’s Health Needs Assessment for the Aboriginal community in the Albury Wodonga region and surrounding areas has been completed. This report has been cross-referenced with medical coding data from AWH, including high-volume presentations, diagnostic codes, and other state and national health priority areas, to identify key service needs.

A STRONGER WORKFORCE

There is increased supply of critical roles, which supports safe, high-quality care. Victoria is a world leader in employee experience, with a focus on future roles, capabilities and professional development. The workforce is regenerative and sustainable, bringing a diversity of skills and experience that reflect the people and communities it serves. As a result of a stronger workforce, Victorians receive the right care at the right time closer to home.

GOAL

MD1 Improve employee experience across four initial focus areas to assure safe, high quality care: leadership, health and safety, flexibility, and career development and agility.

HEALTH SERVICE DELIVERABLE	ACHIEVEMENT / OUTCOME
MD1 Deliver programs to improve employee experience across four initial focus areas: leadership, safety and wellbeing, flexibility, and career development and agility.	ACHIEVED / ONGOING A new leadership development program and leadership capability framework has been developed and will be implemented commencing 2024. An improved annual performance development plan process has been implemented with an improved completion rate. AWH Strategic Workforce Plan has been endorsed and implementation has commenced. A refreshed Aboriginal Employment Plan has been developed and will be presented to the Board in 2025. Implementation of a new Human Resources Information System (HRIS) has commenced with stage 1 completed, stage 2 will commence shortly. This system will significantly improve the experience our existing and new employees have across all elements of the employee lifecycle. A continued focus remains on health and wellbeing of staff.
MD1 Implement and/or evaluate new/expanded programs that uplift workforce flexibility such as a flexibility policy for work arrangements.	ACHIEVED A Flexible Work policy/procedure has been implemented “The Way We Work”. A hybrid model is provided and is guided by key principles. This new approach is to ensure the approach is consistent, inclusive and flexible.

GOAL

MD2 Explore new and contemporary models of care and practice, including future roles and capabilities.

HEALTH SERVICE DELIVERABLE	ACHIEVEMENT / OUTCOME
MD2 Pilot, implement or evaluate new and contemporary models of care and practice,including future roles and building capability for multidisciplinary practice.	ACHIEVED Through the development of strong relationships with the Royal Melbourne Hospital, AWH have worked to develop a model for a coordinated and centralised hub to manage patient flow across the organisation. This will include co-locating key staff who enable important collaboration of the patient journey through the health service. The “Progression of Care Hub” will improve visibility of system performance and provide an improved experience for our clinicians and our patients during their journey. Key roles being co-located include senior medical clinicians, Access Manager, Patient Transport Dispatch Officer, Assistant Directors of Nursing, Support Services (Environmental Services, Food Services, Administration) and Complex Care Coordinators.
MD2 Continual monitoring of the broader healthcare landscape to identify opportunities to modernise skills, capabilities, roles and models of care to meet future health sector needs.	ACHIEVED AWH is an active participant in many industry forums to ensure we are keeping abreast of opportunities to modernise our health service.

MOVING FROM COMPETITION TO COLLABORATION

Share knowledge, information and resources with partner health and wellbeing services and care providers. This will allow patients to experience one health, wellbeing and care system through connected digital health information, evidence and data flows, enabled by advanced interoperable platforms.

GOAL

ME1 Partner with other organisations (for example community health, ACCHOs, PHNs, General Practice, private health) to drive further collaboration and build a more integrated system.

HEALTH SERVICE DELIVERABLE	ACHIEVEMENT / OUTCOME
ME1 Engage local Aboriginal Community Controlled Health Organisation (ACCHO) groups in the identification and delivery of initiatives that improve Aboriginal cultural safety.	ACHIEVED / ONGOING Working collaboratively with Albury Wodonga Aboriginal Health Service (AWAHS) and Mungabareena Aboriginal Corporation (MAC) to maintain pathways for Aboriginal and Torres Strait Islander families accessing maternity care. Koori Mental Health Liaison Officer, Aboriginal Health Liaison Officer Mental Health, ASDM and ASPM have been involved with the AWH Mental Health Transformation: • Attending the Co-design workshop. • Supporting collaboration between AWAHS and AWH Mental Health Services regarding service provision and referral pathways.
ME1 Work with the relevant PHN and community health providers to develop integrated service models that will provide earlier care to patients and support patients following hospital discharge.	ACHIEVED / ONGOING AWH continues to work with Murray and Murrumbidgee PHNs, Gateway Health and the Benalla, Mansfield and Wangaratta Local Mental Health and Wellbeing Service (for example) to design and deliver coordinated patient care pathways, step up/step down models of care, strengthened coordination of care in suicide prevention, mental health and wellbeing, sexual health, and family violence response, amongst other integrated service models.

GOAL

ME2 Engage in integrated planning and service design approaches, whilst assuring consistent and strong clinical governance, with partners to join up the system to deliver seamless and sustainable care pathways and build sector collaboration.

HEALTH SERVICE DELIVERABLE	ACHIEVEMENT / OUTCOME
ME2 Regional, sub-regional or local regional health needs assessment to develop a population health plan.	ACHIEVED Ovens Murray Local Public Health Unit published Regional Health Needs Assessment report and corresponding Population Health Plan.
ME2 Undertake joint clinical service plans with an agreed approach to coordinating the delivery of health services at a regional level as opposed to individual health service planning.	ACHIEVED The Hume Health Service Partnership has finalised the joint Clinical Service Plan, which outlines over 30 collaborative service priorities for the Hume Region. The Upper Hume and Ovens Murray Health Service Partnerships are working together on various agreed-upon service initiatives. Additionally, we are actively participating in the Hume Region Patient Administration System Connect project.

EMPOWERING PEOPLE TO KEEP HEALTHY AND SAFE IN THE COMMUNITY

Support individual health and mental wellbeing by giving people the tools and information they need to stay healthy and well. Work with the local government to respond to health threats and empower the community to proactively respond to health risks.

GOAL

EA6 Reduce risk factors contributing to the burden of preventable chronic disease through place-based prevention and population health initiatives delivered and coordinated by LPHUs.

HEALTH SERVICE DELIVERABLE	ACHIEVEMENT / OUTCOME
EA6 LPHUs deliver population health catchment plans reflecting statewide public health and wellbeing priorities (BP3 measure). This includes supporting local priorities, where identified through population health needs assessment / Municipal Public Health and Wellbeing Planning.	ACHIEVED Ovens Murray Public Health Unit (OMPHU) finalised the catchment plan for the corresponding region in concert with finalisation of the health needs assessment for the region. The OMPHU have commenced work against two population health priority needs: mental wellbeing and, preventable cancer. The OMPHU continues to work with the five local governments across the corresponding catchment region to understand, inform and influence collective and collaborative work arising from municipal health plans.

GOAL

EA7 Perform authorised health protection functions for the population in their public health catchment.

EA7 LPHUs manage and deliver local public health responses to integrated notifiable conditions – including COVID-19 – within their catchment.	ONGOING Ovens Murray Public Health Unit (OPMHU) recognised for efforts in monitoring and responding to Japanese Encephalitis, Murray Valley Encephalitis and Monkeypox.
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CARE CLOSE TO HOME

Primary and community care is accessible and reduces avoidable escalation in acuity of health conditions. When appropriate, hospital care is delivered in the home, including through digital care and connection, to deliver virtual care, telehealth and other advanced models of care.

GOAL

EB1 Improve pathways through the health system and implement models of care to enable more people to access care closer to, or in their homes.

HEALTH SERVICE DELIVERABLE	ACHIEVEMENT / OUTCOME
EB1 Implement and/or evaluate new/expanded models of care that address barriers to patients receiving care closer to, or in their home	ACHIEVED Remote patient monitoring project with Health Coordination Team enabled significant increase in patient caseloads without compromising intensity of care or care outcomes. Residential In-Reach model developed. Active participants in Hume@Home projects including Sub acute in the Home (SITH) and Hospital in the Home (HITH) expansion.

Reporting Against the Statement of Priorities

Part B: Performance Priorities

High quality and safe care

Key Performance Measure	Target	Result
Infection Prevention and control		
Compliance with the Hand Hygiene Australia Program	85%	81.8%
Percentage of healthcare workers immunised for influenza	94%	86%
Continuing Care		
Average change in the functional independence measure (FIM) score per day of care for rehabilitation separations	≥ 0.645	0.629
Healthcare associated infections (HAIs)		
Rate of central-line-associated blood stream infections (CLABSI) in intensive care units per 1,000 central-line days	Zero	Zero
Rate of healthcare-associated <i>S. aureus</i> bloodstream infections per 10,000 bed days	≤ 0.7	1.0
Patient Experience		
Percentage of patients who reported positive experiences of their hospital stay - Quarter 1	95%	90%
Percentage of patients who reported positive experiences of their hospital stay - Quarter 2	95%	91.7%
Percentage of patients who reported positive experiences of their hospital stay - Quarter 3	95%	91.6%
Maternity and newborn		
Percentage of full-term babies (without congenital anomalies) who are considered in poor condition shortly after birth (Apgar score <7 to 5 minutes).	≤ 1.4%	2.2%
Percentage of singleton babies with severe fetal growth restriction (FGR) delivered at 40 or more week's gestation.	≤ 28.6%	16.2%
Unplanned Readmissions		
Rate of unplanned readmissions to any hospital following a hip replacement procedure	≤ 6%	1.25%
Aboriginal Health		
Percentage of Aboriginal admitted patients who left against medical advice	25% reduction in gap based on prior year's annual rate	Achieved 2.7%
Percentage of Aboriginal emergency department presentations who did not wait to be seen	25% reduction in gap based on prior year's annual rate	Not Achieved 8.6% (NSW) 4.9% (VIC)

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.

High quality and safe care

Key Performance Measure	Target	Result
Mental Health Patient Experience		
Percentage of consumers who rated their overall experience of care with a service in the last three months as positive	80%	95.2%
Percentage of mental health consumers reporting they 'usually' or 'always' felt safe using this service	90%	90.9%
Percentage of families/carers reporting a 'very good' or 'excellent' overall experience of the service	80%	19.7%
Percentage of families/carers who report they 'always' or 'usually' felt their opinions as a carer were respected	90%	59.7%
Mental Health Patient Experience		
Percentage of consumers followed up within 7 days of separation - Inpatient (Child and Adolescent)	88%	87%
Percentage of consumers followed up within 7 days of separation - Inpatient (adult)	88%	75% (NSW) 82% (VIC)
Percentage of consumers followed up within 7 days of separation - Inpatient (older persons)	88%	90.3%
Mental Health Readmission		
Percentage of consumers re-admitted within 28 days of separation - Inpatient (adult)	< 14%	12.5% (NSW) 11.8% (VIC)
Percentage of consumers re-admitted within 28 days of separation - Inpatient (older persons)	< 7%	8%
Mental Health Seclusion		
Rate of seclusion episodes per 1,000 occupied bed days - Inpatient (adult)	≤ 8	4 (NSW) 5 (VIC)
Rate of seclusion episodes per 1,000 occupied bed days - Inpatient (older persons)	≤ 5	4

Strong governance, leadership and culture

Key Performance Measure	Target	Result
Organisational culture		
People Matter Survey - Percentage of staff with an overall positive response to safety culture survey questions	62%	52%

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

High quality and safe care

Key Performance Measure	Target	Result
Planned Surgery		
Percentage of urgency category 1 planned surgery patients admitted within 30 days	100%	100%
Percentage of all planned surgery patients admitted within the clinically recommended time	94%	78.5%
Number of patients on the planned surgery waiting list	2,650	3,351
Number of patients admitted from the planned surgery waiting list	6,636	6,009
Number of patients (in addition to base) admitted from the planned surgery waiting list	0	0
Percentage of patients on the waiting list who have waited longer than clinically recommended time for their respective triage category	5% or 15% proportional improvement from prior year	33.0%
Number of hospital-initiated postponements per 100 scheduled planned surgery admissions	≤ 7	13.5
Emergency Care		
Percentage of patients transferred from ambulance to emergency department within 40 minutes	90%	56% (VIC only)
Percentage of Triage Category 1 emergency patients seen immediately	100%	100% (NSW) 100% (VIC)
Percentage of Triage Category 1 to 5 emergency patients seen within clinically recommended time	80%	63.3% (NSW) 72.5% (VIC)
Percentage of emergency patients with a length of stay in the emergency department of less than four hours	81%	55.0% (NSW) 68.5% (VIC)
Number of emergency patients with a length of stay in the ED greater than 24 hours	Zero	709 (NSW) 373 (VIC)
Mental Health		
Percentage of mental health-related emergency department presentations with a length of stay of less than 4 hours	81%	38% (NSW) 43.3% (VIC)
Percentage of 'urgent' (category 'C') mental health triage episodes with a face-to-face contact received within 8 hours	80%	90%
Specialist Clinics		
Percentage of urgent patients referred by a GP or external specialist who attended a first appointment within 30 days	100%	94.9%
Percentage of routine patients referred by GP or external specialist who attended a first appointment within 365 days	90%	100%
Home Based Care*		
Percentage of admitted bed days delivered at home	Equal to or better than prior year result	13.3%
Percentage of admitted episodes delivered at least partly at home	Equal to or better than prior year result	2.7%

**New KPI for 2023-24 – previous year comparison not available.*
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.

Effective financial management

Key Performance Measure	Target	Result
Operating result (\$M)	(50.18)	(36.3)
Average number of days to pay trade creditors	60 days	49 days
Average number of days to receive patient fee debtors	60 days	66 days
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	0.39
Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June	Variance ≤ \$250,000	Achieved
Actual number of days of available cash, measured on the last day of each month	14 days	7.6 days

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.

Reporting Against the Statement of Priorities

Part C: Activity And Funding

Key Performance Measure	2023-2024 Activity Achievement
Consolidated Activity Funding	
Acute admitted, subacute admitted, emergency services, non-admitted NWAU	44,251
Acute Admitted	
National Bowel Cancer Screening Program NWAU	20
Acute admitted DVA	130
Acute Non-Admitted	
Home Enteral Nutrition NWAU	35
Subacute & Non-Acute Other	
Subacute – DVA	46
Aged Care	
HACC	5,366
Mental Health and Drug Services	
Mental Health Ambulatory	40,711
Mental Health Inpatient – Available bed days	6,269
Mental Health Residential	4,881
Mental Health Subacute	11,944
Primary Health	
Community Health / Primary Care Programs	3,965

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.

Summary of Financial Results FY 2023-2024

Financial Information

	2024 \$000	2023 \$000	2022 \$000	2021 \$000	2020 \$000
OPERATING RESULT*	(36,250)	(206)	414	(480)	(3,559)
Total Revenue	461,162	467,304	407,844	355,030	328,848
Total Expenses	(512,490)	(471,035)	(418,647)	(361,318)	(343,215)
Net Result from Transactions	(51,328)	(3,731)	(10,803)	(6,288)	(14,368)
Total other economic flows	(1,091)	160	660	1,114	(878)
Net Result	(52,419)	(3,571)	(10,143)	(5,174)	(15,246)
Total Assets	273,146	216,595	219,545	187,391	179,532
Total Liabilities	141,251	112,104	121,049	95,462	85,910
Net Assets Total Equity	131,895	104,491	98,496	91,929	93,622

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

Albury Wodonga Health reported an Operating Deficit of \$36.3m for the year ended 30 June 2024. The Operating Deficit has been primarily driven by the ever-increasing community demand and also the significant difficulty in securing labour resources to meet the community needs, resulting in the increased use of agency labour with its associated costs.

Reconciliation of Net Result From Transactions and Operating Results

	2023-2024 \$000
OPERATING RESULT*	(36,250)
Capital Purpose Income	3,488
Specific Income	0
COVID-19 State Supply Arrangements	410
- Assets received FOC or for NIL consideration under State Supply	
- State supply items consumed up to 30 June 2024	(637)
Assets provided free of charge	0
Assets received free of charge	48
Expenditure for capital purpose	(2,942)
Depreciation and amortisation	(15,574)
Impairment of non-financial assets	0
Financial cost (other)	129
Net result from transactions	(51,328)

Consultancies

Details of Consultancies (under \$10,000)

In 2023–2024 AWH engaged the services of two consulting agencies, where the total fee payable was less than \$10,000. The total expenditure incurred during 2023–2024 in relation to these consultancies was \$11,152.66 (excl. GST).

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

In 2023–2024 there were five consultancies where the total fee payable to the consultants was greater than \$10,000. The total expenditure incurred during 2023–2024 in relation to these consultancies was \$385,481.49 (excl. GST).

