ALEXANDRA
DISTRICT HEALTH

154th Annual Report

ALEXANDRA DISTRICT HEALTH

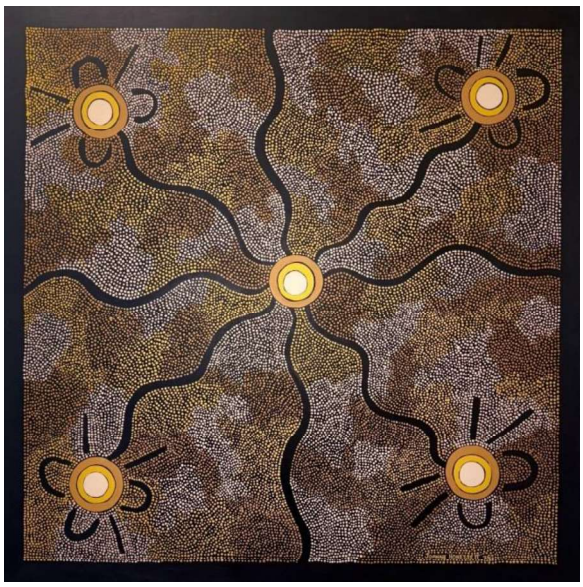
2024/25

Acknowledgement of Traditional Owners

We acknowledge that we are on Taungurung Country. We hereby express our respect for the Taungurung people, who are the Traditional Owners of the land on which we are based.

We pay our respects to their Leaders and Elders past, present and emerging, for they hold forever the memories, traditions, culture and hopes of all Taungurung people.

We express our gratitude for the sharing of this land, our sorrow for the personal, spiritual and cultural costs of that sharing and our hope that we can walk forward together in harmony and in the spirit of reconciliation.



Disclosure Index

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

Legislation	Requirement	Page reference
Standing Directions and Financial Reporting Directions		
Report of operations		
Charter and purpose		
FRD 22	Manner of establishment and the relevant Ministers	6
FRD 22	Purpose, functions, powers, and duties	5
FRD 22	Nature and range of services provided	8
FRD 22	Activities, programs, and achievements for the reporting period	10-12
FRD 22	Significant changes in key initiatives and expectations for the future	10-12
Management and structure		
FRD 22	Organisational structure	14
FRD 22	Workforce data/employment and conduct principles	21
FRD 22	Workforce inclusion policy	22
FRD 22	Occupational Health and Safety	26
Financial and other information		
FRD 22	Summary of the financial results for the year	24
FRD 22	Significant changes in financial position during the year	25
FRD 22	Operational and budgetary objectives and performance against objectives	25
FRD 22	Subsequent events	76
FRD 22	Details of consultancies under $10,000	24
FRD 22	Details of consultancies over $10,000	24
FRD 22	Disclosure of government advertising expenditure	N/A
FRD 22	Disclosure of ICT expenditure	24
FRD 22	Asset Management Accountability Framework	27
FRD 22	Disclosure of emergency procurement	N/A
FRD 22	Disclosure of social procurement activities under the Social Procurement Framework	27
FRD 22	Disclosure of procurement complaints	N/A
FRD 22	Disclosure of reviews and study expenses	N/A
FRD 22	Disclosure of grants and transfer payments	N/A
FRD 22	Application and operation of *Freedom of Information Act 1982*	21
FRD 22	Compliance with building and maintenance provisions of *Building Act 1993*	21
FRD 22	Application and operation of *Public Interest Disclosure Act 2012*	23
FRD 22	Statement on National Competition Policy	22
FRD 22	Application and operation of *Carers Recognition Act 2012*	22
FRD 22	Additional information available on request	23
FRD 24	Environmental data reporting	27-28
FRD 25	*Local Jobs First* Act 2003 disclosures	22
Compliance attestation and declaration		
SD 5.1.4	Financial Management Compliance attestation	19
SD 5.2.3	Declaration in Report of Operations	7
	Attestation on Data Integrity	19
	Attestation on managing Conflicts of Interest	19
	Attestation on Integrity, Fraud, and Corruption	20
	Compliance with Health Share Victoria (HSV) Purchasing Policies	20
Other reporting requirements		
	Reporting of outcomes from Statement of Priorities 2024-2025	30-37
	Occupational Violence reporting	26
	Reporting obligations under the *Safe Patient Care Act 2015*	22

Financial statements

Declaration

SD 5.2.2	Declaration in financial statements	38

Other requirements under Standing Directions 5.2

SD 5.2.1(a)	Compliance with Australian accounting standards and other authoritative pronouncements	38
SD 5.2.1(a)	Compliance with Standing Directions	38
SD 5.2.1(b)	Compliance with Model Financial Report	38

Other disclosures as required by FRDs in notes to the financial statements (a)(b)

FRD 11	Disclosure of Ex gratia Expenses	N/A
FRD 103	Non-Financial Physical Assets	66
FRD 110	Cash Flow Statements	43
FRD 112	Defined Benefit Superannuation Obligations	49
FRD 114	Financial Instruments – general government entities and public non-financial corporations	62

Legislation

Freedom of Information Act 1982 (Vic) (FOI Act)	21
Building Act 1993	21
Public Interest Disclosures Act 2012	23
Carers Recognition Act 2012	22
Local Jobs Act 2003	22
Financial Management Act 1994 (b)	19

Mission Statement

Our Mission

To partner with our community so together we achieve excellence in rural healthcare.

Our Values

The following values underpin all interactions between Alexandra District Health patients, staff, other service providers, supporters and the communities in which ADH operates. The values were developed and are owned by our staff and enthusiastically supported by the Board.

		We will:
A	**Accessible**	Create a welcoming environment for all
D	**Dedicated**	Strive to do our best each and every time
H	**Holistic**	Consider the treatment of the whole person, considering mental and social factors, rather than just symptoms of a disease
C	**Compassionate**	Be sympathetic and show care and kindness to patients, visitors and each other
A	**Accountable**	Take responsibility for our actions
R	**Respect**	Maintain the privacy and confidentiality of others
E	**Excellent**	Continuously strive to do better, learning from our mistakes
S	**Safe**	Ensure a safe Health Service for all patients, staff and visitors

Strategic Goals and Objectives

Service Profile and Clinical Excellence

- Services adapt to the changing needs of our community and are appropriate for the future needs of our community.
- Care that is safe, evidence based, proactive and contemporary.

Communication, Partnerships and Engagement

- Excellence in rural health care through mutually beneficial partnerships with our community, our staff and our service partners.

Governance and Leadership

- Board and executive providing strong leadership and direction.
- A resilient Health Service.

Workforce

- Engaged, outstanding people providing great healthcare locally within a safe and healthy work environment.

Resourcing and Sustainability

- A sustainable financial base to deliver present and future services.
- Our buildings and equipment are well planned, well maintained and fit for purpose.
- Our outreach services are delivered in fit for purpose facilities.

Our Profile

Board of Directors Chair

Mr. Kim Flanagan

Finance, Audit and Risk Committee Chair

Mr. Alan Studley

Quality and Clinical Governance Committee Chair

Ms. Michelle Fleming

Chief Executive Officer

Mrs. Jane Poxon

Responsible Ministers

Alexandra District Health (ADH) is a public health service established under the Health Services Act 1988 (Vic).

The responsible Minister is the Minister for Health:

- The Hon. Mary-Anne Thomas from 1 July 2024 to 30 June 2025

Minister for Ambulance Services

- The Hon. Mary-Anne Thomas from 1 July 2024 to 30 June 2025

Minister for Mental Health

- The Hon. Ingrid Stitt from 1 July 2024 to 30 June 2025

Minister for Health Infrastructure

- The Hon. Mary-Anne Thomas (1 July 2024 to 19 December 2024)
- The Hon. Melissa Horne (From 19 December 2024 to 30 June 2025)

Minister for Disability/Minister for Children

- The Hon. Lizzie Blandthorn from 1 July 2024 to 30 June 2025

Minister for Ageing

- The Hon. Ingrid Stitt from 1 July 2024 to 30 June 2025

Accreditation Status

Fully Accredited to 9 March 2028.

Board of Directors (1 July 2024 to 30 June 2025)

Chair	Mr. Kim Flanagan
Deputy Chair	Ms. Cindy Neenan
Board Members	Mr. Alan Studley
	Ms. Michelle Fleming
	Ms. Melanie Telford
	Ms. Soulla Nicodimou
	Ms. Natalie Sheridan-Smith
	Ms. Roslyn Pruden
	Mr. Ashley Shea
	Ms. Kellie Vivekanantham

Finance, Audit and Risk

All ADH Board Directors participate in the Finance, Audit and Risk Committee. ADH aim to have an independent audit committee member participate.

Auditor	HLB Mann Judd (Internal Auditor)/ Crowe (External Auditor)/ VAGO (Victorian Auditor General's Office)
Bankers	Westpac (CBS), NAB (CBS)
Solicitors	Health Legal

Responsible Bodies Declaration

In accordance with the Financial Management Act 1994, I am pleased to present the Report of Operations for Alexandra District Health for the year ending 30 June 2025.

Kim Flanagan
Board Chair
Alexandra District Health
30 June 2025

About Us

Alexandra District Health employs a team of approximately 140 staff who work across our clinical and corporate services. Our services consist of a 25-bed acute ward, 6-day procedure beds and a 6 cubicle Urgent Care Centre.

We provide a range of in service (medical and surgical) and primary health services in Alexandra.

IN HOSPITAL SERVICES	PRIMARY HEALTH SERVICES	VISITING SERVICES
Acute Ward Dietetics Occupational Therapy Physiotherapy Social Work Speech Pathology Surgery Including; • Gynaecology • Orthopedic • Endoscopy • Urology • Opthalmology • Urgent Care Centre	Advanced Care Planning Clinic Asthma Education Cardiac Rehabilitation Counselling Services Heart Health Program Diabetes Education Dietetics District Nursing Service Meals on Wheels Occupational Therapy Physiotherapy Pulmonary Rehabilitation Program Social Work	Hearing Clinic Echocardiography Private Specialists Including; • Gynaecologist • Urologist • Orthopedic Surgeon • Gastroenterologist • Ophthalmologist • Renal Specialist • Cardiologist • Podiatry

ACTIVITY	2024/25
Urgent Care Presentations	3,724
Hospital Service Admissions	829
Surgical Procedures	634

Medical Staff

Director Medical Services

Dr. Poranee Buttery

MBBS, FANZCA, PGCertCU (UoM), AFRACMA, RACMA Candidate MHA (Monash), MAICD

General Practitioners

Dr D Deelen MBBS, FRACGP, FACRRM, RGA

Dr. L Carter BSc, MBBS, FRACGP, FACRRM, RGA.
Dr S Wiles MBBS, FRACGP, DipRGA-JCCA

Dr K Douglas MBBS, FRACGP, Dip Child Health

Dr. S Sharma MBBS, FRACGP, AFRACMA, Cert Emerg Med (ACEM), Clin Dip Palliative Care

A/Prof. S Fernandez MBBS, FRACGP, Adv Dip Emerg Med (ACEM), RGA

Critical Care Physician

Dr P Chan, BSc (Hons) MBBS (Hons), FCICM

Career Medical Officer

Dr K Al Kafaji, MB ChB, AMC, Adv Dip Emerg Med (ACEM)

Rural Generalist Anaesthetists

Dr D Deelen MBBS, FRACGP, FACRRM, RGA

Dr. L Carter BSc, MBBS, FRACGP, FACRRM, RGA.

