Monash Health

Care, reimagined

Annual report

2025-2026





Acknowledgement of Country

Monash Health respectfully acknowledges the Bunurong/Boonwurrung and Wurundjeri/Woi-wurrung peoples, the Traditional Custodians and Owners of the lands where our facilities are located and programs operate.

We recognise the ongoing spiritual link Aboriginal people have to their lands, culture and lore; and acknowledge that their connections build healthier families and communities. Monash Health pays respect to the Elders of the Bunurong/ Boonwurrung and Wurundjeri/Woi-wurrung peoples; past, present and future.

We extend our respect to our Aboriginal and Torres Strait Islander employees, consumers and stakeholders.

Our commitment to improving Aboriginal and Torres Strait Islander health and wellbeing

We are committed to closing the gap and improving life outcomes for Aboriginal and Torres Strait Islander people.

We recognise the voice of the Aboriginal and Torres Strait Islander community is best placed to set outcomes and governance principles around issues that impact them. We work in partnership with these communities to achieve best possible outcomes in co-designed systems delivering culturally safe care.

We invest in a strong Aboriginal workforce across health, and we will grow, retain and develop leadership for the future.

Our organisation is accountable and transparent in engaging our Aboriginal and Torres Strait Islander communities.

Ngarra-jarra-noun artwork by Dixon Patten.

This annual report outlines the operational and financial performance of Monash Health from 1 July 2025 to 30 June 2026.

Monash Health is a public health service, a body corporate established under Section 65P of the *Health Services Act 1988*, as amended in 2005 and listed in Schedule 5 of that Act.

The relevant Ministers for the period were:

The Hon Mary-Anne Thomas MP
Minister for Health
Minister for Ambulance Services
*from 1 July 2025 to 15 April 2026

Hon Harriet Shing MP
Minister for Health
Minister for Ambulance Services
Minister for Water
*from 15 April 2026 to 30 June 2026

The Hon Melissa Horne MP
Minister for Health Infrastructure
from 1 July 2025 to 30 June 2026

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

The Hon Lizzie Blandthorn MP
Minister for Disability
Minister for Children

From 1 July 2025 to 30 June 2026

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About Monash Health

Monash Health exists to reimagine care, so that people can live their best lives.

We deliver world-leading care for the community we serve. We do this in a way that is safe and equitable, ensuring our consumers and those who care for them are at the centre of everything we do, with over 175 years of experience.

As a leading academic health service, our curiosity pushes us to innovate and improve lives locally, nationally and globally. We're committed to providing tomorrow's care today by integrating research, teaching and training into everyday practice.

Our team of 24,000 people are full hearted, open minded and all in. Together, we provide more than 250 integrated services for every stage of life at over 50 locations and in the community across south-east Melbourne, Victoria, serving 1.2 million residents in the South Metro Local Health Service Network.

Monash Health offers tertiary and specialist care in areas such as cancer and blood disorders, cardiology and cardiac surgery, endovascular clot retrieval, kidney and pancreas transplant, maternity services, mental health, neonatal intensive care, and paediatrics.

Beyond our hospitals, we deliver a diverse range of public health and community care. These services include Allied Health and Dental Services, the Community Assessment Response Team, Monash Health at Home, Community Mental Health, Residential In-Reach, as well as services for priority populations such as Child, Youth & Family, Refugee Health & Wellbeing, the Centre for Developmental Disability & Health, and the South East Centre Against Sexual Assault and Family Violence.

Our major acute and subacute hospital sites include Casey Hospital, Dandenong Hospital, Kingston Centre, Monash Children's Hospital, Monash Medical Centre, Moorabbin Hospital, and the Victorian Heart Hospital.

Our community health services are delivered across various locations, with major sites at Cranbourne Community Hospital, Cranbourne Integrated Care Centre, Pakenham Health Centre, and Monash Health Community Dandenong.

Monash Health also operates public aged care facilities, such as Boollam Boollam Aged Care Centre at our Kingston site, and Chestnut Gardens in Doveton.

Jessie McPherson Private Hospital, wholly owned by Monash Health, operates across Monash Medical Centre and the Victorian Heart Hospital, delivering comprehensive specialist care in maternity, gastroenterology, cardiology and neurosciences.

Our care

Monash Health provides more than 250 integrated hospital-based and community services, delivering care across the lifespan.

Monash Health has a key role as a tertiary provider in a range of services, providing specialist care across Victoria, including:

- Cancer and blood disorders
- Cardiology and cardiac surgery
- Endovascular clot retrieval
- Kidney and pancreas transplant
- Maternity services
- Mental health
- Neonatal intensive care
- Paediatrics

Beyond our hospitals, we deliver a range of public health and community care services to help every person live their healthiest life, including:

- Allied Health and Dental Services
- Community Assessment Response Team
- Monash Health at Home
- Community Mental Health
- Residential In-Reach
- Services for Priority Populations (Child, Youth & Family, Refugee Health & Wellbeing, Centre for Developmental Disability & Health)
- South East Centre Against Sexual Assault and Family Violence

Local Health Service Network

Monash Health forms the South Metro Local Health Service Network. It is one of 12 statewide networks responsible for supporting collaborative care for their community, as close to home as possible.

Our network provides tertiary support for our neighbouring networks in complex women's and neonatal care, and paediatric care.

South East Public Health Unit

The South East Public Health Unit delivers a range of public health initiatives, including health promotion and disease prevention, and it is responsible for managing communicable diseases and notifiable medical conditions across south east Melbourne and the Mornington Peninsula.

The unit collaborates with the community and stakeholders to improve health and wellbeing outcomes across a range of public health issues.

Our community

We are privileged to care for one of Victoria's fastest-growing and most diverse communities.

Our catchment has a population of over 1.2 million people and is expected to be around 1.36 million by 2036. Its population is growing at a rate of 1.6% per year, equating to an additional 20,000 people per year.

Our highest growth areas are in Casey and Cardinia, due to urban expansion and housing availability in these areas. 47% of our catchment population was born overseas, and 45% speak a language other than English at home.

Our locations

Monash Medical Centre

Monash Medical Centre is a major tertiary, teaching and research hospital providing a comprehensive range of specialist surgical, medical, allied health, mental health and palliative care services.

Monash Medical Centre has one of Victoria's busiest emergency departments and offers dedicated paediatric emergency facilities.

A major expansion of Monash Medical Centre is underway, with construction of a 7-storey tower commencing in early 2026. The project will deliver a new intensive care unit, birth suites, operating theatres, inpatient wards, and more.

Monash Children's Hospital

Monash Children's Hospital is a major tertiary, teaching and research paediatric hospital, co-located with Monash Medical Centre.

We provide paediatric services across 3 hospitals, including emergency and inpatient services at Casey and Dandenong Hospitals. Monash Children's Hospital at Home treats a range of conditions and cares for neonates and children from birth to 18 years in their own homes.

Our paediatric care extends across our community services, including the Murrumbek Casey Early Parenting Centre.

Victorian Heart Hospital

Located at Monash University's Clayton campus and home to the Monash Victorian Heart Institute's research program, the Victorian Heart Hospital is Australia's only dedicated cardiac hospital.

The Victorian Heart Hospital features world-class clinical cardiac services, innovative models of care, research streams and education programs to create a centre of excellence.

Casey Hospital

Casey Hospital is a major teaching and research hospital. It serves one of the fastest-growing areas in south-east Melbourne and enables easier community access to higher-acuity care.

The facilities at Casey Hospital will continue to grow, with a major expansion to the emergency department underway to help meet the needs of the local community.

Dandenong Hospital

Dandenong Hospital is a major teaching and research hospital providing general and specialist services to Dandenong and the surrounding communities.

These services include an emergency department, general medical and surgical, intensive care, specialty inpatient and outpatient mental health facilities, maternity care, special care nursery, paediatrics, outpatients, haemodialysis, and allied health services.

Planning is underway for a significant redevelopment of Dandenong Hospital, which will include a new intensive care unit and new operating theatres. Early works are expected to commence in 2026.

Moorabbin Hospital

Moorabbin Hospital incorporates Monash Cancer Centre, one of Victoria's leading cancer treatment centres, and hosts the Southern Melbourne Integrated Cancer Service.

Moorabbin Hospital has a longstanding partnership with the renowned Peter MacCallum Cancer Centre, which delivers radiotherapy services at the site.

Cranbourne Integrated Care Centre

Cranbourne Integrated Care Centre provides a range of services, including Children's Health and Wellbeing Local and Satellite Dialysis Program, with a broader range provided at the nearby Cranbourne Community Hospital.

Cranbourne Community Hospital

Cranbourne Community Hospital provides services that directly address the health and wellbeing needs of the local community.

The Hospital offers a range of services including community-based treatment and rehabilitation, child and family services, mental health and chronic disease management.

These services are designed to support people improve their own health and wellbeing through prevention and education.

Kingston Centre

Kingston Centre is a large sub-acute facility specialising in high-quality rehabilitation and functional restoration. It includes the full range of allied health services for adults of all ages, residential aged care and aged mental health.

The new 150-bed Boollam Boollam Aged Care Centre at the Kingston Centre welcomed residents into its best practice care environment from September 2025.

Jessie McPherson Private Hospital

A private hospital co-located at Monash Medical Centre, Jessie McPherson Private Hospital offers specialist services for people in Melbourne, regional Victoria, interstate and overseas.

Further information on Jessie McPherson Private Hospital is available on the next page.

Community health facilities

Our diverse community health facilities focus on providing integrated, multidisciplinary care close to home. Across these sites, we provide day surgery, dental services, mental health services, dialysis and operate a range of other specialist clinics.

Construction of the Pakenham Community Hospital, to be operated by Monash Health, is underway now. The facility is located in central Pakenham and will provide a range of services closer to home for our community.

Mental health facilities

Monash Health operates a comprehensive, whole-of-life mental health and wellbeing service across multiple hospital and community-based facilities, including hospital inpatient units, community residential facilities, community care services and drug and alcohol services.

Aged care facilities

Monash Health operates public aged care facilities; Boollam Boollam Aged Care Centre, located at our Kingston site, and Chestnut Gardens in Doveton.

Jessie McPherson Private Hospital

For 95 years, Jessie McPherson Private Hospital (JMPH) has delivered high-quality private healthcare for the Victorian community. As a standalone, not-for-profit private hospital owned by Monash Health, JMPH provides specialist services across cardiology, cardiothoracic surgery, neurosurgery, gastro-surgical services and maternity care.

Co-located with Monash Medical Centre and the Victorian Heart Hospital, JMPH occupies a unique position within Victoria's healthcare system. Through the Monash Health network, JMPH expands access to specialist services, supports patient choice, helps reduce demand on the public health system and enables multidisciplinary care for patients with complex needs.

Highlights from 2025–26

In 2025–26, JMPH strengthened its community contribution by expanding access to specialist private healthcare, investing in clinical capability and supporting research, innovation and workforce development, while maintaining strong patient and employee experience outcomes.

Monash Heart Private continued to be a major driver of growth, reflecting increasing demand for private cardiac services delivered through the Victorian Heart Hospital. Nearly 2,000 interventional cardiology procedures were performed, representing a 22% increase in catheter laboratory activity, while cardiac surgery activity increased by 34%. The annual Monash Heart Private Cardiac Symposium also strengthened clinical collaboration, education and knowledge sharing.

Beyond cardiac services, JMPH continued to provide access to complex and acute surgical care, with increased neurosurgical activity during the year. Maternity services remained a cornerstone of care, supporting women and families through pregnancy and birth, including those with complex clinical needs.

Clinical education and professional development remained a focus through the 2026 Specialty Symposia Program, with forums across cardiac, neurosciences, gastrosciences and maternity. Together with a rotational upskilling program for nurses caring for higher-acuity patients, these initiatives strengthened clinical capability, workforce flexibility and evidence-based care.

JMPH supported a broad clinical research portfolio spanning cardiology, cardiac surgery, maternity and obstetric medicine, infectious diseases, neurology and population health. Research focused on cardiovascular disease management, treatment outcomes, pregnancy and fetal health, innovative therapies and major population health studies. Through Monash Health partnerships, JMPH continued to support research translation into clinical practice.

JMPH recorded an InSync patient satisfaction score of 89.4%, placing the hospital among the top 10% of participating hospitals nationally. The hospital also achieved its highest-ever employee engagement result in the 2026 People matter survey, with an Employee Engagement Index of 79% and a significantly increased response rate. These results reflect the compassion, professionalism and commitment of staff, and the workplace culture that underpins JMPH's contribution to the community.

Monash Health Foundation

The Monash Health Foundation is the fundraising arm of Monash Health, nurturing and encouraging philanthropic support to fund a range of programs and initiatives to advance world-class healthcare.

Our dedicated donor community and supporters have demonstrated unwavering generosity over the past 12 months, enabling us to fund vital equipment, medical research, scholarships and professional development, patient and family-centred care initiatives, new facilities, and dedicated roles to support world-leading care and research.

This financial year, $10.7 million was raised to support and enhance the care Monash Health provides to our community.

Highlights from 2025–26

Community fundraising and events

The Monash Health Foundation's events calendar was filled with inspiring fundraising activities, both hosted and attended by our wonderful donor community. We had the pleasure of hosting our own signature events; the Monash Children's Hospital Walk and Shine Gala, to support life-changing care for young patients and their families.

Together with our fundraisers, over $1.3 million was raised to help reimagine care across Monash Health.

Corporate and community partnerships

The Monash Health Foundation is committed to building meaningful partnerships with local businesses, community groups and corporations to help make a difference at every stage of life for our patients. With the support of new and long-standing inspired partners, almost $1.1 million was raised to enhance our services, so patients can live their best lives.

Our Business Breakfast Series has been a valuable event for connecting our partners with medical and business experts, sharing knowledge, and advancing our joint mission to improve health outcomes for our community.

Bequests

Monash Health has been privileged to receive many bequests through our Gifts in Wills program, helping to shape care for generations to come.

At the Monash Health Foundation, we guide supporters who are interested in leaving a gift in their Will. No matter the size, a gift in Will is a meaningful way to make a lasting difference to the future of healthcare in Victoria.

This year, we received more than $980,000 in heartfelt gifts, honouring the wishes of generous supporters and creating lasting legacies.

Foundations and trusts

The Monash Health Foundation works closely with individuals, businesses, trusts, and foundations that select Monash Health as the beneficiary of their philanthropic support.

This past financial year, $4.9 million was received from foundations and trusts to be invested in new equipment, expert clinical care and research across Monash Health. Over 20 dedicated roles were funded to support the delivery of world-leading care and/or research for our patients and their families.

Gifts in Kind and fundraising appeals

Donations to our Gifts in Kind program have supported positive experiences for patients, their families and our dedicated care teams. We received over $500,000 in value of Gifts in Kind, including toys so kids in hospital can enjoy the festive season, artwork to transform medical spaces, and care packages for parents and carers.

The Monash Health Foundation fundraising appeals raised over $786,000 to purchase vital equipment supporting patient care at Monash Health. This includes pain and anxiety management tools for adolescents and young adults undergoing cancer treatment, and new state-of-the-art technology to reimagine the care for our critically ill patients for the development of Victoria's first ICU of the Future, at Monash Medical Centre.

Thank you to our supporters

The Monash Health Foundation would like to share our heartfelt thanks to the donors who supported the incredible work and impact of our clinicians,

allied health professionals and researchers between July 2025 and June 2026.

To view the donor listing, please visit **https://monashhealthfoundation.org/about-us/our-supporters/** or scan the QR code below.

To those who donated, fundraised with a special event, or have given a gift in memory or gratitude, we extend our appreciation for your support. Your generosity is making a meaningful difference at Monash Health.

Contribute to Monash Health

If you would like to contribute to Monash Health, you can:

Call us on (03) 9594 2700

Email **foundation@monashhealth.org**

Visit **https://monashhealthfoundation.org** **or scan the QR code below.**

Our care at a glance

4.32m*
Total episodes of care
(2024–25: 4.49m)

85,447
Surgical operations
(2024–25: 84,624)

514,874
Mental health episodes of care
(2024–25: 463,259)

3.09m*
Outpatient services episodes of care
(2024–25: 3.29m)

280,711
Emergency presentations
(2024–25: 270,290)

53,522
Paediatric admissions
(2024–25: 51,158)

65,062
Ambulance arrivals
(2024–25: 64,238)

11,247
Babies born
(2024–25: 11,310)

326,264
Total hospital admissions
(2024–25: 318,574)

*Reported figures do not include Pathology data for May – June 2026.

All data published in Our care at a glance is accurate at the time of publishing. Data may change following audit and data verification, which may not be finalised at the time of publishing.

Highlights from 2025–26

- We introduced the **Monash Health Strategy 2026–2031: Care, reimagined**, which sets a clear, ambitious direction for the future of care while responding to the challenges of today and the increasing demand for public health services.
- The state-of-the-art **Boollam Boollam Aged Care Centre** opened its doors to residents in September 2025. As Monash Health's flagship aged care centre and the largest public-sector home in Victoria, it features 150 rooms with ensuites.
- **Cranbourne Community Hospital** officially welcomed its first patients in October 2025. The purpose-built facility supports the healthcare needs of the growing population, providing a range of services in a modern, patient-centred environment.
- **Monash Medical Centre** is receiving a major upgrade, with construction of a 7-storey tower that commenced in 2025. Once operational, it will include a new theatre complex consisting of pre- and post-operative beds, a new intensive care unit and expanded maternity services including new birth suites. Construction is expected to be completed in 2029.
- Monash Health embedded **Right care, Right time, Right place (RCRTRP),** a promise to deliver care that is appropriate to each patient's clinical needs, delivered without unnecessary delay and in the most suitable setting for their recovery and wellbeing – which may be in hospital, in the community, or at home. Initiatives such as the **Acute Frailty Team ED intervention** and **Thursday to Monday discharge model** are already improving how we deliver care.
- Monash Health was recognised with the Outstanding Overall Improvement award at the **Department of Health's Timely Emergency Care Two (TEC2) awards** for this innovative approach to timely care for older patients, reducing inpatient length of stay by 21 hours and admission rates by 6% through early identification and specialist intervention.
- Sustained academic health service capability through **nearly 600 clinical trials**, **almost 1,800 research projects** and **more than $98 million** projected 2025 research income with key precinct partners.
- A world-first study by **Monash Children's Hospital** and Monash University found that skin-to-skin contact significantly benefits babies born with severe birth asphyxia.
- A potentially **game-changing treatment for brain injuries in preterm babies** is being trialled at Monash Children's Hospital. Researchers from Monash Health, Monash University, and the Hudson Institute of Medical Research are using **stem cells from cord blood units donated by families** after the birth of a full-term baby to help protect the brains of premature babies.
- **Pioneered precision medicine**, using prenatal genomic sequencing to diagnose a rare, life-threatening blood disorder before birth and deliver an Australian-first therapy that gave Mitchell a healthy start to life.
- Monash Health was appointed host and manager of **the inaugural Victorian Centre for Advancement in Allied Health** in October 2025. This marks an important step in strengthening Victoria's allied health workforce. The centre will act as a central hub, bringing together health services, academic institutions and unions to support workforce growth and development.
- Monash Health and Heidi partnered to co-develop and evaluate an **artificial intelligence (AI) language translation tool** for trial across hospitals and clinics, enabling real-time communication between patients, families and clinicians and helping make care more accessible and equitable.
- The **Victorian Heart Hospital** and Victorian Heart Institute led a first-in-human trial of a one-time gene-editing therapy designed to lower LDL cholesterol and triglycerides in people with difficult-to-treat lipid disorders.
- Strengthened workforce and digital sustainability through pharmacy credentialling,

CareSync Exchange uptake 525% above the state peer average, and a 69% reduction in manual Electronic Medical Record (EMR) provisioning effort.

- In the **2026 King's Birthday Honours**, **Mr Peter Robert Coombs AM** was recognised for significant service to sonography, tertiary education and clinical training. **Professor Anna Rosamilia AM** was recognised for significant service to urogynaecology through education, mentoring and training, and **Mr Alex Laslowski OAM** was recognised for service to medical science and anatomical pathology.
- As part of the **2026 Australia Day Honours List, Dipak Sanghvi AM**, was appointed a Member of the Order of Australia (AM) for significant service to community health through governance and board roles. Dipak served as Monash Health's Board Chair from 2018 until June 2025.
- Monash Health established a **nation-leading** stroke clinic, the first in Australia dedicated to caring for women. The **Stroke in Women Clinic** aims to reduce gender-based disparities in stroke outcomes.

Message from the Board Chair and Chief Executive Officer

We are pleased to present Monash Health's 2025–26 Annual Report.

This year, we provided 4.32 million episodes of care. Behind every episode of care is a person, a family, and a dedicated team working together to deliver world-class care close to home.

The 2025–26 financial year has been one of significant progress for Monash Health. As demand for health services grew and patient needs continued to become increasingly complex, we remained focused on delivering exceptional care while taking important steps forward to shape the future of healthcare for our community.

A key milestone was reached on 1 December 2025 with the launch of the Monash Health Strategy 2026–2031: Care, reimagined.

Our new strategy responds to today's challenges and sets a clear direction for reimagining care, helping ensure everyone in our community has equitable access to healthcare and can live their best lives.

A comprehensive suite of plans will guide how we bring this strategy to life, powered by a culture that is full hearted, open minded and all in in everything we do. Our values aren't just words. They shape how we show up every day for our patients, for each other, and for our community.

As an academic health service, we remain deeply committed to research, innovation and education. We are playing a leading role in the evolution of the Monash Precinct, alongside our academic and industry partners, and supporting our clinicians to make discoveries that will change care not only locally but globally.

One example is the pioneering ALLO trial at Monash Children's Hospital, where researchers from Monash Health, Monash University and the Hudson Institute of Medical Research are investigating whether stem cells from donated umbilical cord blood can help protect the brains of premature babies following injury. Building on a world-first Monash-led study that demonstrated the feasibility and safety of stem cell therapy using a baby's own cord blood, this research offers new hope for families and the potential to transform outcomes for some of our most vulnerable patients.

New parents Hua Nguyen and Ngan Troung enrolled their daughter, Alina, in the ALLO trial after learning she had suffered a brain injury. Born at just under 26 weeks gestation, Alina spent 4 months in the neonatal intensive care unit (NICU) at Monash Children's Hospital.

Their experience reflects the profound impact innovative research can have for families facing the uncertainty of a premature birth. It is innovations like this that demonstrate how collaboration across healthcare, research and academia is helping shape the future of medicine.

Through such initiatives, we continue to strengthen Monash Health's reputation as a centre for clinical excellence and discovery, delivering breakthroughs that have the potential to improve lives not only in our community, but around the world.

We also continue to develop infrastructure to meet our community needs. Construction commenced on the $535 million, 7-storey tower at Monash Medical Centre, Clayton, which will feature operating theatres with pre- and post-operative recovery beds, a new intensive care unit and maternity services, including upgraded birthing suites and maternity beds.

In October 2025, the new Cranbourne Community Hospital welcomed its first patients. This purpose-built facility supports the needs of our growing population, providing a range of services in a modern, patient-centred environment. The design was influenced by the cultural heritage of the area, particularly the connection to the Bunurong peoples, the Traditional Custodians of the land.

Acknowledgment

To every Monash Health team member, we thank you. Your expertise, compassion and commitment enable us to deliver safe, equitable, world-leading care.

To the patients, consumers and communities we serve, thank you for trusting in us to deliver care to you and your loved ones. By sharing your experiences and feedback, you help us continually improve the care we deliver.

We are deeply grateful to our volunteers for the time, care and unique perspective they bring, not only in supporting our patients and employees, but in shaping our health service for the better. Their openness and whole-hearted commitment to our community is something we never take for granted.

We thank our generous donors. Your support enables us to fund vital equipment, medical research, patient and family-centred care initiatives, and dedicated roles to support world-leading care and research.

We appreciate the many community organisations and partners who work alongside us to ensure we stay connected to our diverse communities and their needs.

We acknowledge and extend our thanks to the Victorian Government, Department of Health, Department of Families, Fairness and Housing, and the Federal Government, for their role in partnering with us to deliver positive outcomes for our community.

We thank our Board and Executive team for their invaluable guidance and support throughout another year of growth and innovation.

Finally, on behalf of everyone at Monash Health, we sincerely thank Professor Susan Elliot AM and Dr Peter McDougall for their service to our Board of Directors.



Mr Michael Gorton AM
Chair, Monash Health
Board of Directors



Professor Eugine Yafele
Chief Executive Officer

Responsible bodies declaration

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



Michael Gorton AM
Chair, Board of Directors
Monash Health

07 September 2026

Management and governance structure

The Board of Directors of Monash Health is appointed by the Governor in Council on the recommendation of the Minister for Health and Ambulance Services in accordance with the *Health Services Act 1988*.

Our Board of Directors

The Board of Directors for the 2025–26 reporting period were:

Mr Michael Gorton AM (Chair)
LLB BCom FRACS (Hon) FANZCA (Hon) FAICD
Appointed July 2025

Mr Hamish Park
BCom BA ALM GAICD
Appointed July 2025

Ms Felicity Topp
BN Grad Dip Hlth Couns MPH GAICD FCRANLANA
Appointed July 2025

Ms Aurélia Balpe
MBA, GAICD, BPsych(Hon), GDDemog, Bec
Appointed July 2018

Mrs Jane Bell AM
BEc LLB LLM (Lond) FAICD
Appointed July 2018

Ms Helen Brunt
BA (Hons) GAICD
Appointed July 2019

Professor Susan Elliott
AM MBBS MD FRACP
Appointed July 2022

Dr Peter McDougall
MBBS FRACP MBA GAICD
Appointed July 2020

Ms Fiona Pearse
B.Ec. MBA FCPA FAICD
Appointed July 2022

On 1 July 2026, we were pleased to welcome new Board Directors:

Professor Mark Umstad AM
MB BS MD FRCOG FRANZCOG GAICD

Professor Stephen Jane AO
MBBS Ph.D FRACP FRCPA FAAHMS

Board committees

The following committees support the functions of the Board of Directors:

Aboriginal Health Strategic Partnership Committee

The Aboriginal Health Strategic Partnership Committee aims to ensure Monash Health better meets the health and wellbeing needs of our local Aboriginal and Torres Strait Island communities. Its membership encompasses a broad representation of Aboriginal voices, leaders and organisations, including Dandenong and District Aborigines Co-operative Limited (DDACL), First Peoples' Health and Wellbeing, Ngwala Willumbong Aboriginal Corporation, Victorian Aboriginal Child Care Agency, Department of Families, Fairness and Housing, Department of Health and consumer advisors. The committee oversees the implementation of the Manamiiyt-dha Aboriginal Health Plan 2026–2031.