Consultant	Purpose of Consultancy	Start Date	End Date	Total Approved Project Fee (excl. GST)	Expenditure 2023–2024 (excl. GST)	Future Expenditure (excl. GST)
NOUS Group Pty Ltd	AWH Cancer Service Review	11 September 2023	5 November 2023	\$124,212.40	\$124,212.40	\$NIL
PharmConsult Pty Ltd	Pharmacy Services Review to AWRCC	5 December 2023	29 April 2024	\$38,690.00	\$38,690.00	\$NIL
Pricewaterhouse Cooper Consulting	Stakeholder Engagement Thematic Analysis Report /Strategic Plan	6 April 2023	30 November 2023	\$191,384.00	\$147,699.09	\$NIL
Redgum Continuity Pty Ltd	Business Continuity Framework Project	2 October 2023	30 June 2024	\$68,181.82	\$53,050.00	\$NIL
Sadhana Consulting	AWH External Board Assessment	1 April 2024	1 June 2024	\$21,830.00	\$21,830.00	\$NIL

Social Procurement Framework Reporting

Social Procurement Framework Reporting

Social Benefit Supplier Objective	SPF Outcome	Number	Total Expenditure \$
Opportunities for Victorian Aboriginal People	Purchasing from Victorian Aboriginal businesses	1	11,000
Opportunities for Victorians with disability	Purchasing from Victorial social enterprises and Australian Disability Enterprises	-	-
Opportunities for disadvantaged Victorians	Purchasing from Victorian social enterprises	3	3,285
Sustainable Victorian social enterprise and Aboriginal sectors	Purchasing from Victorian social enterprises and Aboriginal businesses	-	-

ICT Expenditure

Information and Communication Technology (ICT) Expenditure

The total ICT expenditure incurred during 2023–2024 is \$12.68m(excl. GST) with the details shown below:

Business as Usual ICT expenditure		Non-Business as Usual ICT expenditure	
Total (excl. GST)	Total = Operational expenditure + Capital expenditure (excl. GST)	Operating expenditure (excl. GST)	Capital expenditure (excl. GST)
\$9.58m	\$3.10m	\$0.49m	\$2.61m

Disclosures required under Legislation

Freedom Of Information Act 1982

Under the *Freedom of Information Act 1982* (Vic), AWH received the following requests:

	Total
FOI requests received (all from General Public)	719
Full Access Granted	627
Part Access granted under Sections 30, 33 & 35	36
Access Denied under Section 33	0
Requests not proceeded with	8
No documents	21
Not yet finalised	27

During 2023–2024, Albury Wodonga Health received 719 applications. Of these requests, 0 were from Members of Parliament, 0 from the media, and the remainder from the general public.

Albury Wodonga Health made 684 FOI decisions during the 12 months ended 30 June 2024. There were 628 decisions made within the statutory time periods. Of the decisions made outside the statutory time period, 38 were made within a further 45 days and 26 decisions were made in greater than 45 days.

A total of 627 FOI access decisions were made where access to documents was granted in full, granted in part or denied in full. 3 decisions were made after mandatory extensions had been applied or extensions were agreed upon by the applicant. Of the requests finalised, the average number of days over / under the statutory time (included extended timeframes) to decide the request was 18 days.

During 2023–2024, 3 requests were subject to a complaint/internal review by Office of the Victorian Information Commissioner. 0 requests progressed to the Victorian Civil and Administrative Tribunal (VCAT).

The *Victorian Freedom of Information Act 1982* gives you the right to request access to medical records held by Albury Wodonga Health. It is possible to obtain or view copies of medical records and other documents held by the agency.

From 1 July 2024, the FOI application fee is \$31.80. Additional access fees apply to both personal and nonpersonal requests. The final access fee differs depending on the chosen method of document production (for example electronically via OneDrive, via a disk or paper copy). In most instances, fees are waived if the applicant has a benefits card (such as a pension or health care card).

For further information about the process for making applications for access to Albury Wodonga Health documents, visit www.awh.org.au/patients-visitors/patients/privacy-and-confidentiality You can also contact the FOI Office directly Email: foi@awh.org.au Mail: Health Information Office, PO Box 326, Albury NSW 2640.

Disclosures required under Legislation

Gender Equality Act 2020

Our organisation is committed to fostering an inclusive and diverse workplace through the implementation of our Gender Equality Action Plan (2022–2025) and Diversity and Inclusion Action Plan (2022–2025). Over the past year, Albury Wodonga Health has made significant progress in advancing gender equity, diversity, and inclusion. We have prioritised creating a workplace where every individual feels valued, respected, and has equal opportunities for growth and success.

This year, we also submitted our first Gender Equity Action Progression Report to the Commission for Gender Equality in the Public Sector. This report addresses two key obligations:

- Workplace Gender Audit
- Progress Report Template

Albury Wodonga Health has fulfilled the requirements for the Workplace Gender Audit report and successfully submitted both the Audit and the Progression Report to the Commission before the February 2024 deadline.

Key highlights from these reports include:

Recruitment and Hiring:

- Implemented targeted recruitment programs to attract a diverse pool of candidates, including those with lived experience.
- Introduced blind recruitment processes to reduce unconscious biases in hiring for certain roles and leadership positions.
- Provided training for hiring managers on best practices for diversity and inclusion.

Training and Development:

- Incorporated diversity and inclusion training, delivered by individuals with lived experience, into our induction program for all new employees.
- Established work experience programs to support underrepresented groups.
- Promoted continuous learning through workshops on cultural competence and unconscious bias for our leadership teams.

Employee Engagement:

- Formed a Diversity and Inclusion (D&I) Committee to oversee and drive collaborative efforts.
- Encouraged employees to actively contribute to shaping organisational policies and practices.
- Achieved recognition as a “Welcome Here” organisation.

Increased Diversity in Leadership:

- Notably increased the number of female leaders during the reporting period by nurturing diverse talent for leadership roles.
- Relunched flexible work arrangements to accommodate diverse needs.

Recognition and Celebrations:

- Highlighted the success stories of individuals from diverse backgrounds to inspire and motivate others.

Disclosures required under Legislation

Safe Patient Care Act 2015

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

Statement On National Competition Policy

Albury Wodonga Health takes all practical measures to comply with the Victorian government's competitive neutrality policy and complies with the National Competition Policy in relevant significant business activities.

Public Interest Disclosure Act 2012

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

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

Albury Wodonga Health's procedures are available to all staff on the Albury Wodonga Health Intranet.

Disclosures required under Legislation

Building Act 1993

Albury Wodonga Health has complied with the requirements of the *Building Act 1993* (Vic). Routine inspections and ongoing maintenance programs were undertaken to ensure buildings on all sites are maintained in a safe and compliant manner. Where required, Albury Wodonga Health implemented recommendations arising from those inspections through a program of active rectification and preventative maintenance works.

Key activities completed over the previous 12 months included:

- Fire Engineer's inspection and reports.
- Inspections by Approved Practitioners – Fire Safety.
- Asbestos Containing Material reviews.
- Scheduled Preventative Maintenance by qualified internal and external contracted staff.
- Condition assessments of facilities.
- Regular fire safety inspections and reports by trained Work Health and Safety Representatives.

All identified improvements from key inspections were entered into Albury Wodonga Health's Asset Information Management System for action where these are continually monitored and or actioned.

Throughout the reporting period, Albury Wodonga Health continued to work closely with both Victoria and New South Wales Health Departments to maintain infrastructure maintenance protocols to standards and guidelines.

Key reporting and compliance activities completed over the previous 12 months included:

- Strategic Asset Management Plans (SAMP) & Asset Management Plans (AMP) submissions to both Victoria and New South Wales Health Departments.
- Fire compliance certification to ensure AWH was compliant in 2023.
- Asset maintenance strategies are broadly classified into:
 - "Reactive/Breakdown and Run to Fail" – urgent and non-urgent failures.
 - "Programmed" – including broad based Preventive and targeted Predictive maintenance.
 - Condition based monitoring – including Building Management Systems (BMS).

These approaches are used to effectively maintain assets based on the type of asset, statutory compliance, criticality, and cost effectiveness.

Several key infrastructure works have completed over the past 12 months or remain in progress (notated with funders in brackets). These include:

- Emergency Department (ED) Expansion – Albury (VHBA): The new ED successfully opened to patients on 10 April 2024. The old ED has been successfully decommissioned and construction is underway for a new Short Stay Unit (Stage 2). Target completion is late 2024.
- Wodonga Emergency Generator Upgrade (EIRP): A new emergency backup generator was successfully installed at the Wodonga Campus in November 2023. This generator sufficiently meets the demand to manage electrical requirements during power outages (planned and unplanned).
- Willows Activities Building (RHIF): These works were successfully completed in June 2024 and will make a significant improvement to the amenities, supporting mental health consumers residing at The Willows in Beechworth by creating an environment conducive to recovery.
- Jarrah PARC Bathroom Renovations – Wodonga (AWH Capex): Tiles were replaced with vinyl to meet standards in the 10 ensuite at the Jarrah Prevention and Recovery Centre (PARC). These renovations were completed in June 2024.
- Medical Ward 2 Remedial Works – Albury: AWH continues to monitor Medical Ward 2 in accordance with its Risk Management Plan updated (October 2023).
- Wodonga HVAC Upgrade: Works commenced in March 2024 to replace the HVAC system located at the CRC (Rehabilitation) Building. The works will provide new insulated and shrouded chilled and heating hot water pipelines

to supply and return flow from the central plant and remove two redundant units. Target completion is August 2024.

- Negative Pressure Rooms – Albury (RHIF & Covid Infrastructure Fund): Works to build five NPRs (extension of Medical Ward 2) to manage the needs of infectious patients commenced in October 2023. Completion is scheduled for late July 2024 and is set to be in operation by September 2024.
- Albury Kitchen Cool Rooms & Freezers Upgrade (RHMWP): Planning and awarding of a contractor was completed in June 2024 to upgrade the ageing cool room refrigeration systems in the kitchen at the Albury Campus. Works commenced on 1 July 2024 and the target completion date is September 2024.
- Albury Campus Fire System upgrade (VHBA): Fire Sprinkler System Installation – Albury & Wodonga (RHIF): Planning for the remaining installation works has been completed after several months of consultation with key internal and external stakeholders. Fire sprinklers are being installed in areas where there are inpatient beds and other high-risk areas to meet DFFHS Fire Risk Management 2013 Capital Development Guidelines. Target completion is May 2025.
- Kerferd ICA Ensuite & Family Room Upgrade (MHAOD & Project ICA): The design phase completed in June 2024. This upgrade will make significant improvements to consumer amenities located at Northeast Health Wangaratta by creating an environment conducive to recovery which enables and supports individuals, as well as staff to provide care in a safe, supportive environment. Target completion date is May 2025.
- Albury Campus Fire System upgrade (VHBA): The current conventional system is 29 years old and requires replacement. Planning is underway to replace this system by June 2025.
- Vertical Transport Upgrade (AWH Capex): The two lifts at the Albury Campus have been identified for replacement. This project is in the final stages of planning with the view to have this replaced by June 2025.

Environmental Performance

Albury Wodonga Health continues to recognise the importance of an environmentally sustainable health system and actively contributes to the Victorian Government long- term target of net zero greenhouse gas emissions by 2045.

Albury Wodonga Health has invested in several environmental projects, these include:

- Developing a framework for reducing 'waste' in its many forms
- Solar power systems to the two main campuses
- Extensive investment in LED lighting
- Water reduction strategies

Efficiency initiatives in 2023–2024 include:

- Waterless urinals
- Toilets upgraded to a more water efficient system

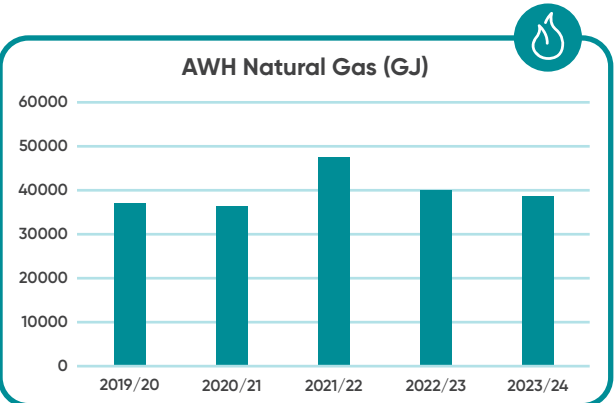
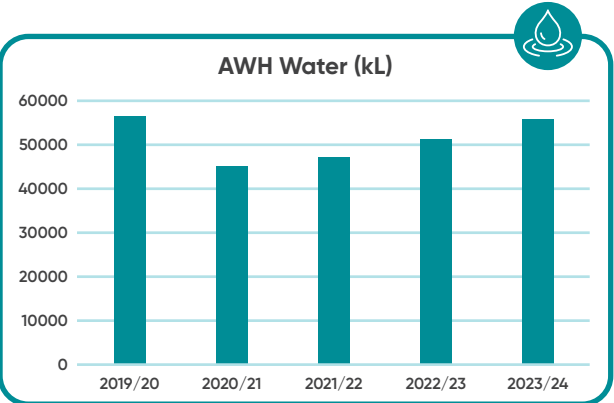
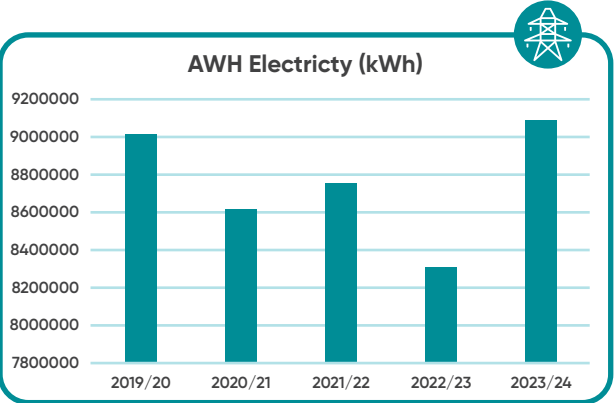
Increase usage in electricity is attributed largely to the construction of new Emergency Department on the Albury Campus.

Reducing electricity usage remains a significant focus for the organisation which directly equates to reduction in greenhouse gases, and usage and is reviewed monthly.

Increase in water is due to fire testing, fire sprinkler systems being charged and discharged and fire hydrant testing.

Albury Wodonga Health works with the Environmental Data Exchange Network (EDEN) reporting utilities information. This information is collated and sent to the National Australian Building Environment Rating System (NABERS). NABERS measures energy efficiency, water usage, waste management and its impact on the environment.

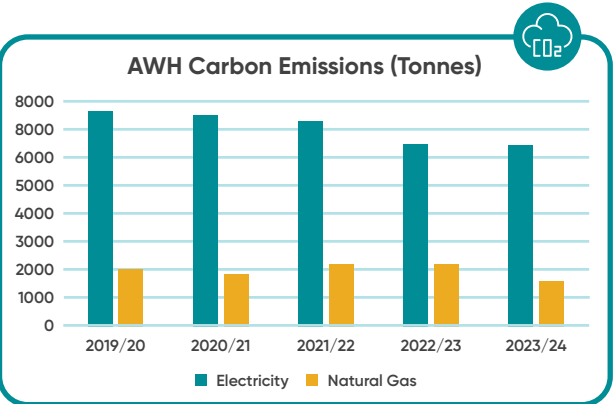
The NABERS rating is based on operational and quantitative data and indicates energy efficiencies.



Albury Wodonga Health's energy efficiencies have increased from previous years. The rating score is out of six.

The most recent NABERS rating for Albury Wodonga Health is for the financial year 2022–23:

- Albury was 3.5 for Energy and 4.5 for Water.
- Wodonga was 5.5 for Energy and 6 for Water.



Local Jobs First Act 2003

In compliance with the *Local Jobs First Act 2003*, Albury Wodonga Health's Emergency Department Expansion Project has achieved significant outcomes:

- **Local Business Engagement:** The project has directly engaged 72 small to medium-sized enterprises (SMEs) that were inducted to the site. Additionally, it has indirectly involved another 215 SMEs through the supply chain, supporting local business participation as mandated by the Act.
- **Local Employment:** From the project's inception to June 2024, a total of 26,219.78 apprentice hours have been recorded. This achievement exceeds the Minimum Participation Standards and Goals (MPSG) target of 23,479 total labour hours, demonstrating our commitment to providing substantial employment opportunities for local apprentices.

These efforts reflect our adherence to the Act's objectives of enhancing local business involvement and creating job opportunities within the community.

Carers Recognition Act 2012

At Albury Wodonga Health we are dedicated to upholding the principles and objectives of the *Carers Recognition Act 2012*. This Act underscores the vital role of carers and the significance of caregiving relationships within our community, acknowledging the diverse needs and advantages that these relationships offer.

To align with this commitment, Albury Wodonga Health has implemented a range of measures:

- **Training and Awareness:** Our health professionals and Visiting Medical Officers (VMOs) receive comprehensive training to ensure they understand and adhere to the principles of care relationships.
- **Support Systems:** We have established procedures and processes to provide tailored support, education, and assistance to carers based on their individual circumstances.
- **Identification and Integration:** During the admission process, we identify nominated carers across all our services, including acute, community, and palliative care settings.
- **External Referrals:** When Albury Wodonga Health cannot fully meet the support and assistance needs of carers, we refer them to appropriate external care support agencies.
- **Inclusive Care:** We recognise that carers may include family members, case workers, medical power of attorney, and substitute decision-makers.
- **Dedicated Facilities:** We have designated Carers' rooms at both Albury and Wodonga Hospitals to provide a comfortable and supportive environment for carers.

These measures reflect Albury Wodonga Health's commitment to recognising and supporting the critical role of carers in our community.