Dr S Wiles MBBS, FRACGP, RGA

Dr O Angliss MBBS, FACRRM, RGA

Orthopedic Surgeons

Mr J Harvey, MBBS, FRACS (Orth)

Mr C Kondogiannis MBBS, FRACS (Orth)

Urologist

Dr P Ruljancich MBBS, FRACS (Urol)

Gastroenterologist

Dr P Mahindra MBBS, FRACP, GESA

Dr E Tsoi MBBS, FRACP, GESA, MPH (UNSW), PhD (UoM)

Ophthalmologist

Dr R Bunting MBBS, RANZCO, FRCOphth

Cardiologist

Dr E Kotschet MBBS (Hons) FRACP (Cardiol)

Paediatrician

Dr D Cutting MBBS, FRACP (Paed and Child Health)

Nephrologist

Dr P Branley BPharm, MBBS, FRACP (Nephrol)

Dr A Malaweera
MBBC MRCP FRACP
PhD Candidate

Gynaecologist

Dr A Lawrence BSc. (Hons), MBBS (Hons), FRANZCOG, MRCOG

General Surgeon

Dr B Nguyen MBBS, FRACS (Gen Surg), GESA

Telecare Physicians

Dr K Wong MBBS FRACP (Geriatrics)

Dr R Sriamareswaran MBBS, FRACP (Geriatrics), MPH & MHLM (UNSW), CHIA

Dr C Sia MBBS, FRACP (Nephrol)

Board Chair and Chief Executive Officer Report

Our year in review

On behalf of the Board of Directors and staff of Alexandra District Health (ADH), we are pleased to present the 154th Report of Operations and Annual Report for the year ended 30th June 2025.

ADH has continued to deliver strong outcomes for our patients, staff, and the wider community, despite navigating one of the most challenging financial climates in our history. The resilience and professionalism of our staff have remained unwavering, and both the Board and Chief Executive Officer are deeply appreciative of their continued commitment and care

ADH takes great pride in its deep connection to the community. Formal engagement is facilitated through our Community Engagement Committee (CEC), which meets monthly. This year, we welcomed Louise Norgard as a new member, complementing the valuable contributions of existing members Pam Delmodes, Susy Van Der Vlies, Erik Schanssema and Robyn Archer.
We thank all members of the CEC for their dedication and look forward to the ongoing partnership.

We are pleased to report that ADH ended the financial year with a modest surplus, a significant achievement given the sector-wide pressures. This outcome is a testament to the effectiveness of our Financial Sustainability Plan and the disciplined efforts of both our Senior Management Team and Board of Directors. We acknowledge and sincerely thank everyone involved in driving this positive turnaround. While challenges remain, this result strengthens our capacity to continue investing in safe, quality healthcare for our community.

Alexandra District Health continues to be supported by a highly skilled and committed Board of Directors with expertise across Community, Clinical Services, Primary Health, Risk, Occupational Health and Safety, Legal, Finance, and Information Technology. The Board provides robust governance and strategic oversight to ensure we meet the evolving needs of our community.

During the 2024–2025 reporting period, we welcomed Kellie Vivekanantham to the Board. Kellie brings with her a strong clinical background and significant experience in health service management. Her insights have already contributed meaningfully to our discussions and direction. There were no retirements from the Board during this financial year

As part of recognising the heart and meaning of the 2024 National NAIDOC Week theme, and to continue strengthening our partnerships and connections with First Nations peoples, ADH proudly hosted a special event in July. We were honoured to welcome Taungurung Land and Waters Council (TLWC) Elder, Aunty Joanne Honeysett, who unveiled a stunning custom artwork she recently created for the ADH main entrance.
We extend our heartfelt thanks to Aunty Joy for her generous contribution and presence on the day.

Board Directors, Executive and staff also participated in cultural awareness training provided by Uncle Shane from TLWC. Uncle Shane provided knowledge and insight to the Taungurung peoples journey and their continued connection to biik (Country) over thousands of years. Topics included the history of the Taungurung people, their interaction with adjourning mob, artefacts and ceremonial locations. Attendees were able to participate in a smoking ceremony, hold greenstone tools and wear a possum skin cloak.

In October, ADH underwent assessment against the National Safety and Quality Health Service (NSQHS) Standards and was successful in meeting the required criteria. The NSQHS Standards are designed to protect the public from harm and improve the quality of health service provision across Australia. ADH was commended by assessors for its excellence in leadership, positive organisational culture, and strong governance. They also highlighted the exceptional standard of cleanliness across the health service, stating, “We should be proud to say, ‘I work at ADH,’ with the level of cleanliness throughout the health service.” This outstanding result is a testament to the commitment and dedication of our staff in delivering safe, high-quality care to our community.

We have continued upgrading and maintaining our facilities, most notably the significant upgrades to our fire panels, nurse call system and two critical software platforms: Optima, our staff rostering system, and iPM, the Patient Administration System. The Optima upgrade enhances workforce management by improving roster accuracy, efficiency, and visibility across departments, supporting better staff planning and allocation. The iPM upgrade strengthens patient administration processes, including admissions, discharges, and transfers, leading to improved data accuracy and a more streamlined patient journey. These upgrades mark an important step in modernising our digital infrastructure to support high-quality care and operational excellence.

Our staff participation rate in our annual People Matter Survey remained high this year and was 11% higher than our comparator organisations. Furthermore, ADH experienced a notable decrease in stress levels from 10.5% in 2023 to 7.3% in 2024 and performed significantly better when compared to our peers that reported 13.8% of employees experienced high to moderate stress levels. The primary stress factor reported is “workload,” with time pressure also being a contributing factor. Overall, ADH staff reported more positive emotions and attitudes towards their work compared to 2023
We want to express our sincere thanks to all staff who took the time to complete the People Matter Survey. Your feedback is incredibly valuable, and it plays a key role in shaping the future of our workplace. We are committed to fostering an environment where every voice is heard and every opinion matter’s, and the survey is a vital part of that process.

We continue to invest in our staff and recognise education and learning is pivotal in this. Funding has been provided for various courses including leadership development, paediatrics and increasing capability of staff working in the Urgent Care setting. In particular two staff members were supported to completed accredited Advanced life support instructor courses. This has ensured all registered nurses are competent in adult advanced life support and also allows training to be held at ADH reducing staff travel out of area.
ADH was proud to be selected by Safer Care Victoria to represent small rural health service Urgent Care Centres in two projects during 2024 - 2025, Phase One of the DETECT (Delirium Evaluation in the Timely Delivery of Emergency Care Trial) pilot project and the timely Management of Chest Pain Project.

The DETECT initiative aimed to improve understanding of the prevalence of delirium among older patients in emergency care. Over five months, ADH contributed data to a state-wide effort that audited 26,373 older Victorians across participating sites. Baseline data revealed that only 8% of older patients were initially screened for delirium, with 17.6% of those screening positive. By the end of the trial, average screening rates rose to 33%, with 18% of those screened testing positive for suspected delirium. Improving staff education about delirium in emergency care and embedding a simple and effective screening process were key enablers for this success.
The second project was the continuation of the Timely Management of Chest Pain Project (TMCP). The service continues to support urgent care centres to provide timely urgent care for regional and rural Victorians who present with chest pain. The project will develop a streamlined model of care that supports urgent care centre (UCC) staff with triaging patients who present with chest pain or other symptoms suggestive of acute coronary syndrome. This model of care utilises a telemedicine service at a hub site and an IT solution to facilitate the safe and efficient sharing of ECGs between the hub site and the UCC’s

ADH would like to thank Pauline Branley for her dedicated service to the Alexandra District Health communities. Pauline provided a nephrology specialist consulting service to the community for 12 years and is a very well respected clinician and we wish Pauline all the very best in her retirement.

On behalf of ADH, we would like to congratulate Dianne Goschnick and Nola Evans on their retirement and thank them for their many years of service at ADH.
Dianne started at ADH in 1969 as a trainee nurse, during her employment at ADH Dianne took a short period of time off, but has had a 55 year connection with the health service. She was chosen in 1972 to represent the hospital to be their Charity Nurse, whereby she had to form her own committee to fund raise, raising $3000 which helped immensely to purchase much needed equipment for the hospital. Dianne was also nominated for a Health Care Nursing of Excellence Award in 1999 and was also the recipient of the Rotary Pride in Workmanship Award / Alexandra 2002.
During her time at ADH, Dianne has shown compassion and dedication to her patients and has been proud to deliver care to the community.

Nola Evans commenced at ADH in July 1991 dedicating over 30 years of service. Nola is a quiet achiever, whom always provides beautiful attentive care to her patients and has been a great support to her colleagues during her time at ADH. We also congratulate Nola on being awarded the Medal of the Order of Australia (OAM) in the General Division in the King's Birthday Honors List, for service to the community of Bonnie Doon.

Overall, we are very proud of our achievements over the past year and look forward to continuing to provide high-quality services to our community.

The Current State

Following the recommendations of the Expert Advisory Committee (EAC) in 2024, the Government endorsed the establishment of Local Health Service Networks (LHSN) to strengthen integration and improve service delivery across Victoria. Alexandra District Health is now part of the East Metro Murrindindi Local Health Service Network, alongside Eastern Health, St Vincent's Health, and Yea District Memorial Hospital. This formal network builds on our long-standing collaborative approach and reinforces our commitment to regional partnerships. ADH and Yea District Memorial Hospital have continued to work closely through shared back-of-house services, including Human Resources, Finance, and Occupational Health and Safety, ensuring greater efficiency, resource sharing, and improved service outcomes across the region.

Being part of the East Metro Murrindindi Local Health Service Network presents a significant opportunity for Alexandra District Health to strengthen clinical capability and broaden service access across the Murrindindi Shire. By partnering with large metropolitan health services such as Eastern Health and St Vincent's Health, we are better positioned to attract specialist services, enhance training and development opportunities for our workforce, and explore new models of care tailored to rural communities. Our goal is to ensure that more services are delivered locally, reducing the need for travel and improving equitable access to high-quality healthcare for the people of Alexandra and surrounding areas. Better healthcare locally.

Throughout the evolving landscape of statewide health reform, Alexandra District Health has continued to advocate for a model that protects local leadership, maintains our strong connection to community, and delivers measurable improvements in care for the people we serve. The Board remains firmly focused on strategic directions that prioritise community outcomes, supported by sound governance, deep local insight, and a commitment to delivering high-quality, accessible health services into the future.

Alexandra is a resilient and deeply connected community, and it is a privilege for us to serve its people. The Board and Executive Team remain committed to advocating for the best possible outcomes and respectfully seek the community's continued trust and support as we navigate the next phase of our journey together.

We hope that you enjoy reading our 2024-2025 Annual Report and learning more about our accomplishments over the past financial year.

Kim Flanagan
Board Chair

Jane Poxon
Chief Executive Officer

Executive Team

Chief Executive Officer, Jane Poxon

The Chief Executive Officer is responsible to the Board of Directors for the effective operational, financial and human resource management of Alexandra District Health. Additionally, this position holds full responsibility for legislative compliance and organisational performance together with organisational development and enhancement.

Director Medical Services, Dr Poranee Buttery

The Director Medical Services (DMS) acts on behalf of Alexandra District Health, in overseeing the professional performance of all employed and visiting medical practitioners to enhance and develop medical service provision. The DMS is responsible for ensuring a safe medical care environment for patients of the Health Service.

Director of Clinical Services, Claire Palmer (1 Jul – 17 Feb)/ Nathan Willoughby (18 Feb – 30 Jun)

The role of the Director Clinical Services is to provide strategic direction to Alexandra District Health clinical services and primary health streams and perform as a member of the Executive management team.

Director Quality and Risk, Natasha Bowater

The Director Quality and Risk (DQR) works in collaboration with the Chief Executive Officer and the executive team to lead the quality improvement and risk management program at Alexandra District Health. The DQR works collaboratively with the senior leadership team, clinical and non-clinical staff and consumers to ensure that Alexandra District Health has an effective, coordinated, organisation- wide approach to the provision of quality improvement, incident and risk management, management of policies and procedures, emergency management systems and accreditation process across all areas of the organisation.