Audit Committee

The Audit Committee supports the Board by providing assurance in the key areas of statutory financial statements, internal control, legislative compliance, risk management oversight, and internal and external audit.

Community Advisory Committee

The Community Advisory Committee advises the Board on Monash Health's strategic priorities from a community and consumer perspective. It advocates for the community, consumers, and carers and provides advice on strategic matters relating to the whole health service.

Finance Committee

The Finance Committee advises the Board on financial matters impacting Monash Health. It focuses on financial strategy and direction, financial performance and reporting, financial risks, capital planning, major projects, major tenders, information technology and digital health, annual operating and capital budgets, investments and cash flow, fundraising, balance sheet position and business plans to ensure alignment with key strategic priorities and performance objectives.

Joint Primary Care and Population Health Advisory Committee

The South East Metro Health Service Partnership (SEMHSP) manages the Joint Primary Care and Population Health Advisory Committee. This committee advises the boards and leadership of Alfred Health, Monash Health and Peninsula Health in setting a joint direction for the south-east Melbourne region on matters of primary care and population health.

Quality and Safety Committee

The Quality and Safety Committee supports the Board's strategic leadership in clinical quality and safety governance at Monash Health. On the Board's behalf, it ensures that effective and accountable systems are in place to monitor and improve the quality and effectiveness of health services provided, that any problems identified with the quality or effectiveness of these services are addressed promptly and that Monash Health continually strives to improve the quality of its services and foster innovation.

People and Culture Committee

The People and Culture Committee provides strategic oversight and assurance that the organisation has effective people-related strategies, policies and systems in place to support a safe, fair, inclusive, and high-performing workplace. It takes into consideration the health, safety and wellbeing of persons at Monash Health in all decision making, including the promotion of a zero harm culture within the organisation including the review, monitoring and reporting on workforce strategy and planning, health, safety and wellbeing, organisational development, culture and leadership and Enterprise Agreements.

Remuneration Committee (part of the Finance Committee)

The Remuneration Committee advises the Board on the organisation's remuneration policies and practices and oversees succession planning for the Chief Executive Officer and senior executive positions, as well as the Board and senior positions within its subsidiary.

Committee membership 2025–26

Aboriginal Health Strategic Partnership Committee

- Mr Michael Gorton AM (Chair)
- Ms Marion Hansen
- Ms Stacey Morgan
- Professor Misty Jenkins
- Ms Karinda Taylor
- Mr Craig Taylor
- Ms Jenny Ockwell
- Mr Reg Shelley
- Mr De-Joel Upkett
- Mr Aaron Wallace-Peters
- Professor Eugine Yafele
- Adjunct Associate Professor Andrea Rindt
- Mr Dan Carter
- Ms Sarah Ong

Audit Committee

- Mrs Jane Bell AM (Chair)
- Ms Fiona Pearse (Deputy Chair)
- Mr Hamish Park

Community Advisory Committee

- Ms Vivienne Interrigi (Chair)
- Mr Steven Tang (Vice Chair) (Vice Co-Chair (Community)) – from May 2026)
- Ms Helen Brunt (Board member) (Vice Co-Chair (Board member)) – from May 2026)
- Ms Aurélia Balpe
- Plus 10 other community members

Finance Committee

- Ms Felicity Topp (Chair)
- Ms Helen Brunt (Deputy Chair)
- Mr Michael Gorton AM
- Ms Fiona Pearse

Joint Primary Care and Population Health Advisory Committee

- Athina Georgiou, Board Director, Bayside Health (Chair) (from January 2026)
- Sylvia Hadjiantoniou, Board Director, Peninsula Health (Chair) (until December 2025)
- Ms Helen Brunt, Board Director, Monash Health (Deputy Chair)
- Ms Aurélia Balpe, Board Director, Monash Health
- Sally Campbell, Board Director, Alfred Health (until December 2025)

- Ms Jenny Walsh, Executive Director, Strategy & Planning, Alfred Care Group
- Ms Andrea McLeod, Chief Executive Officer, Better Health Network
- Ms Linda McCrorey, Board Director, Bayside Health (from January 2026)
- Ms Sarah Lorentzen, Chief of Staff, Monash Health
- Ms Jana Gazarek, Chief Executive, Peninsula Care Group
- Dr Galina Daraganova, Executive Director Data, Evidence and Impact Services, Southeastern Melbourne Primary Health Network .
- Dr Adam Mohd Idris, Service Medical Director, Aged, Rehabilitation & Community, Monash Health (from January 2026)
- Mr Martin McCall White, Chief Allied Health Officer, Alfred Care Group (from January 2026)
- Ms Anita Spring, Director Strategy and Planning Peninsula Care Group
- Mr Paul Butler, Executive Director, Capital and Planning, Bayside Health (from January 2026)
- Ms Amanda Proposch, Chief Executive Officer, Gippsland Primary Health Network (from January 2026)
- Professor Rhonda Stuart, Director, Southeast Public Health Unit
- Mr Matthew Yates, Operations Manager of Public Health and Priority Populations, Monash Health
- Alastair Haigh, Director Planning and Partnerships, Alfred Health (until December 2025)
- Wayne Merritt, Chief Operating Officer, Better Health Network (until December 2025)
- Dina Watterson, Executive Lead, Bayside LHSN (until December 2025)

Quality and Safety Committee

- Dr Peter McDougall (Chair)
- Mr Michael Gorton AM
- Professor Susan Elliott AM
- Ms Felicity Topp (Deputy Chair)
- Ms Sue Viney (consumer representative – until November 2025)
- Ms Pauline Hopkins (consumer representative – from February 2026)
- Ms Vivienne Interrigi (consumer representative – from April 2026)
- Associate Professor Tim Leong (clinician representative – from April 2026)
- Associate Professor Belinda Phillips (clinician representative – from April 2026)

Remuneration Committee

- Mr Michael Gorton AM (Chair)
- Ms Felicity Topp
- Ms Helen Brunt
- Ms Fiona Pearse

People and Culture Committee

- Mr Hamish Park (Chair)
- Mrs Jane Bell
- Ms Aurélia Balpe
- Dr Peter McDougall

Organisational structure

Chief Executive Officer
Professor Eugine Yafele

Chief Operating Officer	Chief Medical Officer	Chief Nursing and Midwifery Officer	Chief People and Engagement Officer	Chief Digital and Information Officer	Chief Financial Officer	Chief Legal Officer	Chief Executive Officer, Shared Pathology Services
Adjunct Associate Professor Andrea Rindt	**Professor Georgia Soldatos**	**Professor Katrina Nankervis**	**Ms Silvana Sgro**	**Adjunct Professor Robin Mann**	**Mr James Young [Interim]**	**Mr Peter Ryan**	**Ms Caroline Langston**
Hospitals & Clinics Division (MMC Clayton, Dandenong, Casey, Kingston, Moorabbin, Specialist Clinics, Health Information, Patient Flow, Security & Emergency Management) Surgery & Statewide Services Division (Cardiac & VHH, ICU, Women's, Children's, Imaging) Medicine, Aged, Community & Mental Health Division (Emergency Medicine, Medicine, Cancer, Aged & Rehabilitation, Residential Aged Care, Community, Public Health, Mental Health, Allied Health Adult Inpatient Care) Aboriginal Health & Engagement	Quality & Safety Medical Workforce (incl. Education) Medical Governance & Clinical Practice Pharmacy Allied Health Governance & Clinical Practice Research & Innovation	Nursing & Midwifery Education & Practice Improvement Nursing & Midwifery Workforce Nursing & Midwifery Employee Relations Nursing Research Patient Experience & Consumer Partnerships Support Services	Workplace Relations & Governance Health, Safety & Wellbeing Organisational Development & Learning Communication & Engagement Monash Health Foundation	Information Technology (incl. Cybersecurity) Clinical Informatics Digital Applications Digital Program Management Office Business Intelligence	Financial Services Finance Business Partnering & Performance Corporate Risk & Governance Transformation & Reform Capital, Engineering & Facilities Management Corporate Services Enterprise Project Management Office	Legal Services Board Secretariat Assurance and Insurance Release of Information	Shared Pathology

Senior officers

Chief Executive Officer

Professor Eugine Yafele

Deputy Chief Executive Officer and Chief Financial Officer

Ms Rachelle Anstey [July 2025 – May 2026]

Chief Financial Officer

Mr James Young [May 2026 – June 2026]

Chief Operating Officer

Adjunct Associate Professor Andrea Rindt

Chief Medical Officer

Professor Georgia Soldatos [Interim until August 2025, then appointed permanently]

Chief Nursing and Midwifery Officer

Professor Katrina Nankervis

Chief Digital and Information Officer

Adjunct Professor Robin Mann

Chief Legal Officer

Mr Peter Ryan

Chief People and Engagement Officer

Ms Silvana Sgro

Chief Executive Officer, Shared Pathology Services

Ms Caroline Langston

Our workforce

Monash Health is an equal opportunity employer, committed to a fair, non-discriminatory workplace that maximises the talent, potential and contribution of all. The health, safety and wellbeing of our people is fundamental to everything we do and a key priority, and we are committed to providing a workplace that is free from harassment, bullying and inappropriate behavior.

At Monash Health we proudly embrace all backgrounds, cultures, sexualities, genders and abilities. Our people are committed to our values – Full hearted, Open minded and All in.

Full-Time Equivalent (FTE) employees

	FTE as of 30 June		Average Monthly FTE	
Profession	**2026**	**2025**	**2025–26 FY**	**2024–25 FY**
Nursing	6,943	6,903	6,908	6,854
Administration and Clerical	2,331	2,268	2,305	2,267
Medical Support	1,099	1,041	1,073	1,034
Hotel and Allied Services	1,497	1,435	1,483	1,449
Medical Officers	285	289	289	281
Hospital Medical Officers	1,530	1,507	1,525	1,512
Sessional Clinicians	616	588	595	582
Ancillary Staff (Allied Health)	2,322	2,268	2,314	2,246
Total	**16,623**	**16,299**	**16,492**	**16,225**

Employees have been correctly classified in workforce data collections.

Please note: During the year some labour awards were identified as being incorrectly mapped, therefore we have amended last year's table to reflect the new categories and comparisons for the current year.

Workforce inclusion policies

Monash Health is committed to building a workforce that reflects the diversity of the communities we serve. We strive to create an inclusive, safe and welcoming environment where all employees – regardless of background, culture, gender, sexuality or ability – feel valued, respected and empowered.

Diversity, Equity, Inclusion and Belonging Committee

Diversity, equity, inclusion and belonging (DEIB) are embedded in Monash Health's strategy.

We are committed to creating an inclusive, safe and welcoming environment where every person is respected, valued, and empowered.

This year saw significant progress across governance, gender equality, anti-racism and the breadth of our DEIB Workplan.

Governance: Lived experience at the centre

This year, Monash Health streamlined its approach to DEIB governance by establishing a new DEIB Committee. The Committee brings previous standalone committees together under a single structure, providing organisation-wide oversight of DEIB initiatives. Sponsored by the Chief People and Engagement Officer and reporting to the People and Culture Executive, Senior Leadership Group and Board, the Committee is grounded in lived experience. Members come from clinical, allied health, corporate and operational roles, with employees bringing direct experience and insight into the equity issues we are working to address.

The Committee fulfils dual roles, advising on DEIB strategy and actively contributing to the delivery of the DEIB Workplan. Dedicated working groups support implementation, track actions and escalate risks, providing coordination and accountability to advance work across all pillars – Gender Equality, Anti-Racism, Aboriginal and Torres Strait Islander Inclusion, LGBTIQA+ Inclusion, Disability and Neurodiversity, and Days of Significance. An intersectional lens guides work across every pillar.

We also continue to measure what matters, using data and insights to track progress, identify gaps and continually improve DEIB outcomes.

Gender Equality: Compliance, Progress and a New Horizon

Compliant Gender Audit

Monash Health completed its biennial gender audit in 2025, fulfilling obligations under the *Gender Equality Act 2020* and receiving a compliant result from the Gender Equality Commission. The audit examined workforce composition, pay equity, sexual harassment, recruitment and promotion, flexible work and occupational segregation, providing a comprehensive evidence base for the new Gender Equality Action Plan (GEAP) 2026–2030.

Gender Equality Action Plan (GEAP) 2022–2025: Key Achievements

The GEAP 2022–2025 established meaningful foundations across the organisation:

- **Women in Leadership Program** – delivered in partnership with the Monash Centre for Health Research and Implementation (MCHRI), the program achieved strong uptake and positive outcomes, demonstrating its impact in supporting women into senior pathways. It is now embedded in Monash Health's development offering.
- **Gender Impact Assessment (GIA) Integration** – embedding the GIA tool into Monash Health's business case template has substantially increased the number and quality of assessments completed. The introduction of the GIAs has embedded gender-responsive practice into new policies, programs and services.
- **Board and Governance Reporting** – annual gender reporting to the Board and Gender Equality Committee was established and sustained.

Gender Equality Action Plan (GEAP) 2026–2030: New Plan Submitted

Monash Health's Gender Equality Action Plan (GEAP) 2026–2030 was submitted to the Victorian Gender Equality Commission in May 2026, attested by CEO Professor Eugine Yafele. The submission is currently under Commission review.

The new GEAP reflects a mature, integrated and intersectional approach, structured across all 7 statutory indicators and aligned to Monash Health

Strategy 2026–2031: Care, reimagined. Key priorities include:

- Equitable gender representation in senior leadership, with executive oversight of appointments and exits.
- An organisation-wide Female Leader Mentorship Program to strengthen women's progression pathways.
- Embedding flexible work as an organisational standard, with documented rationale required for any refusals.
- Strengthened pay equity governance, including gender-impact reviews of senior remuneration decisions.
- Improved workforce data quality to enable more targeted, evidence-based action.
- Expanded positive duty obligations and strengthened sexual harassment reporting pathways.
- Targeted pipeline development and role redesign to address occupational segregation.

The Anti-Racism workplan is identified as a key mechanism for applying an intersectional gender lens, recognising how race, ethnicity and cultural identity intersect with gender in shaping employee experience.

Anti-Racism: Policy, discovery and an evidence base for change

This year was an important step in Monash Health's commitment to becoming an actively anti-racist organisation. We launched our first Anti-Racism Policy – a clear statement of what we stand for and how we'll hold ourselves to account. We also partnered with Mind Tribes, a specialist diversity, equity and inclusion organisation, to lead a 12-month listening and discovery process to shape a practical and achievable anti-racism workplan.

At its heart, this work was about listening and making sure the people with lived experience of racism were heard first. Through focus groups and surveys, staff, community members and leaders told us how racism shows up at Monash Health: in interpersonal interactions, in our systems and processes, in our career pathways, and whether people feel like they truly belong.

What we heard is directly shaping a workplan to embed anti-racism into how we work every day, from our workforce systems and leadership, to procurement, communications, and how we welcome and induct new employees.

The workplan is due for finalisation in 2026 and will be integrated into the DEIB governance architecture.

Broader DEIB Workplan: Progress Across Pillars

Progress continued across all pillars of the DEIB Workplan:

- Aboriginal and Torres Strait Islander Inclusion – cultural safety training, protocols and community partnerships continued under the Reconciliation Action Plan.
- LGBTIQA+ Inclusion – visibility events, inclusive language initiatives supported by the Pride Network.
- Disability and Neurodiversity – Disability Action Plan delivery, including lived-experience advisory input, sensory and digital accessibility work, and neurodiversity awareness.
- Days of Significance – a co-designed calendar of awareness campaigns and storytelling supporting year-round engagement with diversity and belonging.
- Research Partnerships – continued collaboration with university partners to ground DEIB practice in evidence and share insights across the sector.

Looking ahead

The year ahead is defined by implementation. With the GEAP 2026–2030 submitted, the Anti-Racism workplan nearing finalisation and a strengthened governance structure in place, the focus turns to embedding DEIB commitments into the systems, decisions and interactions that shape daily working life at Monash Health.

Key priorities include resourcing a dedicated DEIB Consultant, launching the Female Leader Mentorship Program, implementing flexible work as an organisational standard, and rolling out the Anti-Racism workplan organisation-wide. Progress against all GEAP indicators will be monitored quarterly through the DEIB Committee and reported to the Executive Team and Board.

Monash Health's values are the foundation on which our DEIB agenda rests and how we hold ourselves accountable to every member of our workforce and the communities we serve.

Disability Strategy and Action Plan 2023–2027

Monash Health continues to strengthen its commitment to creating an inclusive and accessible workplace where employees and volunteers with disabilities can thrive. Guided by the Disability Strategy and Action Plan 2023–2027, we are fostering a culture that values diversity, removes barriers to participation and ensures all employees can contribute and perform at their best.

Throughout 2025–26, significant progress was made to improve accessibility, build workforce capability and strengthen disability confidence across the organisation. Through partnerships with health, disability and emergency service organisations, we are strengthening disability inclusion across sectors and creating opportunities to share expertise, improve experiences and build workforce capability.

Key achievements included:

- **Accessible Communication:** we implemented a new Accessible Communication Procedure, providing practical guidance to help employees create accessible written, digital and visual communications. This supports a more inclusive workplace and helps ensure information is accessible to employees, patients and the broader community.
- **Disability Awareness Education:** we expanded the Disability Awareness Education Program through targeted learning opportunities and the launch of Disability Awareness eLearning modules. These accessible, self-paced learning resources strengthen disability confidence, increase workforce capability and support inclusive workplace behaviours. Evaluation measures demonstrated positive improvements in employee knowledge and confidence, supporting ongoing capability development.
- **Cross-Sector Collaboration:** we collaborated with organisations including Down Syndrome Australia, Ambulance Victoria and Scope. These partnerships provided employees with access to specialist expertise, lived-experience perspectives and practical strategies to support inclusive and person-centred care, while strengthening collaboration across sectors.
- **Best Care Communication Project:** in partnership with Scope and Ambulance Victoria, more than 150 Emergency Department employees completed training in accessible communication and reasonable adjustments. The project enhanced workforce capability through practical communication tools, including communication books and Key Word Sign training, while increasing staff confidence to communicate effectively and provide more inclusive, person-centred care. The project is informing opportunities to scale communication supports across the organisation.
- **Hidden Disabilities Sunflower Program:** we became a member of the Hidden Disabilities Sunflower Program and commenced pilot implementation across several services. The program supports greater awareness and understanding of non-visible disabilities, helping employees recognise and respond to individual needs in a respectful and inclusive manner.
- **Disability Inclusion Champions Pilot:** we launched a Disability Inclusion Champions Pilot within the Dandenong Hospital Emergency Department. The pilot supports employees to champion accessible, inclusive and person-centred care within their teams, while promoting awareness of disability inclusion, accessible communication and reasonable adjustments. Insights from the pilot will inform the future development of a Disability Inclusion Champions network across Monash Health.
- **Disability Story Series:** we continue to deliver a story series showcasing the experiences and contributions of employees and volunteers with disability. Published alongside key disability awareness events, these stories celebrate lived experience, increase visibility and representation, and promote inclusive language and disability-positive conversations across the organisation.

Manamiiyt-dha Aboriginal Health Plan 2026-2031

In 2025–26, Monash Health reaffirmed its commitment to reconciliation, Aboriginal self-determination and culturally safe healthcare through the development of the Manamiiyt-dha Aboriginal Health Plan 2026–2031. Aligned with the Monash Health Strategic Plan 2026–2031, the new plan brings together the commitments and actions of our previous Reconciliation Action Plan (RAP) and Aboriginal Cultural Safety Plan into a single integrated framework. This approach strengthens accountability, embeds cultural safety across all areas of the organisation, and provides a clear roadmap for improving health outcomes for Aboriginal and Torres Strait Islander peoples. Guided by community partnerships and Aboriginal leadership, the plan focuses on governance, workforce development, welcoming environments, culturally safe care, and meaningful engagement to ensure reconciliation remains central to how Monash Health designs and delivers services for the communities we serve.

Manamiiyt-dha (pronounced: MUH-nuh-mee-dthuh) means ‘moving towards health’.

It is the Bunurong-language name Elders and Knowledge Holders chose for this Plan, with the formal support of the Bunurong Land Council Aboriginal Corporation.

The word ‘manamiiyt’ carries a richness of meaning: 'good', 'right', 'well', and 'healthy'. In naming this Plan, Bunurong Elders and Knowledge Holders gave expression to something deeper than a title. The name reflects a commitment to doing things the right way, in a healthy way, and to moving together towards a stronger, healthier community.

Aboriginal Employment Plan 2025–2028

In May 2025, Monash Health introduced the Aboriginal Employment Plan 2025–2028. The plan provides a clear roadmap to strengthen, grow and support our First Nations workforce, recognising that a strong Aboriginal and Torres Strait Islander workforce is essential to delivering culturally safe, responsive care and to realising the vision of the Manamiiyt-dha Aboriginal Health Plan 2026–2031. The plan focuses on four key priority areas:

- Recruitment and retention
- Career development and fostering culture
- Increasing the cultural capability of our non-Aboriginal workforce
- Leadership, governance and accountability

Together with the Manamiiyt-dha Aboriginal Health Plan, these priorities support a whole-of-organisation approach to improving health outcomes, strengthening cultural safety, and embedding Aboriginal self-determination across Monash Health.

The growth of our First Nations workforce remains a key enabler of culturally safe care. Since the introduction of our Aboriginal and Torres Strait Islander Recruitment Procedure in 2019, and through the actions of our previous Aboriginal Employment Plan, the number of Aboriginal and Torres Strait Islander employees has increased from fewer than 60 to more than 100 – reflecting our ongoing commitment to creating an inclusive workplace where Aboriginal and Torres Strait Islander employees are valued, supported and empowered.

While we are proud of this progress, we recognise there is more work to be done. Through the implementation of both the Aboriginal Employment Plan 2025–2028 and the Manamiiyt-dha Aboriginal Health Plan 2026–2031, we will continue to invest in our workforce, strengthening cultural safety and working in partnership with Aboriginal and Torres Strait Islander communities to improve health and wellbeing outcomes.

Occupational health and safety

The health, safety and wellbeing of our people is fundamental to everything we do and remains a key priority. In 2025–26, we continued to invest in and deliver proactive health, safety and wellbeing initiatives that help keep our workforce safe, healthy and supported, while fostering a positive, engaging workplace culture where people can thrive.

Prevention of Violence and Aggression (PoVA)

The Prevention of Violence and Aggression (PoVA) Strategy continues to focus on the early identification and prevention of behaviours of concern while promoting the safety and wellbeing of employees across Monash Health.

During years 2 and 3 of the Strategy, significant progress was achieved through the introduction of new guidance documents, expanded workforce training opportunities, and enhancements to assessment and documentation tools.

A key strategic initiative for 2025–26 was the Behaviour Assessment and Support Enhancement Project. This project delivered a comprehensive review and upgrade of behaviour risk assessment and monitoring tools, the development of a multidisciplinary Behaviour Support Plan, and improved visibility of Behaviour Support documentation within the Electronic Medical Record (EMR). The new workflows and documentation were successfully rolled out across the organisation in November 2025, supported by the implementation of a new Behaviour of Concern Clinical Guideline and a targeted communication strategy.

The PoVA Behaviour Support Model of Care is well established across Monash Health hospital sites. PoVA Behaviour Support Consultants play a critical role in strengthening workforce capability to identify, escalate and intervene early in high-risk behaviours and situations. During 2025–26, Behaviour Support Consultants responded to 2,187 referrals from clinical areas, supporting the delivery of recovery-focused consumer care and contributing to a strong culture of safety. A consumer information brochure was also developed to improve awareness and understanding of the Behaviour Support service among patients, families and carers.

Workforce capability remained a key focus, with the PoVA team delivering more than 200 workshops and in-service education sessions attended by almost 2,000 participants across the organisation.

To support local risk management, all public-facing departments completed their annual Occupational Violence Risk Assessment, identifying opportunities to strengthen controls and reduce the risk of occupational violence and aggression (OVA).

Since the commencement of the PoVA Strategy, Monash Health has observed a positive downward trend in both the frequency of reported OVA incidents and the OVA Lost Time Injury Frequency Rate, demonstrating the impact of sustained investment in prevention, capability building and system-wide safety initiatives.

Manual handling

The Move Smart program continues to grow and evolve, with 89.7% of employees completing mandatory online training. The Move Smart Champion program has expanded beyond Nursing to include 387 Champions across nursing, midwifery, theatre services, imaging and food services, helping to embed safe moving and handling practices across a broader range of clinical and support areas. Targeted face-to-face training and specialty initiatives have continued across key areas, including allied health, pharmacy, imaging and support services.

The program's growing suite of bespoke Safe Work Practices and instructional videos provide staff with clear, practical guidance on safer ways of working. In addition, dedicated initiatives have commenced to improve the safe care and movement of patients with bariatric care needs, strengthening safety outcomes for both patients and staff.

As a result of these efforts, we are pleased to report a continued decreasing trend in manual handling worker compensation claim costs over the past 5 years.

Employee mental health and wellbeing

The employee mental health and wellbeing program, Thrive, continued to expand during the year.

The Thrive program is bespoke for Monash Health and built on employee feedback gained from an organisational psychological safety risk project and employee cultural survey, with four key themes:

1. To **validate** that working in health is uniquely challenging.
2. **Normalise** the conversation about mental health and wellbeing.
3. Encourage **pause** for rest and regeneration.
4. Focus on a **speak up** culture where it is ok not to be ok, and leaders are empowered to have conversations about mental health and understand the supports available.

New manager and employee resources, videos and podcasts were released throughout the year, providing guidance on Thrive's key themes and psychological health risk factors, alongside wellbeing initiatives including pet therapy, music therapy, and Thrive roadshows across major sites to improve accessibility of information for frontline employees.

A Leaders' Thrive Discovery Workshop identified leadership challenges and priority areas for support and capability development. In addition, an organisation-wide psychological health risk assessment was conducted through 43 employee focus groups. Final reports are due early next financial year, with targeted organisational and operational interventions to be developed in response to identified risks.

