Annual Report

2023–2024

Monash Health

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 Wurundjeri Woi-wurrung and Bunurong/Boonwurrung peoples; past, present and future.
We extend our respect to our Aboriginal and Torres Strait Islander employees, consumers and stakeholders.

Ngarra-jarra-noun artwork
by Dixon Patten

Contents

Report of Board Chair and Chief Executive Officer

Welcome to the Monash Health Annual Report 2023-24. As we reflect on the past year, we feel immense pride and gratitude for the work our health service has accomplished. Our teams aspire to provide patient-centred care every day and across all our locations. Amid the constantly evolving demands of healthcare, we maintain our reputation as a world-class health provider, ensuring that those in need receive timely, quality care.

This year has not been without its challenges. We have navigated a complex landscape marked by ongoing public health concerns, a global workforce shortage, and rising pressures on healthcare infrastructure. Our team has faced these obstacles head-on, adapting swiftly, and while these circumstances have tested us, they have also provided opportunities to learn, grow, and innovate.

The spirit of collaboration has been a cornerstone of our success. We have strengthened partnerships with local and national stakeholders, worked closely with communities, and leveraged the latest technology to enhance our services. Our innovative approaches to patient care, digital health, and continuous improvement have ensured that we respond to today's needs as we prepare for the future.

Looking ahead, we know that significant challenges are on the horizon, including enhancing service delivery efficiency and responding to the growing complexities of patient care. As we plan for the future, our partnerships and collaborations will continue to be vital. We will look to strengthen our infrastructure, and further invest in our people and communities.

In February 2024, the new Murrumbek Casey Early Parenting Centre opened its doors, welcoming families needing parenting support. Murrumbek, meaning "belong" in the Bunurong language, reflects the centre's mission to create a sense of inclusion and community for families with children aged three and under. This free service is dedicated to enhancing parent-child relationships and helping families achieve their parenting goals.

It exemplifies our ethos that all are welcome, and all belong. The centre's demand has surpassed expectations, with 418 referrals received by mid-June 2024.

Just as the Casey Early Parenting Centre brings support and care closer to families, compassionate care closer to home will soon be a reality with the Cranbourne Community Hospital. This important public hospital will deliver essential health services, including urgent care, day surgery, mental health, and public dental, complementing the offer in nearby major hospitals like Casey Hospital. With strong links to specialists, community health providers, and social support services, the hospital will ensure seamless follow-up treatment and support for patients requiring complex care. Construction is on track, with a handover planned for early 2025.

We continue developing our infrastructure plans to provide contemporary spaces that meet the community's healthcare needs with the $535 million construction of a new tower at Monash Medical Centre, Clayton. Funded by the Hospital Infrastructure Delivery Fund, it will add inpatient beds, new operating theatres, intensive care unit beds, and birthing suites.

The tower will house a new operating complex with 34 pre-op and post-op beds, expanding capacity by up to 7,500 additional surgeries annually and introduce a new Central Sterile Services Department.

Our flagship Victorian Heart Hospital is forging new horizons for heart health and redefining cardiac care in Australia. Since opening, it has delivered specialised services to patients with cardiovascular disease, offering superior care and ensuring the best outcomes for patients and the wider community. Alongside patient care, the hospital continues to lead groundbreaking research in heart health, pushing the boundaries of medical science to benefit future generations.

While these new healthcare services benefit the wider community, we have retained our focus on empowering and supporting our teams. In May 2023, Monash Health launched a new human resources and payroll platform called eHub. This platform offers numerous benefits, including real-time self-service access to information and easy self-management for employees.

With automated approval workflows and enhanced recruitment and onboarding processes, eHub provides employees with better visibility and control over their personal growth and career pathways.

As we look forward, we stay true to our core purpose of providing the best possible healthcare experiences and outcomes. Four priorities will guide us over the coming year: ensuring timely **access to care for everyone who needs our services, looking after the people who make Monash Health, continuous Quality improvement, and securing the sustainability of our health service by spending wisely to deliver good financial performance.** These focus areas underpin how we serve our patients and the wider community.

Our people are the foundation of our organisation. By empowering our people, we create a ripple effect that directly impacts patient care, allowing us to improve access to services and deliver even more effective treatment.

Improving access to services is critical. We want our patients to receive timely and effective care and return to their lives, loved ones, and routines as soon as possible.

Quality of care, therefore, remains a crucial focus and underpins everything we do. As we prepare for short-notice National Standards Accreditation, we are determined to be fully ready when these reviews occur between now and June 2025. By maintaining high standards in quality and safety, we also help secure the long-term financial sustainability of our service.

Financial sustainability is deeply linked to our ability to maintain excellence in care. Living within our means is critical to continuing to deliver care effectively. As we look for ways to serve our communities more efficiently, we ensure the long-term viability of our services.

These interconnected priorities - People, Access, Quality, and Finance - will have an immediate and lasting impact on patient experience, safety, and effectiveness. Underpinned by our ongoing commitment to research, education, and teaching, they will ensure we meet and exceed the expectations of our community.

We are fully committed to supporting the Health Services Plan – a comprehensive strategy that aims to create a more connected healthcare system for Victoria. We are excited to contribute to the reforms outlined in the plan. Together, we are working toward a sustainable and effective future for healthcare in the region, ensuring that our focus areas seamlessly support the broader goals of health reform.

Acknowledgements

Thank you to our Board members and Executive team for their invaluable guidance, support, and wisdom during a year marked by significant change and exciting new beginnings.

We hear many stories about the exceptional interactions our patients receive. To our employees, thank you for continuing to uphold the highest standards of care for our community and always looking out for one another.

To the community we have the honour of serving, we offer our heartfelt thanks for entrusting us with the care of you and your loved ones. Your feedback is crucial as we continue to enhance our care delivery practices.

Our collaborative partnerships within the community are essential to Monash Health's success, and we sincerely appreciate the opportunity to work alongside so many outstanding organisations.

Additionally, we wish to convey our profound appreciation to our volunteers and generous donors for their continuous support and contributions. You have enabled us to fund innovative technologies, education and training opportunities, research programs, and more.

We also acknowledge and extend our thanks to the Victorian Government, the Department of Health, the Department of Families, Fairness and Housing, and the Federal Government for their crucial role in partnering with us to achieve positive outcomes for our diverse and ever-evolving community.

Professor Eugine Yafele
Chief Executive Officer

Mr Dipak Sanghvi
Chair,
Monash Health
Board of Directors

Highlights

The Victorian Heart Hospital, Australia's first state-of-the-art specialist cardiac hospital, opened on 9 March 2023. The hospital's cardiac emergency department saw 3,303 presentations in the first six months of operation. Notably, 56% of patients were male, and the median patient age was 65 years old.

This year, we welcomed 852 new junior medical staff (JMS) and 758 graduate nurses, midwives and mental health registered nurses. Our International Medical Graduates now comprise 32% of our total workforce, up from 30%.

In February 2024, our new Murrumbek Casey Early Parenting Centre (MCEPC) opened its doors. This free service for families with children three years and younger is in high demand and has exceeded its referral expectations. From February to mid-June 2024, there were 418 referrals, with 130 families attending the multi-night residential program, 77 single-day appointments and 15 home visits.

In 2023-24, 830 new research projects were submitted for approval, increasing the active number of research projects at Monash Health to 1,798, up from 1,757 in 2022.

Research income increased almost 20% in 2023 to $93.1 million, compared to $78.2 million in 2022. This trend continues, with research revenue rising at an average of 24% year-on-year since 2017.

Honours recipients

Australia Day 2024 Honours

Dr Jane Fox AM was awarded Member of the Order of Australia (AM) for “significant service to medicine, particularly as a breast surgeon, researcher, and educator”. For over 25 years, Dr Fox has made life-saving improvements and created impactful progress in the early detection of breast cancer and the care patients receive while being treated for breast cancer.

Professor Barbora de Courten OAM was awarded the Medal of the Order of Australia (OAM) for “service to medical research and healthcare”. Barbora is a specialist physician in internal medicine in the Department of General Medicine, runs a diabetes clinic and does ward service across Dandenong Hospital and Monash Medical Centre.