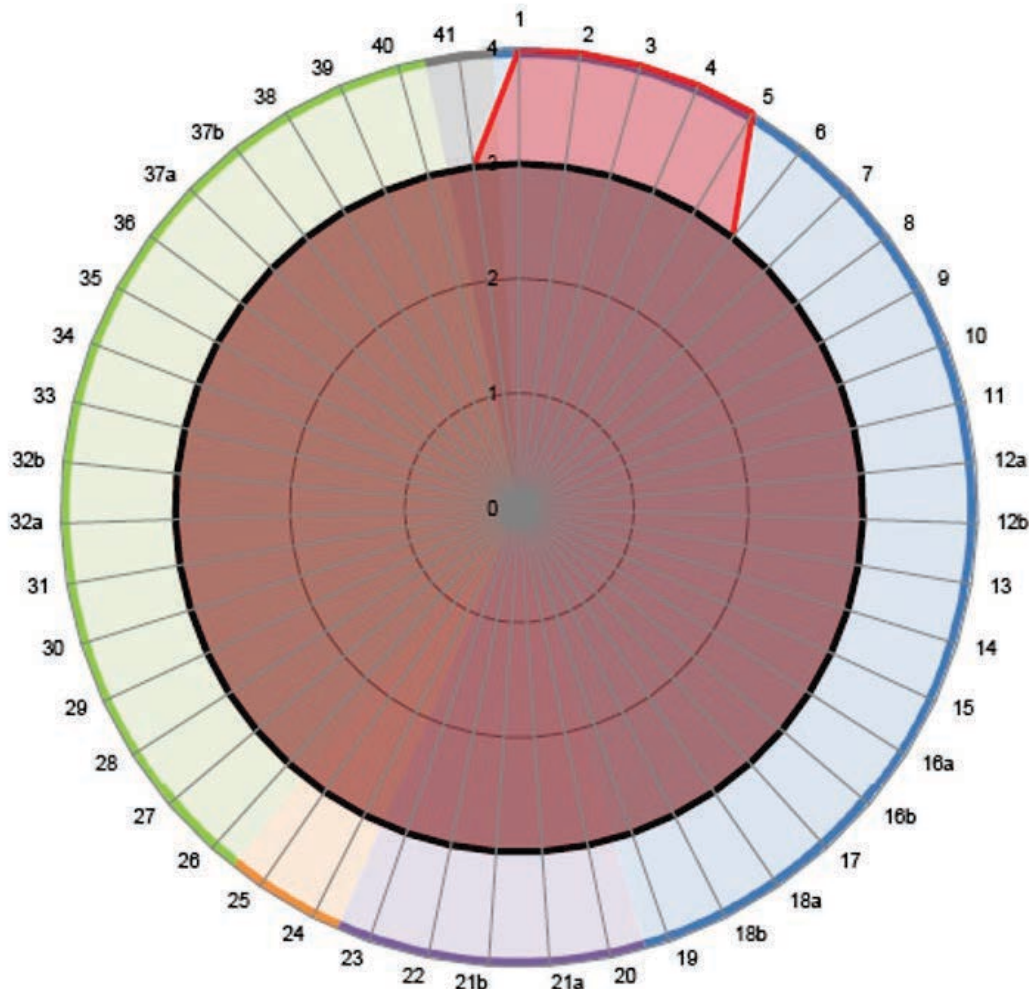
Asset Management Accountability Framework

The following section summarises Albury Wodonga Health assessment of maturity against the requirements of the Asset Management Accountability Framework (AMAF). The AMAF is a non-prescriptive, devolved accountability model of asset management that requires compliance with 41 mandatory requirements. The assessment is required to be undertaken every three years. 30 June 2024 is the current reporting period for Albury Wodonga Health.

The Albury Wodonga Health target maturity rating overall is 'Competence', meaning systems and processes are fully in place, consistently applied and systematically meeting the AMAF requirements, including a continuous improvement process to expand system performance above AMAF minimum requirements. The next reporting interval is 30 June 2027.

Compliance and maturity rating tool

Asset management maturity



Government Advertising Campaign

Albury Wodonga Health did not engage in any advertising campaigns where the total cost was \$100,000 or greater during the FY2023-2024 year.

Disclosure Of Review And Study Expenses

Albury Wodonga Health has no matters to report in relation to its obligations under the guidance provided in Recommendation 3 in Public Accounts and Estimates Committee (PAEC) Report 147.

Purposes, Functions And Powers

The Purposes, Functions, Powers and Duties of Albury Wodonga Health are described in the By-Laws of the organisation.

Additional Information Available On Request

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

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

Attestations and Declarations

Financial Management Compliance attestation in Annual Report

I, Jonathan Green, Board Chair, on behalf of Albury Wodonga Health (AWH), certify that AWH has no Material Compliance Deficiency with respect to the applicable Standing Directions under the *Financial Management Act 1994* and Instructions.



Jonathan Green
Board Chair
Albury Wodonga Health
26 September 2024

Integrity, Fraud and Corruption Declaration

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



William Appleby
Chief Executive Officer
Albury Wodonga Health
26 September 2024

Data Integrity Declaration

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



William Appleby
Chief Executive Officer
Albury Wodonga Health
26 September 2024

Compliance with Health Share Victoria (HSV) Purchasing Policies

I, William Appleby, certify that Albury Wodonga Health (AWH) has put in place appropriate internal controls and processes to ensure that it has materially complied with all requirements set out in the HSV Purchasing Policies including mandatory HSV collective agreements as required by the *Health Services Act 1988* (Vic) and has critically reviewed these controls and processes during the year.



William Appleby
Chief Executive Officer
Albury Wodonga Health
26 September 2024

Conflict of Interest Declaration

I, William Appleby, certify that Albury Wodonga Health (AWH) has put in place appropriate internal controls and processes to ensure that it has implemented a 'Conflict of Interest' policy consistent with the minimum accountabilities required by the Victorian Public Sector Commission (VPSC).

Declaration of private interest forms have been completed by all executive staff within Albury Wodonga Health and members of the Board, and all declared conflicts have been addressed and are being managed. Conflict of interest is a standard agenda item for declaration and documenting at each Board meeting.



William Appleby
Chief Executive Officer
Albury Wodonga Health
26 September 2024

Disclosure Index

The annual report of Albury Wodonga Health (AWH) 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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Summary of Financial Results

FY 2023-2024

Independent Auditor’s Report

To the Board of Albury Wodonga Health

Opinion	I have audited the financial report of Albury Wodonga Health (the health service) which comprises the: - balance sheet as at 30 June 2024 - 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 2024 and their financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the <i>Financial Management Act 1994</i> and applicable Australian Accounting Standards.
Basis for Opinion	I have conducted my audit in accordance with the <i>Audit Act 1994</i> which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the <i>Auditor’s Responsibilities for the Audit of the Financial Report</i> section of my report. My independence is established by the <i>Constitution Act 1975</i>. My staff and I are independent of the health service in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board’s <i>APES 110 Code of Ethics for Professional Accountants</i> (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.
Other Information	The Board of the health service is responsible for the Other Information, which comprises the information in the health service’s annual report for the year ended 30 June 2024 but does not include the financial report and my auditor’s report thereon. My opinion on the financial report does not cover the Other Information and accordingly, I do not express any form of assurance conclusion on the Other Information. However, in connection with my audit of the financial report, my responsibility is to read the Other Information and in doing so, consider whether it is materially inconsistent with the financial report or the knowledge I obtained during the audit, or otherwise appears to be materially misstated. If, based on the work I have performed, I conclude there is a material misstatement of the Other Information, I am required to report that fact. I have nothing to report in this regard.
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 and the <i>Financial Management Act 1994</i>, and for such internal control as the Board determines is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error. In preparing the financial report, the Board is responsible for assessing the health service’s ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.

Auditor’s responsibilities for the audit of the financial report	As required by the <i>Audit Act 1994</i>, 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.
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MELBOURNE
22 October 2024

Dominika Ryan
as delegate for the Auditor-General of Victoria

Financial Statements

Financial Year ended 30 June 2024

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

The attached financial statements for Albury Wodonga Health have been prepared in accordance with Direction 5.2 of the Standing Directions of the Assistant Treasurer 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 2024 and the financial position of Albury Wodonga Health at 30 June 2024.

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 26th September, 2024.

Board member	Accountable Officer	Chief Finance & Accounting Officer
		
Jonathan Green	William Appleby	Glenn Edwards
Chair	Chief Executive Officer	Chief Financial Officer
Albury 26th September, 2024	Albury 26th September, 2024	Albury 26th September, 2024

**Albury Wodonga Health
Comprehensive Operating Statement
For the Financial Year Ended 30 June 2024**

		Total 2024 \$'000	Total 2023 \$'000
Note			
Revenue and income from transactions			
Operating activities	2.1	457,707	465,263
Non-operating activities	2.1	2,354	1,098
Share of revenue from joint operations	8.7	1,101	943
Total revenue and income from transactions		461,162	467,304
Expenses from transactions			
Employee expenses	3.1	(363,748)	(334,672)
Supplies and consumables	3.1	(76,142)	(72,759)
Finance costs	3.1	(129)	(133)
Depreciation and amortisation	4.5	(15,574)	(14,559)
Other administrative expenses	3.1	(35,105)	(30,743)
Other operating expenses	3.1	(20,772)	(17,067)
Share of expenditure from joint operations	8.7	(1,020)	(1,102)
Total Expenses from transactions		(512,490)	(471,035)
Net result from transactions - net operating balance		(51,328)	(3,731)
Other economic flows included in net result			
Net gain/(loss) on sale of non-financial assets	3.2	214	31
Net gain/(loss) on financial instruments	3.2	(941)	(91)
Other gain/(loss) from other economic flows	3.2	(364)	220
Total other economic flows included in net result		(1,091)	160
Net result for the year		(52,419)	(3,571)
Other economic flows - other comprehensive income			
Items that will not be reclassified to net result			
Changes in property, plant and equipment revaluation reserve	4.3	65,189	-
Total other comprehensive income		65,189	-
Comprehensive result for the year		12,770	(3,571)

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

Albury Wodonga Health
Balance Sheet
As at 30 June 2024

		Total 2024 \$'000	Total 2023 \$'000
Current assets			
Cash and cash equivalents	6.2	26,366	48,009
Receivables	5.1	11,135	12,871
Contract assets	5.2	401	-
Inventories	4.6	2,454	2,379
Non financial physical assets held for sale	5.6	22	-
Prepaid expenses		3,029	3,412
Share of assets in joint operations	8.7	1,898	1,864
Total current assets		45,305	68,535
Non-current assets			
Receivables	5.1	11,894	10,845
Share of assets in joint operations	8.7	75	64
Property, plant and equipment	4.1 (a)	209,224	128,972
Right of use assets	4.2 (a)	6,409	7,860
Intangible assets	4.4 (a)	239	319
Total non-current assets		227,841	148,060
Total assets		273,146	216,595
Current liabilities			
Payables	5.3	71,518	48,213
Contract liabilities	5.4	535	-
Borrowings	6.1	2,138	2,949
Employee benefits	3.3	56,089	48,444
Share of liabilities in joint operations	8.7	1,083	1,113
Other liabilities	5.5	860	1,263
Total current liabilities		132,223	101,982
Non-current liabilities			
Borrowings	6.1	4,635	5,039
Employee benefits	3.3	4,364	5,048
Share of liabilities in joint operations	8.7	29	35
Total non-current liabilities		9,028	10,122
Total liabilities		141,251	112,104
Net assets		131,895	104,491
Equity			
Property, plant and equipment revaluation reserve	4.3	103,036	37,847
Contributed capital	SCE	140,126	125,492
Accumulated surplus/(deficit)	SCE	(111,267)	(58,848)
Total equity		131,895	104,491

This balance sheet should be read in conjunction with the accompanying notes.

Albury Wodonga Health
Cash Flow Statement
For the Financial Year Ended 30 June 2024

		Total 2024 \$'000	Total 2023 \$'000
Cash Flows from operating activities			
Operating grants from State Government		407,099	412,505
Operating grants from Commonwealth Government		8,382	7,198
Capital grants from State Government		3,488	11,462
Patient fees received		15,922	14,865
Private practice fees received		3,380	3,977
Donations and bequests received		46	25
GST received from ATO		12,708	10,925
Interest and investment income received		2,354	1,098
Commercial income received		4,614	4,440
Other receipts		11,868	9,035
Total receipts		469,861	475,530
Payments to employees		(296,491)	(283,389)
Payments to contractors and consultants		(58,335)	(45,240)
Payments for supplies and consumables		(59,492)	(60,472)
Payments for medical indemnity insurance		(7,357)	(6,229)
Payments for repairs and maintenance		(7,644)	(5,909)
Finance Costs		(129)	(133)
Cash outflow for leases		(49)	(142)
Other payments		(46,307)	(51,870)
Total payments		(475,804)	(453,384)
Net cash flows from/(used in) operating activities	8.1	(5,943)	22,146
Cash Flows from investing activities			
Purchase of non-financial assets		(14,114)	(6,915)
Capital donations and bequests received		150	516
Other capital receipts		-	598
Purchase of intangible assets		-	(220)
Proceeds from sale of non-financial assets		372	31
Net cash flows from/(used in) investing activities		(13,592)	(5,990)
Cash flows from financing activities			
Repayment of borrowings		(3,255)	(2,961)
Receipt of capital contribution		1,550	1,551
Receipt of accommodation deposits		2	983
Repayment of accommodation deposits		(405)	-
Net cash flows from /(used in) financing activities		(2,108)	(427)
Net increase/(decrease) in cash and cash equivalents held		(21,643)	15,729
Cash and cash equivalents at beginning of year		48,009	32,280
Cash and cash equivalents at end of year	6.2	26,366	48,009

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

Albury Wodonga Health
Statement of Changes in Equity
For the Financial Year Ended 30 June 2024

	Property, Plant and Equipment	Revaluation Reserve	Contributed Capital	Accumulated Surplus/(Deficits)	Total
Total	\$'000	\$'000	\$'000	\$'000	\$'000
Balance at 1 July 2022	37,847	115,926	(55,277)	98,496	
Net result for the year	-	-	(3,571)	(3,571)	
Contributed capital	-	9,566	-	9,566	
Balance at 30 June 2023	37,847	125,492	(58,848)	104,491	
Net result for the year	-	-	(52,419)	(52,419)	
Other comprehensive income for the year	65,189	-	-	65,189	
Contributed capital	-	14,634	-	14,634	
Balance at 30 June 2024	103,036	140,126	(111,267)	131,895	

This statement of changes in equity should be read in conjunction with the accompanying notes.

Notes to the Financial Statements

Albury Wodonga Health
Notes to the Financial Statements
For the Financial Year Ended 30 June 2024

Note 1: Basis of preparation
Structure

- 1.1 Basis of preparation of the financial statements
- 1.2 Abbreviations and terminology used in the financial statements
- 1.3 Joint arrangements
- 1.4 Material estimates and judgements
- 1.5 Accounting standards issued but not yet effective
- 1.6 Goods and Services Tax (GST)
- 1.7 Reporting entity

Albury Wodonga Health

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

Note 1: Basis of preparation

These financial statements represent the audited general purpose financial statements for Albury Wodonga Health for the year ended 30 June 2024. The report provides users with information about Albury Wodonga Health’s stewardship of the resources entrusted to it.

This section explains the basis of preparing the financial statements.

Note 1.1: Basis of preparation of the financial statements

These financial statements are general purpose financial statements which have been prepared in accordance with the *Financial Management Act 1994* and applicable Australian Accounting Standards, which include interpretations issued by the Australian Accounting Standards Board (AASB). They are presented in a manner consistent with the requirements of AASB 101 *Presentation of Financial Statements*.

Comparative information for 2023 has been modified where alignment with the current year allocations is required to report consistently from year to year.

The financial statements also comply with relevant Financial Reporting Directions (FRDs) issued by the Department of Treasury and Finance (DTF), and relevant Standing Directions (SDs) authorised by the Assistant Treasurer.

Albury Wodonga Health is a not-for-profit entity and therefore applies the additional AUS paragraphs applicable to a "not-for-profit" health service under the Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Apart from the changes in accounting policies, standards and interpretations as noted below, material accounting policies adopted in the preparation of these financial statements are the same as those adopted in the previous period.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

The financial statements have been prepared on a going concern basis (refer to Note 8.9 Economic Dependency).

The financial statements are presented in Australian dollars.

Albury Wodonga Health

Notes to the Financial Statements

For the Financial Year Ended 30 June 2024

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

The annual financial statements were authorised for issue by the Board of Albury Wodonga Health on 26th September, 2024.

Note 1.2 Abbreviations and terminology used in the financial statements

The following table sets out the common abbreviations used throughout the financial statements:

Reference	Title
AASB	Australian Accounting Standards Board
AASs	Australian Accounting Standards, which include Interpretations
DH	Department of Health
DTF	Department of Treasury and Finance
FMA	Financial Management Act 1994
FRD	Financial Reporting Direction
NWAU	National Weighted Activity Unit
SD	Standing Direction
VAGO	Victorian Auditor General’s Office
WIES	Weighted Inlier Equivalent Separation
AWH	Albury Wodonga Health

Albury Wodonga Health
Notes to the Financial Statements
For the Financial Year Ended 30 June 2024

Note 1.3 Joint arrangements

Interests in joint arrangements are accounted for by recognising in Albury Wodonga Health’s financial statements, its share of assets and liabilities and any revenue and expenses of such joint arrangements.

Albury Wodonga Health has the following joint arrangements:

- Hume Rural Health Alliance (HRHA)

Details of the joint arrangements are set out in Note 8.7.

Note 1.4 Material accounting estimates and judgements

Management make estimates and judgements when preparing the financial statements.

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

Revisions to key 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 policies and significant management judgements and estimates used, and any changes thereto, are identified at the beginning of each section where applicable and relate to the following disclosures:

- Note 2.1: Revenue and income from transactions
- Note 3.3: Employee benefits and related on-costs
- Note 4.1: Property, plant and equipment
- Note 4.2: Right-of-use assets
- Note 4.4: Intangible assets
- Note 4.5: Depreciation and amortisation
- Note 4.7: Impairment of assets
- Note 5.1: Receivables
- Note 5.2: Contract assets
- Note 5.3: Payables
- Note 5.4: Contract liabilities
- Note 5.5: Other liabilities
- Note 6.1(a): Lease liabilities
- Note 7.4: Fair value determination

Albury Wodonga Health
Notes to the Financial Statements
For the Financial Year Ended 30 June 2024

Note 1.5 Accounting standards issued but not yet effective

An assessment of accounting standards and interpretations issued by the AASB that are not yet mandatorily applicable to Albury Wodonga Health and their potential impact when adopted in future periods is outlined below:

Standard	Adoption Date	Impact
AASB 2022-5: <i>Amendments to Australian Accounting Standards - Lease Liability in a Sale and Leaseback</i>	Reporting periods beginning on or after 1 January 2024.	Adoption of this standard is not expected to have a material impact.
AASB 2022-9: <i>Amendments to Australian Accounting Standards - Insurance Contracts in the Public Sector</i>	Reporting periods beginning on or after 1 January 2026.	Adoption of this standard is not expected to have a material impact.
AASB 2022-10: <i>Amendments to Australian Accounting Standards - Fair Value Measurement of Non-Financial Assets of Not-for-profit Public Sector Entities</i>	Reporting periods beginning on or after 1 January 2024.	The impact of this standard has not yet been completed.