Development commenced on the Thriving Teams manager education package to strengthen psychological risk management capability through e-learning and face-to-face training. Scheduled for rollout in 2027, the program will also equip managers to lead Joy in Work conversations using the evidence-based Institute for Healthcare Improvement (IHI) framework.

The BeWell Program, Monash Health's free and confidential wellbeing service delivered by qualified psychologists, continued to play a key role in supporting workforce wellbeing. During 2025–26, 4,808 employees accessed BeWell services, bringing total participation since its launch in January 2022 to 21,384 employees. Services included team wellbeing sessions, proactive wellbeing check-ins, coaching, and psychological first aid, helping build resilience and support psychological wellbeing across the organisation.

In March 2026, BeWell launched the Leader Series, providing monthly education and reflective practice sessions to strengthen leaders' wellbeing capability, with160 leaders participating to date.

Demand for wellbeing initiatives remained strong. Employee Pet Therapy reached approximately 139 teams, while the Music for Employee Wellbeing program delivered more than 255 sessions. Targeted wellbeing support also continued for higher-risk teams throughout the year.

Leadership

We continue to build safety leadership capability with our leaders via face-to-face training, targeted coaching, visits to higher risk areas and through the departmental Occupational Health and Safety audit program.

External audits

An external audit was conducted to assess the effectiveness of the Injury Management System, with continuous improvement findings provided and fully closed out. A new Injury Management Training Program for leaders was developed, to further upskill leaders in achieving optimal return to work outcomes for injured employees.

Increased supports

Our Injury Triage and Access Psych services continue to offer employees immediate phone support after injury and optional medical treatment, with usage increasing throughout the year. The Employee Assistance Program also continues with increased employee utilisation over the year from a 7% uptake rate last year to 7.5%. The new employee sleep clinic was launched to assist with shift work sleep disorder, and an early intervention physiotherapy program was piloted.

Outcomes

Workers Compensation Claims performance has continued to improve, resulting in the Employer Performance Rating (EPR) (the measure of your performance relative to other employers operating within the same industry) continuing to improve since 2023–24, being its lowest in 7 years.

This improvement has been driven by:

- Strong Return to Work (RTW) outcomes, exceeding scheme performance across all four key WorkSafe claim milestones.
- A year-on-year reduction in high-cost claims since 2023–24.
- Continued improvement in the average cost per claim, remaining in the mid-$40,000 range over the past 3 financial years.

As of the end of June 2026, the rolling 12-month Lost Time Injury Frequency Rate (LTIFR) is 12.54, adverse to target of 10.5.

Compared with FY25, Manual Handling injuries continued their longer-term downward trend, despite remaining the largest contributor to Lost Time Injuries across the organisation. Slips, Trips and Falls injury frequency remained relatively stable year-on-year. In contrast, Workplace Violence and Aggression (WVA) incidents increased during FY26. This upward trend in OVA-related LTIs was a key contributor to the deterioration in LTIFR performance compared with FY25. Smaller increases were also observed in Struck By/Against Object and Other injury categories, while Exposure and Contamination incidents continued to trend downwards. Collectively, these factors contributed to the LTIFR remaining above target at year end.

Monash Health remains dedicated to fostering a safe and healthy environment for all. We continue to implement initiatives and programs that prioritise employee mental health and wellbeing, and physical safety.

Occupational health and safety statistics

Occupational health and safety statistics	2025–26	2024–25	2023–24
The number of reported hazards/incidents for the year per 100 full-time equivalent employees	26.49	26.40	28.86
The number of 'lost time' standard Workcover claims for the year per 100 full-time equivalent employees	1.59	1.53	1.60
The average cost per Workcover claim for the year*	$71,173.42	$73,547.46	$94,270.81

* Claims cost continues to increase and mature over time based upon individual claims duration and claims cost. The Statistical Claim Estimate (SCE) will vary depending on the claim performance and outcome. It is important to note that recent claims lodged close to the financial year period ending may not attract a SCE value included in the average cost per claim calculation.

Occupational violence statistics

Occupational violence statistics	2025–26
Workcover accepted claims with an occupational violence cause per 100 FTE	0.16
Number of accepted Workcover claims with lost time injury due to occupational violence per 1,000,000 hours worked.	0.82
Number of occupational violence incidents reported	1,334
Number of occupational violence incidents reported per 100 FTE	8.09
Percentage of occupational violence incidents resulting in an employee injury, illness or condition	21.66%

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.

Incidents

An event or circumstance that could have resulted in, or did result in, harm to an employee. Incidents of all severity ratings must be included. Code Grey reporting is not included, however, if an incident occurs during a planned or unplanned Code Grey, it must be included.

Accepted WorkCover claims

Accepted WorkCover claims that were lodged in 2025–26.

Lost time

Defined as time lost from a work-related injury of greater than one day or one shift.

Injury, illness, or condition

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

Financial information

The key financial performance measure monitored by Monash Health management and the Department of Health is the 'Net Result Before Capital and Specific Items' and in 2025–2026 Monash Health achieved a surplus result of $84.8 million compared with the reported surplus result of $0.1 million in 2024–2025.

Monash Health's 'Comprehensive Result', which includes capital and specific items, was a deficit of $42.3 million in 2025–2026 compared to a deficit of $84.5 million in 2024–2025.

Total revenue from operations for the 2025–2026 financial year was $3,534.1 million which is an increase of $252 million or 8% compared with the previous year. The increase in funding was largely due to an increase in funding received from the Department of Health, including an increase in activity-based NWAU funding from increased price and activity and $104m received as a result of a pay run timing across financial years.

Monash Health's total cash held as at 30 June 2026 was $244.5 million compared with $175.4 million as at 30 June 2025. The increase is primarily due to additional funding for the final pay run with accrued salary expenses recognised in 2025-2026 and paid in 2026-2027.

No events have occurred after the Balance Sheet date to the signing of the financial statements

Reconciliation between the Net result from transactions and Operating result

	2026 $'000	2025 $'000	2024 $'000	2023 $'000	2022 $'000
Operating Result*	84,870	150	-328,965	455	218
Capital and specific items					
Capital purpose income	142,280	191,562	209,177	224,448	321,004
Specific expenses	-2,307	-955	-1,714	-582	-583
COVID-19 state supply arrangements - products received free of charge	384	506	2,694	14,518	47,173
COVID-19 state supply items consumed	-384	-506	-2,694	-14,518	-47,173
Assets provided free of charge	0	0	0	0	0
Expenditure for capital purpose	-47,124	-38,375	-29,502	-31,875	-34,244
Depreciation and amortisation	-224,239	-218,498	-161,915	-138,597	-130,247
Holding (gain)/Loss on financial assets through profit and loss	37	-533	-611	-461	0
Bad and doubtful debt expense	-5,463	-6,840	-9,043	-6,769	-2,152
Finance costs (other)	-8,115	-7,024	-7,205	-6,860	-7,103
Net result from transactions	-60,060	-80,513	**-329,778**	**39,760**	**149,269**

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

Summary

	2026 $'000	2025 $'000	2024 $'000	2023 $'000	2022 $'000
Total revenue	3,687,733	3,464,487	3,066,548	3,208,269	2,987,215
Total expenses	3,747,793	3,545,000	3,396,327	3,168,509	2,837,947
Net result from transactions	**-60,060**	**-80,513**	**-329,778**	**39,760**	**149,269**
Total other economic flows	17,765	-3,942	8,500	-16,585	21,444
Net result	**-42,296**	**-84,455**	**-321,278**	**23,175**	**170,712**
Total assets	4,406,704	4,241,043	4,287,239	3, 254,729	3,068,422
Total liabilities	1,234,537	1,184,669	1,145,645	1,087,364	1,074,353
Net assets/Total equity	**3,172,167**	**3,056,374**	**3,141,594**	**2,167,365**	**1,994,069**

Consultancies information

Consultancy engagement summary

Consultants	2026	2025	2024	2023	2022
Consultants' cost ($)	1,459,424	2,698,383	2,872,878	3,312,007	3,023,206
Total number of consultants	137	106	110	95	114

Disclosure of consultancy expenditure

Details of consultancies (under $10,000)

In 2025–26, there were 110 consultancies where the total fees payable to the consultants were less than $10,000. The total expenditure incurred during 2025–26 in relation to these consultancies was $232,661 (excluding GST).

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

In 2025–26, there were 27 consultancies where the total fees payable to the consultants were $10,000 or greater. The total expenditure incurred during 2025–26 in relation to these consultancies was $1,226,763 (excluding GST).

Consultant	Purpose of Consultancy	Start date	End date	Total approved project fee ($'000)	Expenditure 2025-2026 ($'000)	Future expenditure ($'000)
A G COOMBS ADVISORY PTY LTD	Asset Management consultancy	1/07/2025	30/06/2026	33	33	-
ALLER CONSULTING PTY LTD	Financial Services consultancy	1/07/2025	30/06/2026	57	57	-
ALUMNI EXECUTIVE SEARCH AUSTRALIA PTY LTD	Workforce consultancy	1/07/2025	30/06/2026	28	28	
AM ACTUARIES PTY. LTD.	Financial Services consultancy	1/07/2025	30/06/2026	25	25	-
AUSTRALASIAN CARDIAC SURGERY RESEARCH INSTITUTION	Consultancy for Safety and operational processes	1/07/2025	30/06/2026	7	7	-

COGENT ADVISORY PTY LTD	workforce consultancy	1/07/2025	30/06/2026	10	10	-
DELOITTE CONSULTING PTY LIMITED	Financial Services consultancy	1/07/2025	30/06/2026	24	24	-
ERNST & YOUNG	Financial Services consultancy	1/07/2025	30/06/2026	429	429	-
FMI SOFTWARE PTY LTD	Information technology consultants	1/07/2025	30/06/2026	55	55	-
FOI SOLUTIONS PTY LTD	Consultancy for safety and operational reasons	1/07/2025	30/06/2026	20	20	-
GODFREY AND SPOWERS UNIT TRUST	Asset Management consultancy	1/7/2025	30/06/2026	11	11	
HALL & WILCOX	Legal consultancy	1/07/2025	30/06/2026	23	23	
JOHNSTAFF PROJECTS (VIC) PTY LTD	Asset Management consultancy	1/07/2025	30/06/2026	13	13	-
KPMG	Financial Services consultancy	1/07/2025	30/06/2026	24	24	-
MELTWATER NEWS AUSTRALIA PTY LTD	Safety and Operational processes	1/07/2025	30/06/2026	25	25	-
N D Y MANAGEMENT PTY LTD	Asset Management consultancy	1/07/2025	30/06/2026	31	31	
ORACLE CORPORATION AUSTRALIA PTY LTD	Information technology consultant	1/07/2025	30/06/2026	13	13	-
RKM CONSULTING PTY LTD	Asset Management consultancy	1/07/2025	30/06/2026	90	90	-
ROOMS WITH STYLE	Asset Management consultancy	1/07/2025	30/06/2026	16	16	-
SHK ASIA PACIFIC PTY LTD	Workforce consultancy	1/07/2025	30/06/2026	37	37	-
SOPHIE ULLIN ADVISORY	Safety and Operational processes	1/07/2025	30/06/2026	86	86	-
STOPLINE PTY LTD	Safety and Operational processes	1/07/2025	30/06/2026	15	15	-
THE TRUSTEE FOR ARMOUR FINANCE TRUST	Asset Management consultancy	1/07/2025	30/06/2026	25	25	-
THE TRUSTEE FOR NTC ARCHITECTS TRUST	Asset Management consultancy	1/07/2025	30/06/2026	33	33	-
THE TRUSTEE FOR THE ROBINSON FAMILY TRUST	Workforce consultancy	1/07/2025	30/06/2026	50	50	-
WATERMAN AHW VIC PTY LTD	Asset Management consultancy	1/07/2025	30/06/2026	15	15	-
WHITFIELD ROSE PTY LTD	Asset Management consultancy	1/07/2025	30/06/2026	31	31	-

Information and communication technology expenditure

The total ICT expenditure incurred during 2025–26 is $103 million (excluding GST).

BAU ICT Expenditure Total (excluding GST) ($'000)	Non-BAU ICT Expenditure Total = A+B (Excluding GST) ($'000)	Operational Expenditure A (Excluding GST) ($'000)	Capital Expenditure B (Excluding GST) ($'000)
86,447	16,578	-	16,578

Government advertising campaign

Not applicable – Monash Health did not conduct any government advertising campaigns in 2025–26.

Reviews and study expenses

Not applicable – Monash Health did not have reportable reviews and study expenses in 2025–26.

Grants and transfer payments

Not applicable – Monash Health did not administer any grants, transfer payments or Commercial-in-Confidence grants in 2025–26.

Social procurement

Monash Health continues to strengthen its commitment to the Victorian Government's Social Procurement Framework. Over the past year, we have continued to embed social procurement principles into our tendering and contracts processes. We are regularly working with suppliers to identify opportunities for social impact in procurement activities and support them in meeting their social procurement commitments to Monash Health.

Monash Health's 5 priority social procurement objectives are:

- Opportunities for Victorian Aboriginal people
- Opportunities for Victorian Priority Jobseekers
- Opportunities for Victorians with disability
- Women's equality and safety
- Environmentally sustainable outputs

We are working with key suppliers to ensure commitments are not only monitored but translated into meaningful outcomes.

An example of such commitments is our salary packaging contract with Smartsalary Pty Ltd. Smartsalary Pty Ltd committed to and achieved the employment of 3 Victorian Priority Jobseekers in customer service roles during the period to 30 June 2025 and continues to employ 3 Priority Jobseekers. While one of the original recruits subsequently left Smartsalary, they were replaced through the recruitment of another Victorian Priority Jobseeker in 2026. These employees are supported by a structured workforce development strategy focused on training, professional development, performance management and merit-based career progression. In addition, Smartsalary committed to employing seven Victorians as part of service delivery. Recruitment for these positions has been completed, with the additional employees joining Smartsalary over the past 12 months.

We remain committed to leveraging our purchasing power to create social value and will continue to collaborate with suppliers and government partners to build capability and deliver impact across our supply chain.

Social procurement spending for 2025–26

Objectives	Outcomes	Number of businesses engaged	Total spend 2025–26
Opportunities for Victorian Aboriginal people	Purchasing from Victorian Aboriginal businesses	11	$315,987.27
Opportunities for Victorians with disability	Purchasing from Victorian social enterprises and Australian Disability Enterprises	1	$695.18
Opportunities for Victorian priority jobseekers	Purchasing from Victorian social enterprises	0	$0.00
Sustainable Victorian social enterprises and Aboriginal business sectors	Purchasing from Victorian social enterprises and Aboriginal businesses	11	$552,398.14

Data source: ABN Wash for Departments and Agencies, Victorian Department of Government Services.

Environmental performance

Monash Health strives to be recognised as a leader in environmentally sustainable healthcare.

We have identified environmental sustainability as one of the 5 core capabilities of the Monash Health Strategy 2026-2031: Care, reimagined. This reflects our priority to promote environmental sustainability in healthcare while minimising the impact of our services on the environment.

Monash Health's Sustainability Framework

For the past 5 years, we have progressed our commitment to environmental sustainability through our Sustainability Action Plan 2021–2026, which set consistent direction and guidance for environmental sustainability planning and decision-making. Aligned with the previous Sustainability Strategy 2022–2025, the Sustainability Action Plan prioritised the following 6 focus areas:

- **Buildings and infrastructure:** Deliver best-practice sustainability standards to all new, existing and redevelopment capital works with a focus on building climate-resilient infrastructure.
- **Energy efficiency and emissions:** Improve and optimise energy efficiency to reduce emissions.
- **Organisational culture:** Engage, educate and empower our employees and community to create a culture of sustainability.
- **Procurement:** Prioritise sustainable products and equipment, while positively influencing suppliers to do the same.
- **Transport and travel:** Promote and transition to sustainable modes of transport while minimising the impact associated with travel for our employees, patients and visitors.
- **Waste management:** Sustained waste reduction while maximising opportunities to re-use and recycle.

This year, we presented the Monash Health Strategy 2026–2031: Care, reimagined, in acknowledgement and preparation of the unprecedented change faced by public health in Victoria. The strategy recognises how the health of our communities is intrinsically linked to the health of our physical environment. Looking forward, our priorities for the next 5 years will consider the growing imperative to reduce healthcare's contribution to our carbon footprint, minimise waste, and adopt environmentally sustainable practices across healthcare settings. Through our services, we understand that we can endeavour to promote planetary wellbeing as well as human wellbeing.

The Monash Health Strategy 2026–2031 sets the foundation of the Environmental Sustainability enabling plan for the next 5 years. The plan focuses on reducing emissions, making thoughtful choices in procurement and infrastructure, and embedding sustainable practices to strengthen our ability to deliver care today and for generations to come.

Reporting of environmental data by government entities

As a Victorian public health service, Monash Health is required to report its environmental performance in accordance with Financial Reporting Direction 24 (FRD 24) *Reporting of Environmental Data by Government Entities*. FRD 24 establishes a consistent framework for environmental reporting across the Victorian public sector, supporting greater accountability, transparency and informed decision-making in relation to environmental impacts and climate-related risks. As a Tier 2 entity under FRD 24, Monash Health reports against the disclosures applicable to its classification.

Monash Health's Environmental Data Management System

The Victorian Department of Health has developed the Environmental Data Management System (EDMS) to support public health services in meeting their environmental reporting obligations. The EDMS consolidates data from a range of sources, including HealthShare Victoria contracts, utility providers and supplier reporting. Environmental performance data presented in this report has been extracted from the EDMS and used as the basis for FRD 24 reporting.

Reporting boundary for environmental data

All the operations and activities of Monash Health are included within the organisational boundary for this reporting period. The reporting period covers the 2025–26 financial year, coincident with the financial statements. As per the requirements, performance trends have been included for the previous 2 years, represented in tabular form.

Variances in environmental data

A continuous improvement approach to environmental reporting means environmental data may change over time as reporting accuracy improves or new sources of environmental data are uncovered.

In some instances, environmental data relies on estimates, in which case, a seasonal adjustment method is used. Seasonal adjustment uses actual data from the corresponding period of the previous year to calculate estimates.

Any estimated data used is superseded by actual data when received in the EDMS. This also contributes to variances in environmental data year-on-year.

Greenhouse gas emissions

Greenhouse gas emissions are reported in carbon dioxide equivalent (CO_2-e), a standardised measure used to compare the global warming impact of different greenhouse gases. Greenhouse gases such as carbon dioxide (CO_2), methane (CH_4) and nitrous oxide (N_2O) have varying global warming potentials, which are converted to an equivalent amount of carbon dioxide to enable consistent reporting and comparison.

Total gross greenhouse gas (GHG) emissions increased 2% in 2025–26.

As part of the whole Victorian Government emissions reduction pledge 2021–25, state government renewable electricity contracts have significantly reduced our net greenhouse gas emissions. Due to the purchase of Large-Scale Generation Certificates (LGCs) as a form of electricity offsets ('Purchased LGCs'), Monash Health's net greenhouse gas emissions decreased by 68% in 2025–26.

G(Opt) Net greenhouse gas emissions [tonnes CO2e]	2025–26	2024–25	2023–24
Gross greenhouse gas emissions (G1 + G2 + G3) (t CO2-e)	**83,753.96**	**82,273.28**	**81,741.01**
Total gross reported greenhouse gas emissions per bed-day (t CO2-e/OBD)	0.09	0.09	0.09
Carbon Neutral Electricity	0.00	0.00	0.00
Green Power Electricity	0.00	0.00	0.00
Purchased LGCs	-57,339.77	0.00	0.00
Any Reduction Measures Offsets purchased (EL4-related)	-57,339.77	**0.00**	**0.00**
Any Offsets purchased	-57,339.77	**0.00**	**0.00**
Net greenhouse gas emissions (t CO2-e)	**26,414.19**	**82,273.28**	**81,741.01**

Scope 1 (direct) greenhouse gas (GHG) emissions are from activities at Monash Health facilities, such as burning natural gas and the use of medical gases in clinical care. Total Scope 1 GHG emissions decreased marginally in 2025–26.

Greenhouse gas emissions from medical gases increased 15% in 2025–26. Due to the discontinued use of desflurane in 2023–24, an anaesthetic gas with a high global warming potential, nitrous oxide use has continued to increase. Similarly, while the use of Sevoflurane decreased slightly compared to the previous year, it is still higher than 2023–2024 due to the discontinued use of desflurane.

While Monash Health previously used a point-in-time 'total charge capacity' method to report refrigerant gases under FRD 24 (Method 1), we are now reporting refrigerant gases using 'top-up' consumption data across the reporting period (Method 2). This approach is based on the quantity of refrigerant added to equipment during the reporting period and provides a more representative measure of fugitive refrigerant emissions than the total charge capacity method previously used. The greenhouse gas emissions associated with refrigerant gases are no longer embodied within our plant and equipment, as the fugitive emissions from refrigerant gas leaks can now be measured separately using this top-up consumption data. They are now included in total greenhouse gas emissions calculations and are no longer reported separately.

This year, only refrigerant gases R22, R32, and R410A required top-ups. Refrigerant emissions associated with R22 decreased by 12%, while emissions associated with R410A and R32 increased significantly. Monash Health continues to manage refrigerant-related emissions through routine asset maintenance and the progressive replacement of equipment as part of the asset lifecycle.

G1 Total Scope 1 (direct) greenhouse gas emissions [tonnes CO2e]	2025–26	2024–25	2023–24
Carbon Dioxide	14,862.56	14,919.37	16,241.47
Methane	27.88	27.93	30.49

G1 Total Scope 1 (direct) greenhouse gas emissions [tonnes CO2e]	2025–26	2024–25	2023–24
Nitrous Oxide	11.03	11.20	11.75
Total	**14,901.47**	**14,958.50**	**16,283.71**
Scope 1 GHG emissions from stationary fuel (F2 Scope 1) [tonnes CO2e]	**14,323.17**	**14,338.71**	**15,633.60**
Scope 1 GHG emissions from vehicle fleet (T3 Scope 1) [tonnes CO2e]	**578.43**	**619.79**	**650.12**
Medical gases			
Desflurane	0.00	0.00	13.66
Isoflurane	0.85	3.45	4.59
Nitrous oxide	3,061.47	2,474.31	2,105.97
Sevoflurane	828.10	838.62	662.90
Refrigerant gases			
Refrigerant - R134A (HFC-134A)	0.00	4.59	0.00
Refrigerant - R22 (HCFC-22)	35.28	40.08	34.67
Refrigerant - R32 (HFC-32)	2.97	0.77	0.68
Refrigerant - R404A (HFC-404A)	0.00	47.28	0.00
Refrigerant - R407C (blend R32/R125/R134a)	0.00	0.00	0.00
Refrigerant - R410A (HFC-410A)	174.57	118.10	64.92
Total Scope 1 (direct) greenhouse gas emissions [tonnes CO2e]	**19,004.84**	**18,485.71**	**19,171.10**

Scope 2 (indirect) greenhouse gas (GHG) emissions are from energy generation outside Monash Health, including electricity from coal-fired power plants. Total Scope 2 GHG emissions increased by 2% in 2025–26, which reflects the operation of the new Cranbourne Community Hospital and Boollam Boollam Aged Care facilities, both of which are all-electric facilities and finished construction in 2025.

G2 Total Scope 2 (indirect electricity) greenhouse gas emissions [tonnes CO2e]	2025–26	2024–25	2023–24
Electricity	50,483.93	49,616.69	47,853.67
Total Scope 2 (indirect electricity) greenhouse gas emissions [tonnes CO2e]	**50,483.93**	**49,616.69**	**47,853.67**

Scope 3 (other indirect) greenhouse gas (GHG) emissions are from Monash Health activities outside our organisation. According to the FRD 24 requirements, Monash Health reports the total scope 3 GHG emissions associated with employee air travel and waste disposal. We voluntarily report the scope 3 GHG emissions associated with the transmission and distribution of utilities and office paper purchases.

Total reported Scope 3 GHG emissions decreased by 1% in 2025–26. While there was a significant decrease in water emissions, this was offset by the 21% increase in commercial air travel, and 101% increase in paper emissions in particular. Emissions arising from paper purchases doubled compared to previous years, due to higher reported copy paper consumption during the year. Indirect emissions from Transport Energy decreased by 7% due to the increase in hybrid and electric vehicles. Water emissions decreased by 31%, due to a reduction in use.

G3 Total Scope 3 (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal [tonnes CO2e]	2025–26	2024–25	2023–24
Commercial air travel	152.92	126.14	181.51
Waste emissions (WR5)	4,794.79	4,670.32	6,057.13

G3 Total Scope 3 (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal [tonnes CO2e]	2025–26	2024–25	2023–24
Indirect emissions from Stationary Energy	7,986.16	7,867.18	7,127.73
Indirect emissions from Transport Energy	145.48	155.98	164.02
Paper emissions	381.37	189.90	196.21
Water emissions	804.52	1,161.36	989.64
Any other Scope 3 emissions	0.00	0.00	0.00
Total Scope 3 greenhouse gas emissions [tonnes CO2e]	**14,265.23**	**14,170.88**	**14,716.24**

Electricity production and consumption

Total electricity consumption increased 2% in 2025–26, due to the full year operation of Cranbourne Community Hospital and Boollam Boollam Aged Care all-electric facilities.

EL1 Total electricity consumption segmented by source (MWh)	2025–26	2024–25	2023–24
Purchased	75,923.79	75,210.45	72,756.82
Self-generated	1,628.66	1,193.28	515.10
EL1 Total electricity consumption (MWh)	**77,552.45**	**76,403.72**	**73,271.91**

Total on-site electricity generation has increased 37% compared to 2024–25, due to the increase in solar electricity generation from the solar PV system. Solar electricity generation increased in 2025–26 due to the 99 kWp solar photovoltaic system installed at Monash Children's Hospital in February 2025. As the system was operational for only 5 months during 2024–25, the first full year of operation resulted in higher electricity generation. This resulted in a significant increase in solar electricity exports.

EL2 On site-electricity generated (MWh) segmented by:	2025–26	2024–25	2023–24
Consumption behind-the-meter			
Solar Electricity	1,628.66	1,193.28	515.10
Total Consumption behind-the-meter (MWh)	**1,628.66**	**1,193.28**	**515.10**
Exports			
Solar Electricity	66.85	13.10	1.89
Total Electricity exported (MWh)	**66.85**	**13.10**	**1.89**
EL2 Total On site-electricity generated (MWh)	**1,695.50**	**1,206.37**	**516.99**

Total on-site installed generation capacity increased by 15% in 2025–26, similarly due to the increase in on-site installed solar PV generation capacity.