Mihiri Dissanayake OAM was awarded the Medal of the Order of Australia (OAM) for “service to the Sri Lankan community of Victoria”. Mihiri is heavily involved in volunteering; she has fundraised for major eye surgeries for individuals in Sri Lanka and received the Melvin Jones Fellow award from Lions International for her efforts. Mihiri has worked at Monash Health since 2014 and is an Administration Officer at Berwick and Casey Hospitals.

Professor Michelle Giles OAM was awarded the Medal of the Order of Australia (OAM) for “service to medicine”. Professor Giles is an infectious diseases physician-scientist specialising in infections in pregnancy and maternal immunisation. She has worked at Monash Health for over 20 years and is the Director of our Infections in pregnancy service.

King’s Birthday Honours 2024

The late Jacob Goldstein AM became a Member of the Order of Australia (AM) for significant service to medicine as a cardiothoracic surgeon and as a surgical mentor.

Between 1994 and 2001, Jacob headed the cardiothoracic unit at Monash Health. He was formerly the supervisor of cardiothoracic training from 1989 to 2017, training over 20 Australian cardiothoracic surgeons and hundreds of junior medical staff. He was also instrumental in introducing many new and innovative techniques, helping to significantly improve patient outcomes before retiring in 2021. Jacob’s colleagues and students gave him the moniker “the godfather of cardiothoracic surgery”, `having performed over 10,000 operations throughout his stellar career.

Robyn McLeod AM, a former Monash Health Board Member (2019-2022), was awarded Member of the Order of Australia (AM) for her significant service to the community through social welfare and governance roles.

Associate Professor Christine Rodda AM, the former Head of Paediatric Endocrinology (1999-2012) at Monash Health, was awarded Member of the Order of Australia (AM) for her significant service to paediatric endocrinology, medical research, and tertiary education.

Jessie McPherson Private Hospital

2023-2024 marked Jessie McPherson Private Hospital’s (JMPH) first full year as a multi-site organisation in its 92-year history. Cardiac services were integrated at the Victorian Heart Hospital (VHH), while all other services continued at Monash Medical Centre (MMC) Clayton.

Despite significant challenges, JMPH achieved substantial growth and milestones.

Growth and innovation

Over the last financial year, JMPH has demonstrated significant growth and innovation. We have seen notable increases in episodes of care, theatre cases, catheter lab cases, cardiac surgeries, and birth episodes. This growth is largely due to targeted improvement initiatives.

In addition to increasing private patient revenue, JMPH has supported Monash Health by caring for over 3,500 public patients through contracted care arrangements. This effort has alleviated surgical waitlist pressures and reduced operational strains on emergency departments, saving approximately 10,000 public bed days.

Our commitment to continual improvement is reflected in our substantial investments in capital equipment and facility enhancements. Key projects include developing a Neurosurgical Centre of Excellence at MMC, implementing a Day Admission Unit (DAU), and commissioning two additional Negative Flow Units (NFUs) at JMPH Clayton.

We implemented a multi-site strategy to support our enhanced operations.

Commitment to accreditation and quality

In June 2024, JMPH was fully re-accredited by the Australian Council on Healthcare Standards (ACHS), meeting all standards with no recommendations. Our dedicated clinical and support staff work diligently to maintain accreditation readiness daily. The assessors commended and acknowledged our numerous clinical governance frameworks, policies and procedures to support ongoing improvements, with patients at the centre of all our processes, enabling us to provide the highest standards of care and operational excellence.

Enhancing stakeholder experience through digital transformation

JMPH has launched a digital patient portal to streamline booking processes and reduce paperwork, enhancing the digital experience for patients and doctors and strengthening our commitment to sustainable operations.

JMPH’s unwavering commitment to excellence, coupled with significant investments and strategic initiatives, has supported Monash Health and our patients, improving our satisfaction ratings to the top quartile in Australia.

Monash Health Foundation

The Monash Health Foundation exists to enhance patient care across Monash Health by raising funds to invest in a range of programs and initiatives.

Our dedicated network of donors and supporters has demonstrated unwavering generosity over the past 12 months, enabling us to fund innovative technologies, education and training opportunities, research programs, vital positions, and enhanced patient experiences.

This year, a record amount was raised, totalling $16.3 million.

These funds continue to enhance the world-class care provided by Monash Health to our community.

Highlights from 2023-24

In what may have been the Monash Health Foundation's busiest year yet, almost $2.7 million was raised via our signature events, including the Monash Children's Hospital Gala and Walk, alongside numerous major third-party fundraisers.

It has also been a successful year for our community appeals, with just over $150,000 raised to support the Casey Special Care Nursery and the genomics program at Monash Children's Hospital.

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

Thank you to our supporters

The Monash Health Foundation would like to thank the donors who supported the work conducted by our clinicians, allied health professionals and researchers between July 2023 and June 2024.

Please scan the QR code to view the donor listing

This past financial year has seen almost $11 million received in philanthropic support from a variety of donors, including trusts, other philanthropic foundations and private ancillary funds. These funds have been invested across Monash Health into areas including research and the acquisition of new equipment and technologies.

Monash Health has been privileged to receive many bequests throughout the year through our Gifts in Wills program. These generous gifts enable our donors to create a legacy with a significant, long-lasting impact on patient care. We are indebted to those who have chosen to give in this way.

The Monash Health Foundation aims to build true partnerships with local businesses, community groups and corporations. It is inspiring to see these partnerships grow and develop, raising $3.3 million to enhance patient and family care and improve facilities across Monash Health sites.

While the donation of monetary gifts allows Monash Health to invest in initiatives that improve health outcomes, the donation of goods and services through our Gifts in Kind program often improves the experience of patients and their families. This year, we have utilised close to $1 million worth of donated goods and services, including brand-new clothing for patients of all ages, artwork for our walls and medical scrubs for our nurses.

Late in 2022, the Monash Health Foundation Board was established, comprised of a unique cross-section of corporate and community leaders interested in being engaged in Monash Health's renowned programs of care and research.

The Monash Health Foundation recognises the hundreds of people in the community who celebrated birthdays, milestones and other occasions by fundraising for Monash Health. It truly is an honour to be involved in these special moments.

To those who donated, raised funds or have given a gift in memory of a cherished loved one, we extend our heartfelt appreciation and condolences.

If you would like to contribute to Monash Health, you can do so by calling us on **03 9594 2700**, emailing **foundation@monashhealth.org** or visiting our website, **monashhealthfoundation.org**

Report of Operations

This annual report outlines the operational and financial performance of Monash Health from 1 July 2023 to 30 June 2024.

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 Honourable Mary-Anne Thomas MP
Minister for Health
(from 1 July 2023 to 30 June 2024)
Minister for Ambulance Services
(from 2 October 2023 to 30 June 2024)

The Honourable Gabrielle Williams
Minister for Ambulance Services
(1 July 2023 to 2 October 2023)
Minister for Mental Health
(1 July 2023 to 2 October 2023)

The Honourable Ingrid Stitt
Minister for Ageing
(2 October 2023 to 30 June 2024)
Minister for Mental Health
(2 October 2023 to 30 June 2024)

The Honourable Lizzie Blandthorn
Minister for Disability, Ageing and Carers
(1 July 2023 to 2 October 2023)
Minister for Disability/Minister for Children
(2 October 2023 to 30 June 2024)

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 2024.

Dipak Sanghvi
Chair, Board of Directors
Melbourne

05 September 2024

About Monash Health

For more than 170 years, Monash Health and its predecessors have been committed to providing safe, high-quality healthcare across the entire lifespan—from pre-birth, newborn babies and children to seniors, along with their families and caregivers.

We specialise in paediatrics (caring for children), cardiology (caring for the heart), women's health, kidney and pancreas transplants and intensive care for sick and preterm babies in the first few weeks and months of life.