There are no other accounting standards and interpretations issued by the AASB that are not yet mandatorily applicable to Albury Wodonga Health in future periods.

Note 1.6 Goods and Services Tax (GST)

Income, expenses, assets and liabilities are recognised net of the amount of GST, except where the GST incurred is not recoverable from the Australian Taxation Office (ATO). In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of the expense.

Receivables and payables in the Balance Sheet are stated inclusive of the amount of GST. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the Balance Sheet.

Cash flows are included in the Cash Flow Statement on a gross basis, except for the GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the ATO. These GST components are disclosed as operating cash flows.

Commitments, contingent assets and contingent liabilities are presented on a gross basis.

Note 1.7 Reporting Entity

The financial statements include all the controlled activities of Albury Wodonga Health.

Albury Wodonga Health's principal address is:
Vermont Street
Wodonga
Victoria 3690

A description of the nature of Albury Wodonga Health’s operations and its principal activities is included in the report of operations, which does not form part of these financial statements.

Note 2: Funding delivery of our services

Albury Wodonga Health’s overall objective is to provide quality health services and to be a leading regional healthcare provider delivering timely, accessible, integrated and responsive services to our region. Albury Wodonga Health is predominantly funded by grant funding for the provision of outputs. Albury Wodonga Health also receives income from the supply of services.

Structure

- 2.1 Revenue and income from transactions
- 2.2 Fair value of assets and services received free of charge or for nominal consideration

Material judgements and estimates

This section contains the following material judgements and estimates:

Material judgements and estimates	Description
Identifying performance obligations	Albury Wodonga Health applies material judgment when reviewing the terms and conditions of funding agreements and contracts to determine whether they contain sufficiently specific and enforceable performance obligations. If this criterion is met, the contract/funding agreement is treated as a contract with a customer, requiring Albury Wodonga Health to recognise revenue as or when the health service transfers promised goods or services to customers. If this criterion is not met, funding is recognised immediately in the net result from operations.
Determining timing of revenue recognition	Albury Wodonga Health applies material judgement to determine when a performance obligation has been satisfied and the transaction price that is to be allocated to each performance obligation. A performance obligation is either satisfied at a point in time or over time.
Determining time of capital grant income recognition	Albury Wodonga Health applies material judgement to determine when its obligation to construct an asset is satisfied. Costs incurred is used to measure the health service’s progress as this is deemed to be the most accurate reflection of the stage of completion.
Assets and services received free of charge or for nominal consideration	Albury Wodonga Health applies material judgement to determine the fair value of assets and services provided free of charge or for nominal value. Where a reliable market value exists it is used to calculate the equivalent value of the service being provided. Where no reliable market value exists, the service is not recognised in the financial statements.

Note 2.1 Revenue and income from transactions

		Total 2024 \$'000	Total 2023 \$'000
Operating activities			
Revenue from contracts with customers			
Government grants (State) - Operating		850	5,238
Government grants (Commonwealth) - Operating		8,382	7,198
Patient and resident fees		14,877	15,590
Private practice fees		3,380	3,977
Commercial activities ¹		4,614	4,440
Total revenue from contracts with customers	2.1(a)	32,103	36,443
Other sources of income			
Government grants (State) - Operating		410,038	402,675
Government grants (State) - Capital		3,488	11,462
Other capital purpose income		-	598
Capital donations		150	516
Assets received free of charge or for nominal consideration	2.2	504	3,093
Other revenue from operating activities (including non-capital donations)		11,424	10,476
Total other sources of income		425,604	428,820
Total revenue and income from operating activities		457,707	465,263
Non-operating activities			
Income from other sources			
Other interest		2,354	1,098
Total other sources of income		2,354	1,098
Total income from non-operating activities		2,354	1,098
Total revenue and income from transactions		460,061	466,361

1. Commercial activities represent business activities which Albury Wodonga Health enter into to support their operations.

Note 2.1 Revenue and income from transactions (continued)

Note 2.1(a): Timing of revenue from contracts with customers

Albury Wodonga Health disaggregates revenue by the timing of revenue recognition.

Goods and services transferred to customers:

At a point in time

Over time

Total revenue from contracts with customers

Total 2024 \$'000	Total 2023 \$'000
27,489	32,003
4,614	4,440
32,103	36,443

How we recognise revenue and income from operating activities

Government operating grants

To recognise revenue, Albury Wodonga Health assesses each grant to determine whether there is a contract that is enforceable and has sufficiently specific performance obligations in accordance with AASB 15: *Revenue from Contracts with Customers*.

When both these conditions are satisfied, the health service:

- Identifies each performance obligation relating to the revenue
- recognises a contract liability for its obligations under the agreement
- recognises revenue as it satisfied its performance obligations, at a point in time or over time as and when services are rendered.

If a contract liability is recognised, Albury Wodonga Health recognises revenue in profit or loss as and when it satisfies its obligations under the contract, unless a contract modification is entered into between all parties. A contract modification may be obtained in writing, by oral agreement or implied by customary business practices.

Where the contract is not enforceable and/or does not have sufficiently specific performance obligations, the health service:

- recognises the asset received in accordance with the recognition requirements of other applicable Accounting Standards (for example, AASB 9, AASB 16, AASB 116 and AASB 138)
- recognises related amounts (being contributions by owners, lease liabilities, financial instruments, provisions, revenue or contract liabilities from a contract with a customer), and
- recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount in accordance with AASB 1058.

In contracts with customers, the 'customer' is typically a funding body, who is the party that promises funding in exchange for Albury Wodonga Health's goods or services. Albury Wodonga Health's 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.

Note 2.1 Revenue and income from transactions (continued)

This policy applies to each of Albury Wodonga Health's revenue streams, with information detailed below relating to Albury Wodonga Health's significant 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. For both the 2023 and 2024 financial years, the vast majority of NWAU funding was recognised as fixed funding in accordance with DH advice. Activity associated with DVA and TAC continued to be activity based funding under NWAU.

Capital grants

Where Albury Wodonga Health receives a capital grant, it recognises a liability for the excess of the initial carrying amount of the financial asset received over any related amounts (being contributions by owners, lease liabilities, financial instruments, provisions, revenue or contract liabilities arising from a contract with a customer) recognised under other Australian Accounting Standards.

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

Patient and resident fees

Patient and resident fees are charges that can be levied on patients for some services they receive. Patient and resident fees are recognised 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 at a point in time, to reflect the period accommodation is provided.

Private practice fees

Private practice fees include recoupments from various private practice organisations for the use of hospital facilities. Private practice fees are recognised at a point in time as the performance obligation, the provision of facilities, is provided to customers.

Commercial activities

Revenue from commercial activities includes items such as cafeteria, catering and property rental income. Commercial activity revenue is recognised over time, upon provision of the goods or service to the customer.

Note 2.2 Fair value of assets and services received free of charge or for nominal consideration

	Total 2024 \$'000	Total 2023 \$'000
Cash donations and gifts	46	25
Plant and equipment	48	754
Personal protective equipment	410	2,314
Total fair value of assets and services received free of charge or for nominal consideration	504	3,093

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

Donations and bequests

Donations and bequests are generally recognised as income upon receipt (which is when Albury Wodonga Health usually obtained control of the asset) as they do not contain sufficiently specific and enforceable performance obligations. Where sufficiently specific and enforceable performance obligations exist, revenue is recorded as and when the performance obligation is satisfied.

Personal protective equipment

Under the State Supply Arrangement, Health Share Victoria supplies personal protective equipment to Albury Wodonga Health for nil consideration.

Contributions of resources

Albury Wodonga Health may receive resources for nil or nominal consideration to further its objectives. The resources are recognised at their fair value when Albury Wodonga 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 Albury Wodonga Health as a capital contribution transfer.

Note 2.2 Fair value of assets and services received free of charge or for nominal consideration

Volunteer Services

Albury Wodonga Health receives volunteer services from members of the community in the following areas:

- Delivery of meals
- Fundraising activities
- Way finding support
- Newspaper delivery
- Pet therapy
- Pastoral care
- Shuttle service drivers

Albury Wodonga Health recognises contributions by volunteers in its financial statements, if the fair value can be reliably measured and the services would have been purchased had they not been donated.

Albury Wodonga Health greatly values the services contributed by volunteers but it does not depend on volunteers to deliver its services.

Non-cash contributions from the Department of Health

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

Supplier	Description
Victorian Managed Insurance Authority	The Department of Health purchases non-medical indemnity insurance for Albury Wodonga Health which is paid directly to the Victorian Managed Insurance Authority. To record this contribution, such payments are recognised as income with a matching expense in the net result from transactions.
Victorian Health Building Authority	The Department of Health made payments to the Victorian Health Building Authority to fund capital works projects during the year ended 30 June 2024, on behalf of Albury Wodonga Health.
Department of Health	Long Service Leave (LSL) revenue is recognised upon finalisation of movements in LSL liability in line with the long service leave funding arrangements set out in the relevant Department of Health Hospital Circular.

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 cost associated with provision of services are disclosed.

Structure

- 3.1 Expenses from transactions
- 3.2 Other economic flows included in net result
- 3.3 Employee benefits and related on-costs
- 3.4 Superannuation

Material judgements and estimates

This section contains the following material judgements and estimates:

Material judgements and estimates	Description
Classifying employee benefit liabilities	Albury Wodonga Health applies material judgment when classifying its employee benefit liabilities. Employee benefit liabilities are classified as a current liability if Albury Wodonga Health does not have an unconditional right to defer payment beyond 12 months. Annual leave, accrued days off and long service leave entitlements (for staff who have exceeded the minimum vesting period) fall into this category. Employee benefit liabilities are classified as a non-current liability if Albury Wodonga Health has a conditional right to defer payment beyond 12 months. Long service leave entitlements (for staff who have not yet exceeded the minimum vesting period) fall into this category.
Measuring employee benefit liabilities	Albury Wodonga Health applies material judgment when measuring its employee benefit liabilities. The health service applies judgement to determine when it expects its employee entitlements to be paid. With reference to historical data, if the health service does not expect entitlements to be paid within 12 months, the entitlement is measured at its present value, being the expected future payments to employees. Expected future payments incorporate: • an inflation rate of 4.45%, reflecting the future wage and salary levels • durations of service and employee departures, which are used to determine the estimated value of long service leave that will be taken in the future, for employees who have not yet reached the vesting period. The estimated rates are between 22% and 86% • discounting at the rate of 4.348%, as determined with reference to market yields on government bonds at the end of the reporting period. All other entitlements are measured at their nominal value.

Note 3.1 Expenses from transactions

Note	Total 2024 \$'000	Total 2023 \$'000
Salaries and wages	254,985	241,251
On-costs	25,092	22,893
Agency expenses	58,335	45,240
Fee for service medical officer expenses	20,720	21,613
Workcover premium	4,616	3,675
Total employee expenses	363,748	334,672
Drug supplies	7,235	9,141
Medical and surgical supplies (including Prostheses)	17,717	17,744
Diagnostic and radiology supplies	17,981	15,788
Other supplies and consumables	33,209	30,086
Total supplies and consumables	76,142	72,759
Finance costs	129	133
Total finance costs	129	133
Other administrative expenses	35,105	30,743
Total other administrative expenses	35,105	30,743
Fuel, light, power and water	3,475	2,990
Repairs and maintenance	4,097	2,658
Maintenance contracts	2,852	2,714
Medical indemnity insurance	7,357	6,229
Expenses related to short term leases	49	142
Expenditure for capital purposes	2,942	2,334
Total other operating expenses	20,772	17,067
Total operating expense	495,896	455,374
Depreciation and amortisation	15,574	14,559
Total depreciation and amortisation	15,574	14,559
Total non-operating expense	15,574	14,559
Total expenses from transactions	511,470	469,933

Note 3.1 Expenses from transactions

How we recognise expenses from transactions

Expense recognition

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

Employee expenses

Employee expenses include:

- Salaries and wages (including fringe benefits tax, leave entitlements, termination payments)
- On-costs
- Agency expenses
- Fee for service medical officer expenses
- Work cover premiums.

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.

Finance costs

Finance costs include:

- finance charges in respect of leases which are recognised in accordance with AASB 16 *Leases*.

Other operating expenses

Other operating expenses generally represent the day-to-day running costs incurred in normal operations and include such things as:

- Fuel, light and power
- Repairs and maintenance
- Other administrative expenses
- Expenditure for capital purposes (represents expenditure related to the purchase of assets that are below the capitalisation threshold of \$1,000).

The Department of Health also makes certain payments on behalf of Albury Wodonga Health. These amounts have been brought to account in determining the operating result for the year by recording them as revenue and also recording a corresponding expense.

Non-operating expenses

Other non-operating expenses generally represent expenditure outside the normal operations such as depreciation and amortisation, and assets and services provided free of charge or for nominal consideration.

Note 3.2 Other economic flows included in net result

	Total 2024 \$'000	Total 2023 \$'000
Net gain/(loss) on disposal of property plant and equipment	214	31
Total net gain/(loss) on non-financial assets	214	31
Allowance for impairment losses of contractual receivables	(941)	(91)
Total net gain/(loss) on financial instruments	(941)	(91)
Net gain/(loss) arising from revaluation of long service liability	(364)	220
Total other gains/(losses) from other economic flows	(364)	220
Total gains/(losses) from other economic flows	(1,091)	160

How we recognise other economic flows

Other economic flows are changes in the volume or value of an asset or liability that do not result from transactions. Other gains/(losses) from other economic flows include the gains or losses from:

- the revaluation of the present value of the long service leave liability due to changes in the bond interest rates and
- reclassified amounts relating to equity instruments from the reserves to retained surplus/(deficit) due to a disposal or derecognition of the financial instrument. This does not include reclassification between equity accounts due to machinery of government changes or 'other transfers' of assets.

Net gain/(loss) on non-financial assets

Net gain/(loss) on non-financial assets and liabilities includes realised and unrealised gains and losses as follows:

- revaluation gains/(losses) of non-financial physical assets (Refer to Note 4.1 Property plant and equipment)
- net gain/(loss) on disposal of non-financial assets
- any gain or loss on the disposal of non-financial assets is recognised at the date of disposal.

Net gain/(loss) on financial instruments

Net gain/(loss) on financial instruments at fair value includes:

- realised and unrealised gains and losses from revaluations of financial instruments at fair value
- impairment and reversal of impairment for financial instruments at amortised cost refer to Note 7.1 Investments and other financial assets and
- disposals of financial assets and derecognition of financial liabilities.

Note 3.3 Employee benefits and related on-costs

Current employee benefits and related on-costs

Accrued days off

Unconditional and expected to be settled wholly within 12 months ⁱ

Annual leave

Unconditional and expected to be settled wholly within 12 months ⁱ

Unconditional and expected to be settled wholly after 12 months ⁱⁱ

Long service leave

Unconditional and expected to be settled wholly within 12 months ⁱ

Unconditional and expected to be settled wholly after 12 months ⁱⁱ

Provisions related to employee benefit on-costs

Unconditional and expected to be settled within 12 months ⁱ

Unconditional and expected to be settled after 12 months ⁱⁱ

Total current employee benefits and related on-costs

Non-current provisions and related on-costs

Conditional long service leave

Provisions related to employee benefit on-costs

Total non-current employee benefits and related on-costs

Total employee benefits and related on-costs

ⁱ The amounts disclosed are nominal amounts.

ⁱⁱ The amounts disclosed are discounted to present values.

Total 2024 \$'000	Total 2023 \$'000
1,467	658
1,467	658
27,888	20,862
2,524	4,894
30,412	25,756
3,523	2,932
15,839	13,025
19,362	15,957
2,401	3,425
2,447	2,648
4,848	6,073
56,089	48,444
3,841	4,472
523	576
4,364	5,048
60,453	53,492

Note 3.3 (a) Employee benefits and related on-costs

Current employee benefits and related on-costs

Unconditional accrued days off	1,727	894
Unconditional annual leave entitlements	32,381	29,575
Unconditional long service leave entitlements	21,981	17,975
Total current employee benefits and related on-costs	56,089	48,444

Non-current employee benefits and related on-costs

Conditional long service leave entitlements	4,364	5,048
Total non-current employee benefits and related on-costs	4,364	5,048

Total employee benefits and related on-costs

Attributable to:

Employee benefits	55,082	46,843
Provision for related on-costs	5,371	6,649
Total employee benefits and related on-costs	60,453	53,492

Note 3.3 (b) Provision for related on-costs movement schedule

Carrying amount at start of year

Additional provisions recognised	2,493	4,145
Amounts incurred during the year	(3,771)	(3,356)
Carrying amount at end of year	5,371	6,649

Total 2024 \$'000	Total 2023 \$'000
1,727	894
32,381	29,575
21,981	17,975
56,089	48,444
4,364	5,048
4,364	5,048
60,453	53,492
55,082	46,843
5,371	6,649
60,453	53,492

Total 2024 \$'000	Total 2023 \$'000
6,649	5,860
2,493	4,145
(3,771)	(3,356)
5,371	6,649

How we recognise employee benefits

Employee benefit recognition

Employee benefits are accrued for employees in respect of accrued days off, annual leave and long service leave for services rendered to the reporting date.

No provision has been made for sick leave as all sick leave is non-vesting and it is not considered probable that the average sick leave taken in the future will be greater than the benefits accrued in the future. As sick leave is non-vesting, an expense is recognised in the Statement of Comprehensive Income as sick leave is taken.