EL3 On-site installed generation capacity (kW converted to MW) segmented by:	2025–26	2024–25	2023–24
Diesel Generator	18.86	18.86	18.86
Solar System	1.18	1.03	0.93
EL3 Total On-site installed generation capacity (MW)	**20.05**	**19.90**	**19.80**

Total electricity offsets were more than 5 times higher in 2025–26 than previous years, due to the voluntary retirement of Large-scale Generation Certificates (LGCs) on Monash Health's behalf. Prior years reflected only the renewable component of grid electricity supplied through the Renewable Power Percentage (RPP), whereas 2025–26 also includes electricity offsets associated with retired LGCs. RPP in the grid represents the proportion of electricity Monash Health purchased that came from renewable energy generation, and remained relatively consistent with previous years.

We will continue to maintain a focus on also reducing emissions from electricity consumption by improving energy efficiency in our existing facilities and prioritising renewable energy sources in new facilities.

EL4 Total electricity offsets segmented by offset type (MWh)	2025–26	2024–25	2023–24
LGCs voluntarily retired on the entity's behalf	63,854.28	0.00	0.00
RPP (Renewable Power Percentage in the grid)	13,597.95	13,764.17	13,648.37
EL4 Total electricity offsets (MWh)	**75,923.79**	**13,764.17**	**13,648.37**

Stationary fuel use

Total stationary fuel use remained consistent with 2024–25. While diesel increased 15%, this likely due to the fact that diesel is used to fuel backup generators at Monash Health facilities, and did not have a significant impact on the total figure.

Diesel tanks are topped up infrequently, which explains the variance in total diesel used across the reporting period.

F1 Total fuels used in buildings and machinery segmented by fuel type (MJ)	2025–26	2024–25	2023–24
Natural gas	275,833,293.00	276,411,514.21	302,662,642.73
Diesel	1,559,605.00	1,356,496.30	532,671.70
F1 Total fuels used in buildings (MJ)	**277,392,898.00**	**277,768,010.51**	**303,195,314.43**

Greenhouse gas emissions from stationary fuel use decreased marginally in 2025-26, down 8% from 2023-2024.

F2 Greenhouse gas emissions from stationary fuel consumption segmented by fuel type [tonnes CO2e]	2025–26	2024–25	2023–24
Natural gas	14,213.69	14,243.49	15,596.21
Diesel	109.48	95.23	37.39
F2 Greenhouse gas emissions from stationary fuel consumption [tonnes CO2e]	**14,323.17**	**14,338.71**	**15,633.60**

Transportation

Total energy used in transportation decreased 7% in 2025–26, continuing the downward trend observed last year, primarily driven by reductions in petrol usage, which reflects the increasing uptake of hybrid and electric vehicles within the fleet. While diesel consumption has increased within the non-executive fleet in recent years, potentially due to the introduction of larger vehicles, this occurred in the context of a growing health service, expanding off-campus activities and an increase in overall fleet numbers.

As per the guidance, the energy used for charging Electric Vehicles at devices in Monash Health has not been included under Transport to avoid double counting, as this electricity use has already been reported under EL1. The data for electricity used to power our electric vehicles from external devices across the reporting period was unavailable at the time of reporting.

T1 Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type (MJ)	2025–26	2024–25	2023–24
Non-executive fleet – Gasoline	5,667,958.80	6,217,553.20	7,212,451.90
Petrol	**5,667,958.80**	**6,217,553.20**	**7,212,451.90**
Non-executive fleet – E10	64,584.10	99,025.70	111,942.40
Petrol (E10)	**64,584.10**	**99,025.70**	**111,942.40**
Non-emergency transport (Contracted) – Diesel	1,053,093.00	1,514,845.90	1,157,606.50
Non-executive fleet – Diesel	1,662,872.80	1,230,965.70	1,052,227.80
Diesel	**2,715,965.80**	**2,745,811.60**	**2,209,834.30**
Total energy used in transportation (vehicle fleet) (MJ)	**8,448,508.70**	**9,062,390.50**	**9,534,228.60**

During 2025–26, Monash Health increased the electric vehicle fleet to 83, while reducing the number of vehicles with internal combustion engines across all other categories compared to 2024–25.

T2 Number and proportion of vehicles in the organisational boundary segmented by engine/fuel type and vehicle category	2025–26	2024–25	2023–24
Road vehicles			
Petrol	102	116	132
Diesel	23	30	16
Hybrid	152	161	169
Electric	83	72	75
Total vehicles in the organisational boundary	**360**	**379**	**392**

In line with the energy usage, total greenhouse gas emissions from transportation decreased 7% in 2025–26, down 11% in 2 years. This corresponded with changes in fuel consumption and the increasing numbers of electric vehicles in the fleet. The increase in diesel emissions from the non-executive fleet has been offset by the decrease in emissions from the contracted fleet.

T3 Greenhouse gas emissions from transportation (vehicle fleet) segmented by fuel type [tonnes CO2e]	2025–26	2024–25	2023–24
Non-executive fleet – Gasoline	383.27	420.43	487.71
Petrol	**383.27**	**420.43**	**487.71**
Non-executive fleet – E10	3.93	6.03	6.82
Petrol (E10)	**3.93**	**6.03**	**6.82**
Non-emergency transport (Contracted) – Diesel	74.15	106.66	81.51
Non-executive fleet – Diesel	117.08	86.67	74.09
Diesel	**191.23**	**193.33**	**155.59**
Total Greenhouse gas emissions from transportation (vehicle fleet) [tonnes CO2e]	**578.43**	**619.79**	**650.12**

Total distance travelled by commercial air travel for business purposes by Monash Health employees increased 147% across the reporting period. However, as previously described under G3, the associated emissions have only increased by 21%, which reflects variations in the mix of flights undertaken between long- and short-haul and the emissions factors applied to different routes and aircraft types.

T4 Total distance travelled by commercial air travel (passenger km travelled for business purposes by entity staff on commercial or charter aircraft)	2025–26	2024–25	2023–24
Total distance travelled by commercial air travel	869,935.00	351,757.00	736,891.00

Total energy use

Total energy usage from fuels remained stable in 2025–26, 9% lower than 2023–24.

E1 Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)	2025–26	2024–25	2023–24
Total energy usage from stationary fuels (F1) (MJ)	277,392,898.00	277,768,010.51	303,195,314.43
Total energy usage from transport (T1) (MJ)	8,448,508.70	9,062,390.50	9,534,228.60
Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)	**285,841,406.70**	**286,830,401.01**	**312,729,543.03**

Total energy use from electricity increased by 2% in 2025–2026, due to Cranbourne Community Hospital and Boollam Boollam Aged Care Facilities, both all-electric facilities, being operational in 2025–26.

E2 Total energy usage from electricity (MJ)	2025–26	2024–25	2023–24
Total energy usage from electricity (MJ)	279,188,812.46	275,053,400.95	263,778,883.83

Total renewable energy use was nearly 5 times higher in 2025-26, as the majority of electricity in Monash Health is now sourced from renewable energy. Non-renewable energy use saw a significant decrease, down by 44%.

E3 Total energy usage segmented by renewable and non-renewable sources (MJ)	2025–26	2024–25	2023–24
Renewable	279,188,812.03	53,856,711.04	50,999,687.26
Non-renewable (E1 + E2 - E3 Renewable)	285,841,352.24	508,027,090.92	525,508,739.59

Normalising factors related to service activity and floor area are used to standardise our environmental performance as Monash Health's size and configuration changes. Normalising stationary energy use is more commonly linked to floor area as stationary energy for services such as air conditioning and lighting remains in operation in our facilities regardless of the amount of service activity.

Energy use normalised by healthcare activity showed mixed results across the reporting period, with decreases in aged care occupied bed day (OBD) and energy per unit of separations of 2%. Energy per length of stay increased by 1%, and energy per unit of bed-day remained stable. Energy use per unit of floor space decreased by 2% compared with 2024–25.

E4 Units of Stationary Energy used normalised: (F1+E2)/normaliser	2025–26	2024–25	2023–24
Energy per unit of Aged Care OBD (MJ/Aged Care OBD)	8,077.99	8,273.66	11,242.80
Energy per unit of LOS (MJ/LOS)	635.54	631.95	664.25
Energy per unit of bed-day (LOS+Aged Care OBD) (MJ/OBD)	589.19	587.11	627.20
Energy per unit of Separations (MJ/Separations)	1,762.86	1,797.11	1,914.53
Energy per unit of floor space (MJ/m2)	1,157.38	1,178.13	1,260.79

Sustainable buildings and infrastructure

In 2026, Monash Health completed no new builds with a capital expenditure of over $1 million where a sustainability rating was conducted. Both Cranbourne Community Hospital and Boollam Boollam Aged Care facilities finished construction in 2025 and are likely to have a NABERS rating conducted once a full year of data is available.

Monash Health continues to incorporate environmental sustainability considerations into asset planning, maintenance and renewal activities in accordance with applicable organisational requirements and project-specific objectives.

Our current leasing policy does not preference higher-rated office buildings or those with a Green Lease Schedule. The current leasing strategy prioritises financial efficiency to provide value to our community.

Monash Health did not obtain any new sustainability or environmental performance ratings during 2025–26. Existing NABERS ratings are no longer required to be reported annually by health services under FRD 24, and no voluntary ratings were undertaken during the reporting period.

Sustainable procurement

Monash Health considers sustainable procurement within the implementation of our Social Procurement Strategy. Sustainable procurement is included within the social procurement section of this Annual Report.

Water consumption

Total water consumption decreased in 2025–26 by 19% compared to 2024–25. The reused water reflects systems at both Moorabbin Hospital and Victorian Heart Hospital. Additional water harvesting and reuse systems are in operation across Monash Health facilities; however, their contribution cannot currently be quantified as they are either not metered or relevant data is unavailable.

W1 Total units of metered water consumed by water source (kL)	2025–26	2024–25	2023–24
Potable water (kL)	573,519.71	710,004.64	589,745.31
Reused water (kL)	948.00	3,183.33	608.14
Total units of water consumed (kL)	**574,467.71**	**713,187.97**	**590,353.45**

Water consumption normalised by service activity decreased by 20% for water per unit of LOS and per unit of bed-day, and by 21–22% for per unit of Aged Care OBD, Separations, and floor space.

W2 Units of metered water consumed normalised by FTE, headcount, floor area, or other entity or sector specific quantity	2025–26	2024–25	2023–24
Water per unit of Aged Care OBD (kL/Aged Care OBD)	8.34	10.67	11.71
Water per unit of LOS (kL/LOS)	0.66	0.82	0.69
Water per unit of bed-day (LOS+Aged Care OBD) (kL/OBD)	0.61	0.76	0.65
Water per unit of Separations (kL/Separations)	1.82	2.32	1.99
Water per unit of floor space (kL/m2)	1.19	1.52	1.31

Waste and recycling

At the time of reporting, complete waste data for 2025–26 was not available for all waste streams due to differences in data availability across waste service providers. Landfill, cardboard and commingled recycling data are based entirely on estimates derived from the best available information. Offsite treatment waste, grease trap waste and sterilisation wrap data are based on actual data from July 2025 to March 2026, with estimates applied for April to June 2026. All other reported waste streams are based on actual data. Estimated figures will be replaced with actual data if and when it becomes available, and reported waste figures may be revised in future reporting periods.

The total waste disposed decreased by 6% in 2025–26. Clinical waste sent for incineration increased by 17%, while clinical waste treated offsite increased by 14%. Clinical waste sharps disposal remained relatively stable, increasing by less than 1%. While some 'specialised recycling streams' such as batteries, organics (food), and paper (confidential) increased in 2025–26, data to address some other recycling streams such as cardboard and commingled recycling was unavailable at the time of reporting. The significant increase in organics (food) is likely due to increased utilisation of the system in Kingston Centre over time as users became more familiar with its operation and accepted waste streams since it commenced in late 2024.

The 2024–25 figure for organics (food) has been restated following updates to the underlying data and reporting information available at the time of reporting. Our method for capturing reused waste has also been refined, and we can now report on 'Reused beds and furniture' and 'Reused medical supplies and equipment' separately.

WR1 Total units of waste disposed of by waste stream and disposal method (kg)	2025–26	2024–25	2023–24
Landfill (total)			
General waste – bins	200,042.58	179,317.50	630,872.29
General waste – compactors	2,239,022.60	2,239,022.60	2,792,525.82
General waste – skips	589,640.75	587,556.75	622,131.92
Offsite treatment			
Clinical waste – incinerated	144,149.80	123,200.48	139,804.24
Clinical waste –v sharps	83,381.01	82,883.59	85,103.01
Clinical waste – treated	478,743.73	420,466.99	434,128.86
Recycling/recovery (disposal)			
Batteries	1,996.50	582.00	291.50
Cardboard	0.00	45,736.81	80,138.87
Commingled	0.00	441,618.23	452,761.86
E-waste	11,225.12	11,393.90	17,894.35
Fluorescent tubes	670.00	3,757.20	6,361.65
Grease traps	109,480.00	28,405.78	17,151.30
Metals	1,967.50	1,907.50	2,116.00
Organics (food)	35,493.57	13,546.28	1,243.20
Paper (confidential)	480,885.70	427,352.21	393,636.83
PVC	1,992.00	3,028.00	1,608.00
Reused beds and furniture	10,120.95	28,131.60	3,202.80
Reused Medical Supplies and Equipment	2,641.00	2,882.79	3,208.60
Reused Textiles	439.00	700.16	309.00
Sterilisation wraps	13,245.69	3,616.80	1,867.00

WR1 Total units of waste disposed of by waste stream and disposal method (kg)	2025–26	2024–25	2023–24
Toner & print cartridges	235.38	0.00	0.00
Wood	0.00	61,200.00	124,500.00
Total units of waste disposed (kg)	**4,405,372.89**	**4,706,307.16**	**5,810,857.08**

The proportion of total waste sent to landfill increased in 2025–26 compared with 2024–25, although it remained slightly below 2023–24 levels. The proportion of clinical waste treated offsite continued to increase in 2025–26, while the proportions of clinical waste sent for incineration and disposed of as sharps also increased. Several specialised recycling streams, including confidential paper, food organics, grease traps and sterilisation wraps, increased as a proportion of total waste; however, data for cardboard, commingled recycling and wood waste was unavailable at the time of reporting.

WR1 Total units of waste disposed of by waste stream and disposal method (%)	2025–26	2024–25	2023–24
Landfill (total)			
General waste	68.75%	63.87%	69.62%
Offsite treatment			
Clinical waste – incinerated	3.27%	2.62%	2.41%
Clinical waste – sharps	1.89%	1.76%	1.46%
Clinical waste – treated	10.87%	8.93%	7.47%
Recycling/recovery (disposal)			
Batteries	0.05%	0.01%	0.01%
Cardboard	0.00%	0.97%	1.38%
Commingled	0.00%	9.38%	7.79%
E-waste	0.25%	0.24%	0.31%
Fluorescent tubes	0.02%	0.08%	0.11%
Grease traps	2.49%	0.60%	0.30%
Metals	0.04%	0.04%	0.04%
Organics (food)	0.81%	0.29%	0.02%
Paper (confidential)	10.92%	9.08%	6.77%
PVC	0.05%	0.06%	0.03%
Reused Beds and Furniture	0.23%	0.60%	0.06%
Reused Medical Supplies and Equipment	0.06%	0.06%	0.06%
Reused Textiles	0.01%	0.01%	0.01%
Sterilisation wraps	0.30%	0.08%	0.03%
Toner & print cartridges	0.01%	0.00%	0.00%
Wood		1.30%	2.14%

Due to the large number of Monash Health sites and the integration of office areas within healthcare facilities, determining the percentage of our office sites with dedicated recycling collection services is challenging. To meet this FRD 24 reporting indicator for 2025–26, we have chosen to report on historical evidence of dedicated recycling services at 7 of our main hospital campuses: Casey Hospital, Clayton Campus, Cranbourne Integrated Care Centre, Dandenong Hospital, Kingston Centre, Moorabbin Hospital and Victorian Heart Hospital.

Printer cartridge recycling recommenced during 2025–26. Soft plastics recycling in this report is limited to sterilisation wrap, a polypropylene material used to protect sterilised surgical instruments and devices after sterilisation.

WR2 Percentage of office sites covered by dedicated collection services for each waste stream	2025–26	2024–25	2023–24
Printer cartridges	86	Not available	Not available
Batteries	86	86	43
e-waste	100	71	100
Soft plastics	86	86	57

Total units of waste per patient treated (PPT) decreased marginally, while total waste recycled and reused PPT decreased by 38% and total waste to offsite treatment PPT increased by 11%. These changes reflect reductions in total waste generated and recyclable material reported during the year.

Total units of waste per patient treated (PPT)

WR3 Total units of waste disposed normalised by FTE, headcount, floor area, or other entity or sector specific quantity, by disposal method	2025–26	2024–25	2023–24
Total waste to landfill per patient treated ((kg general waste)/PPT)	1.97	1.98	2.77
Total waste to offsite treatment per patient treated ((kg offsite treatment)/PPT)	0.46	0.41	0.45
Total waste recycled and reused per patient treated ((kg recycled and reused)/PPT)	0.44	0.71	0.76

Recycling rate as a percentage of total waste

The recycling rate as a percentage of total waste generated decreased from 23% in 2024–25 to 15% in 2025–26. Despite a reduction in total waste generated in 2025–26, the weight of recyclable and organic materials collected decreased by a greater proportion, resulting in a lower overall recycling rate.

WR4 Recycling rate (%)	2025–26	2024–25	2023–24
Weight of recyclable and organic materials (kg)	670,392.42	1,073,859.25	1,106,290.96
Weight of total waste (kg)	4,405,372.89	4,706,307.16	5,810,857.08
Recycling rate (%)	**15.22%**	**22.82%**	**19.04%**

Total GHG emissions

Total greenhouse gas emissions associated with waste disposal increased by 3% in 2025–26 compared with 2024–25. This reflects changes in the composition and disposal pathways of waste streams during the reporting period.

WR5 Greenhouse gas emissions associated with waste disposal [tonnes CO2e]	2025–26	2024–25	2023–24
Tonnes CO2e	4,794.79	4,670.32	6,057.13

Normalisation factors

Normalisation factors are used to benchmark environmental performance across facilities and other Victorian public health services, and to account for organisational change over time. Service activity normalisation factors are generally linked to waste generation and water consumption, while floor area is more closely linked to energy use. The normalisation factors below are used throughout the environmental performance indicators above.

Total floor area increased by 2% in 2025–26 due to the inclusion of Boollam Boollam's floor area in the reported total. Although Boollam Boollam was operational and reported in 2024–25, its floor area was not included in the previous year's total.

Normalisation factors	2025–26	2045–25	2023–24
1000km travelled (Non-emergency)	313.58	341.43	344.75
Aged care occupied bed days (Aged Care OBD)	68,901.00	66,817.00	50,430.00
Emergency Department (ED) departures	277,958.00	270,984.00	260,389.00
Full-time equivalent (FTE) employees	16,949.00	16,654.00	15,415.00
Length of stay (LOS)	875,756.00	874,786.00	853,550.00
Occupied bed days (OBD)	944,657.00	941,603.00	903,980.00
Per patient treated (PPT)	1,538,341.00	1,520,204.00	1,460,512.00
Separations	315,726.00	307,617.00	296,143.00
Total Area m^2	**480,897.00**	**469,235.75**	**449,696.50**

Disclosures required under legislation

Freedom of Information Act 1982

Rights of the public under the *Freedom of Information Act 1982* are published on our website at monashhealth.org. These include contact details for the Freedom of Information (FOI) team and guidance on how to make a freedom of information request. A request for documents must be in writing and include sufficient detail to identify the correct medical record. FOI requests can be submitted at monashhealth.org/patients-visitors/health-records-requests, and our FOI team can be contacted via foi@monashhealth.org.

During 2025–26, Monash Health had 3946 FOI applications from July 2025-June 2026 of which:

- 3538 Decisions were made
- 408 still require an outcome

Of the 3,538 decisions made

- 1,721 decisions were made within the statutory time periods
- 1,534 were made within 31–45 days (outside the statutory time period)
- 691 decisions were made over 45 days (outside the statutory time period)

Of the total decisions made

- 3,078 granted access to documents in full
- 310 granted access in part
- 2 denied access in full
- 116 were not proceeded with
- 32 had no documents

Of requests finalised, the average number of days over/under the statutory time (including extended timeframes) to decide the request was 41 days.

During 2025-2026 financial year, 24 requests were subject to a complaint/internal review by Office of the Victorian Information Commissioner, 2 requests progressed to the Victorian Civil and Administrative Tribunal (VCAT).

Building Act 1993

Monash Health sites and facilities are managed through site inspections, risk assessments and audits. We have contracts to maintain Essential Safety Measures and annual compliance audits by independent Registered Building Surveyors.

Building standards and condition assessments

The condition of our buildings is assessed through site inspections and condition audits by architects and consultant engineers on an as-needed basis. Consultant fire engineers undertake fire audits and risk assessments to comply with the Department of Health Fire Risk Management Guidelines Series 7. Recommendations from fire audits are actioned through a series of projects developed in conjunction with the Department of Health to maintain a high degree of fire safety. All bed-based facilities are audited on a 5-yearly cycle.

Fire safety audits

The last 5-year fire safety audit of Monash Health's 12-bed-based facilities was completed in 2023. The next fire safety audit will be completed by December 2028.

Essential Safety Measures maintenance

Monash Health has contracts in place to maintain all Essential Safety Measures (ESM) at its owned sites. Building surveyors audit these sites regularly to ensure compliance with ESM Maintenance regulations. Any defects identified during audits are addressed through action plans.

In line with regulatory requirements, service and maintenance records are kept to enable the completion of an annual ESM Report for all properties owned by Monash Health. This report verifies that all ESMs are operational at the required level of performance for the safety of these facilities.

Risk assessment

The Victorian Managed Insurance Authority (VMIA) conducts Site Risk Surveys (SRS) at Monash Medical Centre, Moorabbin Hospital, Kingston Centre and Dandenong Hospital. Risk treatment options generated from the SRS are monitored through action plans until they are completed.

Public Interest Disclosures Act 2012

Monash Health provides information to employees, patients and visitors on making Public Interest Disclosures. Although Monash Health is not authorised to receive Public Interest Disclosures, it can and does provide information and resources to encourage direct reporting to the Independent Broad-based Anti-Corruption Commission. Employees can access Monash Health's Procedure through the Monash Health intranet page, and patients and visitors can access this information on the Monash Health website at https://monashhealth.org/patients-visitors/compliments-complaints-comments/.

National Competition Policy

Monash Health continued to comply with the Victorian Government's Competitive Neutrality Policy. In addition, the Victorian Government's Neutrality Pricing Principles for all relevant business activities have been applied by Monash Health since 1 July 1988. No competitive neutrality complaints have been made or advised to Better Regulation Victoria.

Carers Recognition Act 2012

Monash Health is committed to partnering with and empowering our consumers. We understand that our consumers, their families and carers need to play an active role in their own healthcare and in helping us improve the quality and safety of our services. We take all practicable measures to ensure our employees and agents reflect the care relationship principles in developing, providing or evaluating support and assistance for people in care relationships. The Monash Health Consumer, Carer and Community Partnerships Framework provides an organisation-wide structure describing our approach to embedding relationship-centred care and partnerships in our culture, recognising that everyone in the organisation impacts patient, family, carer and consumer experience. Printed information is also provided on admission to patients admitted under our Mental Health program, which includes information for family members and carers.

Partnering with Consumer education is provided for managers and leaders. Our learning tools draw particular attention to the needs of carers and families. We recognise carers' individual needs and include them in care planning. We acknowledge that care and support needs change over time and are responsive to modify services to meet care needs. The Monash Health Flexible Working Arrangement procedure complies with the *Carers Recognition Act 2012*.

There are no disclosures required to be made under the *Carers Recognition Act 2012*.

Disclosure of Emergency Procurements

In 2025–2026 Monash Health activated Emergency Procurement on 2 occasions in accordance with the requirements of government policy and accompanying guidelines. No new contracts were awarded in connection with the emergencies.

Details of Monash Health's emergency procurements are shown below.

Nature of Emergency	Date Emergency procurement policy activated	Summary of the goods and services procured	Total Spend	Number of contracts awarded, valued at $100,000 (GST inclusive)
Recall notice issued for Reynard Health branded swabs and stick products	March 2025*	The recall was issued for branded alcohol and chlorhexidine products as they may have been contaminated with Achromobacter bacteria. The products being used at Monash Health were collected and replaced with alternative items.	Annual cost - $257K Additional cost - $15K	No contracts awarded as the alternative items were purchased from multiple suppliers as a temporary measure only.
Security Alarm Monitoring and Patrols supplier went into administration	December 2025	MA Security Group went into administration prior to Christmas and Allied Security were appointed by the administrators to take over providing the services and at the same pricing.	Annual cost - $195K No cost impact	No contracts awarded as Monash Health is transitioning to an alternative supplier awarded under the HSV collective agreement for Statewide Security Services.

**This emergency procurement was inadvertently omitted from disclosure in Monash Health's annual report for FY24/25.*

Local Jobs First Act 2003

Monash Health complies with the intent of the *Local Jobs First Act 2003,* which requires, wherever possible, local industry participation in procurements, taking into account the principles of value for money and transparent tendering.

As part of the projects below, the following outcomes have been achieved FY25/26:

- Total hours of jobs created or retained: 269,370
- Total hours of apprenticeship or trainee opportunities created: 26,334
- 5 small and medium-sized businesses were engaged as either the principal contractor or as part of the supply chain.