We improve the health of our community through:

- Prevention and early intervention
- Community-based treatment and rehabilitation
- Highly specialised surgical and medical diagnosis, treatment and monitoring services
- Hospital and community-based mental health services
- Comprehensive sub-acute, aged care and palliative care programs
- Research, education and teaching the next generation of healthcare professionals
- Regional and state-wide specialist services

Our care at a glance

3.8m
Total episodes of care
(2022–23: 3.6m)

82,340
Surgical operations
(2022–23: 55,122)

457,808
Mental health episodes of care
(2022–23: 422,074)

1.6m
Outpatient services episodes of care
(2022–23: 1,445,783)

260,650
Emergency presentations
(2022–23: 248,062)

47,392
Paediatric admissions
(2022–23: 45,868)

65,789
Ambulance arrivals
(2022–23: 65,001)

10,816
Babies born
(2022–23: 10,117)

310,213
Total hospital admissions
(2022–23: 293,375)

52.9m
Pathology tests
(2022–23: 49.7m)

Our guiding principles

- We consistently provide safe, high quality and timely care.
- We provide experiences that exceed expectations.
- We work with humility, respect, kindness, and compassion in high-performing teams.
- We integrate teaching, research and innovation to continuously learn and improve.
- We orientate care towards our community to optimise access, independence, and wellbeing.
- We manage our resources wisely and sustainably to provide value for our community.

We provide care at over 40 locations across southeastern Melbourne, including Monash Medical Centre, Monash Children's Hospital, Moorabbin Hospital, Dandenong Hospital, Casey Hospital, the Victorian Heart Hospital, the Kingston Centre, the Cranbourne Integrated Care Centre, and an extensive network of rehabilitation, aged care, community health and mental health facilities.

Our purpose

To deliver high-quality, patient-centred healthcare and services that meet the needs of our diverse community.

Our strategic intent

We are relentless in our pursuit of excellence.

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 2023-24 reporting period were:

Mr Dipak Sanghvi
BSc Pharm (UK), FAICD, FAIPM
Appointed December 2015

Ms Aurélia Balpe
MBA, GAICD, GradDipPsych, GradDip Demog, 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

Mr Ross McClymont
BCom, LLB, RITF
Appointed July 2022

Dr Peter McDougall
MB, BS, FRACP, MBA, GAICD
Appointed July 2020

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

Emeritus Professor Hatem Salem AM
MB, ChB (Mosul, Iraq), FRACP, FRCPA, MRCP (UK) MD (Monash), LRCP, MRCS.
Appointed May 2017

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. With a significantly expanded scope since October 2023, the committee's remit now involves collaboration with Dandenong and District Aborigines Co-operative Limited (DDACL). Its membership encompasses a broad representation of Aboriginal voices, leaders and organisations. The committee oversees the implementation of the Monash Health Reconciliation Action Plan, Cultural Safety Plan and Employment Plan.

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 and oversees financial performance. It focuses on financial strategy and policies, annual operating and capital budgets, cash flow 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 provides advice to the boards of Alfred Health, Monash Health, and Peninsula Health and leadership in setting a joint direction for the southeast Melbourne region on matters of primary care and population health.

Quality Committee

The Quality Committee supports the Board's strategic leadership in clinical governance of quality and safety 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.

Remuneration 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.

Committee membership 2023-24

Aboriginal Health Strategic Partnership Committee

- Mr Dipak Sanghvi (Chair)
- Ms Marion Hansen
- Mr Troy Williamson
- Assoc. Professor Misty Jenkins
- Ms Karinda Taylor
- Mr Jon Kanoa (to early 2024)
- Ms Jenny Ockwell
- Mr Reg Shelley
- Mr De-Joel Upkett
- Mr Aaron Wallace-Peters

Audit Committee

- Mrs Jane Bell AM (Chair)
- Ms Fiona Pearse
- Mr Ross McClymont
- John Thomson (Independent member, to February 2024)

Community Advisory Committee

- Ms Vivienne Interrigi (Chair)
- Mr Steven Tang (Vice-Chair, community member)
- Mr Dipak Sanghvi
- Ms Aurelia Balpe
- Ms Sharbani Dhar (community member)
- Mr Steve Draper (community member)
- Mr Niloy Dutta (community member)
- Ms Shirley Glance (community member)
- Ms Mo Hay (community member)
- Ms Hilary Morris (community member)
- Ms Michelle Sellars (community member)
- Ms Elizabeth Toth (community member)
- Ms Yvonne Turner (community member)

Finance Committee

- Ms Helen Brunt (Chair)
- Mr Ross McClymont
- Ms Fiona Pearse

Joint Primary Care and Population Health Advisory Committee

- Ms Aurélia Balpe (Chair)
- Ms Sharyn Donald
- Professor Eugine Yafele (from March 2024)
- Mr Martin Keogh (to February 2024)

Quality Committee

- Emeritus Professor Hatem Salem AM (Chair)
- Professor Susan Elliott
- Dr Peter McDougall
- Ms Sue Viney (consumer representative)

Remuneration Committee

- Mr Dipak Sanghvi (Chair)
- Mrs Jane Bell AM
- Ms Helen Brunt
- Emeritus Professor Hatem Salem AM

Report of Operations

Organisational structure

As of 30 June 2024

Senior Officers

For the period 1 July 2023 - 30 June 2024:

Chief Executive Officer

Mr Martin Keogh [Interim]
(June 2023 – March 2024)

Professor Eugine Yafele
(March 2024 – June 2024)

Deputy Chief Executive and Chief Financial Officer

Ms Rachelle Anstey

Chief Operating Officer, Aged, Community and Mental Health

Mr Andrew Perta [Interim]

Chief Operating Officer, Acute Services

Ms Cath Cronin [Interim]
(July 2023 – March 2024)

Ms Andrea Rindt [Interim]
(March 2024 – June 2024)

Chief Medical Officer and Executive Director, Medical Services

Associate Professor Anjali Dhulia

Chief Nursing and Midwifery Officer and Executive Director, Nursing and Midwifery

Professor Katrina Nankervis

Executive Director, Quality and Safety

Professor Carlos Scheinkestel

Executive Director, Office of the Chief Executive

Mr Paul Butler [Interim]

Executive Director, Digital Health

Associate Professor Emilio Pozo
(July 2023 – September 2023)

Associate Professor Michael Franco
(September 2023 – June 2024)

Executive Director, Communication and Engagement

Ms Louise Kanis
(July 2023 – January 2024)

Mr Matt Mahon [Interim]
(January 2024 – March 2024)

Mr David Bloxham [Interim]
(March 2024 – June 2024)

Ms Sue Cunningham [Interim]
(June 2024)

Executive Director, People and Culture

Ms Chris McLoughlin
(July 2023 – February 2024)

Ms Silvana Sgro [Interim]
(February 2024 – June 2024)

Our workforce

As an equal-opportunity employer, we are committed to a fair and non-discriminatory workplace that fosters growth and potential. We act with fairness, dignity and empathy towards each other and those we care for.

We help our people grow by providing a wide range of professional development activities alongside leadership and management capability, and we support our teams with an extensive wellbeing program.

We value honesty, openness and taking responsibility for our performance. We recognise innovation, quality and professionalism, and through our employee recognition program, we find ways to acknowledge and celebrate the remarkable work of our people and teams.