Annual leave and accrued days off

Liabilities for annual leave and accrued days off are recognised in the provision for employee benefits as 'current liabilities' because Albury Wodonga Health does not have an unconditional right to defer settlements of these liabilities.

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

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

Long service leave

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

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

The components of this current LSL liability are measured at:

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

Conditional LSL is measured at present value and is disclosed as a non-current liability. Any gain or loss following revaluation of the present value of non-current LSL liability is recognised as a transaction, except to the extent that a gain or loss arises due to changes in estimations e.g. bond rate movements, inflation rate movements and changes in probability factors which are then recognised as other economic flows.

Termination benefits

Termination benefits are payable when employment is terminated before the normal retirement date or when an employee decides to accept an offer of benefits in exchange for the termination of employment.

Provision for on-costs related to employee benefits

Provision for on-costs such as workers compensation and superannuation are recognised separately from employee benefits.

Note 3.4 Superannuation

	Paid contribution for the year		Contribution Outstanding at Year-end	
	Total	Total	Total	Total
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Defined benefit plans:ⁱ				
Aware Super	33	36	-	-
Emergency Services Superannuation (ESS)	42	42	-	-
NSW Superannuation Funds	111	178	-	-
Defined contribution plans:				
Aware Super	7,579	7,186	-	-
Hesta	4,609	4,472	-	-
NSW Superannuation Funds	7,893	7,130	258	183
Other	4,435	3,801	15	41
Total	24,702	22,845	273	224

ⁱ The basis for determining the level of contributions is determined by the various actuaries of the defined benefit superannuation plans.

How we recognise superannuation

Employees of Albury Wodonga Health are entitled to receive superannuation benefits and it contributes to both defined benefit and defined contribution plans.

Defined benefit superannuation plans

A defined benefit plan provides benefits based on years of service and final average salary. The amount charged to the Comprehensive Operating Statement in respect of defined benefit superannuation plans represents the contributions made by Albury Wodonga Health to the superannuation plans in respect of the services of current Albury Wodonga Health's staff during the reporting period. Superannuation contributions are made to the plans based on the relevant rules of each plan and are based upon actuarial advice.

Albury Wodonga Health does not recognise any unfunded defined benefit liability in respect of the plans because the health service has no legal or constructive obligation to pay future benefits relating to its employees; its only obligation is to pay superannuation contributions as they fall due.

The DTF discloses the State's defined benefits liabilities in its disclosure for administered items. However superannuation contributions paid or payable for the reporting period are included as part of employee benefits in the Comprehensive Operating Statement of Albury Wodonga Health.

The name, details and amounts that have been expensed in relation to the major employee superannuation funds and contributions made by Albury Wodonga Health are disclosed above.

As at 30 June 2024, there were no contributions outstanding and no loans issued from or to the above schemes. As a result of volatility in financial markets the likelihood of making such contributions in future periods exist.

Defined contribution superannuation plans

Defined contribution (i.e. accumulation) superannuation plans expenditure is simply the employer contributions that are paid or payable in respect of employees who are members of these plans during the reporting period. Contributions to defined contribution superannuation plans are expensed when incurred.

The name, details and amounts that have been expensed in relation to the major employee superannuation funds and contributions made by Albury Wodonga Health are disclosed above.

Note 4: Key assets to support service delivery

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

Structure

4.1 Property, plant & equipment

4.2 Right-of-use assets

4.3 Revaluation reserve

4.4 Intangible assets

4.5 Depreciation and amortisation

4.6 Inventories

4.7 Impairment of assets

Material judgements and estimates

This section contains the following material judgements and estimates:

Material judgements and estimates	Description
Estimating useful life of property, plant and equipment	Albury Wodonga Health assigns an estimated useful life to each item of property, plant and equipment. This is used to calculate depreciation of the asset. The health service reviews the useful life and depreciation rates of all assets at the end of each financial year and where necessary, records a change in accounting estimate.
Estimating useful life of right-of-use assets	The useful life of each right-of-use asset is typically the respective lease term, except where the health service is reasonably certain to exercise a purchase option contained within the lease (if any), in which case the useful life reverts to the estimated useful life of the underlying asset. Albury Wodonga Health applies material judgement to determine whether or not it is reasonably certain to exercise such purchase options.
Estimating restoration costs at the end of a lease	Where a lease agreement requires Albury Wodonga Health to restore a right-of-use asset to its original condition at the end of a lease, the health service estimates the present value of such restoration costs. This cost is included in the measurement of the right-of-use asset, which is depreciated over the relevant lease term.
Estimating the useful life of intangible assets	Albury Wodonga Health assigns an estimated useful life to each intangible asset with a finite useful life, which is used to calculate amortisation of the asset.

Material judgements and estimates	Description
Identifying indicators of impairment	At the end of each year, Albury Wodonga Health assesses impairment by evaluating the conditions and events specific to the health service that may be indicative of impairment triggers. Where an indication exists, the health service tests the asset for impairment. The health service considers a range of information when performing its assessment, including considering: ▪ If an asset's value has declined more than expected based on normal use ▪ If a significant change in technological, market, economic or legal environment which adversely impacts the way the health service uses an asset ▪ If an asset is obsolete or damaged ▪ If the asset has become idle or if there are plans to discontinue or dispose of the asset before the end of its useful life ▪ If the performance of the asset is or will be worse than initially expected. Where an impairment trigger exists, the health services applies material judgement and estimate to determine the recoverable amount of the asset.

Note 4.1 Property, plant and equipment

Note 4.1 (a) Gross carrying amount and accumulated depreciation

	Total 2024 \$'000	Total 2023 \$'000
Land at fair value - Freehold	7,161	7,202
Total land at fair value	7,161	7,202
Buildings at cost	-	718
Less accumulated depreciation	-	(9)
Total buildings at cost	-	709
Buildings at fair value	54,229	42,078
Less accumulated depreciation	-	(3,801)
Total buildings at fair value	54,229	38,277
Site improvements at fair value	102,409	78,736
Less accumulated depreciation	(9,275)	(27,389)
Total leasehold improvements at fair value	93,134	51,347
Total buildings and improvements	147,363	90,333
Works in progress at cost	29,970	10,996
Total land and buildings	184,494	108,531
Plant and equipment at fair value	11,522	11,044
Less accumulated depreciation	(7,273)	(6,999)
Total plant and equipment at fair value	4,249	4,045
Motor vehicles at fair value	1,683	1,870
Less accumulated depreciation	(1,605)	(1,707)
Total motor vehicles at fair value	78	163
Computer equipment at fair value	9,907	8,439
Less accumulated depreciation	(7,183)	(6,306)
Total computer equipment at fair value	2,724	2,133
Furniture and fittings at fair value	2,642	2,592
Less accumulated depreciation	(1,615)	(1,457)
Total furniture and fittings at fair value	1,027	1,135
Medical equipment at fair value	35,365	32,357
Less accumulated depreciation	(25,788)	(23,612)
Total medical equipment at fair value	9,577	8,745
Total plant, medical equipment, furniture, fittings and vehicles at fair value	17,655	16,221
Work in Progress - At Cost	7,075	4,220
Total Work in Progress	7,075	4,220
Total property, plant and equipment	209,224	128,972

Note 4.1 (b) Reconciliations of the carrying amount by class of asset

	Note	Land \$'000	Buildings & Improvements		Motor Vehicles \$'000	Medical Equipment \$'000	Computers & Comm		Furniture & Fittings \$'000	Total \$'000
			\$'000	\$'000			\$'000	\$'000		
Balance at 1 July 2022		7,202	100,605	7,050	286	6,762	2,044	1,179		125,128
Additions		-	887	1,921	-	3,910	829	122		7,669
Indirect Capital Contributions		-	8,015	-	-	-	-	-		8,015
Revaluation increments/(decrements)		-	-	-	-	-	-	-		-
Depreciation	4.5	-	(8,178)	(706)	(123)	(1,927)	(740)	(166)		(11,840)
Balance at 30 June 2023	4.1 (a)	7,202	101,329	8,265	163	8,745	2,133	1,135		128,972
Additions		-	5,913	3,696	-	3,073	1,463	50		14,195
Indirect Capital Contributions		-	13,084	-	-	-	-	-		13,084
Disposals		-	-	-	-	-	-	-		-
Revaluation increments/(decrements)		(41)	65,230	-	-	-	-	-		65,189
Depreciation	4.5	-	(8,223)	(637)	(85)	(2,241)	(872)	(158)		(12,216)
Balance at 30 June 2024	4.1 (a)	7,161	177,333	11,324	78	9,577	2,724	1,027		209,224

Land and Buildings Carried at Valuation

The Valuer-General Victoria undertook to re-value all of Albury Wodonga Health's owned land and buildings to determine their fair value. The valuation, which conforms to Australian Valuation Standards, was determined with reference to the amount at which an orderly transaction to sell the asset or transfer the liability would take place between market participants at the measurement date, under current conditions. The valuation was based on independent assessments. The effective date of the valuation was 30 June 2024.

A managerial assessment was undertaken to re-value Albury Wodonga Health's NSW buildings to determine their future value. The valuation was determined by reference to Valuer-General of Victoria (VGV) indices and unit rates. The effective date of the valuation was 30 June 2024.

Note 4.1 (b) Reconciliations of the carrying amount by class of asset

How we recognise property, plant and equipment

Property, plant and equipment are tangible items that are used by Albury Wodonga Health in the supply of goods or services, for rental to others, or for administration purposes, and are expected to be used during more than one financial year.

Initial recognition

Items of property, plant and equipment (excluding right-of-use assets) are initially measured at cost. 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.

Subsequent measurement

Items of property, plant and equipment are subsequently measured at fair value less accumulated depreciation and impairment losses where applicable.

Fair value is determined with reference to the asset's highest and best use (considering legal or physical restrictions imposed on the asset, public announcements or commitments made in relation to the intended use of the asset).

Further information regarding fair value measurement is disclosed in Note 7.4.

Revaluation

Fair value is based on periodic valuations by independent valuers, which normally occur once every five years, based upon the asset's Government Purpose Classification, but may occur more frequently if fair value assessments indicate a material change in fair value has occurred.

Where an independent valuation has not been undertaken at balance date, Albury Wodonga Health perform a managerial assessment to estimate possible changes in fair value of land and buildings since the date of the last independent valuation with reference to Valuer-General of Victoria (VGV) indices.

An adjustment is recognised if the assessment concludes that the fair value of land and buildings has changed by 10% or more since the last revaluation (whether that be the most recent independent valuation or managerial valuation). Any estimated change in fair value of less than 10% is deemed immaterial to the financial statements and no adjustment is recorded. Where the assessment indicates there has been an exceptionally material movement in the fair value of land and buildings since the last independent valuation, being equal to or in excess of 40%, Albury Wodonga Health would obtain an interim independent valuation prior to the next scheduled independent valuation.

Note 4.1 (b) Reconciliations of the carrying amount by class of asset

Revaluation (Continued)

A valuation of Albury Wodonga Health's property, plant and equipment was performed on 30 June 2024. The valuation, which complies with Australian Valuation Standards, was determined by reference to the amount for which an orderly transaction to sell the asset or transfer the liability would take place between market participants at the measurement date, under current market conditions.

Revaluation increases (increments) arise when an asset's fair value exceeds its carrying amount. In comparison, revaluation decreases (decrements) arise when an asset's fair value is less than its carrying amount. Revaluation increments and revaluation decrements relating to individual assets within an asset class are offset against one another within that class but are not offset in respect of assets in different classes.

Revaluation increments are recognised in 'Other Comprehensive Income' and are credited directly to the asset revaluation reserve, except that, to the extent that an increment reverses a revaluation decrement in respect of that same class of asset previously recognised as an expense in net result, in which case the increment is recognised as income in the net result.

Revaluation decrements are recognised in 'Other Comprehensive Income' to the extent that a credit balance exists in the asset revaluation reserve in respect of the same class of property, plant and equipment. Otherwise, the decrement is recognised as an expense in the net result.

The revaluation surplus included in equity in respect of an item of property, plant and equipment may be transferred directly to retained earnings when the asset is derecognised.

Note 4.2 Right-of-use assets

Note 4.2(a) Gross carrying amount and accumulated depreciation

	Total 2024 \$'000	Total 2023 \$'000
Right-of-use buildings at fair value	8,916	8,910
Less accumulated depreciation	(5,029)	(3,882)
Total right of use buildings at fair value	3,887	5,028
Total right of use concessionary land and buildings	3,887	5,028
Right of use plant, equipment, furniture, fittings and vehicles at fair value	7,362	6,651
Less accumulated depreciation	(4,840)	(3,819)
Total right of use plant, equipment, furniture, fittings and vehicles at fair value	2,522	2,832
Total right of use assets	6,409	7,860

Note 4.2(b) Reconciliations of the carrying amount by class of asset

Note	Right-of-use - Buildings \$'000	Right-of-use - PE, FF&V \$'000	Total \$'000
Balance at 1 July 2022	4,253	2,864	7,117
Additions	2,083	1,339	3,422
Depreciation	4.5 (1,308)	(1,371)	(2,679)
Balance at 30 June 2023	4.2(a) 5,028	2,832	7,860
Additions	676	1,364	2,040
Disposals	(55)	(136)	(191)
Net Transfers between classes	-	(22)	(22)
Depreciation	4.5 (1,762)	(1,516)	(3,278)
Balance at 30 June 2024	4.2(a) 3,887	2,522	6,409

How we recognise right-of-use assets

Initial recognition

When a contract is entered into, Albury Wodonga Health assesses if the contract contains or is a lease.

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

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

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

Albury Wodonga Health presents its right-of-use assets as part of property, plant and equipment as if the asset was owned by the health service.

Subsequent measurement

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

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

Further information regarding fair value measurement is disclosed in Note 7.4.

Note 4.3 Revaluation reserve

Balance at the beginning of the reporting period

Revaluation increment/(decrement)

- Land
- Buildings
- Site Improvements

Balance at the end of the Reporting Period*

* Represented by:

- Land
- Buildings
- Site Improvements

Note	Total 2024 \$'000	Total 2023 \$'000
	37,847	37,847
4.1 (b)	(41)	-
4.1 (b)	19,430	-
4.2 (b)	45,800	-
	103,036	37,847
	3,381	3,422
	53,855	34,425
	45,800	-
	103,036	37,847

Note 4.4 Intangible assets

Note 4.4 (a) Intangible assets - Gross carrying amount and accumulated amortisation

	Total 2024 \$'000	Total 2023 \$'000
Intangible assets - software	1,237	1,237
Less accumulated amortisation	(998)	(918)
Total intangible assets - software	239	319
Total intangible assets	239	319

Note 4.4 (b) Intangible assets - Reconciliations of the carrying amount by class of asset

	Note	Software \$'000	Total \$'000
Balance at 1 July 2022		139	139
Additions		220	220
Amortisation	4.5	(40)	(40)
Balance at 30 June 2023	4.2 (a)	319	319
Amortisation	4.5	(80)	(80)
Balance at 30 June 2024	4.2 (a)	239	239

How we recognise intangible assets

Intangible assets represent identifiable non-monetary assets without physical substance such as computer software.

Initial recognition

Purchased intangible assets are initially recognised at cost.

Albury Wodonga Health has no internally generated intangible assets.

Subsequent measurement

Intangible assets with finite useful lives are carried at cost less accumulated amortisation and accumulated impairment losses.

Impairment

Intangible assets with indefinite useful lives (and intangible assets not yet available for use) are tested annually for impairment and whenever there is an indication that the asset may be impaired. Intangible assets with finite useful lives are testing for impairment whenever an indication of impairment is identified.

Note 4.5 Depreciation and amortisation

Depreciation

Buildings	8,223	8,178
Plant and equipment	637	706
Motor vehicles	85	123
Medical equipment	2,241	1,927
Computer equipment	872	740
Furniture and fittings	158	166
Total depreciation - property, plant and equipment	12,216	11,840

Right-of-use assets

Right of use buildings	1,762	1,308
Right of use - plant, equipment, furniture, fittings and motor vehicles	1,516	1,371
Total depreciation - right-of-use assets	3,278	2,679

Total Depreciation

Amortisation

Software	80	40
Total amortisation	80	40

Total depreciation and amortisation

How we recognise depreciation

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

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

Total 2024 \$'000	Total 2023 \$'000
8,223	8,178
637	706
85	123
2,241	1,927
872	740
158	166
12,216	11,840
1,762	1,308
1,516	1,371
3,278	2,679
15,494	14,519
80	40
80	40
15,574	14,559

Note 4.5 Depreciation and amortisation (continued)

How we recognise amortisation

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

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

	2024	2023
Buildings		
- Structure shell building fabric	50 years	50 years
- Site engineering services and central plant	40 years	40 years
Plant and equipment	4 to 10 years	4 to 10 years
Medical equipment	3 to 15 years	3 to 15 years
Computers and communication	3 to 10 years	3 to 10 years
Furniture and fitting	4 to 20 years	4 to 20 years
Motor Vehicles	4 to 6 years	4 to 6 years
Leasehold Improvements	1 to 21 years	1 to 21 years
Intangible Assets	3 years	3 years

As part of the building valuation, building values are separated into components and each component assessed for its useful life which is represented above.

Note 4.6 Inventories

Medical and surgical consumables at cost
Pharmacy supplies at cost
General stores at cost
Total inventories

Total 2024 \$'000	Total 2023 \$'000
722	899
545	457
1,187	1,023
2,454	2,379

How we recognise inventories

Inventories include goods and other property held either for sale, consumption or for distribution at no or nominal cost in the ordinary course of business operations. It excludes depreciable assets. Inventories are measured at the lower of cost and net realisable value.