Project Type	Number of Projects	Average Local Content	Estimated Value	VIPP/LIDP Plan Required	Completed	In Progress
Standard >$3M	7	88.631%	$44.12M	2	4	3
Strategic >$50M	0	NA	$0	NA	0	0

Project Type	Number of Eligible Projects	Average Local Content	Total Value (Est.)	In Progress	Commenced or Completed
Standard >$3m	7	88.631%	$44.12M	7	0
Metro	5	86.762%	$26.12M	1	4
Regional	2	90.5%	$18M	2	10
Statewide	0	0%	$0	0	0

Project Type	Number of Eligible Projects	Average Local Content	Total Value (Est.)	In Progress	Commenced or Completed
Strategic >$50m	0	NA	$0	0	0

Projects where Major Project Skills Guarantee (MPSG) Applied - FY2025/26

Project Type	Construction projects >$20m
Eligible Projects	0
Total Value (Est.)	0
Progress	0
Commenced or Completed	0
Total Hours Completed by Apprentices, Trainees or Cadets	0
Total Opportunities Created for Apprentices, Trainees or Cadets	0

Additional information available on request

In compliance with the requirements of the Standing Directions 2018 under the *Financial Management Act 1994*, details in respect of the items listed below have been retained by 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*.

The following information must be retained and made available upon request:

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

This information is available on request from:

Freedom of Information Unit
Phone: (03) 9594 2123
Email: foi@monashhealth.org
Website: https://monashhealth.org/patients-visitors/health-records-requests/

Attestations and declarations

Financial Management Compliance

I, Michael Gorton AM, on behalf of the Monash Health Board, certify that Monash Health has no Material Compliance Deficiency with respect to the applicable Standing Directions under the *Financial Management Act 1994* and Instructions.



Michael Gorton AM
Board Chair
Monash Health

07 September 2026

Data Integrity

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



Professor Eugine Yafele
Chief Executive Officer
Monash Health

07 September 2026

Conflict of Interest

I, Professor Eugine Yafele, certify that Monash 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 Monash 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.



Professor Eugine Yafele
Chief Executive Officer
Monash Health

07 September 2026

Integrity, fraud and corruption

I, Professor Eugine Yafele, certify that Monash Health has put in place appropriate internal controls and processes to ensure that integrity, fraud and corruption risks have been reviewed and addressed at Monash Health during the year.



Professor Eugine Yafele
Chief Executive Officer
Monash Health

07 September 2026

Compliance with Health Share Victoria (HSV) Health Purchasing Policies

I, Professor Eugine Yafele, on behalf of Monash Health, certify that Monash Health has no material compliance deficiency with respect to the HSV Purchasing Policies as required by the Health Services Act 1988 (Vic). While instances of non-material non-compliance have been identified during the reporting period, Monash Health has an agreement in place with HealthShare Victoria to address and rectify these issues. These instances do not constitute material non-compliance and have not had a significant impact on procurement governance or operational integrity.

Monash Health has implemented appropriate internal controls, which have been critically reviewed throughout the year.



Professor Eugine Yafele
Chief Executive Officer
Monash Health

07 September 2026

Safe Patient Care Act 2015

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

Car parking fees

Monash Health complies with the relevant hospital circular on car parking fees, and details of car parking fees and concession benefits can be viewed at https://monashhealth.org/patients-visitors/visitor-car-parking/.

Reporting of outcomes from Statement of Priorities 2025–26

Part A: Department of Health Strategic Plan

Strategic Priorities

Innovate and improve access and care

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

Goal	Deliverable	Evidence of delivery
Align with the Victorian Clinical Governance Framework to strengthen clinical governance systems, ensuring safe, high-quality care.	Demonstrate high quality care in which consumer engagement and input is actively sought, facilitated and used to drive system change to improve consumer experience and outcomes.	**Achieved – Healthcare Complaints Analysis Tool (HCAT)** Monash Health has commenced the phased implementation of the Healthcare Complaints Analysis Tool (HCAT) to strengthen the analysis, reporting and utilisation of consumer feedback and complaints. HCAT introduces a standardised methodology for identifying trends, themes and systemic issues impacting patient experience and care outcomes, supporting a more sophisticated understanding of consumer concerns across the organisation. Early implementation has demonstrated improved visibility of complaint themes, enhanced reporting capability and greater ability to identify actionable opportunities for improvement. As the rollout continues across the organisation, HCAT is expected to further strengthen organisational learning, support targeted quality and safety improvement initiatives, and ensure consumer feedback is systematically translated into service improvements and better patient outcomes. **Achieved – SAPSE Working Groups (Top 5)** Monash Health has embedded a structured Serious Adverse Patient Safety Event (SAPSE) Improvement Program to strengthen organisational learning and reduce preventable harm. Multidisciplinary working groups have been established to address the most frequently identified systemic themes arising from SAPSE reviews, supported by dedicated governance oversight, improvement science methodologies and executive accountability. The program has transitioned from implementation to an embedded organisational function, ensuring systematic review of patient safety risks, monitoring of improvement actions and sustainable organisational learning. A key strength of the program is the integration of patient and family perspectives through the Statutory Duty of Candour process, ensuring the experiences and insights of impacted patients inform improvement priorities and system redesign. In 2026, the program will further evolve by incorporating themes identified through patient

Goal	Deliverable	Evidence of delivery
		feedback and complaints into the SAPSE improvement methodology. This enhancement will be enabled through the implementation of the Healthcare Complaints Analysis Tool (HCAT) within RiskMan, creating a more comprehensive, data-driven approach to identifying organisational risks and improvement opportunities. By bringing together adverse event reviews, consumer feedback and complaints data, the working groups will be better positioned to target systemic issues, strengthen patient-centred improvement efforts and proactively reduce preventable harm across the organisation. **Ongoing – Clinical Governance Framework Redevelopment** Monash Health has commenced a comprehensive review and redevelopment of its Clinical Governance Framework to align with the National Model Clinical Governance Framework (2026) and contemporary best practice governance principles. This work represents a significant opportunity to strengthen organisational accountability, oversight, quality and safety systems, and consumer partnership, while ensuring the framework reflects the evolving needs of the communities we serve. A defining feature of this redevelopment has been the extensive engagement and co-design undertaken with consumers, clinicians, operational leaders and key stakeholders across the organisation. Consumer input has been pivotal in shaping the framework, ensuring it reflects the lived experiences, expectations and priorities of patients and families, while reinforcing Monash Health's commitment to person-centred care. The broad consultation process has also empowered staff to contribute to the design of a contemporary governance framework that is meaningful, practical and reflective of the complexity and diversity of services provided across Monash Health. The redevelopment will position Monash Health strongly for future accreditation requirements through alignment with national best-practice governance principles, while creating a unique and contemporary framework that supports organisational learning, transparency, continuous improvement and the delivery of safe, high-quality care. The result is a framework that is not only compliant with contemporary governance expectations but is genuinely co-designed by the workforce and consumers who will use and be impacted by it. **Ongoing – Consumer Voice in Governance** Monash Health recognises consumer partnership as a fundamental pillar of effective clinical governance, ensuring decisions are informed by the voices, experiences and perspectives of patients, families, carers and community members. A comprehensive review is

Goal	Deliverable	Evidence of delivery
		underway to strengthen and further embed consumer partnership and representation across governance, decision-making and service improvement committees. This includes remapping consumer participation across organisational and strategic committees to ensure community voices are consistently represented in the design, delivery and evaluation of care and services. At the end of the reporting period, 81% of Program Quality and Safety Committees included at least one Consumer Advisor, with recruitment underway for the remaining committees and representation being established within newly formed committees following operational realignment. All National Standard Committees and all Board and Executive-level Committees included at least one Consumer Advisor, ensuring lived experience perspectives actively inform quality and safety oversight, service planning, organisational improvement and strategic decision-making. This review reinforces Monash Health's commitment to partnering with consumers and embedding lived experience throughout governance, strategic planning and continuous improvement activities.
	Ensure that health service reporting, reviews and decision-making are underpinned by a safety culture and systems that are transparent, accurate and fair for staff and consumers.	**Ongoing – Performance Indicator Reporting and Data Rebuild** Monash Health has commenced a significant redesign of its organisational performance reporting framework to support a more integrated and system-wide approach to governance, decision-making and improvement. Recognising that effective prioritisation and sustainable improvement require a shared understanding of performance, this initiative will establish a single source of truth for quality, safety, operational and financial performance across the organisation. The multi-phased program is focused on developing a consistent "ward-to-board" reporting model, ensuring frontline staff, managers, executives and the Board are monitoring and responding to the same organisational performance indicators. A core suite of Quality and Safety indicators has been agreed across programs and services, creating greater consistency, transparency and alignment in how performance is measured, reviewed and acted upon throughout Monash Health. The framework also aligns internal performance measures with external reporting requirements, supporting a more comprehensive and integrated view of organisational performance. Currently underway, this work moves beyond traditional static reporting by delivering an interactive platform that enables users to explore trends, risks and opportunities in real time. The platform has been designed to improve accessibility, usability and workflow efficiency while

Goal	Deliverable	Evidence of delivery
		supporting a more agile approach to performance management as organisational priorities evolve. Once implemented, it will strengthen accountability, reduce siloed decision-making and support a more coordinated approach to delivering safe, high-quality and consumer-centred care across Monash Health.
	Health services are able to show evidence of a comprehensive training program approach that includes performance management, accountability, and continuous improvement.	**Ongoing** Monash Health is progressing a comprehensive approach to training and capability development that aligns education with organisational priorities, identified patient safety risks and opportunities for continuous improvement. The Top 5 organisational priorities and Safer Together Program (STP) initiatives provide key mechanisms for this approach, with targeted education and capability-building embedded within improvement programs rather than delivered as stand-alone training. Examples include education and implementation activities relating to sepsis recognition and escalation, delirium, perioperative VTE prevention, sustainable diagnostics and family-initiated escalation of care. This is further supported through the Serious Adverse Patient Safety Events (SAPSE) Program, where organisational learning from serious incidents is translated into thematic improvement programs across areas including diagnostic excellence, clinical communication, escalation of care, senior clinical decision-making, and policies and procedures. Working groups have defined governance and accountability arrangements, with progress and outcomes monitored through the Patient Safety Committee and Clinical Governance Council. A number of initiatives demonstrate the move from education alone toward education supported by system redesign, implementation and measurement. Examples include the Structured Clinical Impression initiative, family-initiated escalation of care, post-MET/repeat observation reliability work, and improvements relating to results endorsement and notification.
Improve access to timely emergency care by implementing system-wide patient flow strategies that reduce emergency department wait times and improve ambulance-to-hospital transfer times.	Implement all relevant standards outlined in the Standards for Safe and Timely Ambulance and Emergency Care (STAEC) for Victorians and the accompanying Implementation Guide.	**Ongoing** Over the past 12 months, Monash Health has continued to refine a coordinated, whole-of-system access and flow strategy spanning ambulance handover, emergency care, inpatient services, surgical pathways and community-based care. Key initiatives include strengthened ambulance offload processes, enhanced ED decision-making, streaming, front door frailty diversion models, Home First and 7-Day Flow workstreams, and discharge

Goal	Deliverable	Evidence of delivery
		optimisation processes. Together, these initiatives have improved ambulance-to-hospital transfer times, reduced emergency department length of stay, reduced admission rates, and supported earlier discharge from hospital, ensuring patients receive the right care at the right time and in the right place. These improvements have been underpinned by strong alignment with the Standards for Safe and Timely Ambulance and Emergency Care (STAEC), through the establishment of robust governance (Right Care, Right Time, Right Place and Care Beyond the Hospital Committees) and optimised escalation and daily operating rhythm processes through our strengthened operational structure. This has enabled more consistent decision-making, better management of demand and capacity pressures and reduced reliance on ad hoc escalation, to create a sustainable framework for ongoing improvements in emergency access and patient flow.
Maintain a commitment to delivering equitable and timely access to planned care and drive reform in alignment with the Planned Surgery Reform Blueprint.	Implement and scale theatre optimisation initiatives in planned surgery, for example same-day surgery and same-day surgery by default models of care, criteria-led discharge, monitoring of theatre measures, and high-throughput approaches such as high-intensity theatre lists.	**Ongoing** During 2025/26, the Surgery and Anaesthesia Program delivered 30,207 planned surgical cases, exceeding the activity target by 193 patients, and 8,660 endoscopy procedures, surpassing the target by 160 procedures. This achievement was realised despite the impact of the Protected Industrial Action (PIA) period, during which approximately 500 patient episodes of care were cancelled. To mitigate the impact and maintain access for patients, several targeted initiatives were implemented. These included the introduction of Saturday Urology TPBx lists, which delivered an additional 168 patient procedures, and supplementary Ophthalmology operating lists, resulting in 83 additional patients receiving treatment. A continued focus was also placed on theatre optimisation strategies, including improved utilisation of available capacity, enhanced scheduling practices, and proactive management of patient pathways to reduce cancellations and maximise throughput. Collectively, these initiatives supported the delivery of activity above target despite significant operational challenges.
	Proactively manage planned surgery and specialist clinics (or outpatients) waitlists, for example validating and supporting patients into optimal care pathways such as evidence-based alternatives to surgery	**Achieved** Specialist Consulting waitlist audit activity continues with 40 thousand patient contacts last FY across adult and paediatric services, ensuring that those who still require care have been confirmed. An alternate care model to transfer long waiting and geographically close General Surgery patients to Eastern Health with consent, where there is surgical capacity has been trialled and is ongoing. Specialist Consulting and Gastroenterology have collaborated to revise the referral and triage pathways to

Goal	Deliverable	Evidence of delivery
	and optimisation pathways. A particular focus should be applied to long-waiting patients and priority population groups (for example, Aboriginal and Torres Strait Islander patients and under-18 patients).	identify patients for endoscopy and procedures earlier, allowing appropriate patients to proceed directly to a procedural pathway without first attending an outpatient appointment. Targeted initiatives continue to support reductions in the surgical waitlist, with a particular focus on patients experiencing extreme long waits and those who may benefit from non-surgical treatment pathways. As a result, 37 patients classified as extreme long waits have been removed from the surgical waitlist this year. Patient optimisation strategies, including Diabetes Optimisation Pathways and Neuromuscular Clinics, continue to improve patient readiness for treatment while supporting appropriate alternative care pathways.
Support the implementation of the "Next Phase of Reform" to deliver inclusive, personalised, compassionate, integrated mental health and wellbeing care in the community.	Progress mental health reform: Implement mental health services per department guidelines, and engage in reform related initiatives to improve access to community mental health services, crisis reforms, headspace integration, youth and adolescent inpatient care, catchment removal as well as infant, child and youth age streaming.	**Ongoing** Monash Health continued to advance Victoria's Next Phase of Reform through a significant program of service redesign focused on delivering integrated, person-centred and recovery-oriented care. Key achievements included the implementation of an integrated alcohol and other drug (AOD) and mental health model across the Mental Health Program, including community mental health services, supporting more coordinated care for people with co-occurring needs. Monash Health also progressed the redesign of several community-based models of care, including the Continuing Care Team (CCT), Mobile Support Team (MST), Community Care Unit (CCU) and the Extended Prevention and Recovery Care (EPARC) service. The CCU model of care is now approaching implementation and will strengthen rehabilitation, community participation and recovery outcomes for consumers with longer-term support needs. **Achieved** Monash Health has implemented 2 areas of Mental Health and Wellbeing Service streams in the Mental Health Program – one for 'Infant, Child and Youth' and one for 'Adult and Older Adult' – in line with Victoria's Next Phase of Reform.
	Partner with Safer Care Victoria in one or more mental health improvement programs: elimination of restrictive intervention, improving sexual safety, implementation of the	**Ongoing** Monash Health partnered with Safer Care Victoria to advance mental health improvement initiatives that promote safety, dignity and human rights. Through the Towards the Elimination of Restrictive Practices (TERP) initiative at Casey Hospital (Ward E) and Monash Medical Centre (P Block), the mental health program successfully implemented evidence-based improvements designed to

Goal	Deliverable	Evidence of delivery
	zero suicide framework and reducing compulsory treatment.	reduce reliance on restrictive practices and strengthen therapeutic alternatives. Monash Health also participated in the Reducing Compulsory Treatment initiative within the Dandenong Continuing Care Team, testing approaches that support shared decision-making, strengthen consumer and carer involvement, and reduce reliance on compulsory treatment. These initiatives contribute to safer, more person-centred and least restrictive mental health care, consistent with the objectives of Victoria's mental health reform agenda.
	Progress partnerships, whether through a formal partnership, MoU or exchange of letters, with local community based mental health services (including Mental Health and Wellbeing Locals, Headspace and other local NGO providers) and deliver initiatives that align with the objectives of the Mental Health and Wellbeing Act 2022, and in accordance with the priorities outlined in Victoria's next phase of reform for Mental Health and Wellbeing.	**Ongoing** Monash Health continued to strengthen partnerships across the mental health, alcohol and other drug (AOD) and community services sectors to support a more integrated and community-based system of care. As the clinical partner, alongside Mind Australia, in delivering the Dandenong and Casey Mental Health and Wellbeing Locals, Monash Health has contributed to expanding access to early intervention, support and treatment within the community. The Mental Health Program partners with Wellways in the delivery of 5 sub-acute Prevention and Recovery Care (PARC) Services with specialty areas including Youth and Women's Only. We partner with Better Place Australia in the delivery of the Hospital Outreach Post-Suicide Engagement (HOPE) program in Dandenong. In addition, we partner with Southeast Melbourne Primary Health Network to deliver AOD training for GPs throughout the year. Through these formal partnerships Monash Health is improving continuity of care, reducing service fragmentation and helping consumers access the right support, at the right time and in the right setting.

Prudent, sustainable and effective use of resources

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

Goal	Deliverable	Evidence of delivery
Develop and implement initiatives to strengthen financial sustainability. By	Deliver the key initiatives outlined in the Budget Action Plan within Government parameters.	**Ongoing** Monash Health during the financial year 2025-26, secured the Victorian Heart Hospital being identified as a

Goal	Deliverable	Evidence of delivery
delivering sustainable, responsible budgets, we can ensure a well-managed, viable, and sustainable health system for the future.		dedicated Intensive Care Unit and received vital funding to assist with delivering a sustainable healthcare agency. In addition, we implemented a range of initiatives which assisted with ensuring ongoing sustainability which also included a workforce efficiency program.
	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.	**Ongoing** During the year, we implemented Oracle Fusion which for the first time means that data will be available in a single platform. This is Monash Health's first step in ensuring that we have the tools available to us to analyse and implement strategies to improve financial decision making.
	Use funding efficiently and effectively to optimise patient facing services. Undertake programs to reduce the cost of service delivery, improve safety, capacity and reduce unnecessary waiting.	**Ongoing** During the year, we have ensured that we have delivered care and prioritised investment into patient facing services. We have been able to undertake a program of work where we have worked with program leads to deliver a significant program of workforce related initiatives in order to meet sustainability demands and direct valuable resources to front line delivery.

A stronger workforce

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

Goal	Deliverable	Evidence of delivery
Position Victoria as a leader in employee experience, capability, and capacity by focusing on future roles and professional development in line with the Victorian Health Workforce Strategy to ensure a regenerative and sustainable workforce.	Implement processes to sustain workforce supply and fulfil obligations, including those under the Gender Equality Act 2020 by improving employee experience in leadership, health and safety, flexibility, career development, and agility to ensure safe, high-quality care.	**Achieved: Gender Equality** Monash Health completed the 2025 gender audit with a compliant result across key indicators, including pay equity, recruitment, promotion, flexible work, and sexual harassment. The Gender Equality Action Plan 2026–2030 was submitted to the Victorian Gender Equality Commission in May 2026; it currently under review. **Ongoing: Leadership and career development** Monash Health has embedded the Women in Leadership Program within Monash Health's development offering, with a Female Leader Mentorship Program planned under the new Gender Equality Action Plan (GEAP). **Ongoing: Flexibility and agility** Gender Impact Assessments have been embedded into business case processes to support gender-responsive decision-making. **Ongoing: Workforce supply and inclusive employment** Monash Health has continued the delivery of the Disability Strategy and Action Plan 2023–2027, including accessible communication initiatives, disability awareness training, and inclusion champion programs. **Ongoing : Employee mental health and wellbeing** Monash Health has continued the expansion of the Thrive program, strengthening employee and manager wellbeing resources and delivering the inaugural Thrive Roadshows to increase awareness of mental health and wellbeing supports across Monash Health. Demand for Thrive continued to grow, with increasing requests from teams and programs for mental health education, presentations and support. The Be Well Leader Series was launched in March 2026, providing monthly sessions to build leaders' wellbeing knowledge, capability and confidence while fostering connection across the organisation. Additional wellbeing initiatives were delivered, including Employee Pet Therapy and Music for Employee Wellbeing, supporting employees to connect, recharge and maintain wellbeing.
	Collaborate with the department to improve workforce data analytics, generate actionable insights,	**Achieved: 2026 People matter survey** Achieved over 50% participation in the 2026 People matter survey, providing workforce-wide employee experience insights and indicators of readiness to deliver *Care, reimagined*. Results highlighted strong engagement and local leadership, with opportunities to improve senior

Goal	Deliverable	Evidence of delivery
	and enhance strategic planning.	leadership visibility, employee voice, and psychological wellbeing. **Ongoing: Anti-Racism Employee Insights and Policy implementation** Partnered with Mind Tribes on a 12-month engagement process centred on employee lived experience to inform implementation. Insights from workforce focus groups are shaping a workplan across workforce systems, leadership, procurement, communications, and onboarding.

Improving Aboriginal health and wellbeing

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

Goal	Deliverable	Evidence of delivery
Enhance Delivery and Access to Culturally Safe Services, fostering strong connections to culture. Address racism and provide Aboriginal people with culturally safe healthcare and referral pathways between mainstream and community-controlled health services.	Deliver high-quality cultural safety training to all executives and staff using independent, expert, community-controlled organisations or a registered Aboriginal business.	**Ongoing** Through the Aboriginal Health CIS and service redesign, Monash Health is strengthening culturally safe care by improving coordination, reducing barriers to access and enhancing referral pathways between mainstream services and Aboriginal Community Controlled Health Organisations. The redesign supports stronger connections to culture and addresses systemic racism through more responsive and culturally safe models of care. Monash Health has also delivered cultural safety training through independent Aboriginal-led and community-controlled organisations and registered Aboriginal businesses, building the capability of executives and staff to provide culturally safe healthcare. Targeted training has been delivered to Allied Health clinicians, Emergency Physicians and ICU Consultants, increasing awareness and supporting more culturally responsive care for Aboriginal patients and families. Together, these initiatives are improving patient experience, strengthening links with Aboriginal health services, and contributing to better health outcomes for Aboriginal people.
	Health service executives and senior leaders establish and maintain strong, ongoing partnerships with Aboriginal community-controlled organisations and/or recognised Aboriginal leaders within their local catchments. These partnerships must be based on	**Achieved** Monash Health convenes a bi-annual Aboriginal Health Strategic Partnership Committee with representation from 4 Aboriginal health and human services organisations in the region. The committee also has representation from First Nations consumers from the local community. Monash Health has assisted in the new capital build for the Dandenong and District Aborigines Cooperative Limited into the Cranbourne catchment at a Monash Health site.

Goal	Deliverable	Evidence of delivery
	regular, proactive engagement that prioritises the voices, self-determined priorities, and cultural knowledge of Aboriginal communities in the design, delivery, and evaluation of health and wellbeing services.	Monash Health has undertaken formal partnerships with First Peoples Health and Wellbeing Frankston site with Paediatric Registrar Outreach and Early parenting Centre joint navigation projects. Monash Health has worked in partnership with the Victorian Aboriginal Child and Community Agency to deliver family services from the Dandenong Multi-Disciplinary Centre.
	Ensure culturally appropriate systems for identifying Aboriginal and Torres Strait Islander patients and implement responsive discharge plans and referral pathways.	**Achieved** Monash Health ensures systems, procedures and training facilitate appropriate 'Asking of the Question' to correctly record patient Aboriginal and or Torres Strait Islander status in accordance with National Standard action item 5.8. Monash Health provides support via the Aboriginal Hospital Liaison services to assist patients with discharge planning and referral pathways.

Moving from Competition to Collaboration

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

Deliverable	Goal	Evidence of delivery
Collaborate within the Local Health Service Network to build a more integrated health system, with better access and experience for patients, strengthened workforce, consistently high-quality care, and more sustainable healthcare delivery.	Meet all objectives agreed to in the Local Health Service Network *Statement of Expectations* across priority areas (access, equity and flow, workforce, safety and quality, and shared services).	**Not Achieved/Ongoing** South Metro Local Health Service Network (comprised of Monash Health only) delivered on the majority of initiatives agreed to in the Network *Statement of Expectations*. Of the 16 strategic initiatives included, 8 are listed as 'complete', 7 are listed as 'in progress' and one is listed as 'not started', pending guidance from the Department of Health. Of the 8 common initiatives, South Metro LHSN delivered initiatives 5 in full, with 2 remaining 'in progress' and one yet to be started. The 'in progress' initiatives both relate to clinical service planning, with Part B of the service plan still in progress (Part A is complete), and Step Closer Care pathways still in development, in collaboration with our neighbouring LHSNs. The Regional Mental Health and Wellbeing Collaboration Plan are currently under development due for delivery March 2027. Of the 8 local initiatives, South Metro LHSN delivered 3 initiatives in full, with 5 remaining 'in progress'.