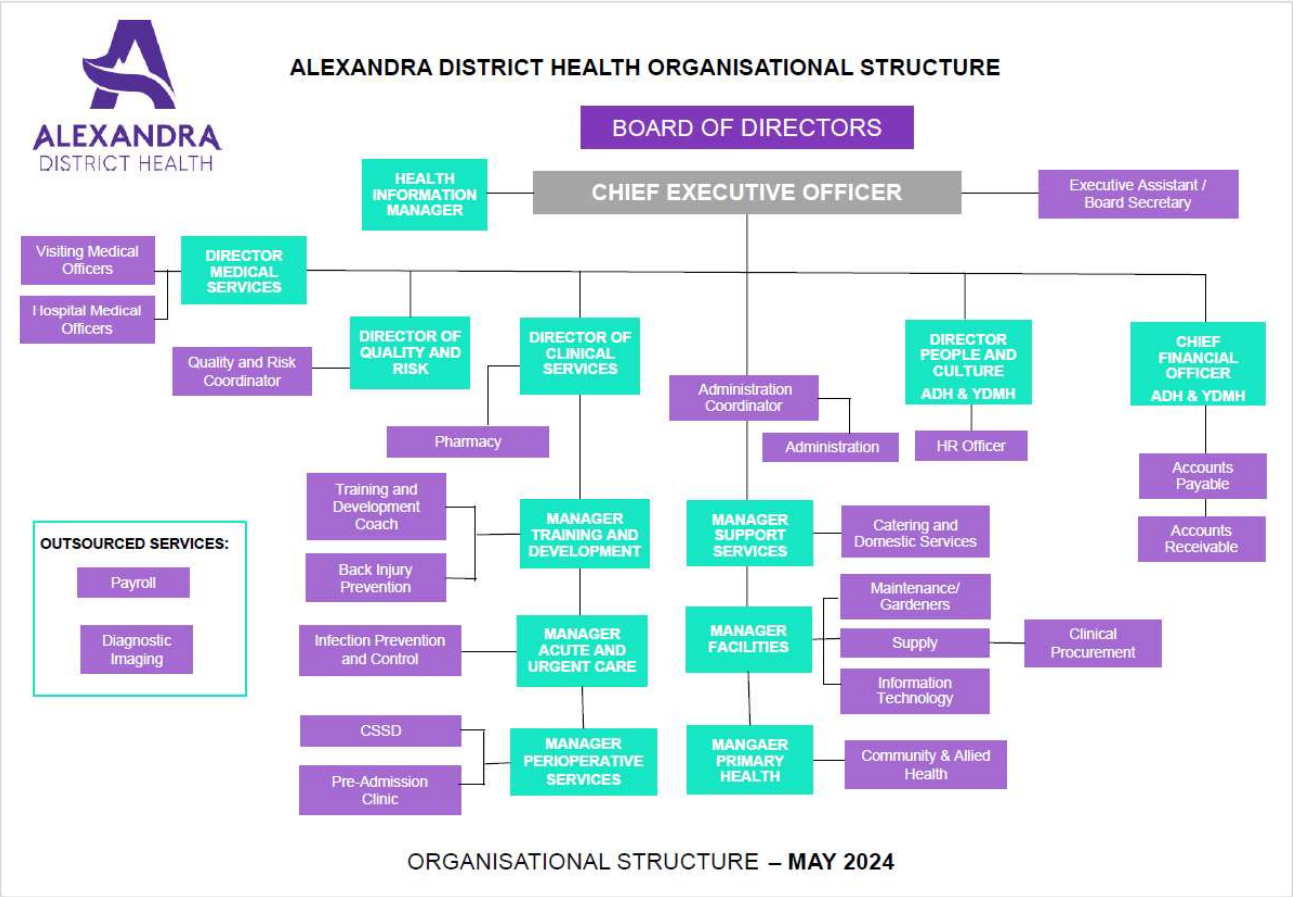
Director People and Culture, Honi Smith

The Director of People and Culture is tasked with ensuring Alexandra District Health employs the right people at the right time, in the right positions and ensuring those employees remain engaged, supported and dedicated to deliver the Alexandra District Health mission and vision. This role reports directly to the CEO, guiding strategic and operational workforce planning and implementation of Alexandra District Health objectives. The Director of People and Culture is also tasked with maintaining and promoting positive relationships and developing a culture that fosters high level performance, compliance, organisational improvement and innovation.

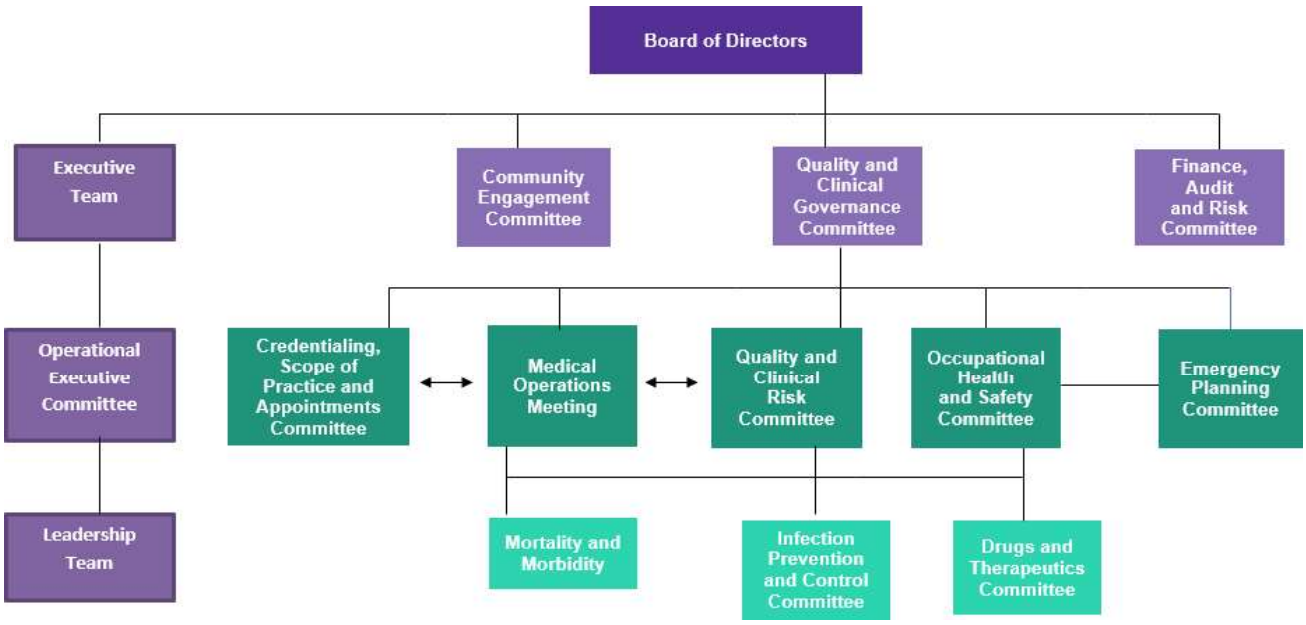
Chief Finance Officer, Tracey Spiers

The Chief Finance Officer oversees the financial management practices and controls of Alexandra District Health including the provision of sound financial reporting and advice to the Board, Chief Executive Officer and Executive/Leadership team to support well informed decision making.

Organisational Structure



Committee Reporting Structure



Administrative Structure

Board of Directors

Directors	Mr. Kim Flanagan - Chair, Board of Directors Ms. Cindy Neenan Mr. Alan Studley Ms. Michelle Fleming Ms. Melanie Telford Ms. Natalie Sheridan-Smith Ms. Soulla Nicodimou Mr. Ashley Shea Ms. Roslyn Pruden Ms. Kellie Vivekanantham
Finance, Audit and Risk Committee	Mr. Alan Studley - Chair
Quality and Clinical Governance Committee	Ms. Michelle Fleming - Chair
Community Engagement Committee	Ms. Melanie Telford - Chair

Executive

Chief Executive Officer	Ms. Jane Poxon
Director Clinical Services	Ms. Claire Palmer (1July – 17 Feb)
Acting Director Clinical Services	Mr. Nathan Willoughby (Feb 24 – Current)
Executive Project Manager	Ms. Claire Palmer (18 Feb – 30 Jun)
Director Clinical Services	Mr. Nathan Willoughby (18 Feb – 30 Jun)
Director Medical Services	Dr. Poranee Buttery
Director Quality and Risk	Ms. Natasha Bowater
Director People and Culture	Ms Honi Smith
Chief Finance Officer	Ms. Tracey Spiers
Executive Assistant	Ms. Jennifer Creed

Board of Directors

Mr Kim Flanagan – Chair

Kim Flanagan is the Chair of Alexandra District Health Service. He is also a Non-Executive Director of Carinya (an NDIS Residential Care Provider) and the Chief Operating Officer of New Age HSE Services, a respected risk management consulting company.

Kim has worked in both Federal and State Government Business Enterprises and departments such as Monash Health, the Department of Health and Human Services and the Westgate Tunnel Authority. He has also been an Executive in the private sector with companies such as BHP, Finemore Holdings Limited, the Ford Motor Company of Australia, UGL Limited and NBN Co. Limited

Kim has a bachelor's degree in social science majoring in Human Physiology and Sociology and is trained in Six Sigma and Lean philosophy, Six Sigma Project Champion and is an accredited Exemplar Global Master Auditor. He is also a Fellow of the Institute of Logistics and Transport, Fellow of the Governance Institute of Australia, Member of the Australian Institute of Company Directors and a Fellow of the International Safety, Quality & Environment Management Association.

Ms. Cindy Neenan - Deputy Chair

Cindy is a semi-retired executive who has forged a successful career across manufacturing and engineering in Australia, NZ and overseas. Cindy's expertise resides in all aspects of human resources, particularly industrial relations and organisation development. She has been a past director of a Mercer Superannuation Master Trust Fund, past Chair of the Australian Automotive Industrial Relations Committee and founder and Chair of Diversity and People councils across her industry. She has previously managed large commercial portfolios as a purchasing director, overseeing vendor costs and quality systems, business process re-engineering, and holds a six-sigma qualification.

Cindy has a keen interest in public health advancements for cancer standard of care treatment and to this end sits on the Human Research Ethics Committee in a large metropolitan hospital. She is passionate about community sport, is the finance manager of her local rowing club and community liaison with local council and peak bodies overseeing environmental systems on the inner west river system. She also coaches school, club and adult rowing. Cindy is the Deputy Chair of the ADH Board, is a member of the Finance, Audit and Risk Committee and the Quality and Clinical Governance Committee.

Mr Alan Studley

Alan is Chair of the Finance, Audit and Risk Committee and a member of the Quality and Clinical Governance Committee.

He is Chair of the Finance and Audit Committee of Access Community Health, Chair of the Finance and Audit Committee Wayss (Family Violence & Housing Support), Independent member of the Murrindindi Audit and Risk Committee and a Director of ANZGITA.

Alan has worked for multi-national companies in the fields of manufacturing, media and food production. His roles have included Finance Director, Chief Executive Officer and Executive Chairman in large acute care health facilities, public transport related services and a federal government trust responsible for national heritage assets.
In the past Alan has been a director and trustee of the Metropolitan Ambulance Service, Royal Guide Dogs for the Blind Association of Victoria and Australia, Aware Super (Health Super) and ASX listed Sausage Software Pty Ltd. And ASX listed ANTEO PTY LTD.

He has acted as a surveyor for the Australian Council of Healthcare Standards and member of the Department of Human Services, Strategy Steering Committee I2T2. He is a Fellow of the Australian Institute of Company Directors and a fellow of CPA Australia.

Ms. Michelle Fleming

Michelle has a background in health and community services and currently works as Associate Program Director in the Specialty Medicine and Ambulatory Care Program at Eastern Health. Michelle has significant operational leadership experience within ambulatory services including community health, Aboriginal health, general practice, COVID-19 community services and sexual assault support services. Michelle has a Graduate Diploma in Health Promotion, Masters in Health and Human Services Management and is a member of the Australian Health Promotion Association and a member/Graduate of the Australian Institute of Company Directors. Michelle is also a Board Director and Finance and Audit Committee member of a regional Women's Health Service.

Michelle is passionate about delivering the best quality care to patients and helping them remain well within their community. She has strong connections to the local community, having lived in the local area for most of her life and currently residing in Taggerty. Michelle is a member of the Finance, Audit and Risk Committee and the Quality and Clinical Governance Committee.

Ms. Melanie Telford

Melanie is a finance professional with extensive experience in financial management, business partnering and process improvement. She has a Bachelor of Commerce / Arts and a Graduate Diploma in Applied Finance and Investment. She currently is a Director of her own consulting business and is a non-executive Director at the Tweddle Foundation. Melanie has previously worked in various roles at ANZ, GE and Ford Credit.