Note 4.7: Impairment of assets

How we recognise impairment

At the end of each reporting period, Albury Wodonga Health reviews the carrying amount of its tangible and intangible assets that have a finite useful life, to determine whether there is any indication that an asset may be impaired. The assessment will include consideration of external sources of information and internal sources of information.

If such an indication exists, an impairment test is carried out. Assets with indefinite useful lives (and assets not yet available for use) are tested annually for impairment, in addition to where there is an indication that the asset may be impaired.

When performing an impairment test, Albury Wodonga Health compares the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised immediately in net result, unless the asset is carried at a revalued amount.

Where an impairment loss on a revalued asset is identified, this is recognised against the asset revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the cumulative balance recorded in the asset revaluation surplus for that class of asset.

Where it is not possible to estimate the recoverable amount of an individual asset, Albury Wodonga Health estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Albury Wodonga Health did not record any impairment losses against Property, Plant and Equipment for the year ended 30 June 2024 (30 June 2023:Nil).

Note 5: Other assets and liabilities

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

Structure

5.1 Receivables

5.2 Contract assets

5.3 Payables

5.4 Contract liabilities

5.5 Other liabilities

5.6 Non-financial physical assets held for sale

Material judgements and estimates

This section contains the following key judgements and estimates:

Material judgements and estimates	Description
Estimating the provision for expected credit losses	Albury Wodonga Health uses a simplified approach to account for the expected credit loss provision. A provision matrix is used, which considers historical experience, external indicators and forward-looking information to determine expected credit loss rates.
Measuring deferred capital grant income	Where Albury Wodonga Health has received funding to construct an identifiable non-financial asset, such funding is recognised as deferred capital grant income until the underlying asset is constructed. Albury Wodonga Health applies material judgement when measuring the deferred capital grant income balance, which references the estimated stage of completion at the end of each financial year.
Measuring contract liabilities	Albury Wodonga Health applies material judgement to measure its progress towards satisfying a performance obligation as detailed in Note 2. Where a performance obligation is yet to be satisfied, the health service assigns funds to the outstanding obligation and records this as a contract liability until the promised good or service is transferred to the customer.

Note 5.1 Receivables

		Total 2024 \$'000	Total 2023 \$'000
Current receivables			
Contractual			
Inter hospital debtors		366	622
Trade receivables		3,645	2,327
Patient fees		3,208	3,419
Allowance for impairment losses - Patient Fees	5.1(a)	(342)	(166)
Allowance for impairment losses - Trade Debtors	5.1(a)	(755)	(97)
Accrued revenue		2,904	4,040
Amounts receivable from governments and agencies		137	507
Total contractual receivables		9,163	10,652
Statutory			
GST receivable		1,972	2,219
Total statutory receivables		1,972	2,219
Total current receivables		11,135	12,871
Non-current receivables			
Contractual			
Long service leave - Department of Health		11,894	10,845
Total contractual receivables		11,894	10,845
Total non-current receivables		11,894	10,845
Total receivables		23,029	23,716
<i>(i) Financial assets classified as receivables (Note 7.1(a))</i>			
Total receivables		23,029	23,716
Provision for impairment		1,097	263
GST receivable		(1,972)	(2,219)
Total financial assets classified as receivables	7.1(a)	22,154	21,760

Note 5.1 (a) Movement in the allowance for impairment losses of contractual receivables

	Total 2024 \$'000	Total 2023 \$'000
Balance at the beginning of the year	263	264
Increase/(Decrease) in allowance	941	91
Amounts written off during the year	(107)	(92)
Balance at the end of the year	1,097	263

How we recognise receivables

Receivables consist of:

- **Contractual receivables**, including debtors that relates to goods and services and accrued revenue from Government agencies. These receivables are classified as financial instruments and are categorised as 'financial assets at amortised costs'. They are initially recognised at fair value plus any directly attributable transaction costs. The health service holds the 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.

Trade debtors are carried at the nominal amounts due and are due for settlement within 30 days from the date of recognition.

In assessing impairment of statutory (non-contractual) financial assets, which are not financial instruments, professional judgement is applied in assessing materiality using estimates, averages and other computational methods in accordance with AASB 136 *Impairment of Assets*.

Impairment losses of contractual receivables

Refer to Note 7.2 (a) for Albury Wodonga Health's contractual impairment losses.

Note 5.2 Contract assets

Current

Contract assets

Total contract assets

Total 2024 \$'000	Total 2023 \$'000
401	-
401	-

Note 5.2(a) Movement in contract assets

Balance at the beginning of the year

Add: Additional costs incurred that are recoverable from the customer

Less: Transfer to trade receivable or cash at bank

Total contract assets

Total 2024 \$'000	Total 2023 \$'000
-	31,023
401	-
-	(31,023)
401	-
401	-
401	-

* Represented by:

- Current assets

How we recognise contract assets

Contract assets relate to the Albury Wodonga Health's right to consideration in exchange for goods transferred to customers for works completed, but not yet billed at the reporting date. The contract assets are transferred to receivables when the rights become unconditional, at this time an invoice is issued. Contract assets are expected to be recovered during the next financial year.

Note 5.3 Payables

Current payables

Contractual

Trade creditors

Accrued salaries and wages

Accrued expenses

Deferred capital grant income

Inter hospital creditors

Department of Health

Amounts payable to governments and agencies

Total contractual payables

Statutory

Australian Taxation Office

Total statutory payables

Total current payables

Total payables

(i) Financial liabilities classified as payables (Note 7.1(a))

Total payables

Deferred capital grant income

ATO Payable

Total financial liabilities classified as payables

How we recognise payables

Payables consist of:

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

- **Statutory payables**, including Goods and Services Tax (GST) payable. Statutory payables 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 30 days.

Note	Total 2024 \$'000	Total 2023 \$'000
	10,903	6,534
	9,205	7,069
	35,824	17,168
5.3(a)	13,631	4,683
	1,698	888
	-	11,822
	31	12
	71,292	48,176
	226	37
	226	37
	71,518	48,213
	71,518	48,213
	71,518	48,213
	(13,631)	(4,683)
	(226)	(37)
7.1(a)	57,661	43,493

Note 5.3 (a) Deferred capital grant income

	Total 2024 \$'000	Total 2023 \$'000
Opening balance of deferred capital grant income	4,683	6,781
Grant consideration for capital works received during the year	11,334	5,705
Deferred grant revenue recognised as revenue due to completion of capital works	(2,386)	(7,803)
Closing balance of deferred capital grant income	13,631	4,683

How we recognise deferred capital grant income

Capital grant income is recognised progressively as the asset is constructed, since this is the time when Albury Wodonga Health satisfies its obligations. The progressive percentage of costs incurred is used to recognise income because this most closely reflects the percentage of completion of the building works. As a result, Albury Wodonga Health has deferred recognition of a portion of the grant consideration received as a liability for the outstanding obligations.

Albury Wodonga Health expects to recognise all of the remaining deferred capital grant income for capital works over the next 12 months.

Note 5.4 Contract liabilities

Current

Contract liabilities

Total current contract liabilities

Note 5.4(a) Movement in contract liabilities

Opening balance of contract liabilities

Grant consideration for sufficiently specific performance obligations received during the year

Revenue recognised for the completion of a performance obligation

Total contract liabilities

* Represented by:

- Current contract liabilities

How we recognise contract liabilities

Contract liabilities include consideration received in advance from the Department of Health in respect of activity based funding where an obligation to meet target was not waived.

The balance of contract liabilities was higher than the previous reporting period due to specific targets not being met in 2024.

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

Maturity analysis of payables

Please refer to Note 7.2(b) for the maturity analysis of payables.

Total 2024 \$'000	Total 2023 \$'000
535	-
535	-

Total 2024 \$'000	Total 2023 \$'000
-	4,846
1,385	-
(850)	(4,846)
535	-
535	-
535	-

Note 5.5 Other liabilities

		Total 2024 \$'000	Total 2023 \$'000
Notes			
Current monies held in trust			
Refundable accommodation deposits		860	1,263
Total current monies held in trust		860	1,263
Total other liabilities		860	1,263
Represented by:			
- Cash assets	6.2	860	1,263
		860	1,263

How we recognise other liabilities

Refundable Accommodation Deposit (RAD)/Accommodation Bond liabilities

RADs/accommodation bonds are non-interest-bearing deposits made by some aged care residents to Albury Wodonga Health upon admission. These deposits are liabilities which fall due and payable when the resident leaves the home. As there is no unconditional right to defer payment for 12 months, these liabilities are recorded as current liabilities.

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 5.6 Non-financial physical assets classified as held for sale

	Total 2024 \$'000	Total 2023 \$'000
Motor Vehicles	22	-
Total non-financial physical assets	22	-

Note 5.6 (b) Fair value measurement hierarchy for non-financial assets held for sale

	Total carrying amount 30 June 2024 \$'000	Fair value measurement at end of reporting period using:		
		Level 1 ⁱ \$'000	Level 2 ⁱ \$'000	Level 3 ⁱ \$'000
Motor Vehicles	22	-	22	-
Total non-financial assets held for sale	22	-	22	-

ⁱ Classified in accordance with the fair value hierarchy.

How we recognise non-financial physical assets classified as held for sale

Non-financial physical assets are treated as current and are classified as held for sale if their carrying amount will be recovered through a sale transaction rather than through continuing use. This condition is regarded as met only when the sale is highly probable, the asset's sale is expected to be completed within 12 months from the date of classification, and the asset is available for immediate use in the current condition.

Non-financial physical assets classified as held for sale are treated as current and are measured at the lower of carrying amount and fair value less costs of disposal, and are not subject to depreciation or amortisation.

Note 6: How we finance our operations

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

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

Structure

6.1 Borrowings

6.2 Cash and cash equivalents

6.3 Commitments for expenditure

Material judgements and estimates

This section contains the following material judgements and estimates:

Material judgements and estimates	Description
Determining if a contract is or contains a lease	Albury Wodonga Health applies material judgement to determine if a contract is or contains a lease by considering if the health service: ▪ has the right-to-use an identified asset ▪ has the right to obtain substantially all economic benefits from the use of the leased asset and ▪ can decide how and for what purpose the asset is used throughout the lease.
Determining if a lease meets the short-term or low value asset lease exemption	Albury Wodonga Health applies material judgement when determining if a lease meets the short-term or low value lease exemption criteria. The health service estimates the fair value of leased assets when new. Where the estimated fair value is less than \$10,000, the health service applies the low-value lease exemption. The health service also estimates the lease term with reference to remaining lease term and period that the lease remains enforceable. Where the enforceable lease period is less than 12 months the health service applies the short-term lease exemption.

Material judgements and estimates	Description
Discount rate applied to future lease payments	Albury Wodonga Health discounts its lease payments using the interest rate implicit in the lease. If this rate cannot be readily determined, which is generally the case for the health service's lease arrangements, Albury Wodonga Health uses its incremental borrowing rate, which is the amount the health service would have to pay to borrow funds necessary to obtain an asset of similar value to the right-of-use asset in a similar economic environment with similar terms, security and conditions. For leased land and buildings, Albury Wodonga Health estimates the incremental borrowing rate to be between 1.07% and 3.0%. For leased plant, equipment, furniture, fittings and vehicles, the implicit interest rate is between 1.25% and 5.25%.
Assessing the lease term	The lease term represents the non-cancellable period of a lease, combined with periods covered by an option to extend or terminate the lease if Albury Wodonga Health is reasonably certain to exercise such options. Albury Wodonga Health determines the likelihood of exercising such options on a lease-by-lease basis through consideration of various factors including: ▪ If there are significant penalties to terminate (or not extend), the health service is typically reasonably certain to extend (or not terminate) the lease. ▪ If any leasehold improvements are expected to have a significant remaining value, the health service is typically reasonably certain to extend (or not terminate) the lease. ▪ The health service considers historical lease durations and the costs and business disruption to replace such leased assets.

Note 6.1 Borrowings

		Total 2024 \$'000	Total 2023 \$'000
Current borrowings			
Lease liability ⁽ⁱ⁾	6.1 (a)	2,138	2,949
Total current borrowings		2,138	2,949
Non-current borrowings			
Lease liability ⁽ⁱ⁾	6.1 (a)	4,635	5,039
Total non-current borrowings		4,635	5,039
Total borrowings		6,773	7,988

ⁱ Secured by the assets leased.

How we recognise borrowings

Borrowings refer to interesting bearing liabilities from funds raised through lease liabilities.

Initial recognition

All borrowings are initially recognised at fair value of the consideration received, less directly attributable transaction costs.

Subsequent measurement

Subsequent to initial recognition, interest bearing borrowings are measured at amortised cost with any difference between the initial recognised amount and the redemption value being recognised in the net result over the period of the borrowing using the effective interest method. Non-interest bearing borrowings are measured at 'fair value through profit or loss'.

Maturity analysis

Please refer to Note 7.2(b) for the maturity analysis of borrowings.

Defaults and breaches

During the current and prior year, there were no defaults and breaches of any of the loans.

Note 6.1 (a) Lease liabilities

Albury Wodonga Health's lease liabilities are summarised below:

Total undiscounted lease liabilities
Less unexpired finance expenses
Net lease liabilities

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

Not longer than one year
Longer than one year but not longer than five years
Longer than five years
Minimum future lease liability
Less unexpired finance expenses
Present value of lease liability

* Represented by:

- Current liabilities
- Non-current liabilities

How we recognise lease liabilities

A lease is defined as a contract, or part of a contract, that conveys the right for Albury Wodonga Health to use an asset for a period of time in exchange for payment.

To apply this definition, Albury Wodonga Health ensures the contract meets the following criteria:

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

Albury Wodonga Health's lease arrangements consist of the following:

Type of asset leased	Lease term
Leased buildings	2 to 10 years
Leased plant, equipment, furniture, fittings and vehicles	3 to 5 years

Total 2024 \$'000	Total 2023 \$'000
7,064	8,283
(291)	(295)
6,773	7,988

Total 2024 \$'000	Total 2023 \$'000
2,233	3,048
3,838	3,655
993	1,580
7,064	8,283
(291)	(295)
6,773	7,988
2,138	2,949
4,635	5,039
6,773	7,988

Note 6.1 (a) Lease liabilities

All leases are recognised on the balance sheet, with the exception of low value leases (less than \$10,000 AUD) and short term leases of less than 12 months. The following low value, short term and variable lease payments are recognised in profit or loss:

Type of payment	Description of payment	Type of leases captured
Low value lease payments	Leases where the underlying asset's fair value, when new, is no more than \$10,000	Minor Equipment
Short-term lease payments	Leases with a term less than 12 months	Buildings & Equipment

Separation of lease and non-lease components

At inception or on reassessment of a contract that contains a lease component, the lessee is required to separate out and account separately for non-lease components within a lease contract and exclude these amounts when determining the lease liability and right-of-use asset amount.

Initial measurement

The lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease if that rate is readily determinable or Albury Wodonga Health's incremental borrowing rate. Our lease liability has been discounted by rates of between 2% to 5%.

Lease payments included in the measurement of the lease liability comprise the following:

- fixed payments (including in-substance fixed payments) less any lease incentive receivable
- variable payments based on an index or rate, initially measured using the index or rate as at the commencement date
- amounts expected to be payable under a residual value guarantee and
- payments arising from purchase and termination options reasonably certain to be exercised.

In determining the lease term, management considers all facts and circumstances that create an economic incentive to exercise an extension option, or not exercise a termination option. Extension options (or periods after termination options) are only included in the lease term and lease liability if the lease is reasonably certain to be extended (or not terminated).

The assessment is reviewed if a significant event or a significant change in circumstances occurs which affects this assessment and that is within the control of the lessee.

During the current financial year, the financial effect of revising lease terms to reflect the effect of exercising extension and termination options was an increase in recognised lease liabilities and right-of-use assets of \$Nil.

Subsequent measurement

Subsequent to initial measurement, the liability will be reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification, or if there are changes in the substance fixed payments.

When the lease liability is remeasured, the corresponding adjustment is reflected in the right-of-use asset, or profit and loss if the right of use asset is already reduced to zero.

Note 6.1 (a) Lease liabilities

Leases with significantly below market terms and conditions

Albury Wodonga Health holds lease arrangements which contain significantly below-market terms and conditions, which are principally to enable the health service to further its objectives. These are commonly referred to as a peppercorn or concessionary lease arrangement.

The nature and terms of such lease arrangements, including Albury Wodonga Health's dependency on such lease arrangements is described below:

Description of leased asset	Our dependence on lease	Nature and terms of lease
Dental Clinic; 155 High Street, Wodonga	The leased property is used for community dental services. Albury Wodonga Health's dependence on this lease is considered medium. The asset is of a specialised nature and there are limited readily available substitutes.	Lease payments of \$104 are required per annum. The lease commenced in 2011 and has a lease term of 24 years which excludes any extension options. Restrictions placed on the use of the asset include limitation of permitted use being the asset can only be used for the provision of Dental Health Services.
Albury Campus, Borella Rd, Albury	The leased property is used for acute care services. Albury Wodonga Health's dependence on this lease is considered high. The asset is of a specialised nature and there are limited readily available substitutes.	Lease payments of \$1 are required per annum. The lease commenced in 2014 and has a lease term of 21 years which excludes any extension options. Restrictions placed on the use of the asset include limitation of permitted use being the asset can only be used for Hospital and the provision of Health Services.

Note 6.2 Cash and Cash Equivalents

	Total 2024 \$'000	Total 2023 \$'000
Note		
Cash on hand (excluding monies held in trust)	7	7
Cash at bank (excluding monies held in trust)	25,499	46,736
Cash at bank - CBS (excluding monies held in trust)	-	3
Total cash held for operations	25,506	46,746
Cash at bank (monies held in trust)	860	1,263
Total cash held as monies in trust	860	1,263
Total cash and cash equivalents	26,366	48,009
7.1 (a)		

How we recognise cash and cash equivalents

Cash and cash equivalents recognised on the balance sheet comprise cash on hand and in banks, deposits at call and highly liquid investments (with an original maturity date of three months or less).