Part B: Performance priorities

High quality and safe care

Key performance measure	Target	Result
Infection prevention and control		
Percentage of healthcare workers immunised for influenza	94%	87%
Continuing care		
Average change in the functional independence measure (FIM) score per day of care for rehabilitation separations	≥ 0.645	0.668
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	100%	100%
Aged care		
Public sector residential aged care services overall star rating (>3 stars)	100%	100%
Patient experience		
Percentage of patients who reported positive experiences of their hospital stay	95%	92.1%
Aboriginal Health		
Difference between the percentage of Aboriginal patients and non-Aboriginal patients who left against medical advice	0%	3%
Difference between the percentage of Aboriginal patients and non-Aboriginal patients presenting to ED who did not wait to be treated	0%	2%
Mental Health		
Mental Health Patient Experience		
Percentage of consumers who rated their overall experience with a service in the last three months as positive	80%	64.4%
Percentage of consumers/families/carers reporting a 'very good' or 'excellent' overall experience of the service	80%	44.2%
Percentage of families/carers who report they 'always' or 'usually' felt their opinions as a carer were respected	90%	71.9%
Percentage of mental health consumers reporting they 'usually' or 'always' felt safe using this service	90%	77.9%
Mental Health follow-ups, readmissions, and seclusions		
Percentage of consumers followed up within 7 days of separation – inpatient	88%	98%
Percentage of consumers re-admitted within 28 days of separation – inpatient	< 14%	11%
Rate of seclusion episodes per 1,000 occupied bed days - inpatient	≤ 6	4.7

Strong governance, leadership, and culture

Key performance measure	Target	Result
Organisational culture		
People matter survey – Percentage of staff with an overall positive response to safety culture survey questions	80%	79%

Timely access to care

Key performance measure	Target	Result
Planned Surgery		
Percentage of urgency category 1 planned surgery patients admitted within 30 days	100%	100%
Percentage of all planned surgery patients admitted within the clinically recommended time	94%	81.8%
Number of patients admitted from the planned surgery waiting list	30,010	30,230
Percentage of patients on the waiting list who have waited longer than the clinically recommended time for their respective triage category	25% proportional improvement from prior year	30.4%
Optimisation of surgical inpatient length of stay (LOS), including through the use of virtual and home-based pre- and post-operative models of care	Reduction in average LOS for surgical patients by 2% on 2024–25 performance	1.44 days
Emergency Care		
Percentage of patients transferred from ambulance to emergency department within 40 minutes	Casey: 6% improvement on 2024–25 performance (66%) Dandenong: 4% improvement on 2024–25 performance (74%) MMC Clayton: 8% improvement on 2024–25 performance (55%) Victorian Heart Hospital: (80%)	69% 89% 68% 97%
Number of emergency patients with a length of stay in the ED greater than 24 hours	0 (Casey) 0 (Dandenong) 0 (MMC Clayton) 0 (VHH)	1,030 (Casey) 839 (Dandenong) 631 (MMC) 1 (VHH)
Average ED length of stay (admitted) in minutes	<414 minutes or, if not met, a 5% improvement from the same time last year.	650 minutes (Casey) 735 minutes (Dandenong) 878 minutes (MMC Clayton) 351 minutes (VHH)
Average ED length of stay (non-admitted) in minutes	<240 minutes or, if not met, a 3% improvement from the same time last year.	281 minutes (Casey) 271 minutes (Dandenong) 265 minutes (MMC Clayton) 187 minutes (VHH)
Mental Health		
Percentage of mental health-related emergency department presentations with a length of stay of less than 4 hours	65%	18% (Casey) 28% (Dandenong) 41% (MMC, Clayton)
Percentage of departures from emergency departments to a mental health bed within 8 hours	80%	4% (Casey) 11% (Dandenong)

Key performance measure	Target	Result
		22% (MMC, Clayton)
Number of admitted mental health occupied bed days	74,588	74,817
Number of community mental health service hours	269,476	258,611
Specialist Clinics		
Percentage of patients referred by a GP or external specialist who attended a first appointment within the recommended timeframe	95%	76.4%
Home Based Care		
Percentage of admitted bed days delivered at home	8.4%	7.5%

Effective financial management

Key performance measure	Target	Result
Operating result ($M)	0.00	84.88
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	0.57
Variance between forecast and actual operating result (OR) as a percentage of the forecast OR for the current financial year ending 30 June	5% movement in forecast revenue and expenditure forecasts	1.00

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

Part C: Activity and funding

Monash Health funding summary for 1 July 2025 to 30 June 2026

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

Funding type	2025–26 activity achievement
Consolidated activity funding	
Acute admitted, subacute admitted, emergency services, non-admitted NWAU	367,050
Community mental health NWAU	25,585
Acute admitted	
Acute admitted DVA	340
Acute admitted TAC	451
Acute non-admitted	
Radiotherapy - other	107
Subacute/non-acute, admitted and non-admitted	
Subacute - DVA	65
Transition care - bed days	17,047
Transition care - home days	11,051
Aged Care	
Residential aged care	37,779
HACC	34,302
Mental Health and Drug Services	
Mental health ambulatory	8,624
Mental health residential	47,714
Mental health subacute	37,316
Drug Services	4,885
Primary Health	
Community health / primary care programs	93,177
Other	
NFC - Pancreas transplants	18

Financial statements

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

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

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

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

We authorise the attached financial statements for issue on 22 September 2026.



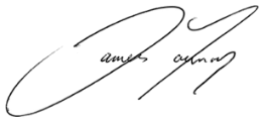
Michael Gorton AM
Chair, Board of Directors

Melbourne
22 September 2026



Professor Eugine Yafele
Chief Executive Officer

Melbourne
22 September 2026



James Young
Interim Chief Financial Officer
Chief Finance and Accounting Officer

Melbourne
22 September 2026

Independent Auditor's Report

Victorian Auditor-General's Office

To the Board of Monash Health

Opinion

I have audited the consolidated financial report of Monash Health (the health service) and its controlled entities (together the consolidated entity), which comprises the:

- consolidated entity and health service balance sheets as at 30 June 2026
- consolidated entity and health service comprehensive operating statement for the year then ended
- consolidated entity and health service statements of changes in equity for the year then ended
- consolidated entity and health service cash flows statements for the year then ended
- notes to the financial statements, including material accounting policy information
- board members', accountable officer's and chief finance and accounting officer's declaration.

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

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 and the consolidated entity 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 and the *Financial Management Act 1994*, and for such internal control as the Board determines is necessary to enable the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error.

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

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

Auditor's responsibilities for the audit of the financial report

As required by the *Audit Act 1994*, my responsibility is to express an opinion on the financial report based on the audit. My objectives for the audit are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

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

- identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the health service and the consolidated entity'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 and the consolidated entity'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 and the consolidated entity 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
- obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the health service and consolidated entity to express an opinion on the financial report. I remain responsible for the direction, supervision and performance of the audit of the health service and the consolidated entity. I remain solely responsible for my audit opinion.

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.



Simone Bohan
as delegate for the Auditor-General of Victoria

MELBOURNE
24 September 2026

Consolidated comprehensive operating statement

For the financial year ended 30 June 2026.

	Note	Consolidated 2026 $'000	Consolidated 2025 $'000
Revenue and income from transactions			
Revenue from contracts with customers	2.1	3,208,711	2,947,467
Other sources of income	2.1	446,615	474,770
Total revenue and income from transactions	2.1	32,407	42,250
		3,687,733	**3,464,487**
Expenses from transactions			
Employee expenses			
Depreciation and amortisation	3.1	(2,762,971)	(2,610,333)
Supplies and consumables	4.2	(224,239)	(218,498)
Other expenses	3.1(d)	(446,074)	(428,296)
Total Expenses from transactions	3.1(e)	(314,509)	(287,874)
		(3,747,793)	**(3,545,001)**
Net result from transactions - net operating balance			
		(60,060)	**(80,513)**
Other economic flows included in net result			
Net gain on financial instruments			
Other (loss)/ gain from other economic flows		(37)	533
Total other economic flows included in net result		17,802	(4,475)
		17,765	**(3,942)**
Net result			
		(42,296)	**(84,455)**
Other economic flows - other comprehensive income			
Items that will not be reclassified to net result			
Changes in property, plant and equipment revaluation surplus		-	-
Total other comprehensive income		-	-
Comprehensive result		**(42,296)**	**(84,455)**

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

Consolidated balance sheet

As at 30 June 2026.

	Note	Consolidated 2026 $'000	Consolidated 2025 $'000
Financial assets			
Cash and cash equivalents	6.2	244,532	175,427
Receivables	5.1	300,184	279,303
Contract assets	5.2	35,836	32,436
Investments and other financial assets	5.3	11,577	10,732
Total financial assets		**592,129**	**497,898**
Non-financial assets			
Prepayments		10,395	9,721
Inventories	5.4	26,230	28,856
Property, plant and equipment	4.1	3,771,462	3,697,420
Intangible assets		387	1,038
Investments using the equity method	8.8	6,101	6,109
Total non-financial assets		**3,814,575**	**3,743,145**
Total assets		**4,406,704**	**4,241,043**
Liabilities			
Payables	5.5	241,289	236,225
Contract liabilities	5.6	39,674	25,581
Borrowings	6.1	151,433	159,738
Employee benefits	3.1(b)	777,274	747,446
Other liabilities	5.7	24,867	15,679
Total liabilities		**1,234,537**	**1,184,669**
Net assets		**3,172,167**	**3,056,374**
Equity			
Property, plant and equipment revaluation surplus	SCE	2,531,924	2,531,924
Restricted specific purpose reserve	SCE	37,614	38,750
Contributed capital	SCE	573,226	415,138
Accumulated surplus	SCE	29,404	70,563
Total equity		**3,172,167**	**3,056,374**

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

Consolidated cash flow statement

For the financial year ended 30 June 2026.

	Note	Consolidated 2026 $'000	Consolidated 2025 $'000
Cash flows from operating activities			
Receipts from Government		3,203,169	2,941,042
Commercial activities, patient and hospital fees received		281,263	275,579
GST received from ATO		74,279	58,640
Other receipts		111,954	118,229
Total receipts		**3,670,664**	**3,393,489**
Payments to employees		(2,687,392)	(2,571,546)
Payments for supplies and consumables		(530,356)	(520,869)
Other payments		(312,174)	(284,788)
Total payments		**(3,529,922)**	**(3,377,203)**
Net cash flows from/(used in) operating activities	8.1	**140,743**	**16,286**
Cash flows from investing activities			
Purchase of non-financial assets		(82,867)	(94,074)
Net cash flows from/(used in) investing activities		**(82,867)**	**(94,074)**
Cash flows from financing activities			
Capital contribution		-	3,828
Repayment of borrowings		(6,961)	(6,596)
Receipt of borrowings		9,000	30,000
Repayment of accommodation deposits		(2,420)	(3,363)
Receipt of accommodation deposits		11,610	2,475
Net cash flows from financing activities		**11,229**	**26,344**
Net increase/(decrease) in cash and cash equivalents held		**69,105**	**(51,444)**
Cash and cash equivalents at beginning of year		175,427	226,871
Cash and cash equivalents at end of year	6.2	**244,532**	**175,427**

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

Consolidated statement of changes in equity

For the financial year ended 30 June 2026.

Consolidated	Property, Plant and Equipment Revaluation Surplus $'000	Restricted Specific Purpose Reserve $'000	Contributed Capital $'000	Accumulated Surplus/ (Deficit) $'000	Total $'000
Balance at 1 July 2024	**2,531,924**	**37,724**	**415,903**	**156,045**	**3,141,594**
Net result for the year	-	-	-	(84,455)	(84,455)
Other comprehensive income for the year		-	-	-	-
Transfer from/(to) accumulated surplus/(deficit)	-	1,027	-	(1,027)	-
Capital contribution	-	-	(765)	-	(765)
Balance at 30 June 2025	**2,531,924**	**38,750**	**415,138**	**70,563**	**3,056,374**
Net result for the year	-	-	-	(42,296)	(42,296)
Transfer from/(to) accumulated surplus/(deficit)	-	(1,137)	-	1,137	-
Capital contribution	-	-	158,088	-	158,088
Balance at 30 June 2024	**2,531,924**	**37,614**	**573,226**	**29,404**	**3,172,167**

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

Notes to the financial statements

For the financial year ended 30 June 2026.

Note 1: About this report

Structure

- Note 1.1: Basis of preparation
- Note 1.2: Principles of consolidation
- Note 1.3: Material accounting estimates and judgements
- Note 1.4: Accounting standards issued but not yet effective
- Note 1.5: Reporting entity
- Note 1.6: Economic dependency

These financial statements represent the consolidated financial statements for Monash Health and its controlled entity for the year ended 30 June 2026.

This section explains the basis of preparing the financial statements.

Note 1.1: Basis of preparation

These general purpose financial statements have been prepared in accordance with the *Financial Management Act* (FMA) 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 Monash Health.

The financial statements have been prepared on a going concern basis (refer to Note 1.6 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 Monash Health on 7 September 2026.

Note 1.2: Principles of consolidation

The financial statements include the assets and liabilities of Monash Health and its controlled entity as a whole as at the end of the financial year and the consolidated results and cash flows for the year.

Monash Health controls the following entity:

- Kitaya Holdings Pty Ltd (trading as Jessie McPherson Private Hospital)

Details of the controlled entity are set out in Note 8.7.

The transactions and balances of the parent entity are not disclosed separately in the notes to the financial statements.

An entity is considered to be a controlled entity where Monash Health has the power to govern the financial and operating policies of an organisation so as to obtain benefits from its activities.

Monash Health consolidates the results of its controlled entities from the date on which Monash Health gains control until the date Monash Health ceases to have control. Where dissimilar accounting policies are adopted

by entities and their effect is considered material, adjustments are made to ensure consistent policies are adopted in these financial statements.

Transactions between segments within Monash Health have been eliminated to reflect the extent of Monash Health's operations as a group.

Note 1.3: 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 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 identified at the beginning of each section where applicable and relate to the following disclosures:

- Note 2.1: Revenue and income from transactions
- Note 3.1: Expenses incurred in the delivery of services
- Note 4.1: Property, plant and equipment
- Note 4.2: Depreciation and amortisation
- Note 5.1: Receivables
- Note 5.2: Contract assets
- Note 5.5: Payables
- Note 5.6: Contract liabilities
- Note 6.1(a): Lease liabilities
- Note 6.1(b): Public Private Partnership PPP lease liabilities
- Note 7.4: Fair value determination

Note 1.4: Accounting standards issued but not yet effective

An assessment of accounting standards and interpretations issued by the AASB that are not yet mandatorily applicable to Monash Health are not expected to have material impact on the financial statements.

- AASB 2022-10 *Amendments to Australian Accounting Standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities*
- AASB 17 *Insurance Contracts, AASB 2022-8 Amendments to Australian Accounting Standards – Insurance Contracts: Consequential Amendments and AASB 2022-9 Amendments to Australian Accounting Standards – Insurance Contracts in the Public Sector*
- AASB 2024-2 *Amendments to Australian Accounting Standards – Classification and Measurement of Financial Instruments*
- AASB 18 *Presentation and Disclosure of Financial Statements*

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

Note 1.5: Reporting Entity

The financial statements include all the controlled activities of Monash Health.

Its principal address is:
246 Clayton Road,
Clayton, Victoria 3168

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

Note 1.6: Economic dependency

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

Note 2: Funding delivery of our services

Monash Health's overall objective is to deliver programs and services that support and enhance the wellbeing of its patients. Monash Health is predominantly funded by grant funding for the provision of health services. Monash Health also receives revenue from the supply of services.

Structure

- Note 2.1: Revenue and income from transactions

Material judgements and estimates

This section contains the following material judgements and estimates:

Key judgements and estimates	Description
Identifying performance obligations	Monash Health applies material judgment when reviewing the terms and conditions of funding agreements and contracts to determine whether they contain sufficiently specific and enforceable performance obligations. If this criterion is met, the contract/funding agreement is treated as a contract with a customer, requiring Monash Health to recognise revenue as or when Monash Health transfers promised goods or services to customers. If this criterion is not met, funding is recognised immediately in the net result from operations.
Determining timing of revenue recognition	Monash Health applies material judgement to determine when a performance obligation has been satisfied and the transaction price that is to be allocated to each performance obligation. A performance obligation is either satisfied at a point in time or over time.

Note 2.1: Revenue and income from transactions

	Note	Consolidated 2026 $'000	Consolidated 2025 $'000
Revenue from contracts with customers	2.1(a)	3,208,711	2,947,467
Government grants	2.1(b)	446,615	474,770
Other income	2.1(c)	32,407	42,250
Total revenue and income from transactions		**3,687,733**	**3,464,487**

Note 2.1(a): Revenue from contracts with customers

	Consolidated 2026 $'000	Consolidated 2025 $'000
Government grants (State) - Operating	2,650,434	2,404,371
Government grants (Commonwealth) - Operating	166,806	156,183
Patient and resident fees	87,709	89,026
Private practice fees	6,110	5,528
Commercial activities	191,042	178,245
Other revenue from operating activities	106,610	114,114
Total revenue from contracts with customers	**3,208,711**	**2,947,467**
Monash Health disaggregates revenue by timing of revenue recognition		
Goods and services transferred to customers:		
At a point in time	3,121,002	2,858,441

Over time	87,709	89,026
Total revenue from contracts with customers	**3,208,711**	**2,947,467**

How we recognise revenue from contracts with customers

Government operating grants

Revenue from government operating grants that are enforceable and contain sufficiently specific performance obligations are accounted for as revenue from contracts with customers under AASB 15.

In contracts with customers, the 'customer' is typically a funding body, who is the party that promises funding in exchange for Monash Health's goods or services. Monash Health's funding bodies often direct that goods or services are to be provided to third party beneficiaries, including individuals or the community at large. In such instances, the customer remains the funding body that has funded the program or activity, however the delivery of goods or services to third party beneficiaries is a characteristic of the promised good or service being transferred to the funding body.

Salary expenses are recognised on an accrual basis across the financial year, and the modelled budget fully funds this expenditure. Monash Health opeartes a fornightly pay cycle and is streamed grant funding for 26 fortnightly pays per year. Due to timing of when these pay cycles occur on a cash flow basis this can result in a 27th pay approximately every 10 years. Monash Health received an additional $104 million as a 27th pay as a result of this occurrence.

This policy applies to each of Monash Health's revenue streams, with information detailed below relating to Monash Health's significant revenue streams:

Government grant	Performance obligation
Activity Based Funding (ABF) paid as National Weighted Activity Unit (NWAU). This forms the basis of State Government operating grants.	NWAU is a measure of health service activity expressed as a common unit against which the national efficient price (NEP) is paid. The performance obligations for NWAU are the number and mix of admissions, emergency department presentations and outpatient episodes, and is weighted for clinical complexity. Revenue is recognised at a point in time, which is when a patient is discharged.
Pharmaceutical Benefits Scheme (PBS) Funding. This is included in Commonwealth Government operating grants.	The performance obligations for PBS funding is defined as pharmaceutical prescriptions or orders processed that satisfy and are completed in accordance with the Commonwealth PBS guidelines. Revenue is recognised at a point in time, which is when a patient prescription is processed and is in accordance with the criteria set out in the PBS regulations

Patient and resident fees

Patient and resident fees are charges that can be levied on patients for some services they receive. Patient and resident fees are recognised at a point in time when the performance obligation and the provision of services is satisfied, except where the patient and resident fees relate to accommodation charges. Accommodation charges are calculated daily and are recognised over time to reflect the period accommodation is provided.

Private practice fees

Private practice fees include recoupments from various private practice organisations for the use of hospital facilities. Private practice fees are recognised over time as the performance obligation or the provision of facilities is provided to customers.

Commercial activities

Revenue from commercial activities includes items such as car park income, property rental income and commercial laboratory medicine revenue. Commercial activity revenue is recognised at a point in time upon provision of the goods or service to the customer.

Note 2.1(b): Government grants

	Consolidated 2026 $'000	Consolidated 2025 $'000
Government grants (State) - Operating	310,001	325,519
Government grants (Commonwealth) - Operating	8,784	8,540
Government grants (State) - Capital	127,830	140,712
Total Government grants	**446,615**	**474,770**

How we recognise Government grants

Government operating grants

Monash 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 Monash Health has an unconditional right to receive cash which usually coincides with receipt of cash. On initial recognition of the asset, Monash 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 *Revenue with Contracts from Customers*
- 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 Monash 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 Monash Health's obligation to construct the asset. The progressive percentage of costs incurred is used to recognise income, as this most accurately reflects the stage of completion.

Non-cash contributions from the Department of Health

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

Supplier	Description
Victorian Managed Insurance Authority	The Department of Health purchases non-medical indemnity insurance for Monash Health which is paid directly to the Victorian Managed Insurance Authority. To record this contribution, such payments are recognised as income with a matching expense in the net result from transactions.
Victorian Health Building Authority	The Department of Health made payments to the Victorian Infrastructure Delivery Authority to fund capital works projects during the year ended 30 June 2026, on behalf of Monash Health.
Department of Health (DH)	Long Service Leave (LSL) revenue is recognised upon finalisation of movements in LSL liability in line with the long service leave funding arrangements with the DH.
Public Private Partnership (Plenary Health Pty Ltd)	The Department of Health purchases lease arrangements and services which are paid directly to Plenary Health Pty Ltd. To record this contribution, such payments are recognised as income with a matching depreciation and interest expense in the net result from transactions, in accordance with the nature and timing of the monthly or quarterly payment. Such PPP's are not accounted for as a Service Concession Arrangement as the public service criterion is not satisfied.

Note 2.1(c): Other income

	Consolidated 2026 $'000	Consolidated 2025 $'000
Operating activities		
Other capital purpose income	11,733	15,825
Capital donations	2,717	7,274
Assets received free of charge	384	506
Other income from operating activities	6,628	379
	21,462	**23,984**
Non-operating activities		
Interest & dividends	10,945	18,266
	10,945	**18,266**
Total other income	**32,407**	**42,250**

Note 3: The cost of delivering our services

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

Structure

- Note 3.1: Expenses incurred in the delivery of services

Material judgements and estimates

This section contains the following key judgements and estimates:

Key judgements and estimates	Description
Classifying employee benefit liabilities	Monash Health applies material judgment when classifying its employee benefit liabilities. Employee benefit liabilities are classified as a current liability if Monash Health does not have an unconditional right to defer payment beyond 12 months. Annual leave, accrued days off and long service leave entitlements (for staff who have exceeded the minimum vesting period) fall into this category. Employee benefit liabilities are classified as a non-current liability if Monash Health has a conditional right to defer payment beyond 12 months. Long service leave entitlements (for staff who have not yet exceeded the minimum vesting period) fall into this category.
Measuring employee benefit liabilities	Monash Health applies material judgment when measuring its employee benefit liabilities. The health service applies judgement to determine when it expects its employee entitlements to be paid. With reference to historical data, if Monash Health does not expect entitlements to be paid within 12 months, the entitlement is measured at its present value, being the expected future payments to employees. Expected future payments incorporate: • an inflation rate of 4.150%, reflecting the future wage and salary levels • durations of service and employee departures, which are used to determine the estimated value of long service leave that will be taken in the future, for employees who have not yet reached the vesting period. The estimated rates are between 33% and 100% • discounting at the rate of 4.736%, as determined with reference to market yields on government bonds at the end of the reporting period. All other entitlements are measured at their nominal value.

Note 3.1: Expenses incurred in the delivery of services

	Note	Consolidated 2026 $'000	Consolidated 2025 $'000
Employee expenses	3.1(a)	2,762,971	2,610,333
Supplies and consumables	3.1(d)	446,074	428,296
Other operating expenses	3.1(e)	314,509	287,874
Total expenses incurred in the delivery of services		**3,523,555**	**3,326,502**

Note 3.1(a): Employee expenses

	Consolidated 2026 $'000	Consolidated 2025 $'000
Salaries and wages	2,373,816	2,230,861
On-costs	318,394	309,315
Agency expenses	31,894	24,879
Workcover premium	38,867	45,278
Total employee expenses	**2,762,971**	**2,610,333**

How we recognise employee expenses

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

Note 3.1(b): Employee benefits in the balance sheet

	Consolidated 2026 $'000	Consolidated 2025 $'000
Current employee benefits and related on-costs		
Accrued days off		
Unconditional and expected to be settled wholly within 12 months [i]	13,447	12,520
	13,447	12,520
Annual leave		
Unconditional and expected to be settled wholly within 12 months [i]	213,517	198,800
Unconditional and expected to be settled wholly after 12 months	33,781	31,735
	247,298	**230,535**
Long service leave		
Unconditional and expected to be settled wholly within 12 months [i]	41,183	44,131
Unconditional and expected to be settled wholly after 12 months	309,525	305,664
	350,709	**349,795**
Provisions related to employee benefit on-costs		
Unconditional and expected to be settled within 12 months [i]	34,917	32,847
Unconditional and expected to be settled after 12 months [ii]	47,063	46,179
	81,980	**79,026**

	Consolidated 2026 $'000	Consolidated 2025 $'000
Total current employee benefits and related on-costs	**693,433**	**671,876**
Non-current employee benefits and related on-costs		
Conditional long service leave	73,734	66,459
Provisions related to employee benefit on-costs	10,107	9,111
Total non-current employee benefits and related on-costs	**83,841**	**75,569**
Total employee benefits and related on-costs	**777,274**	**747,446**

i The amounts disclosed are nominal amounts.

ii The amounts disclosed are discounted to present values.

Provision for related on-costs movement schedule

	Consolidated 2026 $'000	Consolidated 2025 $'000
Carrying amount at start of year	88,137	71,351
Additional provisions recognised	12,461	14,797
Amounts incurred during the year	(10,921)	1,023
Net (gain)/loss arising from revaluation of long service liability	2,410	966
Carrying amount at end of year	**92,087**	**88,137**

How we recognise employee benefits

Employee benefit recognition

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

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

Annual leave and accrued days off

Liabilities for annual leave and accrued days off are recognised in the provision for employee benefits as 'current liabilities' because Monash 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 Monash Health expects to wholly settle within 12 months; or
- Present value – if Monash 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 Monash 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 Monash Health expects to wholly settle within 12 months; or
- Present value – if Monash Health does not expect to wholly settle within 12 months.

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

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): Superannuation

	Paid Contribution for the Year		Contribution Outstanding at Year End	
	Consolidated 2026 $'000	Consolidated 2025 $'000	Consolidated 2026 $'000	Consolidated 2025 $'000
Defined benefit plans:[i]				
Aware Super	-	246	-	-
State Superannuation Fund	-	270	-	-
Defined contribution plans:				
Aware Super	83,381	80,600	15	5
Hesta	108,855	100,704	11	10
VicSuper and other	67,014	57,097	12	4
Total	**259,251**	**238,918**	**39**	**19**

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

How we recognise superannuation

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

During the current financial year, Monash Health transitioned to same day superannuation payments.

Defined benefit superannuation plans

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

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

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

Defined contribution superannuation plans

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

Note 3.1(d): Supplies and consumables

	Consolidated 2026 $'000	Consolidated 2025 $'000
Drug supplies	147,568	142,791
Medical and surgical supplies (including Prostheses)	195,273	174,123
Diagnostic and radiology supplies	46,475	48,741
Other supplies and consumables	56,758	62,641
Total supplies and consumables	**446,074**	**428,296**

Supplies and consumables

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

Note 3.1(e): Other operating expenses

	Consolidated 2026 $'000	Consolidated 2025 $'000
Finance costs	8,223	7,160
Other administrative expenses	121,451	122,135
Fuel, light, power and water	22,750	21,027
Repairs and maintenance	38,814	35,952
Medical indemnity insurance	59,772	47,138
Expenses related to leases of low value assets	8,917	7,751
Expenditure for capital purposes	26,163	22,028
Public private partnership operating expenses	20,648	16,888

Specific expense	2,307	955
Bad and doubtful debt expense	5,463	6,840
Total other operating expenses	**314,509**	**287,874**

How we recognise expenses from transactions

Expense recognition

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

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 Monash 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

Monash 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 Monash Health to be utilised for delivery of those outputs.