	June current month FTE*		Average Monthly FTE**	
	2023	2024	2023	2024
Nursing Services	7,048	7,128	6,611	7,059
Administration and Clerical	2,377	2,332	2,257	2,341
Medical Support	1,695	1,791	1,605	1,754
Hotel and Allied Services	1,487	1,531	1,446	1,521
Medical Officers	260	282	242	270
Hospital Medical Officers	1,575	1,695	1,457	1,618
Sessional Clinicians	557	593	522	574
Ancillary Staff (Allied Health)	1,298	1,453	1,245	1,400
Total	**16,300**	**16,771**	**15,405**	**16,539**

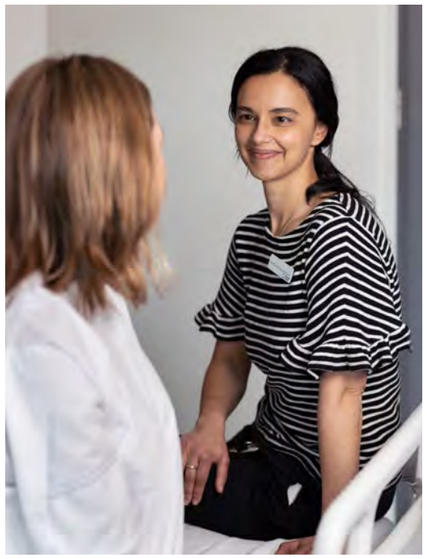
* Full-time equivalent (FTE) employees at Monash Health and Jessie McPherson Private Hospital as of 30 June 2024.

** Average monthly FTE for the financial year 2023-24.

N.B. The 2022-23 Monash Health workforce data did not include FTE employees on long service leave. The 2023 figures published in the 2022-23 Annual Report have been corrected to ensure consistency in reporting and alignment with the Minimum Employee Data Set (MDS).

Occupational health and safety

We are committed to providing a healthy and safe environment for all employees, volunteers, patients, visitors, suppliers, and contractors, and in 2023–24, we continued to implement measures to build a positive safety culture and minimise risk at work.



Prevention of Violence and Aggression (PoVA)

Our 2023–25 Prevention of Violence and Aggression (PoVA) Strategy focuses on early identification, prevention of behaviours of concern, and promoting employee safety.

Year one actions of the Strategy are complete, including improved data collection and reporting processes, new training opportunities, and improved emergency processes incorporating the introduction of planned Code Greys.

A key initiative in the Strategy is implementing a new Behaviour Support model of care. PoVA Behaviour Support Consultants assist in building the capability of the workforce to detect, escalate and intervene early in high-risk behaviours and situations. Since the model commenced in July 2023, the Behaviour Support Consultant service has responded to 1,383 referrals from clinical areas, supported clinicians to deliver recovery-focused consumer care and furthered the organisation's safety culture.

All public-facing departments completed an annual Occupational and Violence Risk Assessment to identify and action local controls to minimise risk.

Manual handling

Our Move Smart program has been successful, with 90% of employees completing mandatory online training. Targeted training was also provided to specific cohorts with higher-risk activities. We have developed instructional videos and a Home-Based Care package for further support. 297 Move Smart Champions are now trained to provide on-site coaching and peer support.

As a result of these efforts, we are pleased to report a decrease in manual handling incidents and worker compensation claim rates over the past 12 months.

Leadership capability

We supported our leaders in continuing to build safety leadership capability through a multifaceted approach, including developing new resources on key manager accountabilities, the ongoing Occupational Health and Safety (OHS) audit program, the new face-to-face training by site, and safety modules added to existing leadership programs. Also, new reporting has been developed for multi-department leaders to help identify opportunities for improvement and suitable actions to take.

Risk management

Risk management projects have been completed in chemical waste management, online chemical inventories, and contractor management. Projects have commenced and will continue

in 2024-2025 to address the risk of fatigue and promote safe manual handling in the care of patients with bariatric needs.

An external audit was conducted to assess the Occupational Health and Safety Management System against the International Standard ISO450001, with findings provided and actions agreed for continuous improvement and alignment to the standard for best practice.

Wellbeing

We developed a 2024-2025 Wellbeing Plan, emphasising leadership of mentally healthy workplaces and self-care initiatives.
Over 550 leaders participated in new training modules. The BeWell Psychology Team provided support to 11,363 employees, and high-risk teams received funding for targeted wellbeing initiatives.

Increased supports

Our Injury Triage Service offers employees immediate phone support after injury and optional medical treatment. An additional service called “Access Psych” was added to provide opt-in confidential treatment and support for mental injuries with a WorkSafe registered Psychologist. The Employee Assistance Program also continues with increased employee utilisation over the year.

Outcomes

As of the end of June 2024, a $1.6 million reduction in Workers Compensation Premium was achieved through an increase in injured employees being supported back to work in normal duties and hours and a reduction in new claims.

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

Occupational health and safety statistics

	2021–22	2022–23	2023–24
The number of reported hazards/ incidents for the year per 100 full-time equivalent employees	26.93	26.23	27.95
The number of ‘lost time’ standard claims for the year per 100 full-time equivalent employees	1.75	1.34	1.20
The average cost per claim for the year	$88,325	$80,564	$83,100

Occupational violence statistics

	2023–24
Workcover accepted claims with an occupational violence cause per 100 FTE	0.18
Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked.	0.90
Number of occupational violence incidents reported	1,576
Number of occupational violence incidents reported per 100 FTE	9.53
Percentage of occupational violence incidents resulting in an employee injury, illness or condition	15.61%

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, the incident must be included.

Accepted WorkCover claims

Accepted WorkCover claims that were lodged in 2023-24.

Lost time

Defined as greater than one day.

Injury, illness, or condition

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

Social procurement

In alignment with Victoria's Social Procurement Framework, our Board of Directors endorsed a revised 3-year Social Procurement Strategy (2024-2026) in December 2023. The Strategy prioritises five objectives:

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

We have successfully embedded social procurement principles into our sourcing and contract management processes and are now developing additional tools and processes to support implementation.

In the past year, we have closely monitored suppliers' performance against their existing social procurement commitments.
While opportunities to negotiate social procurement commitments with suppliers have been limited, we are actively collaborating with the Victorian Department of Government Services to identify further opportunities in future tender activities.

One example relates to Monash Health's current contract with Wellways Group for Prevention and Recovery Care Services, which supports clients of Monash Health's Mental Health Program. As part of the contract, Wellways committed to engage with a Victorian Aboriginal business to provide their commercial cleaning services during the contract term with an estimated annual spend value of $80,000-$100,000. In the last 12 months, Monash Health has supported Wellways' efforts to set up a new partnership with a Victorian Aboriginal cleaning business registered with Supply Nation and Kinaway.

We look forward to seeing how this partnership evolves and the value it can provide to the Victorian Aboriginal community.

Social procurement spend for 2023-24

Objectives	Outcomes	No. Businesses engaged	Total spend 2023-24
Opportunities for Victorian Aboriginal people	Purchasing from Victorian Aboriginal businesses	6	$40,238
Opportunities for Victorians with disability	Purchasing from Victorian social enterprises and Australian Disability Enterprises	1	$147,686
Opportunities for Victorian priority jobseekers	Purchasing from Victorian social enterprises	0	$0
Sustainable Victorian social enterprises and Aboriginal business sectors	Purchasing from Victorian social enterprises and Aboriginal businesses	13	$121,197

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

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 2023-2024, Monash Health achieved a deficit result of $328.96 million compared with the reported surplus result of $0.45 million in 2022-2023.

Monash Health's 'Comprehensive Result', which includes capital and specific items, was a surplus of $971.5 million in 2023–2024 compared to a surplus of $173.2 million in 2022-2023. Included in the 2023-2024 'Comprehensive Result' was a net gain arising from the revaluation of land and buildings of $1292.7m in 2023-2024 compared to $150.0m in 2022-2023, mainly due to the increase in building valuations.

Total revenue from operations for the 2023-2024 financial year was $2,853.1 million, a decrease of $129.4 million or -4% compared with the previous year. This is largely due to changes in financial sustainability funding from the Department of Health in both years.
This reduction also contributed to Monash Health's total cash held as at 30 June 2024 of $226.8 million compared with $501.1 million as at 30 June 2023.