Cash and cash equivalents are held for the purpose of meeting short term cash commitments rather than for investment purposes and are readily convertible to known amounts of cash and are subject to insignificant risk of changes in value.

For cash flow statement presentation purposes, cash and cash equivalents include bank overdrafts, which are included as liabilities on the balance sheet. The cash flow statement includes monies held in trust.

Note 6.3 Commitments for expenditure

Capital expenditure commitments

Less than one year
Longer than one year but not longer than five years
Five years or more

Total capital expenditure commitments

Non-cancellable short term and low value lease commitments

Less than one year

Total non-cancellable short term and low value lease commitments

Total commitments for expenditure (exclusive of GST)

Less GST recoverable from Australian Tax Office

Total commitments for expenditure (exclusive of GST)

Total 2024 \$'000	Total 2023 \$'000
5,518	20,305
7,172	417
3,295	-
15,985	20,722
-	4
-	4
15,985	20,726
(1,453)	(1,884)
14,532	18,842

Future lease payments are recognised on the balance sheet, refer to Note 6.1 Borrowings.

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

Albury Wodonga Health discloses short term and low value lease commitments which are excluded from the measurement of right-of-use assets and lease liabilities. Refer to Note 6.1 for further information.

Note 7: Risks, contingencies and valuation
uncertainties

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

Structure

- 7.1 Financial instruments
- 7.2 Financial risk management objectives and policies
- 7.3 Contingent assets and contingent liabilities
- 7.4 Fair value determination

Material judgements and estimates

This section contains the following material judgements and estimates:

Material judgements and estimates	Description
Measuring fair value of non-financial assets	Fair value is measured with reference to highest and best use, that is, the use of the asset by a market participant that is physically possible, legally permissible, financially feasible, and which results in the highest value, or to sell it to another market participant that would use the same asset in its highest and best use. In determining the highest and best use, Albury Wodonga Health has assumed the current use is its highest and best use. Accordingly, characteristics of the health service’s assets are considered, including condition, location and any restrictions on the use and disposal of such assets.

Material judgements and estimates	Description
Measuring fair value of non-financial assets	Albury Wodonga Health uses a range of valuation techniques to estimate fair value, which include the following: ▪ Market approach, which uses prices and other relevant information generated by market transactions involving identical or comparable assets and liabilities. The fair value of Albury Wodonga Health’s specialised land, non-specialised land and non-specialised buildings are measured using this approach. ▪ Cost approach, which reflects the amount that would be required to replace the service capacity of the asset (referred to as current replacement cost). The fair value of Albury Wodonga Health’s specialised buildings, furniture, fittings, plant, equipment and vehicles are measured using this approach. ▪ Income approach, which converts future cash flows or income and expenses to a single undiscounted amount. Albury Wodonga Health does not this use approach to measure fair value. The health service selects a valuation technique which is considered most appropriate, and for which there is sufficient data available to measure fair value, maximising the use of relevant observable inputs and minimising the use of unobservable inputs. Subsequently, the health service applies material judgement to categorise and disclose such assets within a fair value hierarchy, which includes: ▪ Level 1, using quoted prices (unadjusted) in active markets for identical assets that the health service can access at measurement date. Albury Wodonga Health does not categorise any fair values within this level. ▪ Level 2, inputs other than quoted prices included within Level 1 that are observable for the asset, either directly or indirectly. Albury Wodonga Health categorises non-specialised land and right-of-use concessionary land in this level. ▪ Level 3, where inputs are unobservable. Albury Wodonga Health categorises specialised land, non-specialised buildings, specialised buildings, plant, equipment, furniture, fittings, vehicles, right-of-use buildings and right-of-use plant, equipment, furniture and fittings in this level.

Note 7.1: Financial instruments

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

Note 7.1 (a) Categorisation of financial instruments

		Financial Assets at Financial Liabilities		
Total		Amortised Cost	at Amortised Cost	Total
30 June 2024		\$'000	\$'000	\$'000
Contractual Financial Assets				
Cash and Cash Equivalents	6.2	26,366	-	26,366
Receivables	5.1	22,154	-	22,154
Total Financial Assetsⁱ		48,520	-	48,520
Financial Liabilities				
Payables	5.3	-	57,661	57,661
Borrowings	6.1	-	6,773	6,773
Other Financial Liabilities - Refundable Accommodation Deposits	5.5	-	860	860
Total Financial Liabilitiesⁱ		-	65,294	65,294

Note 7.1 (a) Categorisation of financial instruments

		Financial Assets at Financial Liabilities		
Total		Amortised Cost	at Amortised Cost	Total
30 June 2023		\$'000	\$'000	\$'000
Contractual Financial Assets				
Cash and cash equivalents	6.2	48,009	-	48,009
Receivables and contract assets	5.1	21,760	-	21,760
Total Financial Assetsⁱ		69,769	-	69,769
Financial Liabilities				
Payables	5.3	-	43,493	43,493
Borrowings	6.1	-	7,988	7,988
Other Financial Liabilities - Refundable Accommodation Deposits	5.5	-	1,263	1,263
Total Financial Liabilitiesⁱ		-	52,744	52,744

ⁱ The carrying amount excludes statutory receivables (i.e. GST receivable) and statutory payables (i.e. Revenue in Advance).

How we categorise financial instruments

Categories of financial assets

Financial assets are recognised when Albury Wodonga Health becomes party to the contractual provisions to the instrument. For financial assets, this is at the date Albury Wodonga Health commits itself to either the purchase or sale of the asset (i.e. trade date accounting is adopted).

Financial instruments (except for trade receivables) are initially measured at fair value plus transaction costs, except where the instrument is classified at fair value through net result, in which case transaction costs are expensed to profit or loss immediately.

Where available, quoted prices in an active market are used to determine the fair value. In other circumstances, valuation techniques are adopted.

Trade receivables are initially measured at the transaction price if the trade receivables do not contain a significant financing component or if the practical expedient was applied as specified in AASB 15 para 63.

Note 7.1 (a) Categorisation of financial instruments

Financial assets at amortised cost

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

- the assets are held by Albury Wodonga Health solely to collect the contractual cash flows 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.

Albury Wodonga Health recognises the following assets in this category:

- cash and deposits
- receivables (excluding statutory receivables)

Note 7.1 (a) Categorisation of financial instruments

Categories of financial liabilities

Financial liabilities are recognised when Albury Wodonga Health becomes a party to the contractual provisions to the instrument. Financial instruments are initially measured at fair value plus transaction costs, except where the instrument is classified at fair value through profit or loss, in which case transaction costs are expensed to profit or loss immediately.

Financial liabilities at amortised cost

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

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

Albury Wodonga Health recognises the following liabilities in this category:

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

Note 7.2: Financial risk management objectives and policies

As a whole, Albury Wodonga Health's financial risk management program seeks to manage the risks and the associated volatility of its financial performance.

Details of the significant accounting policies and methods adopted, included the criteria for recognition, the basis of measurement, and the basis on which income and expenses are recognised, with respect to each class of financial asset, financial liability and equity instrument above are disclosed throughout the financial statements.

Albury Wodonga Health's main financial risks include credit risk, liquidity risk and interest rate risk. Albury Wodonga Health manages these financial risks in accordance with its financial risk management policy.

Primary responsibility for the identification and management of financial risks rests with the Accountable Officer.

Note 7.2 (a) Credit risk

Credit risk refers to the possibility that a borrower will default on its financial obligations as and when they fall due. Albury Wodonga Health's exposure to credit risk arises from the potential default of a counter party on their contractual obligations resulting in financial loss to Albury Wodonga Health. Credit risk is measured at fair value and is monitored on a regular basis.

Credit risk associated with Albury Wodonga Health's contractual financial assets is minimal because the main debtor is the Victorian Government. For debtors other than the Government, the health service is exposed to credit risk associated with patient and other debtors.

In addition, Albury Wodonga Health does not engage in hedging for its contractual financial assets and mainly obtains contractual financial assets that are on fixed interest, except for cash and deposits, which are mainly cash at bank. As with the policy for debtors, Albury Wodonga Health's policy is to only deal with banks with high credit ratings.

Provision of impairment for contractual financial assets is recognised when there is objective evidence that Albury Wodonga Health will not be able to collect a receivable. Objective evidence includes financial difficulties of the debtor, default payments, debtors that are more than 60 days overdue, and changes in debtor credit ratings.

Contract financial assets are written off against the carrying amount when there is no reasonable expectation of recovery. Bad debt written off by mutual consent is classified as a transaction expense. Bad debt written off following a unilateral decision is recognised as other economic flows in the net result.

Except as otherwise detailed in the following table, the carrying amount of contractual financial assets recorded in the financial statements, net of any allowances for losses, represents Albury Wodonga Health's maximum exposure to credit risk without taking account of the value of any collateral obtained.

There has been no material change to Albury Wodonga Health's credit risk profile in 2023-24.

**Note 7.2 (a) Credit risk
Impairment of financial assets under AASB 9**

Albury Wodonga Health records the allowance for expected credit loss for the relevant financial instruments applying AASB 9's Expected Credit Loss approach. Subject to AASB 9, the impairment assessment includes the health service's contractual receivables and its investment in debt instruments.

Equity instruments are not subject to impairment under AASB 9. Other financial assets mandatorily measured or designated at fair value through net result are not subject to an impairment assessment under AASB 9.

The credit loss allowance is classified as other economic flows in the net result.

Contractual receivables at amortised cost

Albury Wodonga Health applies AASB 9's simplified approach for all contractual receivables to measure expected credit losses using a lifetime expected loss allowance based on the assumptions about risk of default and expected loss rates. Albury Wodonga Health has grouped contractual receivables on shared credit risk characteristics and days past due and select the expected credit loss rate based on Albury Wodonga Health's past history, existing market conditions, as well as forward looking estimates at the end of the financial year.

On this basis, Albury Wodonga Health determines the closing loss allowance at the end of the financial year as follows:

30 June 2024	Note	Current	Less than 1 month	1-3 months	3 months -1 year	1-5 years	Total
Expected loss rate		3.0%	5.0%	2.0%	20.0%	90.0%	
Gross carrying amount of contractual receivables	5.1	8,277	584	367	167	865	10,260
Loss allowance		(248)	(29)	(7)	(33)	(779)	(1,097)
30 June 2023							
Expected loss rate		Current	Less than 1 month	1-3 months	3 months -1 year	1-5 years	Total
Gross carrying amount of contractual receivables	5.1	0.6%	2.2%	1.4%	6.1%	61.4%	
		8,302	308	666	1,461	177	10,914
Loss allowance		(50)	(7)	(9)	(89)	(109)	(263)

Statutory receivables at amortised cost

Albury Wodonga Health’s non-contractual receivables arising from statutory requirements are not financial instruments. However, they are nevertheless recognised and measured in accordance with AASB 9 requirements as if those receivables are financial instruments.

Both the statutory receivables and investments in debt instruments are considered to have low credit risk, considering the counterparty’s credit rating, risk of default and capacity to meet contractual cash flow obligations in the near term. As a result, no loss allowance has been recognised.

Note 7.2 (b) Liquidity risk

Liquidity risk arises from being unable to meet financial obligations as they fall due.

Albury Wodonga Health is exposed to liquidity risk mainly through the financial liabilities as disclosed in the face of the balance sheet and the amounts related to financial guarantees. The health service manages its liquidity risk by:

- close monitoring of its short-term and long-term borrowings by senior management, including monthly reviews on current and future borrowing levels and requirements
- maintaining an adequate level of uncommitted funds that can be drawn at short notice to meet its short-term obligations
- careful maturity planning of its financial obligations based on forecasts of future cash flows.

Albury Wodonga Health’s exposure to liquidity risk is deemed insignificant based on prior periods’ data and current assessment of risk. Cash for unexpected events is generally sourced from liquidation of investments and other financial assets.

The following table discloses the contractual maturity analysis for Albury Wodonga Health’s financial liabilities. For interest rates applicable to each class of liability refer to individual notes to the financial statements.

Albury Wodonga Health
Notes to the Financial Statements
for the financial year ended 30 June 2024

Note 7.2 (c) Payables and borrowings maturity analysis

		Maturity Dates					
Total	Note	Carrying Amount	Nominal Amount	Less than 1 Month	1-3 Months	3 months - 1 Year	Over 5 years
		\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
30 June 2024							
Financial Liabilities at amortised cost							
Payables	5.3	57,661	57,661	57,661	-	-	-
Borrowings	6.1	6,773	7,064	174	522	1,392	4,976
Other Financial Liabilities - Refundable Accommodation Deposits	5.5	860	860	860	-	-	-
Total Financial Liabilities		65,294	65,585	58,695	522	1,392	4,976
		Maturity Dates					
Total	Note	Carrying Amount	Nominal Amount	Less than 1 Month	1-3 Months	3 months - 1 Year	Over 5 years
		\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
30 June 2023							
Financial Liabilities at amortised cost							
Payables	5.3	43,493	43,493	43,493	-	-	-
Borrowings	6.1	7,988	8,283	211	634	1,690	5,748
Other Financial Liabilities - Refundable Accommodation Deposits	5.5	1,263	1,263	1,263	-	-	-
Total Financial Liabilities		52,744	53,039	44,967	634	1,690	5,748

ⁱ Ageing analysis of financial liabilities excludes statutory financial liabilities (i.e. GST payable).

Note 7.3: Contingent assets and contingent liabilities

Details of estimates of maximum amounts of Contingent Assets or Contingent Liabilities are as follows:

	Total 2024 \$'000	Total 2023 \$'000
Contingent liabilities		
Quantifiable		
Professional Support payments	796	1,051
Total Quantifiable Contingent Liabilities	796	1,051

How we measure and disclose contingent assets and contingent liabilities

Contingent assets and contingent liabilities are not recognised in the balance sheet but are disclosed and, if quantifiable, are measured at nominal value.

Contingent assets and liabilities are presented inclusive of GST receivable or payable respectively.

Contingent assets

Contingent assets are possible assets that arise from past events, whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the health service.

These are classified as either quantifiable, where the potential economic benefit is known, or non-quantifiable.

Contingent liabilities

Contingent liabilities are:

- possible obligations that arise from past events, whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the health service or
- present obligations that arise from past events but are not recognised because:
 - It is not probable that an outflow of resources embodying economic benefits will be required to settle the obligations or
 - the amount of the obligations cannot be measured with sufficient reliability.

Contingent liabilities are also classified as either quantifiable or non-quantifiable.

Note 7.4: 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:

- Financial assets and liabilities at fair value through net result
- Property, plant and equipment
- Right-of-use assets
- Investment properties

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

Valuation hierarchy

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

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

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

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

Identifying unobservable inputs (level 3) fair value measurements

Level 3 fair value inputs are unobservable valuation inputs for an asset or liability. These inputs require significant judgement and assumptions in deriving fair value for both financial and non-financial assets.

Unobservable inputs are used to measure fair value to the extent that relevant observable inputs are not available, thereby allowing for situations in which there is little, if any, market activity for the asset or liability at the measurement date. However, the fair value measurement objective remains the same, i.e., an exit price at the measurement date from the perspective of a market participant that holds the asset or owes the liability. Therefore, unobservable inputs shall reflect the assumptions that market participants would use when pricing the asset or liability, including assumptions about risk.

Note 7.4 (a) Fair value determination of non-financial physical assets

	Note	Total carrying amount 30 June 2024 \$'000	Fair value measurement at end of reporting period using:		
			Level 1 ⁱ \$'000	Level 2 ⁱ \$'000	Level 3 ⁱ \$'000
Non-specialised land		4,621	-	4,621	-
Specialised land		2,540	-	-	2,540
Total land at fair value	4.1 (a)	7,161	-	4,621	2,540
Non-specialised buildings		4,782	-	4,782	-
Specialised buildings					
Wodonga Campus		50,832	-	-	50,832
Albury Campus		91,749	-	-	91,749
Total buildings at fair value	4.1 (a)	147,363	-	4,782	142,581
Plant and equipment	4.1 (a)	4,249	-	-	4,249
Motor vehicles	4.1 (a)	78	-	-	78
Medical equipment	4.1 (a)	9,577	-	-	9,577
Computer equipment	4.1 (a)	2,724	-	-	2,724
Furniture and fittings	4.1 (a)	1,027	-	-	1,027
Total plant, equipment, furniture, fittings and vehicles		17,655	-	-	17,655
Right of use Buildings		3,887	-	-	3,887
Right of use assets	4.2 (a)	2,522	-	-	2,522
Total right-of-use assets at fair value		6,409	-	-	6,409
Total non-financial physical assets at fair value		178,588	-	9,403	169,185

Note 7.4 (b) Fair value determination of non-financial physical assets

		Total carrying amount 30 June 2023 \$'000	Fair value measurement at end of reporting period using:		
			Level 1 ⁱ \$'000	Level 2 ⁱ \$'000	Level 3 ⁱ \$'000
Non-specialised land		4,658	-	4,658	-
Specialised land		2,544	-	-	2,544
Total land at fair value	4.1 (a)	7,202	-	4,658	2,544
Non-specialised buildings		5,442	-	5,442	-
Specialised buildings					
Wodonga Hospital & Car Park		38,318	-	-	38,318
Albury Hospital		46,573	-	-	46,573
Total buildings at fair value	4.1 (a)	90,333	-	5,442	84,891
Plant, equipment and vehicles	4.1 (a)	4,045	-	-	4,045
Motor vehicles	4.1 (a)	163	-	-	163
Medical equipment	4.1 (a)	8,745	-	-	8,745
Computer equipment	4.1 (a)	2,133	-	-	2,133
Furniture and fittings	4.1 (a)	1,135	-	-	1,135
Total plant, equipment, furniture, fittings and vehicles at fair value		16,221	-	-	16,221
Right of use buildings		5,028	-	-	5,028
Right of use assets	4.2 (a)	2,832	-	-	2,832
Total right-of-use assets at fair value		7,860	-	-	7,860
Total non-financial physical assets at fair value		121,616	-	10,100	111,516

ⁱ Classified in accordance with the fair value hierarchy.