Structure

- Note 4.1: Property, plant & equipment
- Note 4.2: Depreciation and amortisation
- Note 4.3: Impairment of assets

Material judgements and estimates

This section contains the following material judgements and estimates:

Key judgements and estimates	Description
Estimating useful life of property, plant and equipment	Monash Health assigns an estimated useful life to each item of property, plant and equipment. This is used to calculate depreciation of the asset. The health service reviews the useful life and depreciation rates of all assets at the end of each financial year and where necessary, records a change in accounting estimate.
Estimating useful life of right-of-use assets	The useful life of each right-of-use asset is typically the respective lease term, except where the health service is reasonably certain to exercise a purchase option contained within the lease, in which case the useful life reverts to the estimated useful life of the underlying asset. Monash Health applies material judgement to determine whether or not it is reasonably certain to exercise such purchase options.

Note 4.1: Property, plant and equipment

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2026 $'000	2025 $'000	2026 $'000	2025 $'000	2026 $'000	2025 $'000
Land at fair value - Crown	319,887	319,887	-	-	319,887	319,887
Buildings at fair value	3,145,411	2,931,772	(305,912)	(150,277)	2,839,499	2,781,495
Works in progress at cost	141,307	97,157	-	-	141,307	97,157
Plant, equipment and vehicles at fair value	600,815	615,283	(354,501)	(359,645)	246,314	255,638
Land - ROU at fair value [1]	5,472	5,472	(1,084)	(927)	4,388	4,545
Buildings - ROU at fair value [1]	55,681	59,378	(20,875)	(18,400)	34,806	40,978
Buildings PPP - ROU at fair value [1]	202,504	203,397	(20,994)	(11,384)	181,510	192,014
Plant, equipment and vehicles - ROU at fair value [1]	15,460	19,504	(11,709)	(13,797)	3,751	5,706
Total property, plant and equipment	**4,486,537**	**4,251,850**	**(715,076)**	**(554,430)**	**3,771,462**	**3,697,420**

1. As a result of a change in FRD 104 Leases effective for reporting periods from 30 June 2026, right-of-use assets are measured at cost for reporting period 2026. The comparative information for 2025 is not restated and is reported at the previously determined fair value. For further information, refer to Note 7.4

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.

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.

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

How we recognise right-of-use assets

Initial recognition

When Monash Health enters a contract, which provides the health service 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 (refer to Note 6.1(a) for further information) the contract gives rise to a right-of-use asset and corresponding lease liability, which is recognised at the lease commencement date.

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.

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

Monash Health holds lease agreements which contain significantly below-market terms and conditions, which are principally to enable Monash Health to further its objectives. Refer to Note 6.1(a) for further information regarding the nature and terms of the concessional leases and Monash Health's dependency on such lease arrangements.

Included in Right of Use Buildings at Fair Value is Casey Hospital. Casey Hospital commenced operation during the year ended 30 June 2005 and the assets constructed under the Casey Hospital Expansion Project commenced operation during the year ended 30 June 2020. Construction and fit out of Casey Hospital was funded as a Public Private Partnership under the Project Agreement between the State of Victoria and Plenary Health Pty Ltd (formerly Progress Health Pty Ltd). Monash Health is responsible for operating Casey Hospital and has recognised the leased asset and associated interest-bearing liabilities (Note 6.1). The State of Victoria is obligated to fund quarterly service payments due to the Project Agreement for the life of that agreement, a period of up to 25 years.

Refer to Note 6.1 for how we recognise commissioned public private partnerships (PPP).

Subsequent measurement

Right-of-use assets are subsequently measured at cost, less accumulated depreciation, impairment and any adjustments for remeasurement of the lease liability.

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

Note 4.1(a): Reconciliations of carrying amount by class of asset

	Note	Land $'000	Buildings $'000	Works in progress $'000	Right of use assets [1] $'000	Plant, equipment and vehicles $'000	Total $'000
Balance at 1 July 2024		**324,150**	**2,783,712**	**113,476**	**256,475**	**267,525**	**3,745,339**
Additions		-	-	139,343	3,294	31,634	174,270
Disposals		(4,264)	(329)	-	-	(151)	(4,744)
Revaluation increments/ (decrements)		-	-	-	-	-	-
Net transfers between classes		-	(148,246)	(155,662)	744	6,672	0
Depreciation	4.2	-	(150,135)	-	(17,272)	(50,039)	(217,446)
Balance at 30 June 2025	4.1	**319,886**	**2,781,494**	**97,157**	**243,241**	**255,640**	**3,697,420**
Additions		-	158,088	105,892	860	33,215	298,054
Disposals		-	-	-	-	(412)	(412)
Revaluation increments/(decrements)		-	-	-	-	-	-
Net Transfers between classes		-	54,347	(61,742)	(2,473)	9,868	-
Depreciation	4.2	-	(154,431)	-	(17,175)	(51,995)	(223,600)
Balance at 30 June 2026	4.1	**319,886**	**2,839,499**	**141,307**	**224,453**	**246,316**	**3,771,462**

(1) As a result of a change in FRD 104 Leases effective for reporting periods from 30 June 2026, right-of-use assets are measured at cost for reporting period 2026. The comparative information for 2025 is not restated and is reported at the previously determined fair value. For further information, refer to Note 7.4

Land and Buildings carried at Valuation

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

Note 4.2: Depreciation and amortisation

	Consolidated 2026 $'000	Consolidated 2025 $'000
Depreciation		
Property, plant and equipment		
Buildings at fair value	154,431	150,135
Plant, equipment and vehicles at fair value	51,995	50,039
Total depreciation - property, plant and equipment	**206,425**	**200,174**
Right-of-use assets		
Right-of-use land	157	157
Right of-use buildings	4,204	4,273
Right-of-use plant, equipment and vehicles	2,311	2,365
Right-of-use PPP leased buildings	10,503	10,477
Total depreciation - right-of-use assets	**17,175**	**17,272**
Total depreciation	**223,600**	**217,446**
Amortisation		
Software	639	1,053
Total amortisation	**639**	**1,053**
Total depreciation and amortisation	**224,239**	**218,498**

How we recognise depreciation

All buildings, plant and equipment and other non-financial physical assets (excluding items under operating leases and land) 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 also depreciated over the useful life of the underlying asset.

Useful lives of non-current assets

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

	2026	2025
Buildings		
- Structure shell building fabric	45 to 70 years	45 to 70 years
- Site engineering services and central plant	22 to 30 years	22 to 30 years
- Fit out	22 to 30 years	22 to 30 years
- Trunk reticulated building system	22 to 30 years	22 to 30 years
Plant and equipment	3 to 10 years	3 to 10 years
Medical equipment	3 to 10 years	3 to 10 years
Computers and communication	3 years	3 years
Furniture and fittings	10 years	10 years
Motor vehicles	4 years	4 years
Right of use buildings	3 to 40 years	3 to 40 years
Right of use land	30 to 39 years	30 to 39 years
Intangible assets	5 years	5 years

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

Note 4.3: Impairment of assets

The recoverable amount of primarily non-cash-generating assets of Monash 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 does not apply to such assets that are regularly revalued.

Impairment of intangible assets

Intangible assets with finite useful lives are tested for impairment whenever an indication of impairment is identified.

Monash Health did not record any impairment losses for the year ended 30 June 2026 (30 June 2025: nil).

Note 5: Other assets and liabilities

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

Structure

- Note 5.1: Receivables
- Note 5.2: Contract assets
- Note 5.3: Investments and other financial assets
- Note 5.4: Inventories
- Note 5.5: Payables
- Note 5.6: Contract liabilities
- Note 5.7: Other liabilities

Material judgements and estimates

This section contains the following key judgements and estimates:

Key judgements and estimates	Description
Measuring deferred capital grant income	Where Monash Health has received funding to construct an identifiable non-financial asset, such funding is recognised as deferred capital grant income until the underlying asset is constructed. Monash Health applies material judgement when measuring the deferred capital grant income balance, which references the estimated stage of completion at the end of each financial year.
Measuring contract liabilities	Monash Health applies material judgement to measure its progress towards satisfying a performance obligation as detailed in Note 2. Where a performance obligation is yet to be satisfied, the health service assigns funds to the outstanding obligation and records this as a contract liability until the promised good or service is transferred to the customer.

Note 5.1: Receivables

	Note	Consolidated 2026 $'000	Consolidated 2025 $'000
Current receivables			
Contractual			
Inter hospital debtors		5,515	3,312
Trade receivables		11,709	12,760
Patient fees		22,609	23,564
Allowance for impairment losses	5.1(a)	(8,017)	(8,490)
Amounts receivable from governments and agencies		4,216	3,249
Total contractual receivables		**36,032**	**34,394**
Statutory			
GST receivable		5,818	12,757
Total statutory receivables		**5,818**	**12,757**
Total current receivables		**41,850**	**47,151**
Non-current receivables			
Contractual			
Long service leave - Department of Health		258,334	232,152
Total contractual receivables		**258,334**	**232,152**
Total non-current receivables		**258,334**	**232,152**
Total receivables		**300,184**	**279,303**
(i) Financial assets classified as receivables (Note 7.1)			
Total receivables		300,184	279,303
GST receivable		(5,818)	(12,757)
Total financial assets classified as receivables	7.1	**294,366**	**266,546**

How we recognise receivables

Receivables consist of:

- **Contractual receivables** include debtors that relate to the provision of goods and services. These receivables are classified as financial instruments and categorised as 'financial assets at amortised cost'. They are initially recognised at fair value plus any directly attributable transaction costs. Monash Health holds the contractual receivables with the objective to collect the contractual cash flows and therefore subsequently measured at amortised cost using the effective interest method, less any impairment.
- **Statutory receivables** include 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.
- Monash Health applies AASB 9 for initial measurement of the statutory receivables and as a result statutory receivables are initially recognised at fair value plus any directly attributable transaction cost.

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

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

	Consolidated 2026 $'000	Consolidated 2025 $'000
Balance at the beginning of the year	8,490	8,739
Increase in allowance	5,463	6,840
Reversal of allowance written off during the year as uncollectable	(5,936)	(7,089)
Balance at the end of the year	**8,017**	**8,490**

Impairment losses of contractual receivables

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

Note 5.2: Contract assets

	Note	Consolidated 2026 $'000	Consolidated 2025 $'000
Current contract assets		35,836	32,436
Total contract assets	5.2(a)	**35,836**	**32,436**

Note 5.2 (a): Movement in contract assets

	Consolidated 2026 $'000	Consolidated 2025 $'000
Balance at the beginning of the year	32,436	22,875
Add: Additional costs incurred that are recoverable from the customer	284,860	272,799
Less: Transfer to trade receivable or cash at bank	(281,460)	(263,238)
Total contract assets	**35,836**	**32,436**

How we recognise contract assets

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

Note 5.3: Investments and other financial assets

	Consolidated 2026 $'000	Consolidated 2025 $'000
Current		
Financial assets at fair value through net result		
Managed investment	11,577	10,732
Total current financial assets	**11,577**	**10,732**
Represented by:		
Health service investments	10,433	9,578
Foundation investments	1,144	1,154
Total investments and other financial assets	**11,577**	**10,732**

How we recognise investments and other financial assets

Monash Health's investments and other financial assets are made in accordance with Standing Direction 3.7.2 - Treasury Management, including the Central Banking System.

Monash Health manages its investments and other financial assets in accordance with an investment policy approved by the Board.

Investments are recognised when Monash Health enters into a contract to either purchase or sell the investment (i.e., when it becomes a party to the contractual provisions to the investment). Investments are initially measured at fair value, net of transaction costs.

Financial assets are measured at fair value, net of transaction costs.

Note 5.4: Inventories

	Consolidated 2026 $'000	Consolidated 2025 $'000
Medical and surgical consumables at cost	8,846	9,448
Pharmacy supplies at cost	11,396	10,345
Pathology supplies at cost	2,392	2,392
General stores at cost	3,596	6,671
Total inventories	**26,230**	**28,856**

How we recognise inventories

Inventories include goods held either for sale, consumption or for distribution at no or nominal cost in the ordinary course of business operations. It excludes depreciable assets.

Inventories held for distribution are measured at cost, adjusted for any loss of service potential. All other inventories are measured at the lower of cost and net realisable value. Inventories acquired at no cost or for nominal consideration are measured at current replacement cost at the date of acquisition.

Note 5.5: Payables

	Note	Consolidated 2026 $'000	Consolidated 2025 $'000
Current payables			
Contractual			
Trade creditors		5,645	12,777
Accrued salaries and wages		136,683	108,511
Accrued expenses		90,904	102,908
Deferred capital grant income	5.5(a)	2,403	2,327
Amounts payable to governments and agencies		1,481	5,773
Other		4,173	3,930
Total contractual payables		**241,289**	**236,225**
(i) Financial liabilities classified as payables (Note 7.1)			
Total payables		241,289	236,225
Deferred grant income		(2,403)	(2,327)
Total financial liabilities classified as payables	7.1	**238,886**	**233,898**

How we recognise payables

Payables consist of:

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

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

Note 5.5(a): Movement in deferred capital grant income

	Consolidated 2026 $'000	Consolidated 2025 $'000
Opening balance of deferred capital grant income	2,327	2,220
Grant consideration for capital works received during the year	127,906	140,819
Deferred capital grant income recognised as income due to completion of capital works	(127,830)	(140,712)
Closing balance of deferred capital grant income	**2,403**	**2,327**

How we recognise deferred capital grant income

Grant consideration was received from DH and other government departments to acquire or construct buildings, plant and equipment, furniture and fittings, computer equipment and software and medical equipment.

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

Monash Health expects to recognise all the remaining deferred capital grant income for capital works in the next financial year.

Note 5.6: Contract liabilities

	Consolidated 2026 $'000	Consolidated 2025 $'000
Opening balance of contract liabilities	25,581	25,431
Add: payments received for performance obligations not yet fulfilled	391,470	386,913
Add: Grant consideration for sufficiently specific performance obligations received during the year	2,831,333	2,560,704
Less: Revenue recognised in the reporting period for the completion of a performance obligation	(391,470)	(386,913)
Less: Grant revenue for sufficiently specific performance obligations works recognised consistent with the performance obligations met during the year	(2,817,240)	(2,560,555)
Total contract liabilities	**39,674**	**25,581**

How we recognise contract liabilities

Contract liabilities include consideration received in advance from customers and the State Government.

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

Maturity analysis of payables

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

Note 5.7: Other Liabilities

	Note	Consolidated 2026 $'000	Consolidated 2025 $'000
Current monies held in trust			
Patient monies		114	105
Refundable accommodation deposits		24,752	15,573
Total current monies held in trust		**24,867**	**15,679**
Total monies held in trust		**24,867**	**15,679**
*** Represented by:**			
- Cash assets	6.2	24,867	15,679
		24,867	**15,679**

How we recognise monies held in trust

Refundable Accommodation Deposit (RAD)/Accommodation Bond liabilities

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

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

Note 6: How we finance our operations

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

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

Structure

- Note 6.1: Borrowings
- Note 6.2: Cash and cash equivalents
- Note 6.3: Commitments for expenditure

Material judgements and estimates

This section contains the following material judgements and estimates:

Key judgements and estimates	Description
Determining if a contract is or contains a lease	Monash Health applies material judgement to determine if a contract is or contains a lease by considering if the health service: • has the right-to-use an identified asset • has the right to obtain substantially all economic benefits from the use of the leased asset and • can decide how and for what purpose the asset is used throughout the lease.
Determining if a lease meets the short-term or low value asset lease exemption	Monash Health applies material judgement when determining if a lease meets the short-term or low value lease exemption criteria. Monash Health estimates the fair value of leased assets when new. Where the estimated fair value is less than $10,000, the health service applies the low-value lease exemption. Monash Health also estimates the lease term with reference to remaining lease term and period that the lease remains enforceable. Where the enforceable lease period is less than 12 months the health service applies the short-term lease exemption.
Discount rate applied to future lease payments	Monash Health discounts its lease payments using the interest rate implicit in the lease. If this rate cannot be readily determined, which is generally the case for the lease arrangements, Monash Health uses its incremental borrowing rate, which is the amount Monash Health would have to pay to borrow funds necessary to obtain an asset of similar value to the right-of-use asset in a similar economic environment with similar terms, security and conditions.
Assessing the lease term	The lease term represents the non-cancellable period of a lease, combined with periods covered by an option to extend or terminate the lease if Monash Health is reasonably certain to exercise such options. Monash Health determines the likelihood of exercising such options on a lease-by-lease basis through consideration of various factors including: • If there are significant penalties to terminate (or not extend), Monash health is typically reasonably certain to extend (or not terminate) the lease. • If any leasehold improvements are expected to have a significant remaining value, Monash Health is typically reasonably certain to extend (or not terminate) the lease. • Monash Health considers historical lease durations and the costs and business disruption to replace such leased assets.

Note 6.1: Borrowings

	Note	Consolidated 2026 $'000	Consolidated 2025 $'000
Current borrowings			
Treasury Corporation Victoria loan [i]		3,943	3,476
Lease liability	6.1(a)	6,471	5,035
PPP lease liability	6.1(a)	5,534	5,207
Advances from government		1,000	1,063
Other financial liabilities		2,583	2,306
Total current borrowings		**19,532**	**17,088**
Non-current borrowings			
Treasury Corporation Victoria loan [i]		69,701	64,773
Lease liability	6.1(a)	39,669	46,343
PPP lease liability	6.1(a)	14,303	19,837
Advances from government		924	1,809
Other financial liabilities		7,304	9,888
Total non-current borrowings		**131,901**	**142,650**
Total borrowings	7.1	**151,433**	**159,738**

(i) During the year ended 30 June 2026 Monash Health entered into a loan agreement with TCV to fund $9m improvements required to the car park at the Casey site. The loan is repayable over 20 years with repayments being made quarterly.

How we recognise borrowings

Borrowings refer to interest bearing liabilities mainly loans from the Treasury Corporation of Victoria (TCV) and other funds raised through lease liabilities and other interest-bearing arrangements.

Borrowings are classified as financial instruments. Interest bearing liabilities are classified at amortised cost and recognised at the fair value of the consideration received less directly attributable transaction costs and subsequently measured at amortised cost using the effective interest method.

Maturity analysis

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

Note 6.1(a): Lease liabilities

Monash Health's lease liabilities are summarised below:

	Consolidated 2026 $'000	Consolidated 2025 $'000
Current lease liabilities		
Lease liability	12,005	10,243
Total current lease liabilities	**12,005**	**10,243**
Non-current lease liabilities		
Lease liability	53,972	66,180
Total non-current lease liabilities	**53,972**	**66,180**
Total lease liabilities	**65,977**	**76,423**

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

	Consolidated 2026 $'000	Consolidated 2025 $'000
Casey hospital public private partnership lease		
Repayments in relation to leases are payable as follows:		
Not longer than one year	6,592	6,592
Longer than one year but not longer than five years	15,382	21,975
Minimum future lease liability	**21,975**	**28,567**
Less unexpired finance expenses	(2,138)	(3,523)
Present value of lease liability	**19,837**	**25,044**

	Consolidated 2026 $'000	Consolidated 2025 $'000
Other lease liabilities		
Not longer than one year	8,028	6,721
Longer than one year but not longer than five years	20,758	24,031
Longer than five years	29,086	34,006
Minimum future lease liability	**57,872**	**64,757**
Less unexpired finance expenses	(11,732)	(13,379)
Present value of lease liability	**46,140**	**51,379**
Total minimum future lease liability	79,847	93,325
Less unexpired finance expenses	(13,870)	(16,902)
Total present value of lease liability	**65,977**	**76,423**

How we recognise lease liabilities

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

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

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

Monash Health's lease arrangements consist of the following:

Type of asset leased	Lease term
Leased land	30 to 39 years
Leased buildings	3 to 40 years
Leased plant, equipment, furniture, fittings and vehicles	4 to 10 years

All leases are recognised on the balance sheet, with the exception of low value leases (less than $10,000 AUD) and short-term leases of less than 12 months. Monash Health has elected to apply the practical expedients for short-term leases and leases of low-value assets. As a result, no right-of-use asset or lease liability is recognised for these leases; rather, lease payments are recognised as an expense on a straight-line basis over the lease term, within "other operating expenses" (refer to Note 3.1).

The following low value, short term and variable lease payments are recognised in profit or loss:

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

Initial measurement

The lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease if that rate is readily determinable or Monash Health's incremental borrowing rate. Our lease liabilities, including PPP, have been discounted by rates of between 1.5% and 5.9%.

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

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

Lease arrangements for buildings contain extension and termination options.

These terms are used to maximise operational flexibility in terms of managing contracts. Extension and termination options held are exercisable only by the health service and not by the respective lessor.

In determining the lease term, management considers all facts and circumstances that create an economic incentive to exercise an extension option, or not exercise a termination option. Extension options (or periods after termination

options) are only included in the lease term and lease liability if the lease is reasonably certain to be extended (or not terminated).

Potential future cash outflows have not been included in the lease liability because it is not reasonably certain that the leases will be extended (or not terminated).

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

During the current financial year, the financial effect of revising lease terms to reflect the effect of exercising extension and termination options was immaterial.

Subsequent measurement

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

When the lease liability is remeasured, the corresponding adjustment is reflected in the right-of-use asset.

Leases with significantly below market terms and conditions

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

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

Description of leased asset	Our dependence on lease	Nature and terms of lease
DH Land	Monash Health's dependence on these two leases is considered high as we have buildings on them which have long useful lives.	Lease terms are 40 years. Lease payments are between $12 and $104 p.a.
Monash University Land	Monash Health's dependence on this lease is considered high as we have the Victorian Heart Hospital building on it, which has a long useful life.	Lease term is 45 + 20 years Lease payments are $1 p.a.

How we recognise commissioned public private partnerships (PPP)

Monash Health entered into Public Private Partnership agreements between the State of Victoria and Plenary Health Pty Ltd (Plenary). Under the arrangements, the portion of total payments to Plenary Health that relates to Monash Health's right to use the assets is accounted for as a lease liability.

During the year ended 30 June 2005, Casey Hospital commenced operations. Monash Health is responsible for operating Casey Hospital and has recognised the ROU asset (note 4.1) and the associated interest-bearing liabilities. The State of Victoria is obligated to fund quarterly service payments due to Plenary under the Project Agreement for the life of that agreement, a period of up to 25 years.

During the year ended 30 June 2020, the Casey Hospital Expansion Project was completed. Monash Health is responsible for operating Casey Hospital Expansion and has recognised the ROU asset (note 4.1) and the associated interest-bearing liabilities. The State of Victoria is obligated to fund quarterly service payments due to Plenary under the Project Agreement for the life of that agreement, a period of up to 2030 in line with the original Casey Hospital Liability.

Such PPPs are not accounted for as a Service Concession Arrangement within the scope of AASB 1059 Service Concession Arrangements: Grantors as the required criteria are not satisfied.

Initial measurement

PPP leases are recognised as assets and liabilities at amounts equal to the fair value of the leased property or, if lower, the present value of the minimum lease payment, each determined at the inception of the PPP lease.

Subsequent measurement

The leased assets under the PPP arrangement are accounted for as a non-financial physical asset and are depreciated over the useful life of the asset.

Minimum lease payments are apportioned between reduction of the outstanding lease liability and the periodic finance expense which is calculated using the interest rate implicit in the lease and charged directly to the Comprehensive Operating Statement.

Contingent rentals associated with leases are recognised as an expense in the period in which they are incurred.

Note 6.2: Cash and cash equivalents

	Note	Consolidated 2026 $'000	Consolidated 2025 $'000
Cash on hand		75	77
Cash at bank		219,423	159,540
Total cash held for operations		**219,498**	**159,616**
Cash at bank - CBS (monies held in trust)		25,034	15,811
Total cash held as monies in trust		25,034	15,811
Total cash and cash equivalents	7.1	**244,532**	**175,427**

Note 6.3: Commitments for expenditure

30 June 2026	Less than 1 year $'000	1-5 Years $'000	Over 5 years $'000	Total $'000
Capital expenditure commitments	20,471	17,207	323	38,001
Operating expenditure commitments	124,542	125,669	1,641	251,853
Non-cancellable short term and low value lease commitments	4,167	8,697	-	12,864
PPP commitments (commissioned)[i]	31,235	76,910	-	108,145
Total commitments (inclusive of GST)	**180,415**	**228,484**	**1,964**	**410,863**
Less GST recoverable				(37,351)
Total commitments (exclusive of GST)				**373,512**

30 June 2025	Less than 1 year $'000	1-5 Years $'000	Over 5 years $'000	Total $'000
Capital expenditure commitments	14,826	12,482	165	27,474
Operating expenditure commitments	97,929	127,307	1,303	226,539
Non-cancellable short term and low value lease commitments	3,273	2,972	-	6,246
PPP commitments (commissioned)[i]	30,703	108,145	-	138,848
Total commitments (inclusive of GST)	**146,731**	**250,907**	**1,468**	**399,107**
Less GST recoverable				(36,282)

30 June 2026	Less than 1 year $'000	1-5 Years $'000	Over 5 years $'000	Total $'000
Total commitments (exclusive of GST)				**362,824**

How we disclose our commitments

Our commitments relate to expenditure, Public Private Partnerships (PPP) and short term and low value leases.

Expenditure commitments

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

Commissioned public private partnerships (PPP)

Pursuant to the requirements of the Operating Deeds signed by the State of Victoria and Monash Health during the years ended 30 June 2005 and 30 June 2020, DH agrees to meet all payments (including leasing and operating) for which the State of Victoria is liable and which are associated with the project.

In accordance with the PPP agreement Monash Health has recorded and reported all of the obligations of the State of Victoria, reflecting Monash Health's position as the government agency that controls the assets.

Refer to Note 6.1(a) for further information.

Short term and low value leases

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

Note 7: Risks, contingencies and valuation uncertainties

Monash 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 Monash Health, is related mainly to fair value determination.