Melanie is passionate about public health and improving outcomes for people with chronic conditions. Melanie also has property in Alexandra and intends to relocate to the area in the long term.

Ms. Soulla Nicodimou

Soulla is an interim executive who has worked across a range of industries including resources, technology, education, utilities and research for large multi-nationals, national and social enterprise start-ups in Australia, Asia, Africa and Europe.

Having held positions such as Chief Finance Officer, Chief Operating Office and Program Manager roles, Soulla has extensive experience in finance, cyber security, information technology and digital transformation.

Soulla also holds a board position with Mary Ward International Australia, an NFP who work with women and communities to transform unjust structures and reduce poverty primary through education.

Soulla has previously held volunteer positions at Brunswick Cycling Club and was a founding member of the Safeguarding Committee for global research enterprise. Soulla is a Fellow of CPA Australia and a member / graduate of the Australian Institute of Company Directors.

Ms. Natalie Sheridan-Smith

Natalie is a barrister with over 20 years' experience appearing in courts in Victoria, NSW, ACT, Queensland and the Northern Territory. Natalie specialises in criminal, children and family law, family violence, mental health and regulatory compliance.

In June 2023 Natalie was appointed as a sessional legal member of the Mental Health Tribunal.

Natalie is also an experienced board director and a graduate of the Australian Institute of Company Directors (GAICD).

She was appointed as a non-executive director of Alexandra District Hospital in 2022 and has additionally been involved in the sub-committees to recruit new board directors and the CEO. She is currently a member of the Finance, Audit and Risk Committee, Quality and Clinical Governance Committee and the Community Engagement Committee.

Natalie is also currently the Chair of the Heathcote & District Community Bank (Heathcote and Nagambie branches). Previous appointments include non-executive director of Heathcote Hospital (2018-2021), President of the Children's Court Bar Association (2021-2023) and company secretary for Howells' List Pty Ltd (2010-2020).

Natalie's board expertise lies in corporate governance, strategy and risk, legal and compliance.

Ms. Roslyn Pruden

Roslyn has a background as an occupational therapist and has worked across community health, not for profit organisations, local government and state government. She is currently the Manager, Family Youth and Wellbeing at Bayside City Council. Roslyn has a Bachelor of Occupational Therapy, Graduate Diploma of Health Sciences in Occupational Therapy, Cert IV in Workplace and Business Coaching, and is a Graduate of the Australian Institute of Company Directors.

Roslyn is passionate about delivering the best quality health and community services that meet the needs of the local community. She has a strong interest in diversity, equity and inclusion and is passionate about community sport. She is an avid baseball player, and is the Chair of the Baseball Victoria Women's Pathway Working group, which aims to increase the participation and opportunities for females within the sport of baseball. Roslyn has ties with Alexandra through spending many summers at Lake Eildon/Bonnie Doon area.

Mr Ashley Shea

Ashley is a dedicated professional passionate about designing and developing future healthcare services that ensure high-quality care for both staff and patients. With a Master's in Business Administration and over 15 years of Intensive Care experience, Ashley currently serves as the Director of Capital Development at Northern Health while still actively working in the ICU.

Ashley's career began as a registered nurse, specializing in ICU care, where they developed a deep understanding of the complexities of patient care in high-pressure environments. This experience led to leadership roles, including Nurse Unit Manager of ICU at the Northern Hospital, and later, Project Manager in Capital Development. In these roles, Ashley has been instrumental in shaping healthcare environments that are both efficient and compassionate with a unique blend of hands-on healthcare experience, strategic leadership, and a commitment to innovation.

Ms. Kellie Vivekanantham

Kellie is a highly experienced critical care trained emergency nurse and health manager and works within a diverse range of healthcare environments.

She has held senior leadership and management positions within the Victorian public health sector for over two decades and currently works as the Divisional Director for Aged, General Medicine and Subacute Services at Western Health.

Kellie has significant operational leadership experience within acute, subacute and community health and has many academic achievements including a Masters in Health Service Management, Masters in Emergency Health, Post Graduate Diploma in Advance Nursing (Critical Care) and is a Graduate and Member of the Australian Institute of Company Directors.

Kellie is a Non-Executive Director member of the Latrobe Community Health Service Board Quality & Safety Committee and is fully committed to ensuring fiscal leadership in complex and challenging health environments, whilst ensuring patients have access to safe, equitable, quality and timely healthcare.

Attestations

Financial Management Compliance

I, Kim Flanagan, on behalf of the Responsible Body, certify that Alexandra District Health has no Material Compliance Deficiency with respect to the applicable Standing Directions under the Financial Management Act 1994 and Instructions.

Kim Flanagan
Board Chair
Alexandra District Health
30 June 2025

Data Integrity Declaration

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

Jane Poxon
Chief Executive Officer
Alexandra District Health
30 June 2025

Conflict of Interest Declaration

I, Jane Poxon, certify that Alexandra District Health has put in place appropriate internal controls and processes to ensure that it has implemented a 'Conflict of Interest' policy consistent with the minimum accountabilities required by the VPSC. Declaration of private interest forms have been completed by all executive staff within Alexandra District 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 executive board meeting.

Jane Poxon
Chief Executive Officer
Alexandra District Health
30 June 2025

Attestations continued

Integrity, Fraud and Corruption Declaration

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

Jane Poxon
Chief Executive Officer
Alexandra District Health
30 June 2025

Compliance with Health Share Victoria (HSV) Purchasing Policies

I, Jane Poxon, certify that Alexandra District Health 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.

Jane Poxon
Chief Executive Officer
Alexandra District Health
30 June 2025

Workforce Data

Employment and Conduct Principles

All employees are correctly classified in the workforce data collections and are required to comply with the Alexandra District Health Code of Conduct under their respective employment agreements. Alexandra District Health is committed to applying the public sector employment principles and upholds the key principles of merit and equity in all aspects of the employment relationship. To this end we have policies and practices in place to ensure all employment related decisions, including recruitment and retention, are based on merit.

Hospitals Labour category	JUNE Current Month FTE		Average Monthly FTE	
	2024	2025	2024	2025
Nursing	27.33	29.18	28.10	27.80
Administration and Clerical	13.48	13.20	15.01	13.42
Medical Support	1.11	1.40	1.00	1.47
Hotel and Allied Services	8.93	7.82	8.84	8.26
Sessional Clinicians	2.23	2.35	1.98	2.15
Ancillary Staff (Allied Health)	5.14	5.10	6.44	5.36
Total	**58.22**	**59.05**	**61.37**	**58.46**

Note: 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.

Statutory Reporting

Alexandra District Health's Annual Report has been compiled to meet the requirements of the Public Administration Act, Financial Management Act and other requirements.

Disclosures required under Legislation but not recorded elsewhere in this annual report are summarised below.

Freedom of Information Act, 1982

During 2024/2025, Alexandra District Health received 17 applications. Of these requests, 0 were from Members of Parliament, 0 from the media, and the remainder from the general public.
Alexandra District Health made 17 FOI decisions during the 12 months ended 30 June 2024.

There were 17 decisions made within the statutory time periods. Of the decisions made outside time, 0 were made within a further 45 days and 0 decisions were made in greater than 45 days. A total of 17 FOI access decisions were made where access to documents was granted in full, granted in part or denied in full. 0 decision was made after mandatory extensions had been applied or extensions were agreed upon by the applicant. Of requests finalised, the average number of days over / under the statutory time (including extended timeframes) to decide the request was 9.7 days.

During 2024/2025, Zero requests were subject to a complaint/internal review by Office of the Victorian Information Commissioner. Zero requests progressed to the Victorian Civil and Administrative Tribunal (VCAT).

Building Standards

Alexandra District Health complies with Regulation 1209 and 1215 of the Building Act 1993. The Alexandra District Health engages an independent contractor to perform an assessment of all buildings in accordance with Section 22E of the Act. A current Annual Safety Measures Report is on display at the Urgent Care entry.

Local Jobs First Act 2003

Alexandra District Health has no contracts required to be reported under the Local Jobs First Disclosure in 2024/2025.

National Competition Policy

Alexandra District Health has a policy in place for the implementation of the Victorian Government's policy on Competitive Neutrality.

Industrial Disputes

No time lost through industrial disputes.

Pecuniary Interests

The Board of Directors members are required to notify the Chair of the Board of any pecuniary interests. All members have completed a statement of pecuniary interests.

Carers Recognition Act 2012

Alexandra District Health recognises and supports its responsibilities and obligations under the Act for people in care relationships and the role of carers in our community. ADH has strategies and actively works with carers to find ways for people in care relationships to have a say in care planning and service delivery complying with all requirements of the Act. ADH has complied with its obligations under Section 11 of the Act for the reporting period 1 July 2024 to 30 June 2025.

Safe Patient Care Act 2015

Alexandra District Health has no matters to report in relation to its obligations under section 40 of the *Safe Patient Care Act 2015.*

Workforce Inclusion Policy

Alexandra District Health is committed to fostering a respectful, inclusive, and dynamic workplace environment that values diversity and prioritises the wellbeing of all staff. We aim to attract, develop, and retain a workforce that reflects the communities we serve and is dedicated to delivering high-quality, person-centred care to patients, residents, and the broader community.

Our organisational culture is built on the principles of respect, collaboration, continuous improvement, and ethical practice. Through this culture, we empower our people, enhance job satisfaction, and ensure excellence in service delivery. We recognise that our staff are our greatest asset in delivering compassionate and equitable healthcare.

Gender Equality Act 2020

Equity, diversity, and inclusion (EDI) are embedded across ADH through a framework of policies and procedures that promote fairness, continuous learning, and mutual respect. Our commitment to gender equality is a key part of this approach and is driven by our Gender Equality Action Plan (GEAP), which outlines targeted actions, including:

- Raising awareness through education and a strong commitment to gender representation, safety, and inclusion.
- Collecting and analysing gender and intersectional data to better understand and support workforce diversity.
- Conducting Gender Impact Assessments (GIAs) to improve accessibility and inclusive practices across the organisation.
- Integrating gender equality into policies and procedures, including recruitment, promotion, and flexible work arrangements.

To support these initiatives, Alexandra District Health has established a Wellbeing Committee and is progressing the implementation of a Gender Equality Working Group to guide the development of the

new GEAP. Position descriptions are being reviewed and made accessible via the Prompt document management system to ensure transparency and consistency.

This year, Alexandra District Health has seen positive progress, including:

- Increased uptake of Flexible Working Arrangements,
- Greater staff engagement in education and professional development, and
- A rise in staff confidence to speak up and contribute to a safe and supportive environment.

Our ADH CARES workplace values continue to provide a strong foundation for fostering an inclusive culture, setting clear expectations for respectful and collaborative behaviours across the organisation.

Public Interest Disclosure Act, 2012

Alexandra District Health complied with the Public Interest Disclosure Act 2012 for the year 2024/2025. There are no disclosures to report.

Complaints regarding improper conduct and corruption in the Victorian public sector can be reported to the Independent Broad-based Anticorruption Commission (IBAC).
www.ibac.vic.gov.au

Publications

The following publications dealing with the functions, powers, duties and activities of the hospital were produced in 2024/2025 and may be viewed on the Health Service website:

- Alexandra District Health 154th Annual Report.
- Alexandra District Health Strategic Directions 2020-2024
- Alexandra District Health Annual Procurement Activity Plan 2025-2026

Additional information available on request

In compliance with the requirements of the Standing Directions 2018 under the Financial Management Act 1994, details in respect of the items listed below have been retained by the health service and are available on request to the relevant Ministers, Members of Parliament and the public, subject to the provisions of the *Freedom of Information Act 1982*. a statement that declarations of pecuniary interests have been duly completed by all relevant officers;

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

The information is available on request from:
Office of the Chief Executive (Alexandra District Health)
Phone: (03) 5772 0900
Email: Alexandra@adh.org.au

Details of consultancies (under $10,000)

In 2024-25, there were no consultancies where the total fees payable to the consultants were less than $10,000. The total expenditure incurred during 2024-25 in relation to these consultancies is $0 (excl. GST).