How we measure fair value of non-financial physical assets

The fair value measurement of non-financial physical assets considers the market participant's ability to use the asset in its highest and best use, or to sell it to another market participant that would use the same asset in its highest and best use.

Judgements about highest and best use must consider the characteristics of the assets concerned, including restrictions on the use and disposal of assets arising from the asset's physical nature and any applicable legislative/contractual arrangements.

Albury Wodonga Health has assumed the current use of a non-financial asset is its highest and best use unless market or other factors suggest that a different use by market participants would maximise the value of the asset.

Theoretical opportunities that may be available in relation to the asset(s) are not considered until it is virtually certain that any restrictions will no longer apply. Therefore, unless otherwise disclosed, the current use of these non-financial physical assets will be their highest and best uses.

Note 7.4 (b) Fair value determination of non-financial physical assets

Non-specialised land & non-specialised buildings

Non-specialised land and 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.

For non-specialised land and non-specialised buildings, an independent valuation and managerial assessment was performed to determine the fair value using the market approach. Valuation of the assets was determined by analysing comparable sales and allowing for share, size, topography, location and other relevant factors specific to the asset being valued. An appropriate rate per square metre has been applied to the subject asset. The effective date of the valuation is 30 June 2024.

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. Theoretical opportunities that may be available in relation to the assets are not taken into account until it is virtually certain that any restrictions will no longer apply. Therefore, unless otherwise disclosed, the current use of these non-financial physical assets will be their highest and best use.

During the reporting period, Albury Wodonga Health held Crown Land. The nature of this asset means that there are certain limitations and restrictions imposed on its use and/or disposal that may impact their fair value.

The market approach is also used for specialised land although it is adjusted for the community service obligation (CSO) to reflect the specialised nature of the assets being valued. Specialised assets contain significant, unobservable adjustments; therefore, these assets are classified as Level 3 under the market based direct comparison approach.

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. As adjustments of CSO are considered as significant unobservable inputs, specialised land would be classified as Level 3 assets.

For Albury Wodonga Health, the depreciated replacement cost method is used for the majority of specialised buildings, adjusting for the associated depreciation. As depreciation adjustments are considered as significant and unobservable inputs in nature, specialised buildings are classified as Level 3 for fair value measurements.

An independent valuation and managerial assessment of Albury Wodonga Health’s specialised land and specialised buildings was performed. The effective date of the valuation is 30 June 2024.

Vehicles

The Albury Wodonga Health acquires new vehicles and at times disposes of them before completion of their economic life. The process of acquisition, use and disposal in the market is managed by the health service who set relevant depreciation rates during use to reflect the consumption of the vehicles. As a result, the fair value of vehicles does not differ materially from the carrying amount (depreciated cost).

Furniture, fittings, plant and equipment

Furniture, fittings, plant and equipment (including medical equipment, computers and communication equipment) are held at carrying amount (depreciated cost). When plant and equipment is specialised in use, such that it is rarely sold other than as part of a going concern, the depreciated replacement cost is used to estimate the fair value. Unless there is market evidence that current replacement costs are significantly different from the original acquisition cost, it is considered unlikely that current replacement cost will be materially different from the existing carrying amount.

There were no changes in valuation techniques throughout the period to 30 June 2024

7.4 (b): Reconciliation of level 3 fair value measurement

		Land	Buildings	Plant, equipment, furniture, fittings and vehicles	Right-of-use buildings	Right-of-use plant, equipment, furniture, fittings and vehicles
Total	Note	\$'000	\$'000	\$'000	\$'000	\$'000
Balance at 1 July 2022		2,544	92,219	14,727	4,253	2,864
Additions/(Disposals)		-	887	6,782	2,083	1,339
Assets provided free of charge		-	8,015	-	-	-
Net Transfers between classes		-	(8,052)	(1,626)	-	-
Gains/(Losses) recognised in net result						
- Depreciation and amortisation		-	(8,178)	(3,662)	(1,308)	(1,371)
Items recognised in other comprehensive income						
- Revaluation		-	-	-	-	-
Balance at 30 June 2023	7.4 (a)	2,544	84,891	16,221	5,028	2,832
Additions/(Disposals)		-	5,913	8,282	621	1,228
Assets provided free of charge		-	13,084	-	-	-
Net Transfers between classes		-	(18,950)	(2,855)	-	(22)
Gains/(Losses) recognised in net result					-	
- Depreciation and Amortisation		-	(8,223)	(3,993)	(1,762)	(1,516)
- Impairment loss		-	-	-	-	-
Items recognised in other comprehensive income						
- Revaluation		(4)	65,866	-	-	-
Balance at 30 June 2024	7.4 (a)	2,540	142,581	17,655	3,887	2,522

ⁱ Classified in accordance with the fair value hierarchy, refer Note 7.4.

Fair value determination of level 3 fair value measurement

Asset class	Likely valuation approach	Significant inputs (Level 3 only)
Non-specialised land	Market approach	N/A
Specialised land (Crown/freehold)	Market approach	Community Service Obligations Adjustments ⁽ⁱ⁾
Specialised buildings	Depreciated replacement cost approach	- Cost per square metre - Useful life
Vehicles	Market approach Depreciated replacement cost approach	N/A - Cost per unit - Useful life
Plant and equipment	Depreciated replacement cost approach	- Cost per unit - Useful life

(i) A community service obligation (CSO) of between 0% - 20% was applied to the Albury Wodonga 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 Reconciliation of net result for the year to net cash flow from operating activities

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 sheet date

8.7 Jointly arrangements

8.8 Equity

8.9 Economic dependency

Note 8.1 Reconciliation of net result for the year to net cash flows from operating activities

		Total 2024 \$'000	Total 2023 \$'000
Note			
	Net result for the year	(52,419)	(3,571)
	Non-cash movements:		
	(Gain)/Loss on sale or disposal of non-financial assets	(214)	(31)
	Depreciation and amortisation of non-current assets	15,574	14,559
	Cash inflow from financing activities	(150)	(1,114)
	Assets and services received free of charge	(48)	(754)
	Bad and doubtful debt expense	834	(1)
	Share of net results in associates	(81)	154
	(Gain)/Loss on revaluation of long service leave liability	364	(220)
	Movements in Assets and Liabilities:		
	(Increase)/Decrease in receivables and contract assets	(548)	25,601
	(Increase)/Decrease in inventories	(75)	(140)
	(Increase)/Decrease in prepaid expenses	383	(2,004)
	Increase/(Decrease) in payables and contract liabilities	23,840	(15,327)
	Increase/(Decrease) in employee benefits	6,597	4,994
	Net cash inflow from/(used in) operating activities	(5,943)	22,146

Note 8.2 Responsible person disclosures

In accordance with the Ministerial Directions issued by the Assistant Treasurer 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 2023 - 30 Jun 2024
Minister for Health Infrastructure	1 Jul 2023 - 30 Jun 2024
Minister for Medical Research	1 Jul 2023 - 2 Oct 2023
Minister for Ambulance Services	2 Oct 2023 - 30 Jun 2024
The Honourable Gabrielle Williams MP	
Minister for Mental Health	1 Jul 2023 - 2 Oct 2023
Minister for Ambulance Services	1 Jul 2023 - 2 Oct 2023
The Honourable Lizzy Blandthorn MP	
Minister for Disability, Ageing and Carers	1 Jul 2023 - 2 Oct 2023
Minister for Children	2 Oct 2023 - 30 Jun 2024
Minister for Disability	2 Oct 2023 - 30 Jun 2024
The Honourable Ingrid Stitt MP	
Minister for Mental Health	2 Oct 2023 - 30 Jun 2024
Minister for Ageing	2 Oct 2023 - 30 Jun 2024
Governing Boards	
Jonathan Green (Chair of the Board)	1 Jul 2023 - 30 Jun 2024
Dr Rowan O'Hagan	1 Jul 2023 - 30 Jun 2024
Angela Verde	1 Jul 2023 - 30 Jun 2024
Dr James Mackie	1 Jul 2023 - 30 Jun 2024
Jo-Anne Mazzeo	1 Jul 2023 - 5 Nov 2023
Ann Maree Keenan	1 Jul 2023 - 30 Jun 2024
Ross Dallimore	1 Jul 2023 - 30 Jun 2024
Trent Dean	1 Jul 2023 - 30 Jun 2024
Ashley Boyd	1 Jul 2023 - 30 Jun 2024
Accountable Officers	
William Appleby (Chief Executive Officer)	1 Jul 2023 - 30 Jun 2024

Note 8.2 Responsible persons (continued)

Remuneration of Responsible Persons

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

Income Band	Total 2024 No	Total 2023 No
\$0,000 - \$9,999	1	1
\$10,000 - \$19,999	1	-
\$20,000 - \$29,999	6	6
\$40,000 - \$49,999	-	1
\$60,000 - \$69,999	1	1
\$480,000 - \$489,999	-	1
\$490,000 - \$499,999	1	-
Total Numbers	10	10
	Total 2024 \$'000	Total 2023 \$'000
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	\$733	\$761

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 of executive officers (including Key Management Personnel disclosed in Note 8.4)	Total Remuneration	
	2024	2023
	\$'000	\$'000
Short-term benefits	2,267	2,230
Post-employment benefits	206	190
Other long-term benefits	7	18
Termination benefits	19	-
Total remunerationⁱ	2,499	2,438
Total number of executives	13	16
Total annualised employee equivalent ⁱⁱ	7.5	8.6

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

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

Total remuneration payable to executives during the year included additional executive officers and a number of executives who received bonus payments during the year. These bonus payments depend on the terms of individual employment contracts. Remuneration comprises employee benefits in all forms of consideration paid, payable or provided in exchange for services rendered, and is disclosed in the following categories:

Short-term Employee Benefits

Salaries and wages, annual leave or sick leave that are usually paid or payable on a regular basis, as well as non-monetary benefits such as allowances and free or subsidised goods or services.

Post-employment Benefits

Pensions and other retirement benefits paid or payable on a discrete basis when employment has ceased.

Other Long-term Benefits

Long service leave, other long-service benefit or deferred compensation.

Termination Benefits

Termination of employment payments, such as severance packages.

Note 8.4: Related Parties

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

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

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

Key management personnel

The Board of Directors, Chief Executive Officer and the Executive Directors of Albury Wodonga Health are deemed to be KMPs.

Entity	KMPs	Position Title
Albury Wodonga Health	Jonathan Green	Chair of the Board
Albury Wodonga Health	Dr Rowan O'Hagan	Board Member
Albury Wodonga Health	Angela Verde	Board Member
Albury Wodonga Health	Dr James Mackie	Board Member
Albury Wodonga Health	Jo-Anne Mazzeo	Board Member
Albury Wodonga Health	Anne Maree Keenan	Board Member
Albury Wodonga Health	Ross Dallimore	Board Member
Albury Wodonga Health	Trent Dean	Board Member
Albury Wodonga Health	Ashley Boyd	Board Member
Albury Wodonga Health	William Appleby	Chief Executive Officer
Albury Wodonga Health	Emma Poland	Chief Operating Officer
Albury Wodonga Health	Glenn Edwards	Chief Financial Officer (from Jan-24)
Albury Wodonga Health	Dr Glenn Davies	Executive Director Medical Services
Albury Wodonga Health	Dr Lucie Shanahan	Executive Director Public Health, Mental Health and Wellbeing
Albury Wodonga Health	Krista Fletcher	Chief Financial Officer (to Dec-23)
Albury Wodonga Health	Kim White	Executive Director Quality, Governance & Patient Experience/ Chief of Nursing & Midwifery
Albury Wodonga Health	Rebecca Jhonston	Chief of People Officer
Albury Wodonga Health	Dr John Elcock	Chief Medical Officer (from Dec-23)
Albury Wodonga Health	Dr Annabel Martin	Chief Medical Officer (to Dec-23)
Albury Wodonga Health	Linda Hudec	Interim Chief Operations Officer
Albury Wodonga Health	Dominic Sandilands	Chief of Corporate Affairs
Albury Wodonga Health	Shaun Strachan	Chief of Infrastructure

Note 8.4: Related Parties (continued)

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 Financial Report.

	Total 2024 \$'000	Total 2023 \$'000
Compensation - KMPs		
Short-term Employee Benefits ⁱ	2,949	2,942
Post-employment Benefits	257	239
Other Long-term Benefits	7	18
Termination Benefits	19	-
Totalⁱⁱ	3,232	3,199

ⁱ Total remuneration paid to KMPs employed as a contractor during the reporting period through accounts payable has been reported under short-term employee benefits.

ⁱⁱ KMPs are also reported in Note 8.2 Responsible Persons or Note 8.3 Remuneration of Executives.

Significant transactions with government related entities

Albury Wodonga Health received funding from the Department of Health of \$407m (2023: \$410m) and indirect contributions of \$1.57m (2023: \$3.25m).

Expenses incurred by Albury Wodonga Health in delivering services and outputs 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 Assistant Treasurer require the Albury Wodonga Health to hold cash (in excess of working capital) in accordance with the State of Victoria’s centralised banking arrangements. All borrowings are required to be sourced from Treasury Corporation Victoria unless an exemption has been approved by the Minister for Health and the Treasurer.

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 occur 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 Albury Wodonga Health, there were no related party transactions that involved key management personnel, their close family members or their personal business interests. No provision has been required, nor any expense recognised, for impairment of receivables from related parties. There were no related party transactions with Cabinet Ministers required to be disclosed in 2024 (2023: none).

There were no related party transactions required to be disclosed for the Albury Wodonga Health Board of Directors, Chief Executive Officer and Executive Directors in 2024 (2023: none).

Note 8.5: Remuneration of Auditors

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

Total 2024 \$'000	Total 2023 \$'000
56	54
56	54

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	
		2024	2023
		%	%
Hume Rural Health Alliance	Provision of Information Technology Services	13.46	13.12

Albury Wodonga Health's interest in the above joint arrangement is detailed below. The amounts are included in the financial statements under their respective categories:

	2024 \$'000	2023 \$'000
Current assets		
Cash and cash equivalents	1,542	1,636
Receivables	315	187
Prepaid expenses	41	41
Total current assets	1,898	1,864
Non-current assets		
Property, plant and equipment	37	16
Intangible assets	2	6
Lease assets	36	42
Total non-current assets	75	64
Total assets	1,973	1,928
Current liabilities		
Payables	815	698
Borrowings	8	8
Other Current Liabilities	260	407
Total current liabilities	1,083	1,113
Non-current liabilities		
Borrowings	29	35
Total non-current liabilities	29	35
Total liabilities	1,112	1,148
Net assets	861	780
Equity		
Accumulated surplus	861	780
Total equity	861	780

Note 8.7 Joint arrangements

Albury Wodonga Health's interest in revenues and expenses resulting from joint arrangements are detailed below:

	2024 \$'000	2023 \$'000
Revenue		
Revenue from Operating Activities	927	870
Revenue from Non Operating Activities	68	43
Capital Purpose Income	106	30
Total revenue	1,101	943
Expenses		
Employee Benefits	385	338
Other Expenses from Continuing Operations	552	656
Finance Charges	(1)	1
Capital Purpose Expenditure	58	77
Impairment of Intangible Assets	2	-
Depreciation and amortisation	24	30
Total expenses	1,020	1,102
Net result	81	(159)

Contingent liabilities and capital commitments

There are no known contingent liabilities or capital commitments held by the joint arrangements at balance date.

Note 8.8: Equity

Contributed capital

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 the Albury Wodonga Health.

Transfers of net assets arising from administrative restructurings are treated as distributions to or contributions by owners. Transfers of net liabilities arising from administrative restructurings are treated as distributions to owners.

Other transfers that are in the nature of contributions or distributions or that have been designated as contributed capital are also treated as contributed capital.

Financial assets at fair value through comprehensive income revaluation reserve

The financial assets at fair value through other comprehensive income revaluation reserve arises on the revaluation of financial assets (such as equity instruments) measured at fair value through other comprehensive income. Where such a financial asset is sold, that portion of the reserve which relates to that financial asset may be transferred to accumulated surplus/deficit.

Specific restricted purpose reserves

The specific restricted purpose reserve is established where Albury Wodonga Health has possession or title to the funds but has no discretion to amend or vary the restriction and/or condition underlying the funds received.

Property, plant and equipment revaluation reserve

The property, plant and equipment revaluation reserve arises on the revaluation of infrastructure, land and buildings. The revaluation surplus is not normally transferred to accumulated surpluses/(deficits) on derecognition of the relevant asset.

Note 8.9: Economic dependency

Albury Wodonga Health is a public health service governed and managed in accordance with the *Health Services Act 1988* and its results form part of the Victorian General Government consolidated financial position. Albury Wodonga Health provides essential services and is predominantly dependent on the continued financial support of the State Government, particularly the Department of Health, and the Commonwealth funding via the *National Health Reform Agreement* (NHRA). At the time of preparing the financial statements for the year ended 30 June 2024, there was uncertainty on the level of capital works funding available to Albury Wodonga Health for the 2024/25 financial year. Notwithstanding this uncertainty, on the basis that Albury Wodonga Health is considered to be a necessary function of the Victorian Health system, it is considered highly likely the Department of Health will continue to provide financial support to the service for at least the 12 month period from the date of signing the 30 June 2024 financial statements. The State of Victoria plans to continue Health Service operations and on that basis, the financial statements have been prepared on a going concern basis.



Albury Wodonga Health Annual Report 2023-24

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