Summary

	2024 $'000	2023 $'000	2022 $'000	2021 $'000	2020 $'000
Total revenue	3,066,548	3,208,269	2,987,215	2,719,204	2,295,881
Total expenses	3,396,327	3,168,509	2,837,947	2,536,334	2,258,195
Net result from transactions	**-329,778**	**39,760**	**149,269**	**182,870**	**37,687**
Total other economic flows	8,500	-16,585	21,444	37,561	-11,904
Net result	**-321,278**	**23,175**	**170,712**	**220,431**	**25,782**
Total assets	4,287,239	3, 254,729	3,068,422	2,751,337	2,754,032
Total liabilities	1,145,645	1,087,364	1,074,353	864,156	1,119,049
Net assets/Total equity	**3,141,594**	**2,167,365**	**1,994,069**	**1,887,181**	**1,634,980**

Reconciliation between the Net result from transactions and Operating Result

	2024 $'000	2023 $'000	2022 $'000	2021 $'000	2020 $'000
Operating Result*	-328,965	455	218	-135	325
Capital and specific items					
Capital purpose income	209,177	224,448	321,004	346,230	183,255
Specific expenses	-1,714	-582	-583	-5,107	-1,049
COVID-19 state supply arrangements - products received free of charge	2,694	14,518	47,173	28,295	3,280
COVID-19 state supply items consumed	-2,694	-14,518	-47,173	-28,295	-3,280
Assets provided free of charge	0	0	0	0	0
Assets received free of charge	0	0	2,376	14,680	259
Expenditure for capital purpose	-29,502	-31,875	-34,244	-20,636	-14,428
Depreciation and amortisation	-161,915	-138,597	-130,247	-142,604	-118,846
Holding (gain)/Loss on financial assets through profit and loss	-611	-461	0	0	0
Bad and doubtful debt expense	-9,043	-6,769	-2,152	-2,384	-3,845
Finance costs (other)	-7,205	-6,860	-7,103	-7,175	-7,984
Net result from transactions	**-329,778**	**39,760**	**149,269**	**182,870**	**37,687**

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

Asset management accountability framework (AMAF)

The AMAF is a non-prescriptive, devolved accountability model of asset management that requires compliance with 41 mandatory requirements. These requirements can be found here: www.dtf.vic.gov.au/infrastructure-investment/asset-management-accountability-framework.

In 2024, Monash Health achieved its target maturity rating of 'competence', meaning that systems and processes are in place, are consistently applied and systematically meet the AMAF requirements.

Monash Health continues to apply continuous improvement processes to expand its asset performance beyond the AMAF minimum requirements.

The following sections summarise Monash Health's maturity assessment against the Asset Management Accountability Framework (AMAF) requirements.

Leadership and Accountability (requirements 1-19)

Monash Health has met its target compliance and maturity level requirements within this category. Further development of AMAF leadership and accountability is planned to harvest the benefits of AMAF compliance for improved asset performance and reliability.

Planning (requirements 20-23)

Monash Health has met target compliance and maturity levels in this category. Monash Health has aligned service criticality with assets to deliver asset stability and reliability.

Acquisition (requirements 24 and 25)

Monash Health has met its target maturity level in this category.

Operation (requirements 26-40)

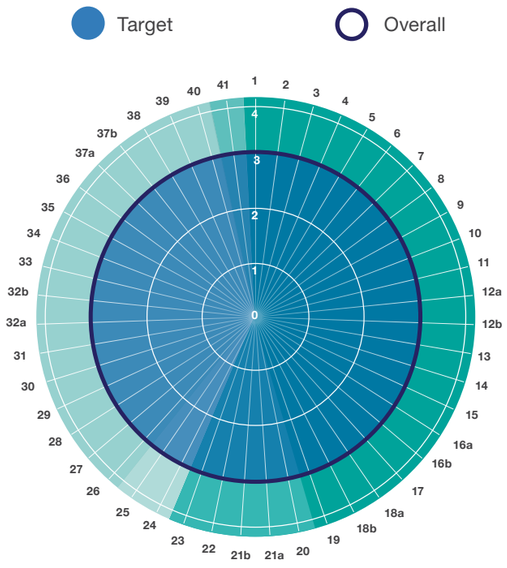
Monash Health has met its target compliance and maturity level requirements within this category, resulting in improvements to asset monitoring, an increased bias toward preventative maintenance, and significant improvements to asset information management.

Disposal (requirement 41)

Monash Health has met its target maturity level in this category.

Compliance and maturity rating tool 2024

Asset management maturity:



Status	Scale
Not Applicable	N/A
Innocence	0
Awareness	1
Developing	2
Competence	3
Optimising	4
Unassessed	U/A

Consultancies information

Consultancy engagement summary

	2024	2023	2022	2021	2020
Consultants' cost ($)	2,872,878	3,312,007	3,023,206	2,863,496	8,591,096
Total number of consultants	110	95	114	122	102

2023-24 Disclosure of consultancy expenditure

Details of consultancies (under $10,000)

In 2023-24, there were 75 consultancies where the total fees payable to the consultants were less than $10,000. The total expenditure incurred during 2023-24 in relation to these consultancies was $224,774 (excluding GST).

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

In 2023-24, there were 35 consultancies where the total fees payable to the consultants were $10,000 or greater. The total expenditure incurred during 2023-24 in relation to these consultancies was $2,648,104 (excluding GST). Details of these consultancies are listed below and can be viewed at www.monashhealth.org/about/publications/annual-report/

Consultant	Purpose of Consultancy	Start date	End date	Total approved project fee ($'000)	Expenditure 2023-2024 ($'000)	Future expenditure ($'000)
Ernst & Young	Internal Audit Services	1/07/23	30/06/24	578	578	0
Nous Group Pty Ltd	Information Technology Consulting	1/07/23	30/06/24	296	296	0
N D Y Management Pty Ltd	Consultancy for Safety Audits	1/07/23	30/06/24	220	220	0
Deloitte Consulting Pty Limited	Financial Consulting	1/07/23	30/06/24	220	220	0
The Trustee For The Robinson Family Trust	Asset Management Consulting	1/07/23	30/06/24	180	180	0
Assetfuture Pty Limited	Asset Management Consulting	1/07/23	30/06/24	173	173	0
Ikaria Australia Pty Ltd	Consultancy for Organisational Growth and Development	1/07/23	30/06/24	130	130	0
Oracle Corporation Australia Pty Ltd	Financial Consulting	1/07/23	30/06/24	63	63	0
Sophie Ullin Art Advisory	Art Advisory Consultancy	1/07/23	30/06/24	62	62	0
Unify Solutions Pty Limited	Information Technology Consulting	1/07/23	30/06/24	57	57	0
Godfrey And Spowers Unit Trust	Asset Management Consulting	1/07/23	30/06/24	54	54	0
Antares Solutions Pty Ltd	Information Technology Consulting	1/07/23	30/06/24	52	70	0
Bodycare Health and Wellbeing Pty Ltd	Consultancy for Safety and Operational processes	1/07/23	30/06/24	50	50	0
Fragomen (Australia) Pty Limited	Workforce Consulting	1/07/23	30/06/24	50	50	0
Russell Kennedy Solicitors	Asset Management Consulting	1/07/23	30/06/24	45	45	0
Harcourt Aged Care Advisors Pty Ltd	Aged Care Consultancy	1/07/23	30/06/24	38	38	0
Cetec Pty Ltd	Asset Management Consulting	1/07/23	30/06/24	36	36	0
Ronamali Weerasuriya	Consultancy for Organisational Growth and Development	1/07/23	30/06/24	32	32	0
Health At Work Pty Ltd	Workforce Consulting	1/07/23	30/06/24	28	28	0