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

In 2024-25, there were no consultancies where the total fees payable to the consultant were $10,000 or greater. The total expenditure incurred during 2024-25 in relation to these consultancies was $0 (excl. GST).

Information and Communication Technology (ICT) Expenditure

The total ICT expenditure incurred during 2024-25 is $0.60 million (excluding GST) with the details shown below:

Business as Usual (BAU) ICT expenditure	Non-Business as Usual (non-BAU) ICT expenditure		
Total (excluding GST)	Total = Operational expenditure and Capital Expenditure (excluding GST) (a) + (b)	Operational expenditure (excluding GST) (a)	Capital expenditure (excluding GST) (b)
$0.60	**$0.00**	$0.00	$0.00

Financial Performance – 5 Year Summary

	2025	2024	2023	2022	2021
	$'000	$'000	$'000	$'000	$'000
OPERATING RESULT *	**114**	**(1,570)**	**93**	**43**	**328**
Total revenue	12,405	10,286	12,568	12,300	9,143
Total expenses	(14,248)	(13,213)	(13,396)	(12,025)	(9,968)
Net result from transactions	**(1,843)**	**(2,927)**	**(829)**	**275**	**(825)**
Total other economic flows	(2)	(10)	(3)	52	65
Net result	**(1,845)**	**(2,937)**	**(832)**	**327**	**(760)**
Total assets	36,948	38,126	33,099	34,208	31,103
Total liabilities	(4,194)	(3,527)	(3,152)	(3,429)	(3,174)
Net assets/Total equity	**32,754**	**34,599**	**29,947**	**30,779**	**27,929**

**The Operating result is the result by which ADH is monitored in the Statement of Priorities.*

Financial Performance – Net Result from Transactions (NRFT) Reconciliation

	2025 $'000
Net operating result	114
Capital purpose income	259
Expenditure for capital purpose	(202)
Depreciation and amortisation	(2,014)
Net result from transactions	**(1,843)**

Note: *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 significant changes in financial position

ADH's financial position moved from an operating deficit of $1,570,000 as at 30 June 2024 to an operating surplus of $114,000 as at the 30 June 2025.

Key contributors for the financial year was increased operating grant revenue for the Department of Health along with achieving those cost control initiatives identified as part of its budget action plan for the 2024/25 financial year.

Summary of operational and budgetary objectives and factors affecting performance

As a public hospital, Alexandra District Health is required to negotiate a Statement of Priorities (SoP) where a financial performance operating result target is agreed annually with the Department of Health (DH).

For the 2024/25 financial year, ADH agreed to a SoP operating result target of breakeven. ADH achieved this target and were $114,000 favourable to budget for the 2024/25 financial year.

Occupational Health and Safety

Alexandra District Health has an Occupational Health and Safety (OH&S) Committee which meets bi-monthly. Staff report incidents, accidents and near misses which are then assessed at monthly meetings and appropriate action is taken.

During 2024/25 Alexandra District Health has continued to provide:

- Ongoing mandatory manual handling and occupational violence training for all staff.
- Face to face and online training on anti-bullying and harassment to all staff.
- Annual fire and emergency management training.
- Orientation programs for new staff incorporating an introduction to Alexandra District Health's
- occupational health and safety, and anti-bullying and harassment programs.

Occupational Health and Safety Data

OCCUPATIONAL HEALTH AND SAFETY STATISTICS	2024-25	2023-24	2022-23
The number of reported hazards/incidents	17	40	37
The number of reported hazards/incidents per 100 FTE	29.08	65.18	60.47
The number of 'lost time' standard WorkCover claims for the year per 100 FTE	2	3	3
The average cost per WorkCover claim for the year	**$4,162**	**$73,450**	**$26,847**

Occupational Violence Statistics

OCCUPATIONAL VIOLENCE STATISTICS	2024-25
Workcover accepted claims with an occupational violence cause per 100 FTE	0
Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked.	0
Number of occupational violence incidents reported	4
Number of occupational violence incidents reported per 100 FTE	6.84
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	0

Definitions

- **Occupational violence –** any incident where an employee is abused, threatened or assaulted in circumstances arising out of, or in the course of their employment.
- **Incident –** an event or circumstance that could have resulted in, or did result in, harm to an employee. Incidents of all severity rating must be included. Code Grey reporting is not included.
- **Accepted Workcover claims –** Accepted Workcover claims that were lodged in 2023-24.
- **Lost time –** is defined as greater than one day.
- **Injury, illness or condition –** This includes all reported harm as a result of the incident, regardless of whether the employee required time off work or submitted a claim.

Note: *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.*

Environment and Sustainability

During 2024/25 our solar production has continued to perform well, and this has assisted us to reduce the electricity we purchased throughout the year. In 2024/25 we produced 117 megawatt hours (MWH) of electricity utilising our solar power system resulting in a carbon offset of 85.39 tonnes or the equivalent of 1,438 trees. The solar power produced was marginally higher than the previous year's 1701 MWH produced.

The clinical waste production for this year was 315 kilograms (kgs) which is a reduction from the 373 kilograms produced last year.

Our overall general waste contributing to landfill has decreased from 9,420kgs last year to 8,090kgs this year.

We are committed to reducing our carbon footprint and continue with our commitment to monitor our environmental performance and reduce all waste streams where possible.

ELECTRICITY USAGE	2024-25
EL1. Total electricity consumption segmented by source (MWh)	**578**
Purchased electricity (MWh)	461
Self- generated (MWh)	117
EL2. On-site electricity generated segmented by usage and source (MWh)	**101**
Consumption behind-the-meter (Solar PV)	101

Notes

a) The data set is complete for 2024-2025 financial year, no estimates have been used
b) EL1 data has been obtained from the Environmental Data Management System (EDMS)
c) EL2 consumption behind the meter data has been collated from Enphase, metering service provider

STATIONARY FUEL USAGE	2024-25
F1. Total Fuels used in buildings and machinery (MJ)	**764,909**
Buildings	754,912
Machinery (Diesel)	9,997
F2. Greenhouse gas emissions from stationary fuel consumption segmented by fuel type (Tonnes CO2-e)	**46.449**
LPG	45.75
Diesel	0.702

Notes

a) The data set is complete for 2024-2025 financial year, no estimates have been used
b) F1 & F2 data has been obtained from the Environmental Data Management System (EDMS) & fuel provider accounts

TRANSPORTATION	2024-25
T1. Total energy used in transportation within the Entity segmented by fuel type and vehicle category (MWh)	**84,387**
Petrol	2,548
T2. Number and proportion of vehicles in the organisational boundary segmented by vehicle category and engine/ fuel type (Number and %)	**8**
Road Vehicles / Passenger Vehicles	***8***
Internal Combustion Engines (Petrol)	1
Hybrid (Range-extended electric vehicle	7

Notes

The data set is complete for 2024-2025 financial year, no estimates have been used
T1 data has been collated from fleet fuel provider accounts

WATER	2024-25
W1. Total water consumption by an Entity (kiloliters)	**5,089**
Potable water consumption (from town water supply)	5,089
W2. Units of metered water consumed normalised by floor area (m2)	**0**

Notes

a) The data set is complete for 2024-2025 financial year, no estimates have been used

b) W1 data has been obtained from the Environmental Data Management System (EDMS)

Note: 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.

WASTE AND RECYCLING	2024-25
WR1 Total units of waste disposed of by waste stream and disposal method (kg and %) - Landfill	**10,750**
WR3. Total units of waste disposed of normalised by floor area (m2) (kg)	**3**
WR4. Recycling Rate (%)	**24.74**
WR5. Greenhouse gas emissions associated with waste disposal (Tonnes CO2-e)	**10.517**
Landfill	10.517
Other	0

Notes

a) The data set is complete for 2024-2025 financial year, no estimates have been used

b) W1 data has been collated from recycling and waste service provider accounts

GREEN HOUSE GAS EMISSIONS	2024-25
G1. Total Scope 1 (direct) greenhouse gas emissions (CO2, CH4, N2O, other) (Tonnes CO2-e)	**57.222**
Total Carbon Dioxide (CO2)	**51.263**
Total Methane (CH4)	**5.075**
Total Nitrous Oxide (N2O)	**0.170**
Total Other	0.714
F2. Greenhouse gas emissions from stationary fuel consumption segmented by fuel type	46.449
T3. Greenhouse gas emissions from vehicle fleet segmented by fuel type and vehicle category	5.139
Fugitive emissions from wastewater treatment	4.920
Use of medical gases	0.174
G2. Total Scope 2 (indirect electricity) greenhouse gas emissions (tonnes CO2-e)	304.404
G3. Total Scope 3 (Other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (tonnes CO2-e) – Waste Disposal	10.517

Notes

a) The data set is complete for 2024-2025 financial year, no estimates have been used

b) W1 data has been collated from recycling and waste service provider accounts

Social Procurement

All health services subject to the Standing Directions 2018 under the Financial Management Act 1994 must report under the Social Procurement Framework (SPF).

Social procurement can be grouped into two broad approaches:

- **Direct –** Purchasing of goods, services or construction directly from a social benefit supplier which includes a:
  - Victorian social enterprise
  - Victorian Aboriginal business
  - Australian Disability Enterprise
- **Indirect –** Using the invitation to supply process and clauses in contracts with the private sector to seek social and sustainable outcomes for Victorians.

SUSTAINABLE PROCUREMENT	
Social Procurement Activity	2024-25
Total Number of Suppliers	227
Total Spend with all Suppliers	2,793,761
Social Benefit Suppliers	1
Total Spent with Social Benefit Suppliers	$1,348
Number of Aboriginal Businesses Engaged	0
Total Expenditure with Victorian Aboriginal Businesses (excl GST)	$0

Notes

a) ADH monitor for opportunities to directly or indirectly procure from social enterprises, Australian Disability Enterprises or Aboriginal businesses.

b) ADH procurement activities align with Health Share Victoria purchasing guidelines

Asset Management Accountability Framework (AMAF)

Each year, Alexandra District Health undertakes a self-assessment against the mandatory requirements of the AMAF assessing its compliance for the financial year.

Based on this self-assessment, Alexandra District Health can confirm that during 2024/25 the health service has taken all reasonable steps to ensure that asset management practices are consistent with the principles of the Asset Management Accountability Framework and support long-term sustainability of the health services assets.

Where opportunities for improvement are identified, appropriate actions have been planned or initiated to strengthen compliance and enhance asset management maturity.

Statement of Priorities (SOP)

SOP ACTION PLAN

STRATEGIC PRIORITIES

In 2024/25 Alexandra District Health will contribute to the achievement of the Victorian Government's commitments by:

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	
MA1 Develop strong and effective relationships with consumer and clinical partners to drive service improvements as per the Partnering in healthcare framework.	
Health Service Deliverables	Achievements/Outcome
MA1 Participate in collaborations such as "Getting it Right First Time" program.	**Status: Ongoing** • **Delirium Evaluation in the Timely Delivery of Emergency Care (DETECT) trial – phase one**. ADH was one of 14 health services who participated in this pilot to better our understanding of the proportion of older people, who are impacted by delirium in emergency care. This was done by improving the administration of a delirium screening tool in ADH's Urgent Care Centre. The overall results identified that there was improved screening and early identification of potential signs of Delirium, and improved staff education about delirium in emergency care settings. Evaluation of phase one has identified future recommendations including testing and adapting the delirium screening processes to develop future Delirium clinical pathways for emergency care settings. • **Urgent Concern helpline pilot** - The Urgent Concern Helpline responds to recommendations from Safer Care Victoria's 'See Me, Hear Me' white paper report published in January 2023, and part of the 'Safer Care for Kids,' projects, in order to improve the safety and care of children and young people accessing care in Victorian public hospitals. ADH participated in the pilot project for the implementation of the Urgent Concern Helpline which provides a timely, independent assessment of a child's care in hospital via phone or video call. The Urgent Concern Helpline is designed to complement the usual escalation pathways in health services when a parent is still concerned or worried, providing an additional point of advocacy and support. • Successful recruitment campaign to the Consumer Engagement Committee. Consumer appointed to the Occupational Health and Safety Committee. Consumer member participates on the Quality and Safety Committee.