Structure

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

Material judgements and estimates

This section contains the following material judgements and estimates:

Key judgements and estimates	Description
Measuring fair value of non-financial assets	Fair value is measured with reference to highest and best use, that is, the use of the asset by a market participant that is physically possible, legally permissible, financially feasible, and which results in the highest value, or to sell it to another market participant that would use the same asset in its highest and best use. In determining the highest and best use, Monash Health has assumed the current use is its highest and best use. Monash Health uses a range of valuation techniques to estimate fair value. The health service selects a valuation technique which is considered most appropriate, and for which there is sufficient data available to measure fair value, maximising the use of relevant observable inputs and minimising the use of unobservable inputs. Subsequently, the health service applies material judgement to categorise and disclose such assets within a fair value hierarchy, which includes: • Level 1, using quoted prices (unadjusted) in active markets for identical assets that the health service can access at measurement date. Monash Health does not categorise any fair values within this level. • Level 2, inputs other than quoted prices included within Level 1 that are observable for the asset, either directly or indirectly. Monash Health categorises non-specialised land and right-of-use concessionary land in this level. • Level 3, where inputs are unobservable. Monash Health categorises specialised land, non-specialised buildings, specialised buildings, plant, equipment, furniture, fittings, vehicles, right-of-use buildings and right-of-use plant, equipment, furniture and fittings in this level.

Note 7.1: Financial instruments

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

Note 7.1(a): Categorisation of financial instruments

Consolidated 30 June 2026	Note	Financial Assets at Amortised Cost $'000	Financial Assets at Fair Value Through Net Result $'000	Financial Liabilities at Amortised Cost $'000	Total $'000
Contractual Financial Assets					
Cash and Cash Equivalents	6.2	244,532	-	-	244,532
Receivables					
- Trade debtors	5.1	11,709	-	-	11,709
- Other receivables	5.1	24,323	-	-	24,323
- Long Service Leave - Department of Health	5.1	258,334	-	-	258,334
Investments and other financial assets	5.3	-	11,577	-	11,577
Total Financial Assets [i]		**538,898**	**11,577**	**-**	**550,475**
Financial Liabilities					
Payables	5.5	-	-	238,886	238,886
Borrowings	6.1	-	-	151,433	151,433
Other Financial Liabilities					
- Refundable accommodation bond	5.7	-	-	24,752	24,752
- Patient monies held in trust	5.7	-	-	114	114
Total Financial Liabilities [i]		**-**	**-**	**415,186**	**415,186**

Consolidated 30 June 2025	Note	Financial Assets at Amortised Cost $'000	Financial Assets at Fair Value Through Net Result $'000	Financial Liabilities at Amortised Cost $'000	Total $'000
Contractual Financial Assets					
Cash and cash equivalents	6.2	175,427	-	-	175,427
Receivables					
- Trade debtors	5.1	12,760	-	-	12,760
- Other receivables	5.1	21,635	-	-	21,635
- Long Service Leave - Department of Health	5.1	232,152	-	-	232,152
Investments and other financial assets	5.3	-	10,732	-	10,732
Total Financial Assets [i]		**441,974**	**10,732**	**-**	**452,706**
Financial Liabilities					
Payables	5.5	-	-	233,898	233,898
Borrowings	6.1	-	-	159,738	159,738
Other Financial Liabilities					
- Refundable accommodation bond	5.7	-	-	15,573	15,573
- Patient monies held in trust	5.7	-	-	105	105
Total Financial Liabilities [i]		**-**	**-**	**409,315**	**409,315**

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

How we categorise financial instruments

Categories of financial assets

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

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

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

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

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 Monash Health 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.

Monash Health recognises the following assets in this category:

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

Financial assets at fair value through net result

Monash Health initially designates a financial instrument as measured at fair value through net result if:

- it eliminates or significantly reduces a measurement or recognition inconsistency (often referred to as an "accounting mismatch") that would otherwise arise from measuring assets or recognising the gains and losses on them, on a different basis
- it is in accordance with the documented risk management or investment strategy and information about the groupings was documented appropriately, so the performance of the financial asset can be managed and evaluated consistently on a fair value basis, or
- it is a hybrid contract that contains an embedded derivative that significantly modifies the cash flows otherwise required by the contract.

The initial designation of the financial instruments to measure at fair value through net result is a one-time option on initial classification and is irrevocable until the financial asset is derecognised.

Monash Health has designated its managed investment with VFMC as fair value through net result.

Categories of financial liabilities

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

Financial liabilities at amortised cost

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

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

Monash Health recognises the following liabilities in this category:

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

Derecognition of financial assets

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

- the rights to receive cash flows from the asset have expired, or
- Monash 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
- Monash 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 Monash Health has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of Monash 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 fair value between amortised cost, fair value through net result and fair value through other comprehensive income when, and only when, Monash 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: Financial risk management objectives and policies

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

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

Monash Health's exposure to financial risks including credit risk, liquidity risk and interest rate risk, is deemed insignificant based on prior periods' data and current assessment of risk. Monash Health manages these financial risks in accordance with its financial risk management policy.

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

Note 7.2 (a): Credit risk

Monash Health has assessed there is no material credit risk.

Credit loss allowance is classified as an other economic flow in the net result.

Contractual receivables at amortised cost

Monash Health applies AASB 9's simplified approach for all contractual receivables to measure expected credit losses using a lifetime expected loss allowance based on the assumptions about risk of default and expected loss rates. Monash Health has grouped contractual receivables on shared credit risk characteristics and days past due and select the expected credit loss rate based on

Monash Health's history, existing market conditions, as well as forward-looking estimates at the end of the financial year.

Statutory receivables

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

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

Note 7.2 (b): Liquidity risk

Monash Health's exposure to liquidity risk is deemed insignificant based on prior periods' data and current assessment of risk in that Monash Health provides essential services to the Victorian health system and it is highly likely that the State of Victoria will continue providing ongoing financial support to the entity.

The following table discloses the contractual maturity analysis for Monash Health's financial liabilities.

				Maturity Dates				
Consolidated 30 June 2026	**Note**	**Carrying Amount $'000**	**Nominal Amount $'000**	**Less than 1 Month $'000**	**1-3 Months $'000**	**3 months - 1 Year $'000**	**1-5 Years $'000**	**Over 5 years $'000**
Financial Liabilities at amortised cost (i)								
Payables	5.5	238,886	238,886	234,887	522	1,391	2,087	-
Borrowings	6.1	151,433	151,433	1,922	3,653	13,957	56,728	75,173
Other Financial Liabilities								
- Refundable Accommodation Deposits	5.7	24,752	24,752	-	1,114	23,638	-	-
- Patient monies held in trust	5.7	114	114	114	-	-	-	-
Total Financial Liabilities		**415,186**	**415,186**	**236,923**	**5,288**	**38,987**	**58,815**	**75,173**

				Maturity Dates				
Consolidated 30 June 2025	**Note**	**Carrying Amount $'000**	**Nominal Amount $'000**	**Less than 1 Month $'000**	**1-3 Months $'000**	**3 months - 1 Year $'000**	**1-5 Years $'000**	**Over 5 years $'000**
Financial Liabilities at amortised cost (i)								
Payables	5.5	233,898	233,898	159,659	72,363	1,474	1,965	-
Borrowings	6.1	159,738	159,738	1,726	3,309	12,053	66,352	76,298
Other Financial Liabilities								
- Refundable Accommodation Deposits	5.7	15,573	15,573	-	701	14,872	-	-
- Patient monies held in trust	5.7	105	105	105	-	-	-	-
Total Financial Liabilities		**409,315**	**409,315**	**161,490**	**76,373**	**28,399**	**68,317**	**76,298**

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

Note 7.3: Contingent assets and contingent liabilities

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

Note 7.4: Fair value determination

How we measure fair value of investments and other financial assets

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

The following assets and liabilities are carried at fair value:

- Financial assets at fair value through net result
- Property, plant and equipment, with the exception of right-of-use assets arising under AASB 16, which are measured using the cost model

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

Valuation hierarchy

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

The levels are as follows:

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

Monash 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.

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

Identifying unobservable inputs (level 3) fair value measurements

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

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

Note 7.4(a): Fair value determination of investments and other financial assets

	Note	Consolidated carrying amount 30 June 2026 $'000	Fair value measurement at end of reporting period using: Level 1 $'000	Level 2 $'000	Level 3 $'000
Managed investment	5.3	11,577	-	11,577	-
Total investments and other financial assets at fair value		**11,577**	**-**	**11,577**	-

		Consolidated carrying amount 30 June 2025 $'000	Fair value measurement at end of reporting period using: Level 1 $'000	Level 2 $'000	Level 3 $'000
Managed investment	5.3	10,732	-	10,732	-
Total investments and other financial assets at fair value		**10,732**	**-**	**10,732**	**-**

How we measure fair value of investments and other financial assets

VFMC investment

Monash Health holds investment funds with Victorian Funds Management Corporation (VFMC) in managed funds. These are not quoted in an active market. Monash Health considers the valuation techniques and inputs used in valuing these funds as part of its due diligence prior to investment, to ensure they are reasonable and appropriate. The net asset value of these funds is used as an input into measuring their fair value, and is adjusted as necessary, to reflect specific factors of the fund. These funds are classified as Level 2.

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

	Note	Consolidated carrying amount 30 June 2026 $'000	Fair value measurement at end of reporting period using: Level 1[i] $'000	Level 2[i] $'000	Level 3[i] $'000
Non-specialised land at fair value		12,745	-	12,745	-
Specialised land at fair value		307,142	-	-	307,142
Total land at fair value	4.1	**319,886**	**-**	**12,745**	**307,142**
Non-specialised buildings at fair value		3,927	-	3,927	-
Specialised buildings at fair value		2,835,572	-	-	2,835,572
Total buildings at fair value	4.1	**2,839,499**	**-**	**3,927**	**2,835,572**
Plant, equipment and vehicles at fair value	4.1	246,314	-	2,886	243,428
Total plant, equipment and vehicles at fair value		**246,314**	**-**	**2,886**	**243,428**
Total non-financial physical assets at fair value		**3,405,699**	**-**	**19,558**	**3,386,142**

(i) Classified in accordance with the fair value hierarchy.

	Note	Consolidated carrying amount 30 June 2025 $'000	Fair value measurement at end of reporting period using: Level 1[i] $'000	Level 2[i] $'000	Level 3[i] $'000
Non-specialised land at fair value		12,745	-	12,745	-
Specialised land at fair value		307,143	-	-	307,143
Total land at fair value	4.1	**319,887**	**-**	**12,745**	**307,143**
Non-specialised buildings at fair value		4,139	-	4,139	-
Specialised buildings at fair value		2,777,357	-	-	2,777,357
Total buildings at fair value	4.1	**2,781,495**	**-**	**4,139**	**2,777,357**
Plant, equipment and vehicles at fair value	4.1	255,638	-	2,886	252,752
Total plant, equipment and vehicles at fair value		**255,638**	**-**	**2,886**	**252,752**
Total non-financial physical assets at fair value		**3,357,020**	**-**	**19,770**	**3,337,252**

How we measure fair value of non-financial physical assets

The fair value of non-financial physical assets reflects their highest and best use, considering whether market participants would use the asset similarly or sell it for that purpose. This assessment takes into account the asset's characteristics and any physical, legal, or contractual restrictions.

Monash Health assumes the current use reflects highest and best use unless market or other factors indicate otherwise. Potential alternative uses are only considered when it is virtually certain that restrictions will no longer apply.

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

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

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

AASB 2022-10 *Amendments to Australian Accounting Standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities* amended AASB 13 by adding Appendix F *Australian implementation guidance for not-for-profit public sector entities*. Appendix F explains and illustrates the application of the principles in AASB 13 on developing unobservable inputs and the application of the cost approach. These clarifications are mandatorily applicable annual reporting periods beginning on or after 1 January 2024. FRD 103 permits Victorian public sector entities to apply Appendix F of AASB 13 in their next scheduled formal asset revaluation or interim revaluation (whichever is earlier).

An independent valuation of Monash Heath non-financial physical assets was performed by the VGV on 30 June 2024. Fair value assessments have therefore been performed for all classes of assets in this purpose group at 30 June 2026 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, the Monash Heath will apply Appendix F of AASB 13 prospectively in its next scheduled formal revaluation in 2029 or interim revaluation process (whichever is earlier).

There were no changes in valuation techniques throughout the period to 30 June 2026.

Non-specialised land and non-specialised buildings

Non-specialised land and non-specialised buildings are valued using the market approach. Under this valuation method, the assets are compared to recent comparable sales or sales of comparable assets which are considered to have nominal or no added improvement value.

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

Specialised land and specialised buildings

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

During the reporting period, Monash 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 its fair value.

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

The CSO adjustment reflects the valuer's assessment of the impact of restrictions associated with an asset to the extent that is also equally applicable to market participants. This approach is in light of the highest and best use consideration required for fair value measurement and considers the use of the asset that is physically possible, legally permissible and financially feasible. As adjustments of CSO are considered as significant unobservable inputs, specialised land would be classified as Level 3 assets.

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

An independent valuation of Monash Health's specialised land and specialised buildings was performed by the Valuer-General Victoria. The effective date of the valuation is 30 June 2024.

Reconciliation of level 3 fair value measurement

Consolidated	Note	Land $'000	Buildings $'000	Plant, equipment and vehicles $'000
Balance at 1 July 2026		**307,143**	**2,779,070**	**264,638**
Additions/(Disposals)		-	148,171	38,154
Gains/(Losses) recognised in net result				
- Depreciation and amortisation		-	(149,884)	(50,039)
Items recognised in other comprehensive income				
- Revaluation				-
Balance at 30 June 2025	7.4(b)	**307,143**	**2,777,358**	**252,753**
Additions/(Disposals)		-	212,435	42,670
Gains/(Losses) recognised in net result				
- Depreciation and Amortisation		-	(154,219)	(51,997)
- Impairment loss		-	-	-
Items recognised in other comprehensive income				
- Revaluation		-	-	-
Balance at 30 June 2026	7.4(b)	**307,143**	**2,835,572**	**243,428**

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

Fair value determination of level 3 fair value measurement

Asset class	Likely valuation approach	Significant inputs (Level 3 only)
Specialised land (Crown/freehold)	Market approach	Community Service Obligations Adjustments [i]
Specialised buildings	Current replacement cost approach	• Cost per square metre • Useful life
Plant, equipment and vehicles	Current replacement cost approach	• Cost per unit • Useful life

(i) A community service obligation (CSO) of 20% was applied to the Monash 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

- Note 8.1: Reconciliation of net result to net cash flow from operating activities
- Note 8.2: Responsible persons disclosure
- Note 8.3: Remuneration of executives
- Note 8.4: Related parties
- Note 8.5: Ex-gratia expenses
- Note 8.6: Events occurring after the balance sheet date
- Note 8.7: Controlled entities
- Note 8.8: Investments using the equity method
- Note 8.9: Equity

Note 8.1: Reconciliation of net result to net cash flows from operating activities

	Note	Consolidated 2026 $'000	Consolidated 2025 $'000
Net result		(42,296)	(84,455)
Non-cash movements:			
(Gain)/Loss on sale or disposal of non-financial assets		(231)	(1,085)
(Gain)/Loss on revaluation of financial instruments		37	(533)
Depreciation of non-current assets	4.2	223,600	217,446
Amortisation of non-current assets	4.2	639	1,053
Loss allowance for receivables	5.1(a)	(473)	(249)
Share of net results in associates		8	(1,487)
(Gain)/Loss on revaluation of long service leave liability		(17,579)	7,047
Net movement in lease liability and borrowings		(7,513)	(6,958)
Government non cash funding		(61,835)	(80,023)
Non-cash investment income		(882)	(510)
Discount (interest) / expense on loan		115	86
Movements in Assets and Liabilities:			
(Increase)/Decrease in receivables and contract assets		(23,808)	(46,138)
(Increase)/Decrease in other assets		(674)	(4,889)
(Increase)/Decrease in inventories		2,626	(415)
Increase/(Decrease) in payables and contract liabilities		11,723	(49,988)
Increase/(Decrease) in other liabilities		9,878	(1,966)
Increase/(Decrease) in other provisions		47,408	69,349
Net cash inflow from operating activities		**140,743**	**16,286**

Note 8.2: Responsible persons disclosures

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

	Period
The Honourable Mary-Anne Thomas MP:	
- Minister for Health	27 Jun 2022 - 14 Apr 2026
- Minister for Ambulance Services	2 Oct 2023 - 14 Apr 2026
The Honourable Harriet Shing MP:	
- Minister for Health	15 Apr 2026 - 30 Jun 2026
- Minister for Ambulance Services	15 Apr 2026 - 30 Jun 2026
The Honourable Melissa Horne MP:	
- Minister for Health Infrastructure	19 Dec 2024 - 30 Jun 2026
- Minister for Prevention of Family Violence	15 Apr 2026 - 30 Jun 2026
The Honourable Ingrid Stitt MP:	
- Minister for Mental Health	2 Oct 2023 - 30 Jun 2026
- Minister for Ageing	2 Oct 2023 - 30 Jun 2026
- Minister for Multicultural Affairs	2 Oct 2023 - 30 Jun 2026
The Honourable Lizzy Blandthorn MP:	
- Minister for Children	2 Oct 2023 - 30 Jun 2026
- Minister for Disability	2 Oct 2023 - 30 Jun 2026
Governing Board	
Mr Michael Gorton AM	1 Jul 2025 - 30 Jun 2026
Ms Aurélia Balpe	1 Jul 2025 - 30 Jun 2026
Mrs Jane Bell	1 Jul 2025 - 30 Jun 2026
Ms Helen Brunt	1 Jul 2025 - 30 Jun 2026
Professor Susan Elliot AM	1 Jul 2025 - 30 Jun 2026
Dr Peter McDougall	1 Jul 2025 - 30 Jun 2026
Mr Hamish Park	1 Jul 2025 - 30 Jun 2026
Ms Fiona Pearse	1 Jul 2025 - 30 Jun 2026
Ms Felicity Topp	1 Jul 2025 - 30 Jun 2026
Accountable Officer	
Professor Eugine Yafele (Chief Executive)	1 Jul 2025 - 30 Jun 2026

Remuneration of Responsible Persons

Income Band	Consolidated 2026 No	Consolidated 2025 No
$60,000 - $69,999	8	8
$70,000 - $79,999	-	-
$110,000 - $119,999	1	1
$130,000-$139,999	-	-
$260,000 - $269,999	-	-
$600,000 - $699,999	1	1
Total Numbers	**10**	**10**

	Consolidated 2026 $'000	Consolidated 2025 $'000
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	1,334	1,320

Kitaya Holdings Pty Ltd is Monash Health's controlled entity. Amounts relating to Kitaya Holdings Pty Ltd's Governing Board and Accountable Officer are disclosed in its financial statements. Amounts relating to Responsible Ministers are reported within the State's Financial Report.

Note 8.3: Remuneration of executives

The number of executive officers, other than Ministers and 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.

	Consolidated Total Renumeration	
	2026 $'000	2025 $'000
Short-term benefits	3,549	2,939
Post-employment benefits	327	325
Other long-term benefits	302	204
Termination benefits	434	780
Total remuneration [i]	**4,612**	**4,248**
Total number of executives	10	18
Total annualised employee equivalent [ii]	9.1	8.7

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

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

No bonuses were paid in the 2025-26 year (2024-25 nil).

Remuneration comprises employee benefits in all forms of consideration paid, payable or provided in exchange for services rendered, and is disclosed in the following categories:

Short-term employee benefits

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

Post-employment benefits

Pensions and other retirement benefits (such as superannuation guarantee contributions) paid or payable on a discrete basis when employment has ceased.

Other long-term benefits

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

Termination benefits

Termination of employment payments, such as severance packages.

Note 8.4: Related parties

Monash Health is a wholly owned and controlled entity of the State of Victoria. Related parties of Monash Health include:

- All key management personnel (KMP) and their close family members and personal business interests
- Cabinet ministers (where applicable) and their close family members;
- Controlled entity – Kitaya Holdings Pty Ltd;
- Investment in Monash Health Research Precinct Pty Ltd;
- All health services and public sector entities that are controlled and consolidated into the State of Victoria financial statements.

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

Key management personnel (KMPs)

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

KMPs	Position Title
Mr Michael Gorton AM	Chair of the Board
Ms Aurélia Balpe	Board Member
Mrs Jane Bell	Board Member
Ms Helen Brunt	Board Member
Professor Susan Elliot AM	Board Member
Dr Peter McDougall	Board Member
Mr Hamish Park	Board Member
Ms Fiona Pearse	Board Member
Ms Felicity Topp	Board Member
Professor Eugine Yafele	Chief Executive
Ms Rachelle Anstey	Deputy CEO/Chief Financial Officer [Jul 2025 - May 2026]
Adjunct Professor Robin Mann	Chief Digital and Information Officer
Adjunct Professor Katrina Nankervis	Chief Nursing and Midwifery Officer
Adjunct Associate Professor Andrea Rindt	Chief Operating Officer

Ms Silvana Sgro	Chief People and Engagement Officer
Professor Georgia Soldatos	Chief Medical Officer
Mr James Young	Interim Chief Financial Officer [May 2026 - Jun 2026]

Unless otherwise indicated, the KMPs were in positions for the entire financial year.

Kitaya Holdings Pty Ltd's KMPs are disclosed in the company's financial statements.

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

Compensation - KMPs	Consolidated 2026 $'000	Consolidated 2025 $'000
Short-term Employee Benefits	3,940	3,176
Post-employment Benefits	331	303
Other Long-term Benefits	259	140
Termination Benefits	434	653
Total [i]	**4,964**	**4,272**

(i) KMPs are also reported in Note 8.3 Remuneration of Executives.

Significant transactions with government related entities

Monash Health received funding from the DH of $2,967.5m (2025: $2,694.2m) and indirect contributions of $83.5m (2024 $114.8m). DH granted an interest free loan of $10m to Monash Health in 2018. The loan is repayable over 10 years with repayments made annually. At 30 June 2026, the total amount due to DH in relation to this loan was $2.0m (2025: $2.9m).

Monash Health has four loan agreements with Treasury Corporation of Victoria (TCV) for $19.6m, $13.5m, $22.6m and $39m. The amounts borrowed are repayable over terms of 22 and 20 years. At 30 June 2026, the total amount due to TCV in relation to these loans was $73.6m (2025: $68.2m)

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

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

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

Transactions with KMPs and other related parties

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

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

There were no related party transactions required to be disclosed for the Monash Health Board of Directors; Chief Executive; or KMPs in 2026 (2025: nil).

Related party transactions required to be disclosed for Kitaya Holding Pty Ltd's Board and Chief Executive in 2026 are disclosed in its financial statements.

Controlled entities related party transactions

Kitaya Holdings Pty Ltd

Ms Jane Bell is a member of both the Monash Health Board and the Kitaya Holdings Pty Ltd Board.

Professor Eugine Yafele is Chief Executive of Monash Health and a member of the Kitaya Holdings Pty Ltd Board.

Kitaya Holdings Pty Ltd operates Jessie McPherson Private Hospital. Monash Health is reimbursed by its controlled entity, Kitaya Holdings Pty Ltd, for the provision of goods and services required to run the private hospital. The fee includes charges for labour, power, food, cleaning and other services. All transactions are conducted on normal commercial terms and conditions.

The aggregate amounts brought to account in respect of the following types of transactions were:

	2026 $000	2025 $000
Contracted goods and services provided to its controlled entity	32,987	30,716
Services provided by controlled entity	7,587	7,021
Amount owing to controlled entity at balance date	8,061	1,505

Note 8.5: Ex-gratia expenses

There were no ex-gratia expenses during the year.

Note 8.6: Events occurring after the balance sheet date

No events have occurred after the Balance Sheet date to the signing of these financial statements.

Note 8.7: Controlled entities

Monash Health's interest in controlled entities is detailed below. The amounts are included in the consolidated financial statements under their respective categories:

Name of entity	Country of incorporation	Ownership interest %	Equity holding
Kitaya Holdings Pty Ltd (trading as Jessie McPherson Private Hospital)	Australia	100%	100%

Controlled entities contribution to the consolidated results:

Net result for the year	2026 $'000	2025 $'000
Kitaya Holdings Pty Ltd	(4,281)	(7,286)

Contingent liabilities and capital commitments

There are no known contingent liabilities or capital commitments held by controlled entities at balance date.

Note 8.8: Investments using the equity method

Name of Entity	Principal Activity	Country of Incorporation	Ownership Interest 2026 %	Ownership Interest 2025 %	Published Fair Value 2026 $'000	Published Fair Value 2025 $'000
Associates Monash Health Research Precinct Pty Ltd [(a)(b)]	Property investment	Australia	20.33%	20.33%	6,101	6,109

(a) As at 30 June 2026, the fair value of Monash Health's interest in Monash Health Research Precinct Pty Ltd was based on its share of the company's net assets which is a level 3 input in terms of AASB 13 *Fair Value Measurement*.

(b) The financial year end date in Monash Health Research Precinct Pty Ltd is 31 December. This was the reporting date established when that company was incorporated. For the purpose of applying the equity method of accounting, the financial statements of Monash Health Research Precinct Pty Ltd have been used, and appropriate adjustments have been made for the effects of significant transactions between that date and 30 June 2026.

Monash Health has determined that significant influence, but not control or joint control, is held over the entities detailed in the table above. These investments in associates therefore are accounted for using the equity method. Under the equity method, the investment is initially recognised at cost and adjusted for subsequent changes in Monash Health's share of net assets. Monash Health's share of the associate's surplus or deficit is recognised in the Comprehensive Operating Statement.

Note 8.9: Equity

Contributed capital

Contributions by owners (that is, contributed capital and its repayment) are treated as equity transactions and, therefore, do not form part of the income and expenses of Monash Health.

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

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

Property, plant and equipment revaluation surplus

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

Specific restricted purpose reserve

Restricted specific purpose reserves are funds where Monash Health has possession or title to the funds but has no discretion to amend or vary the restriction and/or condition underlying the funds.

Appendices

Appendix 1: Disclosure index

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

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Notes:

(a) References to FRDs have been removed from the Disclosure Index if the specific FRDs do not contain requirements that are in the nature of disclosure.

(b) Refer to the Model financial statements section (Part two) for further details.



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