Consultant	Purpose of Consultancy	Start date	End date	Total approved project fee ($'000)	Expenditure 2023-2024 ($'000)	Future expenditure ($'000)
Waterman AHW Vic Pty Ltd	Asset Management Consulting	1/07/23	30/06/24	26	26	0
Gold Coast Hospital & Health Service	Consultancy for Organisational Growth and Development	1/07/23	30/06/24	26	26	0
Zuuse Pty Ltd	Information Technology Consulting	1/07/23	30/06/24	24	24	0
Dog and Bone Pty Ltd	Information Technology Consulting	1/07/23	30/06/24	23	23	0
Australian Parking Consultants Pty Ltd	Asset Management Consulting	1/07/23	30/06/24	20	20	0
Melius Consulting Pty Ltd	Consultancy for Safety and Operational processes	1/07/23	30/06/24	20	20	0
Element Architects Pty Ltd	Asset Management Consulting	1/07/23	30/06/24	20	20	0
The Trustee For The G & S Barwell Family Trust	Information Technology Consulting	1/07/23	30/06/24	19	19	0
Lort Smith Animal Hospital	Patient Wellbeing	1/07/23	30/06/24	18	18	0
Minter Ellison	Legal Consulting	1/07/23	30/06/24	16	16	0
Atturra Business Applications	Consultancy for Organisational Growth and Development	1/07/23	30/06/24	15	15	0
The Trustee For Zt Fell Family Trust	Consultancy for Organisational Growth and Development	1/07/23	30/06/24	14	14	0
Beacon Archives Pty Ltd	Asset Management Consulting	1/07/23	30/06/24	13	13	0
Garry Lyle Pearson	Consultancy for Organisational Growth and Development	1/07/23	30/06/24	11	11	0
The Trustee For Endpoint Focus Trust	Information Technology Consulting	1/07/23	30/06/24	11	11	0
Money 101 - Money For Life Pty Ltd	Workforce Consulting	1/07/23	30/06/24	10	10	0

Information and communication technology (ICT) expenditure

The total ICT expenditure incurred during 2023-24 is $84.4 million (excluding GST).

$'000			
BAU ICT Expenditure Total (excluding GST)	Non-BAU ICT Expenditure Total = A+B (Excluding GST)	Operational Expenditure A (Excluding GST)	Capital Expenditure B (Excluding GST)
$74,209	$10,257	$ -	$10,257

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 https://monashhealth.org/patients-visitors/health-records-requests/, and our FOI team can be contacted via foi@monashhealth.org.

During 2023-24, Monash Health received 3,051 applications. One request was from a Member of Parliament, one from the media, and the remainder from the general public.

Monash Health made 2,937 FOI decisions during the 12 months ending 30 June 2024, with 114 applications still requiring an outcome.

All decisions (2,937) were made within the statutory time periods.

In total, there were 2,625 FOI requests made where access to documents was granted in full, 307 granted in part, and five denied in full. No decisions were made after mandatory extensions or applicant-agreed extensions.

Of requests finalised, the average number of days over/under the statutory time (including extended timeframes) to decide the request was 29 days. During 2023-24, five requests were subject to a complaint/internal review by the Office of the Victorian Information Commissioner. One request 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 five-yearly cycle.

Fire safety audits

The last five-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 via the Monash Health website, located in the 'Patient and Visitors/Compliments, complaints and comments' section.

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 their 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.*

Environmental performance

Monash Health strives to achieve excellence in environmental sustainability through the Monash Health Strategic Plan 2023 guiding principle, "we manage our resources wisely and sustainably to provide value to our community." Following this guiding principle, Monash Health is committed to promoting sustainability and minimising our environmental impact.

Monash Health's Sustainability Framework

Our commitment to environmental sustainability has been formalised in the Monash Health Sustainability Strategy 2022-2025 and its supporting action plan, which set consistent direction and guidance for environmental sustainability planning and decision-making. The strategy outlines six focus areas for sustainability and sets the following respective goals:

- **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

The Monash Health Sustainability Steering Committee oversee delivery of actions to achieve our sustainability goals. The committee monitors progress towards achieving the goals of the Monash Health Sustainability Strategy 2022-25 and annually reviews our action plan as our sustainability program matures, and to align with the state government emissions reduction strategy.

Environmental reporting data

The Victorian Department of Health uses the Environmental Data Management System (EDMS) to manage environmental and utility data for the Victorian public health sector. The Department of Health provides public health services access to EDMS to manage their environmental data. Data in EDMS comes from a range of sources including HealthShare Victoria contracts, utility accounts and supplier reports. Quantitative data for environmental reporting has been retrieved from EDMS.

In 2022-2023, responding to new environmental reporting indicators in Financial Reporting Direction 24: Reporting of environmental data by government entities (FRD 24) revealed environmental reporting data limitations. In response, we developed environmental reporting governance to ensure continuous improvement in environmental reporting.

Reporting boundary for environmental data

All operations and activities of Monash Health are included within the organisational reporting boundary for the 2023-2024 financial year.

The reporting period for the environmental performance report covers the 2021-2022 to 2023-2024 financial years.

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

Greenhouse gas emissions

Total greenhouse gas (GHG) emissions stabilised across the reporting period, down 3% in 2023-2024 on the previous year. It is expected total GHG emissions values will change due to the wide variety of inputs to calculate total GHG emissions, and as estimate data used is superseded by actual data and accuracy improves.

G(Opt) Net greenhouse gas emissions (tonnes CO2-e)	2023-2024	2022-2023	2021-2022
Gross greenhouse gas emissions (G1 + G2 + G3) [tonnes CO2-e]	83,192.97	85,608.93	82,466.29
Any Reduction Measures Offsets purchased (EL4-related)	0.00	0.00	0.00
Any Offsets purchased	0.00	0.00	0.00
Net greenhouse gas emissions [tonnes CO2-e]	**83,192.97**	**85,608.93**	**82,466.29**

For 2023-2024, Monash Health have used a point in time “total charge capacity” method for reporting of refrigerant gas emissions under FRD 24 (Method 1), due to the unavailability of “top-up” consumption data across the reporting period. Data for 2021-2022 was not available using this method.

Greenhouse gas emissions associated with refrigerant gases are embodied within our plant and equipment and do not reflect fugitive emissions from refrigerant gas leaks and associated “top-up” consumption. For this reason, they have not been included in total greenhouse gas emissions calculations and have been reported separately. Embodied GHG emissions from refrigerant gases remained stable in 2023-2024 on the previous year.

G1 Embodied scope one (direct) greenhouse gas emissions [tonnes CO2-e]	2023-2024	2022-2023	2021-2022
Refrigerant gases			
Refrigerant - R134A (HFC-134A)	6,107.40	6,107.40	Not available
Refrigerant - R22 (HCFC-22)	935.23	998.68	Not available
Refrigerant - R32 (HFC-32)	42.42	41.61	Not available
Refrigerant - R404A (HFC-404A)	335.16	335.16	Not available
Refrigerant - R407C (blend R32/R125/R134a)	120.10	120.10	Not available
Refrigerant - R410A (HFC-410A)	2,295.02	2,298.78	Not available
Total embodied scope one (direct) greenhouse gas emissions [tonnes CO2-e]	**9,835.33**	**9,901.72**	**Not available**

Scope one (direct) 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 one GHG emissions decreased 8% across the reporting period, down 24% in 2023-2024 on the previous year.

This was largely due to reduced natural gas consumption in 2023-2024. Greenhouse gas emissions from medical gases decreased, mostly due to reduced clinical Nitrous Oxide use. Desflurane emissions remained stable, an anaesthetic gas we endeavour to avoid where possible due to its high Global Warming Potential.

G1 Total scope one (direct) greenhouse gas emissions [tonnes CO2-e]	2023-2024	2022-2023	2021-2022
Carbon Dioxide	16,529.62	22,252.98	18,569.99
Methane	31.05	42.14	35.07
Nitrous Oxide	11.92	15.45	13.03
Total	**16,572.59**	**22,310.58**	**18,618.09**
Scope 1 GHG emissions from stationary fuel (F2 Scope 1) [tonnes CO2-e]	**15,922.48**	**21,625.81**	**18,024.71**
Scope 1 GHG emissions from vehicle fleet (T3 Scope 1) [tonnes CO2-e]	**650.12**	**684.77**	**593.38**
Medical gases			
Desflurane	13.66	11.11	23.90
Isoflurane	4.59	17.26	21.69
Nitrous oxide	2,105.97	2,318.96	1,910.82
Sevoflurane	**662.90**	**662.56**	**567.71**
Total scope one (direct) greenhouse gas emissions [tonnes CO2-e]	**19,359.71**	**25,320.47**	**21,142.21**

Scope two (indirect) GHG emissions are from electricity generation outside Monash Health, including those from coal-fired power stations. Total scope two greenhouse gas emissions increased 4% across the reporting period, up 9% in 2023-2024 on the previous year.