MA1 Expand consumer partnerships by reinvigorating the Consumer Engagement Committee and increasing consumer representation on Alexandra District Health Committees.	

GOAL
MA2 Strengthen all clinical governance systems, as per the Victorian Clinical Governance Framework, to ensure safe, high-quality care, with a specific focus on building and maintaining a strong safety culture, identifying, reporting, and learning from adverse events, and early, accurate recognition and management of clinical risk to and deterioration of all patients.

Health Service Deliverables	Achievements/Outcome
MA2 Strengthen clinical governance systems that support safe care, including clear recognition, escalation, and addressing clinical risk and preventable harm. MA2 Improve paediatric patient outcomes by implementing the "ViCTOR track and trigger" observation chart and escalation system whenever children have observations taken.	**Status: Ongoing** • In October 2024, ADH underwent assessment against the National Safety and Quality Health Service (NSQHS) Standards and was successful in meeting the required criteria. • The leadership team completed the Australian Institute of Clinical Governance training. • ADH adapted the Safer Care Victoria (SCV) tool template 'In-depth case review tool' for clinical reviews and Serious Adverse Patient Safety Event (SAPSE) and Adverse Patient Safety Event (APSE) reviews. • Implemented the Hume Regional medical staff credentialing program (C Gov System). • Participated in the Hume Region Safer Together Program • The Urgent Care Centre patient assessment and documentation were updated. • **Safer Care for Kids: Victorian Children's Tool for Observation and Response (ViCTOR)**: For this project, Safer Care Victoria partnered with clinicians, consumers and health services to improve the ViCToR charts in order to improve the reliability of ViCTOR chart use, integrate family and carer voice /concern for deterioration and improve reliability of timely and appropriate response to deterioration in children. ADH participated in this improvement initiative through the Safer Together Program and these charts have been improved and implemented at ADH with the support of the Training & Development team.

OPERATE WITHIN BUDGET
Ensure prudent and responsible use of available resources to achieve optimum outcomes.

GOAL
MB1 Develop and implement a health service Budget Action Plan (BAP) in partnership with the Department to manage cost growth effectively to ensure the efficient operation of the health service.

Health Service Deliverables	Achievements/Outcome
MB1 Deliver on the key initiatives as outlined in the Budget Action Plan	**Status: Achieved** • Budget Action Plan (BAP) target for the 2024/25 financial year was met and delivered in full; and

	• ADH achieved its Statement of Priorities (SoP) Operating result target and have reported a small operating result surplus for the 2024/25 financial year.
MB1 Utilise data analytics and performance metrics to identify areas of inefficiency and waste and make evidence-based decisions to improve financial sustainability and operational performance.	**Status: Achieved** • Opportunities for improved efficiency have been realised as outlined in the ADH Budget Action Plan (BAP) for 2024/25; • ADH has developed a finance/ activity scorecard by which it measures and reviews its financial performance on a monthly basis; and • ADH is a member of the Department of Health (DH) Benchmarking working group.
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 priority communities, including LGBTIQA+ communities, multicultural communities, people with disability and rural and regional people, including more support for primary, community, home-based and virtual care, and addiction services.	
MC1 Plans to identify and prioritise the health, wellbeing and service needs of the Aboriginal catchment population and service users – including improved patient identification, discharge planning and outpatient care.	**Status: Ongoing** • ADH participated in the Hume Health Service Partnership – Aboriginal Health Initiative. The aim of the project was to review and improve discharge planning processes, ensuring they are culturally sensitive and appropriate for the Aboriginal and Torres Strait Islander communities we serve. A 'My Health and Wellbeing Booklet' has been developed for the Hume Region and is available at all Hume Health service sites. • As part of recognizing the heart and meaning of the 2024 National NAIDOC Week theme, and to continue strengthening our partnerships and connections with First Nations peoples, ADH hosted an event in July. Aunty Joanne Honeysett Taungurung Land and Waters Council (TLaWC) Elder, unveiled a custom artwork she recently created for the ADH main entrance. • Elder Aunty Joanne Honeysett provided guidance to assist with improving patient identification and developing prompt cards for staff. • Updated ADH systems, documents and medical records to recognise diverse communities and identification of sex and gender to align with LGBQTIQA+ • Partnered with Womens Health Goulburn Valley North East to provide d Gender Impact assessment training with leadership team. This has also been imbedded into the ADH ilearn

	system and is a requirement for key staff to as outlined in the ADH Education Framework. • Completed 8 gender impact assessments when reviewing and designing ADH policies or programs. • Continued to complete items from the Gender Equality Action Plan including a survey of staff to understand gaps regarding gender, disability status, and cultural identity sexual orientation, and diversity.
MC1 Partnerships with community based services inclusive of Primary Health to improve discharge planning with an integrated multidisciplinary approach.	**Status: Ongoing** • Strengthened the discharge planning process. Weekly meetings connecting primary health, medical, and acute staff. This is held at the bedside to enable the consumer to be the centre of any decisions made about their care and discharge. • The Discharge Summary tool has been redesigned by medical staff in collaboration with local GPs, social worker and consumers. • ADH Director Medical Services conducts quarterly meetings with the local GP clinics and is the conduit for feedback back to ADH. • ADH Pharmacist meets 6- monthly with community pharmacy at Alexandra regarding medication reconciliation and medication management • Local GP clinics are invited to be part of Morbidity & Mortality committee. • Established Primary Health Case Conferences for complex clients.
GOAL	
MC4 Expand the delivery of high-quality cultural safety training for all staff to align with the Aboriginal and Torres Strait Islander cultural safety framework. This training should be delivered by independent, expert, community-controlled organisations or a Kinaway or Supply Nation certified Aboriginal business.	
MC4 Implement mandatory cultural safety training and assessment for all staff in alignment with the Aboriginal and Torres Strait Islander cultural safety framework, and developed and/or delivered by independent, expert, and community-controlled organisations, Kinaway or Supply Nation certified Aboriginal businesses.	**Status: Complete** • Board Directors, Executive and staff participated in cultural awareness training provided by Uncle Shane from Taungurung Land and Waters Council. Uncle Shane provided knowledge and insight to the Taungurung peoples journey and their continued connection to biik (Country) over thousands of years. Topics included the history of the Taungurung people, their interaction with adjourning mob, artefacts and ceremonial locations. Attendees were able to participate in a smoking ceremony, hold greenstone tools and wear a possum skin cloak. • The cultural awareness iLearn package for staff was updated through funding from the Hume Region Aboriginal Health Innovation Steering Committee.

A STRONGER WORKFORCE	
There is an increased supply of critical roles that support safe, high-quality care. Victoria is a world leader in employee experience, with a focus on future roles, capabilities, and professional development. The workforce is regenerative and sustainable, bringing a diversity of skills and experiences that reflect the people and communities it serves. As a result of a stronger workforce, Victorians receive the right care at the right time, closer to home.	
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 Deliverables	Achievements/Outcome
MD1 Deliver programs to improve employee experience across four initial focus areas: leadership, safety and wellbeing, flexibility, and career development and agility.	**Status: Achieved** • Workforce strategy developed and succession plan to address workforce retention, leadership capabilities, flexibilities, career development and progression. • Leadership support provided to clinical leaders through quarterly education/discussion sessions to build capability and awareness. • The MHN Menzies Education support fund has engaged with local health services including; Yea and District Memorial Hospital, Kellock Lodge, Darlingford Upper Goulburn Nursing Home, Murrindindi shire and Alexandra District Health to provide training and education for their workforce. ADH benefited by being able to provide training for the following; commercial cookery, nutrition, community services, emerging leaders course, Health Safety Representatives training, Rural and Isolated Practice Registered Nurse course. • Two staff members were supported and completed the accredited Advanced Life Support accreditor instructor course.
MD1 Implement and/or evaluate a new/expanded wellbeing and safety program and its improvement on workforce wellbeing.	**Status: Ongoing** • Staff health and well-being group created, with a diverse membership from all areas of workforce within the health service. The focus of the group is on social connection and well-being. • Workforce activity calendar developed, including lunch-time walks, staff quizzes and monthly awareness days.
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 (e.g., community health, ACCHO's, PHN's, General Practice, and private health) to drive further collaboration and build a more integrated system.	
Health Service Deliverables	Achievements/Outcome
ME1 Work with relevant PHN and community providers to develop integrated service models that will provide earlier care to patients and support patients following hospital discharge.	**Status: Ongoing** • Collaboration with the Lower Hume Partnership, which is funded through Murray PHN to deliver primary mental health services.

	• Ongoing participation of the RESTART program with Mansfield District Hospital– Support for people with substance abuse.
GOAL	
ME2 Engage in integrated planning and service design approaches while assuring consistent and strong clinical governance with partners to connect the system to deliver seamless and sustainable care pathways and build sector collaboration.	
Health Service Deliverables	Achievements/Outcome
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.	**Status: Ongoing** • Participated in the development of the Hume Health Service Partnership strategic clinical service plan. • Plan to participate in the East Metro and Murrindindi Local Health Service Network clinical service planning during 2025-26 year.
ME2 Reviewing specialist workforce requirements at a regional or sub-regional level and developing a shared workforce model, including coordinating efforts to attract and retain workforce at a regional or sub-regional level.	**Status: Ongoing** • Collaboration with Yea and District Memorial Hospital for Finance and People and Culture • Collaboration with Yea and District Memorial Hospital – Our community, Our Children Project. • Collaboration with Yea and District Memorial Hospital with Speech Pathologist. • Collaboration with Eastern Health Graduate Nurse Program - 6 monthly rotation providing the graduate nurse experience in both a rural and metropolitan health service.

PERFORMANCE PRIORITIES

High quality and safe care

Key performance indicator	Target	Actual
Infection prevention and control		
Percentage of healthcare workers immunised for influenza	94%	98%
Adverse Events		
Percentage of reported sentinel events for which a root cause analysis (RCA) report was submitted within 30 business days from notification of the event	All RCA reports submitted within 30 business days	100%
Patient Experience		
Percentage of patients who reported positive experiences of their hospital stay	95%	100%
Aboriginal Health		
The gap between the number of Aboriginal patients who discharged against medical advice compared to non-Aboriginal patients	0%	N/A*

*No Aboriginal patients during the reporting period, or the numerator was less than two or denominator less than ten.

Strong governance, leadership and culture

Key performance Measure	Target	Actual
Organisational culture		
People Matter Survey – Percentage of Staff with an overall positive response to safety culture survey questions	80%	85%

Note: 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	Actual
Operating Result ($M)	0.00	0.11
Adjusted current asset ratio	0.7 or 3% improvement from Health Service base target	1.42
Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June.	5% movement in forecast revenue and expenditure forecasts	Not Achieved

PART C: ACTIVITY AND FUNDING

Funding Type	Activity Target	Activity Achievement 2024/25	Unit
Small Rural Acute	13	534	NWAU
Small Rural Primary Health & HACC	3,710	4,758	Service Hours
Small Rural Health Workforce	2	2	Positions

Note: *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*.

Financial Statements
Financial Year ended 30 June 2025

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

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

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2025 and the financial position of Alexandra District Health at 30 June 2025.

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

We authorise the attached financial statements for issue on 24th September, 2025.

Board member	**Accountable Officer**	**Chief Finance & Accounting Officer**
		
Mr Kim Flanagan	Ms Jane Poxon	Tracey Spiers
Chair	Chief Executive Officer	Finance Manager
Alexandra 24th September, 2025	Alexandra 24th September, 2025	Alexandra 24th September, 2025

Independent Auditor's Report

To the Board of Alexandra District Health

Opinion

I have audited the financial report of Alexandra District Health (the health service) which comprises the:

- balance sheet as at 30 June 2025
- comprehensive operating statement for the year then ended
- statement of changes in equity for the year then ended
- cash flow statement for the year then ended
- notes to the financial statements, including material accounting policy information
- board member's, accountable officer's and chief finance & accounting officer's declaration.