Cogeneration electricity and steam emissions reported in 2021-2022 were from consumption of these energy sources while the cogeneration plant at Dandenong Hospital was operated by Department of Health until October 2021. The cogeneration plant burns natural gas to generate electricity and steam for use within the hospital, while also exporting excess electricity to the grid. Emissions associated with Monash Health operating the cogeneration plant until it was decommissioned in 2023-2024 are included in scope one GHG emissions.

G2 Total scope two (indirect electricity) greenhouse gas emissions [tonnes CO2-e]	2023-2024	2022-2023	2021-2022
Cogen Electricity			1,695.90
Electricity	49,073.24	45,218.18	44,954.72
Steam			669.36
Total scope two (indirect electricity) greenhouse gas emissions [tonnes CO2-e]	**49,073.24**	**45,218.18**	**47,319.98**

Scope three (other indirect) GHG emissions are from Monash Health activities outside our organisation. Requirements for scope three GHG emissions reporting under FRD 24 are not a complete account of all scope three GHG emissions sources, however at this point in time include energy and water transmission and distribution, air travel for our employees and waste generation.

Total reported scope three GHG emissions increased 5% across the reporting period, down 2% in 2023-2024 on the previous year. This was due to reductions in scope three GHG emissions in waste, utility transmission and distribution and commercial air travel in 2023-2024 on the previous year.

During 2023-2024, we voluntarily commenced reporting scope three emissions arising from the production of office paper we purchase. Emissions arising from paper purchases increased 3% across the reporting period.

Scope three GHG emissions reported as “Any other Scope 3 emissions” is limited to emissions arising from the transmission and distribution of potable water consumed. These emissions increased 10% across the reporting period, up 17% in 2023-2024 on the previous year.

G3 Total scope three (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (tonnes CO2-e)	2023-2024	2022-2023	2021-2022
Commercial air travel	181.51	204.68	53.61
Waste emissions (WR5)	5,725.20	5,930.15	6,446.58
Indirect emissions from Stationary Energy	7,300.71	7,505.37	6,307.02
Indirect emissions from Transport Energy	345.53	375.94	85.14
Paper emissions	197.24	194.28	190.69
Any other Scope 3 emissions	1,009.81	859.87	921.06
Total scope three greenhouse gas emissions [tonnes CO2-e]	**14,760.02**	**15,070.29**	**14,004.10**

Electricity production and consumption

Total electricity consumption increased 17% across the reporting period, up 10% in 2023-2024 on the previous year. The reduction in self-generated electricity was due to decommissioning the cogeneration plant at Dandenong Hospital in 2023-2024, which also contributed to the 13% increase in purchased electricity in 2023-2024 on the previous year.

EL1 Total electricity consumption segmented by source [MWh]	2023-2024	2022-2023	2021-2022
Purchased	74,611.15	65,824.37	62,846.60
Self-generated	492.46	2,291.31	1,454.73
EL1 Total electricity consumption [MWh]	**75,103.60**	**68,115.68**	**64,301.33**

Total on-site electricity generated decreased 89% across the reporting period, down 92% in 2023-2024 on the previous year. This was largely due to the decommissioning of the cogeneration plant at Dandenong Hospital in 2023-2024.

While overall on-site self-generated electricity decreased, solar electricity generation increased five-fold across the reporting period, up 57% in 2023-2024 on the previous year. This was due to the installation of a number of solar photovoltaic (PV) systems on our facilities in 2023-2024.

Behind the meter cogeneration electricity and exports to the grid commenced in October 2021 when Monash Health assumed operational control of the cogeneration plant and ceased in 2023-2024 as the cogeneration plant was decommissioned.

EL2 On site-electricity generated [MWh] segmented by:	2023-2024	2022-2023	2021-2022
Consumption behind-the-meter			
Solar Electricity	492.46	314.14	78.31
Cogeneration Electricity		1,977.17	1,376.43
Total Consumption behind-the-meter [MWh]	**492.46**	**2,291.31**	**1,454.73**
Exports			
Cogeneration Electricity		3,776.22	2,848.45
Total Electricity exported [MWh]		**3,776.22**	**2,848.45**
EL2 Total On site-electricity generated [MWh]	**492.46**	**6,067.53**	**4,303.19**

Total on-site installed generation capacity decreased in 2023-2024 with the decommissioning of the cogeneration plant. On-site installed solar PV generation capacity increased 480kW in 2023-2024 thanks to our Engineering team and funding from Department of Health.

These installations complement the 300kW solar PV system at Moorabbin Hospital which commenced reporting in 2022-2023 and the 99kW system at Monash Health Translation Precinct installed prior to the reporting period.

During 2023-2024, the backup diesel generator at Victorian Heart Hospital was registered in EDMS and explains the increase in diesel generator capacity in 2022-2023 from what was reported in last year's Annual Report.

EL3 On-site installed generation capacity [kW converted to MW] segmented by:	2023-2024	2022-2023	2021-2022
Cogeneration Plant	0.00	6.00	6.00
Diesel Generator	18.86	18.86	17.47
Solar System	0.88	0.40	0.10
EL3 Total On-site installed generation capacity [MW]	**19.75**	**25.26**	**23.57**

Monash Health did not use any form of electricity offsets during the reporting period. Our focus to reduce emissions from electricity consumption is to improve energy efficiency in our existing facilities and prioritise renewable energy sources in new facilities.

Renewable Power Percentage in the grid represents the proportion of electricity Monash Health purchased that came from renewable energy generation.

EL4 Total electricity offsets segmented by offset type [MWh]	2023-2024	2022-2023	2021-2022
RPP (Renewable Power Percentage in the grid)	14,026.90	12,374.98	11,444.18
EL4 Total electricity offsets [MWh]	**14,026.90**	**12,374.98**	**11,444.18**

Stationary fuel use

Total stationary fuel use decreased 12% across the reporting period, down 26% in 2023-2024 on the previous year. The reduction in natural gas use was mainly due to the decommissioning of the cogeneration plant at Dandenong Hospital in 2023-2024, however there were reductions in natural gas use across many of our major hospitals.

Diesel is used to fuel backup generators at Monash Health facilities. 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]	2023-2024	2022-2023	2021-2022
Natural gas	308,268,625.50	419,595,274.10	347,151,983.00
Diesel	532,671.70	57,903.70	1,936,870.70
F1 Total fuels used in buildings [MJ]	**308,801,297.20**	**419,653,177.80**	**349,088,853.70**

Greenhouse gas emissions from stationary fuel use had a 12% decrease across the reporting period, down 26% in 2023-2024 on the previous year. This corresponds with the reduction in total stationary fuel consumption.

F2 Greenhouse gas emissions from stationary fuel consumption segmented by fuel type [Tonnes CO2-e]	2023-2024	2022-2023	2021-2022
Natural gas	15,885.08	21,621.74	17,888.74
Diesel	37.39	4.06	135.97
F2 Greenhouse gas emissions from stationary fuel consumption [Tonnes CO2-e]	**15,922.48**	**21,625.81**	**18,024.71**

Transportation

Total energy used in transportation increased 9% across the reporting period, down 5% in 2023-2024 on the previous year. This was mainly due to reduced diesel consumption within our vehicle fleet in 2023-2024.

In 2023-2024 we commenced reporting on contracted non-emergency transport for across the reporting period. Non-emergency transport covers patient transportation to and from Monash Health facilities by a contracted third-party provider. Diesel use for non-emergency transport increased 11% across the reporting period, up 16% in 2023-2024 on the previous year.