In my opinion the financial report presents fairly, in all material respects, the financial position of the health service as at 30 June 2025 and their financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the *Financial Management Act 1994* and Australian Accounting Standards – Simplified Disclosures.

Basis for Opinion

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

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

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

Board's responsibilities for the financial report

The Board of the health service is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards – Simplified Disclosures and the *Financial Management Act 1994*, and for such internal control as the Board determines is necessary to enable the preparation 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 *Audit Act 1994,* my responsibility is to express an opinion on the financial report based on the audit. My objectives for the audit are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

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

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

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

MELBOURNE
25 September 2025

Simone Bohan
as delegate for the Auditor-General of Victoria

Comprehensive Operating Statement
Alexandra District Health
For Financial Year Ended 30 June 2025

	Note	2025 $'000	2024 $'000
Revenue and income from transactions			
Revenue from contracts with customers	2.1	316	477
Other operating income	2.1(b)	11,910	9,651
Non-operating activities	2.1(b)	179	158
Total revenue and income from transactions		**12,405**	**10,286**
Expenses from transactions			
Employee expenses	3.1	(9,048)	(8,998)
Depreciation and amortisation	4.1(a)	(2,014)	(1,669)
Other operating expenses	3.1	(3,186)	(2,546)
Total expenses from transactions		**(14,248)**	**(13,213)**
Net result from transactions - net operating balance		**(1,843)**	**(2,927)**
Other economic flows included in net result			
Net gain/(loss) on sale of non-financial assets		5	(8)
Net gain/(loss) on financial instruments		(2)	(2)
Other gain/(loss) from other economic flows		(5)	-
Total other economic flows included in net result		**(2)**	**(10)**
Net result		**(1,845)**	**(2,937)**
Other economic flows - other comprehensive income			
Items that will not be reclassified to net result			
Changes in property, plant and equipment revaluation surplus		-	7,589
Total other comprehensive income		**-**	**7,589**
Comprehensive result		**(1,845)**	**4,652**

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

Alexandra District Health
Balance Sheet
For Financial Year Ended 30 June 2025

	Note	2025 $'000	2024 $'000
Financial assets			
Cash and cash equivalents	6.1	3,796	3,240
Receivables	5.1	734	709
Total financial assets		**4,530**	**3,949**
Non-financial assets			
Prepayments		82	208
Inventories		14	14
Property, plant and equipment	4.1	32,322	33,955
Total non-financial assets		**32,418**	**34,177**
Total assets		**36,948**	**38,126**
Liabilities			
Payables	5.2	1,491	1,080
Contract liabilities		243	179
Borrowings		186	221
Employee benefits	3.1(b)	2,274	2,047
Total liabilities		**4,194**	**3,527**
Net assets		**32,754**	**34,599**
Equity			
Reserves		23,680	23,680
Contributed capital		3,592	3,592
Accumulated surplus/(deficit)		5,482	7,327
Total equity		**32,754**	**34,599**

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

Alexandra District Health
Cash Flow Statement
For Financial Year Ended 30 June 2025

	Note	2025 $'000	2024 $'000
Cash flows from operating activities			
Operating grants from State Government		10,578	8,892
Operating grants from Commonwealth Government		236	227
Capital grants from State Government		102	178
GST received from ATO		328	285
Interest and investment income received		198	158
Other receipts		1,121	584
Total receipts		**12,563**	**10,324**
Payments to employees		(8,843)	(7,926)
Payments to suppliers and consumables		(923)	(1,793)
GST paid to ATO		(313)	(27)
Other payments		(1,673)	(1,521)
Total payments		**(11,752)**	**(11,267)**
Net cash flows from/(used in) operating activities		**811**	**(943)**
Cash flows from investing activities			
Proceeds from sale of non-financial assets		5	-
Purchase of non-financial assets		(381)	(281)
Other capital receipts		124	-
Capital donations and bequests received		32	100
Net cash flows from/(used in) investing activities		**(220)**	**(181)**
Cash flows from financing activities			
Repayment of borrowings and principal portion of lease liabilities		(35)	(29)
Net cash flows from/(used in) financing activities		**(35)**	**(29)**
Net increase/(decrease) in cash and cash equivalents held		**556**	**(1,153)**
Cash and cash equivalents at beginning of year		3,240	4,393
Cash and cash equivalents at end of year	6.1	**3,796**	**3,240**

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

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

	Property, Plant and Equipment Revaluation Surplus	Restricted Specific Purpose Reserve	Contributed Capital	Accumulated Surplus/(Deficit)	Total
	$'000	$'000	$'000	$'000	$'000
Balance at 1 July 2023	**16,067**	**24**	**3,592**	**10,264**	**29,947**
Net result for the year	-	-	-	(2,937)	(2,937)
Other comprehensive income for the year	7,589	-	-	-	7,589
Balance at 30 June 2024	**23,656**	**24**	**3,592**	**7,327**	**34,599**
Net result for the year	-	-	-	(1,845)	(1,845)
Balance at 30 June 2025	**23,656**	**24**	**3,592**	**5,482**	**32,754**

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

Note 1 About this Report

Structure

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

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

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

This section explains the basis of preparing the financial statements.

Note 1.1 Basis of preparation

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

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

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

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

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

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

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

The financial statements are presented in Australian dollars.

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

The annual financial statements were authorised for issue by the Board of Alexandra District Health on 24th September, 2025.

Note 1.2 Material accounting estimates and judgements

Management makes estimates and judgements when preparing the financial statements.

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

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

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

Note 1.3 Reporting Entity

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

Alexandra District Health's principal address is:

12 Cooper Street
Alexandra, Victoria 3714

Note 1.4 Economic dependency

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

Note 2 Funding delivery of our services

Alexandra District Health's overall objective is to provide quality health service that support and enhance the wellbeing of all Victorians. Alexandra District Health is predominantly funded by grant funding for the provision of outputs. Alexandra District Health also receives income from the supply of services.

Structure

2.1 Revenue and income from transactions

Note 2.1 Revenue and income from transactions

	Note	2025 $'000	2024 $'000
Revenue from contracts with customers	2.1(a)	316	477
Other sources of income	2.1(b)	12,089	9,809
Total revenue and income from transactions		**12,405**	**10,286**

Note 2.1(a) Revenue from contracts with customers

	2025 $'000	2024 $'000
Government grants (State) - Operating	-	55
Patient and resident fees	209	290
Private practice fees	18	17
Commercial activities	89	115
Total revenue from contracts with customers	**316**	**477**

Note 2.1(b) Other sources of income

	Note	2025 $'000	2024 $'000
Government grants (State) - Operating		10,614	8,570
Government grants (Commonwealth) - Operating		236	226
Government grants (State) - Capital		102	141
Other capital purpose income		124	31
Capital donations		32	125
Assets received free of charge or for nominal consideration		1	33
Other income from operating activities		801	525
Total operating income		**11,910**	**9,651**
Interest income		179	158
Total non operating activities		**179**	**158**
Total other sources of income		**12,089**	**9,809**

How we recognise other sources of income

Government grants

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

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

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

Capital grants

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

Income is recognised in accordance with AASB 1058 progressively as the asset is constructed which aligns with Alexandra District 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.

Note 3 The cost of delivering our services

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

Structure

3.1 Expenses incurred in the delivery of services

Note 3.1 Expenses incurred in the delivery of services

	Note	2025 $'000	2024 $'000
Employee expenses	3.1(a)	9,048	8,998
Other operating expenses	3.1(c)	3,186	2,546
Total expenses incurred in the delivery of services		**12,234**	**11,544**

Note 3.1(a) Employee expenses

	2025 $'000	2024 $'000
Salaries and wages	7,627	7,499
Defined contribution superannuation expense	813	760
Defined benefit superannuation expense	-	9
Agency expenses	200	293
Fee for service medical officer expenses	408	437
Total employee expenses	**9,048**	**8,998**

How we recognise employee expenses

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

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

Note 3.1(b) Employee related provisions

	2025 $'000	2024 $'000
Current provisions for employee benefits		
Accrued days off	6	8
Annual leave	745	681
Long service leave	973	891
Provision for on-costs	240	222
Total current provisions for employee benefits	**1,964**	**1,802**
Non-current provisions for employee benefits		
Long service leave	272	214
Provision for on-costs	38	31
Total non-current provisions for employee benefits	**310**	**245**
Total provisions for employee benefits	**2,274**	**2,047**

How we recognise employee-related provisions

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

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

Annual leave and accrued days off

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

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

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

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

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

Note 3.1(c) Other expenses

	2025 $'000	2024 $'000
Other operating expenses		
Drug supplies	40	57
Medical and surgical supplies (including Prostheses)	347	369
Diagnostic and radiology supplies	56	72
Other supplies and consumables	217	256
Fuel, light, power and water	165	169
Repairs and maintenance	173	146
Maintenance contracts	332	206
Medical indemnity insurance	59	80
Other administration expenses	1,797	1,191
Total other operating expenses	**3,186**	**2,546**

How we recognise other operating expenses

Expense recognition

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

Other operating expenses

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

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

Note 4 Key assets to support service delivery

Alexandra District 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 Alexandra District Health to be utilised for delivery of services.

Structure

4.1 Property, plant and equipment
4.2 Depreciation and amortisation

Note 4.1 Property, plant and equipment

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2025 $'000	2024 $'000	2025 $'000	2024 $'000	2025 $'000	2024 $'000
Land at fair value - Freehold	1,189	1,189	(130)	(109)	1,059	1,080
Buildings at fair value	30,837	30,837	(1,622)	(48)	29,215	30,789
Works in progress at cost	-	93	-	-	-	93
Plant, equipment and vehicles at fair value	5,799	5,607	(3,751)	(3,614)	2,048	1,993
Total property, plant and equipment	**37,825**	**37,726**	**(5,503)**	**(3,771)**	**32,322**	**33,955**

How we recognise property, plant and equipment

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

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

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

	Land $'000	Buildings $'000	Works in progress $'000	Plant, equipment and vehicles $'000	Total $'000
Balance at 1 July 2024	**1,080**	**30,789**	**93**	**1,993**	**33,955**
Additions	-	-	-	381	381
Net transfers between classes	-	-	(93)	93	-
Depreciation	(21)	(1,574)	-	(419)	(2,014)
Balance at 30 June 2025	**1,059**	**29,215**	**-**	**2,048**	**32,322**

Fair value assessments have been performed for all classes of assets in this purpose group and the decision was made that the movements were not material (less than or equal to 10%). As such, an independent revaluation was not required per FRD 103. In accordance with FRD 103, Alexandra District Health has elected to apply the practical expedient in FRD 103 Non-Financial Physical Assets and has therefore not applied the amendments to AASB 13 *Fair Value Measurement* . Amendments under FRD 103 will apply if there is a managerial revaluation before the next scheduled valuation.

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

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

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2025 $'000	2024 $'000	2025 $'000	2024 $'000	2025 $'000	2024 $'000
Right-of-use concessionary land at fair value	870	870	(130)	(109)	740	761
Buildings at fair value	761	761	(72)	(47)	689	714
Plant, equipment and vehicles at fair value	261	264	(104)	(67)	157	197
Total right-of-use assets	**1,892**	**1,895**	**(306)**	**(223)**	**1,586**	**1,672**

	ROU Concessionary land $'000	Plant, equipment		
		Buildings $'000	and vehicles $'000	Total $'000
Balance at 1 July 2024	**761**	**714**	**197**	**1,672**
Depreciation	(21)	(25)	(40)	(86)
Balance at 30 June 2025	**740**	**689**	**157**	**1,586**

How we recognise right-of-use assets

Initial recognition

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

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

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

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

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

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

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

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

4.1(c) Impairment of property, plant and equipment

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

Note 4.2 Depreciation and amortisation

How we recognise depreciation

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

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

How we recognise amortisation

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

Useful lives of non-current assets

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

	2025	2024
Buildings		
-Structure shell building fabric	0 - 40 years	0 - 40 years
-Site engineering services and central plant	25 - 42 years	25 - 42 years
Central Plant		
-Fit out	17 years	17 years
-Truck reticulated building system	17 years	17 years
Plant, equipment and vehicles (including leased assets)	2 - 25 years	2 - 25 years
Medical equipment	3 - 20 years	3 - 20 years
Computer and communication	2 - 20 years	2 - 20 years
Furniture and fittings	4 - 25 years	4 - 25 years
Leasehold improvements	2 - 5 years	2 - 5 years

Note 5 Other assets and liabilities

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

Structure

5.1 Receivables
5.2 Payables

Note 5.1 Receivables

	Note	2025 $'000	2024 $'000
Current receivables			
Contractual			
Inter hospital debtors		14	15
Trade receivables		142	145
Patient fees		49	47
Allowance for impairment losses		(5)	(3)
Accrued investment income		-	19
Amounts receivable from governments and agencies		-	9
Total contractual receivables		**200**	**232**
Statutory			
GST receivable		23	38
Total statutory receivables		**23**	**38**
Total current receivables		**223**	**270**
Non-current receivables			
Contractual			
Long service leave - Department of Health		511	439
Total contractual receivables		**511**	**439**
Total non-current receivables		**511**	**439**
Total receivables		**734**	**709**
(i) Financial assets classified as receivables			
Total receivables		734	709
GST receivable		(23)	(38)
Total financial assets classified as receivables	7.1	**711**	**671**

How we recognise receivables

Receivables consist of:

- **Contractual receivables**, including debtors that relate to goods and services. These receivables are classified as financial instruments and are categorised as 'financial assets at amortised cost'. They are initially recognised at fair value plus any directly attributable transaction costs. The health service holds contractual receivables with the objective to collect the contractual cash flows and therefore they are subsequently measured at amortised cost using the effective interest method, less any impairment.

- **Statutory receivables**, including Goods and Services Tax (GST) input tax credits that are recoverable. Statutory receivables do not arise from contracts and are recognised and measured similarly to contractual receivables (except for impairment) but are not classified as financial instruments for disclosure purposes. The health service applies AASB 9 for initial measurement of the statutory receivables and as a result, statutory receivables are initially recognised at fair value plus any directly attributable transaction cost.

Note 5.2 Payables

	Note	2025 $'000	2024 $'000
Current payables			
Contractual			
Trade creditors		681	379
Accrued salaries and wages		365	382
Accrued expenses		435	262
Deferred capital grant income		-	37
Inter hospital creditors		-	16
Other		10	4
Total contractual payables		**1,491**	**1,080**
Total current payables		**1,491**	**1,080**
Total payables		**1,491**	**1,080**
(i) Financial liabilities classified as payables			
Total payables		1,491	1,080
Deferred capital grant income		-	(37)
Total financial liabilties classified as payables	7.1	**1,491**	**1,043**

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 Alexandra District Health prior to the end of the financial year that are unpaid.

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

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

Note 6 How we finance our operations

This section provides information on the sources of finance utilised by Alexandra District Health during its operations.

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

Structure

6.1 Cash and cash equivalents

6.2 Commitments for expenditure

Note 6.1 Cash and Cash Equivalents

	Note	2025 $'000	2024 $'000
Cash at bank (excluding monies held in trust)		3,796	3,240
Total cash held for operations		**3,796**	**3,240**
Total cash and cash equivalents	7.1	**3,796**	**3,240**

Note 6.2 Commitments for expenditure

There are no capital or operating commitments at 30 June 2025 (2024: $Nil)

Note 7 Financial instruments, contingencies and valuation judgements

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

Structure

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

Note 7.1 Financial instruments

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

30 June 2025	Note	Carrying amount $'000	Total interest income/ (expense) $'000	Impairment loss $'000
Financial assets at amortised cost				
Cash and cash equivalents	6.1	3,796	179	-
Receivables	5.1	711	-	2
Total financial assets [i]		**4,507**	**179**	**2**
Financial liabilities at amortised cost				
Payables	6.1	1,491	-	-
Borrowings		186	2	-
Total financial liabilities [i]		**1,677**	**2**	**-**

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

30 June 2024	Note	Carrying amount $'000	Total interest income/ (expense) $'000	Impairment loss $'000
Financial assets at amortised cost				
Cash and cash equivalents	6.1	3,240	158	-
Receivables	5.1	671	-	2
Total financial assets [i]		**3,911**	**158**	**2**
Financial liabilities at amortised cost				
Payables	5.2	1,043	-	-
Borrowings		221	(24)	-
Total financial liabilities [i]		**1,264**	**(24)**	**-**

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

How we categorise financial instruments

Financial assets at amortised cost

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

- the assets are held by Alexandra District 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.

Alexandra District Health recognises the following assets in this category:

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

Categories of financial liabilities

Financial liabilities at amortised cost

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

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

Alexandra District Health recognises the following liabilities in this category:

- payables (excluding statutory payables and contract liabilities) and
- borrowings.

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

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

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

Derecognition of financial liabilities
A financial liability is derecognised when the obligation under the liability is discharged, cancelled or expires.

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

Reclassification of financial instruments

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

A financial liability reclassification is not permitted.

Note 7.2 Contingent assets and contingent liabilities

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

Note 7.3 Fair value determination

How we measure fair value

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

The following assets and liabilities are carried at fair value:

- Property, plant and equipment
- Right-of-use assets
- Lease liabilities

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

Valuation hierarchy

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

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

Alexandra District 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.

Alexandra District 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 Alexandra District Health's independent valuation agency for property, plant and equipment.

Fair value determination: non-financial physical assets

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

The last scheduled full independent valuation of all of Alexandra District Health's non-financial physical assets was performed by VGV on 30 June 2024. The annual fair value assessment for 30 June 2025 using VGV indices does not identify material changes in value. In accordance with FRD 103, Alexandra District Health will reflect Appendix F in its next scheduled formal revaluation on 30 June 2029 or interim revaluation process (whichever is earlier). All annual fair value assessments thereafter will continue compliance with Appendix F.

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

Non-specialised land and non-specialised buildings

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

Specialised land and specialised buildings

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

During the reporting period, Alexandra District 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.

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

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

Vehicles

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

Furniture, fittings, plant and equipment

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

Significant assumptions

Asset class	Valuation technique	Significant assumption	Range (weighted average)[(i)]
Specialised land	Market approach	Community Service Obligations adjustment	(20%)[(ii)]
Specialised buildings	Current replacement cost approach	Cost per square metre	$3,500/m^2
		Useful life	17 - 37 years (26 years)
Vehicles	Current replacement cost approach	Cost per unit	$37,200 - $41,650 ($40,160 per unit)
		Useful life	3 - 5 years (3 years)
Plant, equipment, furniture and fittings	Current replacement cost approach	Cost per unit	$1,000 - $5,000 ($4,300 per unit)
		Useful life	5 - 10 years (8 years)

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

[(ii)] CSO adjustments ranging from 20% were applied to reduce the market approach value for Alexandra District 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 Responsible persons disclosures
8.2 Remuneration of executives
8.3 Related parties
8.4 Remuneration of auditors
8.5 Events occurring after the balance date
8.6 Joint arrangements

Note 8.1 Responsible persons disclosures

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

	Period
The Honourable Mary-Anne Thomas MP:	
Minister for Health	1 July 2024 - 30 June 2025
Minister for Ambulance Services	1 July 2024 - 30 June 2025
Minister for Health Infrastructure	1 July 2024 - 19 December 2024
The Honourable Ingrid Stitt MP:	
Minister for Mental Health	1 July 2024 - 30 June 2025
Minister for Ageing	1 July 2024 - 30 June 2025
The Honourable Lizzy Blandthorn MP:	
Minister for Children	1 July 2024 - 30 June 2025
Minister for Disability	1 July 2024 - 30 June 2025
The Honourable Melissa Horne MP:	
Minister for Health Infrastructure	19 December 2024 - 30 June 2025
Governing Boards	
Mr Kim Flanagan (Board Chair)	1 Jul 2024 - 30 Jun 2025
Ms Cindy Neenan	1 Jul 2024 - 30 Jun 2025
Ms Michelle Fleming	1 Jul 2024 - 30 Jun 2025
Mr Alan Studley	1 Jul 2024 - 30 Jun 2025
Ms Melanie Telford	1 Jul 2024 - 30 Jun 2025
Ms Natalie Sheridan-Smith	1 Jul 2024 - 30 Jun 2025
Ms Soulla Nicodimou	1 Jul 2024 - 30 Jun 2025
Mr Ashley Shea	1 Jul 2024 - 30 Jun 2025
Ms Roslyn Pruden	1 Jul 2024 - 30 Jun 2025
Ms Kellie Vivekanantham	1 Jul 2024 - 30 Jun 2025
Accountable Officers	
Ms Jane Poxon	1 Jul 2024 - 30 Jun 2025

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

Income Band	2025 No	2024 No
$0 - $9,999	10	9
$220,000 - $229,999	-	1
$230,000 - $239,999	1	-
Total Numbers	**11**	**10**

	2025 $'000	2024 $'000
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	**265**	**255**

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

Note 8.2 Remuneration of executives

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

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

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

	Total Remuneration	
	2025 $'000	2024 $'000
Total remuneration [i]	536	456
Total number of executives	4	4
Total annualised employee equivalent [ii]	2.4	2.0

[i] The total number of executive officers includes persons who meet the definition of Key Management Personnel (KMP) of Alexandra District Healths under AASB 124 *Related Party Disclosures* and are also reported within Note 8.3 Related Parties.
[ii] Annualised employee equivalent is based on working 38 ordinary hours per week over the reporting period.

Note 8.3 Related parties

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

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

Significant transactions with government related entities

The Alexandra District Health received funding from the DH of $10.53 m (2024: $9.20 m) and indirect contributions of $0.18 m (2024: $0.10 m). Balances owing to DH as at 30 June 2025 are $0.19 m (2024: $Nil).

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

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

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

Key management personnel

KMPs are those people with the authority and responsibility for planning, directing and controlling the activities of the Alexandra District Health, directly or indirectly.

The Board of Directors and the Executive Directors of the Alexandra District Health are deemed to be KMPs. This includes the following:

KMPs	Position Title
Mr Kim Flanagan	Board Chair
Ms Cindy Neenan	Board Member
Ms Michelle Fleming	Board Member
Mr Alan Studley	Board Member
Ms Melanie Telford	Board Member
Ms Natalie Sheridan-Smith	Board Member
Ms Soulla Nicodimou	Board Member
Mr Ashley Shea	Board Member
Ms Roslyn Pruden	Board Member
Ms Kellie Vivekanantham	Board Member
Ms Jane Poxon	Chief Executive Officer
Ms Claire Palmer	Executive Project Manager
Mr Nathan Willoughby	Interim Director of Clinical Services (from 18-02-2025)
Ms Natasha Bowater	Director of Quality and Risk
Ms Poranee Buttery	Director of Medical Services

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

	2025 $'000	2024 $'000
Total compensation - KMPs [i]	801	711

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

Transactions with KMPs and other related parties

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

Outside of normal citizen type transactions with the Alexandra District 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 2025 (2024: none).

There were no related party transactions required to be disclosed for the Alexandra District Health Board of Directors, Chief Executive Officer and Executive Directors in 2025 (2024: none).

Note 8.4 Remuneration of Auditors

	2025 $'000	2024 $'000
Victorian Auditor-General's Office		
Audit of the financial statements	25	22
Total remuneration of auditors	**25**	**22**

Note 8.5 Events occurring after the balance sheet date

There are no events occurring after the Balance Sheet date.

Note 8.6 Joint arrangements

	Principal Activity	Ownership Interest 2025 %	Ownership Interest 2024 %
Hume Rural Health Alliance	Information Technology Services	4.06	3.94

	2025 $'000	2024 $'000
Total revenue and income	644	322
Total expenses	(729)	(312)
Total net result	(85)	10
Total other economic flows	-	-
Comprehensive result for the year	(85)	10
Total assets	699	577
Total liabilities	532	325
Total equity	167	252

Contingent liabilities and capital commitments

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


ALEXANDRA
DISTRICT HEALTH
Main Entrance
Public Parking
Patient Services
Ambulance