T1 Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type [MJ]	2023-2024	2022-2023	2021-2022
Non-executive fleet - Gasoline	7,212,451.90	7,071,336.10	6,993,712.10
Petrol	**7,212,451.90**	**7,071,336.10**	**6,993,712.10**
Non-executive fleet - E10	111,942.40	112,346.70	107,789.30
Petrol (E10)	**111,942.40**	**112,346.70**	**107,789.30**
Non-emergency transport (Contracted) - Diesel	1,157,606.50	998,080.40	1,043,176.90
Non-executive fleet - Diesel	1,052,227.80	1,839,073.80	574,556.80
Diesel	**2,209,834.30**	**2,837,154.20**	**1,617,733.70**
Total energy used in transportation (vehicle fleet) [MJ]	**9,534,228.60**	**10,020,837.00**	**8,719,235.10**

During 2023-2024, Monash Health introduced 75 electric vehicles to our fleet. This is expected to result in 45 petrol vehicles and 30 hybrid vehicles being removed from our fleet. Once complete, total fleet vehicles will return to 2021-2022 levels. Data for electricity use to power our new electric vehicles was unavailable at the time of reporting.

T2 Number and proportion of vehicles in the organisational boundary segmented by engine/ fuel type and vehicle category	2023-2024	2022-2023	2021-2022
Road vehicles			
Petrol	132	138	169
Diesel	16	13	8
Hybrid	169	173	138
Electric	75	0	0

Total greenhouse gas emissions from transportation increased 10% across the reporting period, down 5% in 2023-2024 on the previous year. This was commensurate with changes in fuel consumption. Increased emissions from contracted non-emergency transport were offset by larger decreases in emissions from our diesel fleet vehicles.

T3 Greenhouse gas emissions from transportation (vehicle fleet) segmented by fuel type [tonnes CO2-e]	2023-2024	2022-2023	2021-2022
Non-executive fleet - Gasoline	487.71	478.16	472.91
Petrol	**487.71**	**478.16**	**472.91**
Non-executive fleet - E10	6.82	6.84	6.56
Petrol (E10)	**6.82**	**6.84**	**6.56**
Non-emergency transport (Contracted) - Diesel	81.51	70.27	73.45
Non-executive fleet - Diesel	74.09	129.49	40.45
Diesel	**155.59**	**199.76**	**113.91**
Total Greenhouse gas emissions from transportation (vehicle fleet) [tonnes CO2-e]	**650.12**	**684.77**	**593.38**

Total distance travelled by commercial air travel for Monash Health decreased 25% in 2023-2024 on the previous year. Restrictions on air travel during the COVID-19 pandemic limited distance travelled during 2021-2022.

T4 Total distance travelled by commercial air travel (passenger km travelled for business purposes by entity staff on commercial or charter aircraft)	2023-2024	2022-2023	2021-2022
Total distance travelled by commercial air travel	736,891.00	986,988.14	205,865.68

Total energy use

Total energy use from fuels decreased 11% across the reporting period, down 26% in 2023-2024 on the previous year. This was mainly due to reduced natural gas consumption in 2023-2024, a component of stationary fuel use. Total energy use from transport was comparatively stable as a proportion of total energy use from fuels.

E1 Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) [MJ]	2023-2024	2022-2023	2021-2022
Total energy usage from stationary fuels (F1) [MJ]	308,801,297.20	419,653,177.80	349,088,853.70
Total energy usage from transport (T1) [MJ]	9,534,228.60	10,020,837.00	8,719,235.10
Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) [MJ]	**318,335,525.80**	**429,674,014.80**	**357,808,088.80**

Total energy use from electricity increased 17% across the reporting period, up 10% in 2023-2024 on the previous year. This was mainly due to Victorian Heart Hospital being operational for the full 2023-2024 financial year (commenced February 2023) and additional electricity demand at Dandenong Hospital once the cogeneration plant was decommissioned.

E2 Total energy usage from electricity [MJ]	2023-2024	2022-2023	2021-2022
Total energy usage from electricity [MJ]	270,372,975.30	245,216,434.29	231,484,803.71

Total renewable energy use increased 26% across the reporting period, up 14% in 2023-2024 on the previous year. Non-renewable energy use decreased 2% across the reporting period, down 15% in 2023-2024 on the previous year.

E3 Total energy usage segmented by renewable and non-renewable sources [MJ]	2023-2024	2022-2023	2021-2022
Renewable	52,280,867.87	45,692,067.10	41,491,713.31
Non-renewable (E1 + E2 - E3 Renewable)	538,200,483.23	630,329,283.89	548,083,080.80

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 per unit of floor space decreased 24% across the reporting period, down 21% in 2023-2024 on the previous year. We saw corresponding decreases in energy use per service activity across the reporting period, with the exception of energy use per aged care occupied bed day due to a decline in bed days across the reporting period.

E4 Units of Stationary Energy used normalised: (F1+E2)/normaliser	2023-2024	2022-2023	2021-2022
Energy per unit of Aged Care OBD [MJ/Aged Care OBD]	8,636.40	10,206.15	7,955.35
Energy per unit of LOS [MJ/LOS]	672.59	807.35	774.38
Energy per unit of bed-day (LOS+Aged Care OBD) [MJ/OBD]	623.99	748.17	705.69
Energy per unit of Separations [MJ/Separations]	1,933.61	2,371.19	2,203.55
Energy per unit of floor space [MJ/m2]	1,317.27	1,670.42	1,734.94

Sustainable buildings and infrastructure

During 2023-2024, Monash Health embedded environmental sustainability goals in our capital funding framework to ensure major projects consider sustainability elements in business cases. We also developed a procedure to assist our project directors to incorporate environmentally sustainable design (ESD) in capital projects greater than $300k in value. This will be reviewed in 2024-2025 to ensure it is effective and to measure its impact on improving the environmental performance of our capital projects.

Our current leasing policy does not include 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.

Environmentally Sustainable Design in new buildings and infrastructure

In 2023-2024, Monash Health commenced operations from our newly completed satellite dialysis unit at Kingston Centre and the Murrumbek Casey Early Parenting Centre.

Both new facilities are all-electric to avoid the burning of natural gas in their operation, have water harvesting/reclamation systems to reduce potable water use and include a number of energy efficiency features.

Monash Health received no new National Australian Built Environment Rating Scheme (NABERS) Energy ratings in 2023-2024. NABERS ratings for 2023-2024 were not available at the time of reporting. We expect to receive a new NABERS rating for the Victorian Heart Hospital when NABERS ratings for 2023-2024 are published. No other environmental performance ratings (e.g. Green Star, IS Ratings) were received during 2023-2024.

NABERS energy ratings in 2022-2023 generally range between 4.5 to 5.5 stars for our major facilities, while water ratings generally range between 3.5 to 6 stars. Kingston Centre is the exception to this (2-star energy and 0-star water), which is an older facility with numerous separate buildings. Kingston Centre also houses our Central Production Kitchen, an energy and water intensive service that produces meals for Monash Health and neighbouring public health services.

B5 Environmental performance ratings achieved for Entity-owned assets portfolio segmented by rating scheme and building, facility, or infrastructure type, where these ratings have been conducted	2023-2024	2022-2023	2021-2022
NABERS Energy Ratings			
Cranbourne Integrated Care Centre	Not available	5.5	5.5
Casey Hospital	Not available	5.5	5
Moorabbin Hospital	Not available	5	5
Clayton Campus	Not available	4.5	4
Dandenong Hospital	Not available	4.5	4.5
Kingston Centre	Not available	2	1.5
NABERS Water Ratings			
Cranbourne Integrated Care Centre	Not available	6	6
Casey Hospital	Not available	5.5	5.5
Moorabbin Hospital	Not available	4.5	4.5
Clayton Campus	Not available	4	4
Dandenong Hospital	Not available	3.5	4.5
Kingston Centre	Not available	0	0

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 the Annual Report.

Water consumption

Total water consumption increased 23% across the reporting period, an increase of 19% in 2023-2024 on the previous year. Water consumption increased across a number of our major facilities.

A reporting error where we continued receiving water rebates after Monash Health assumed operational control of the cogeneration plant in last year's Annual Report has been corrected has increased our potable water consumption for earlier years in the reporting period. In April 2024, we commenced reporting on reused water at our Victorian Heart Hospital.

W1 Total units of metered water consumed by water source (kl)	2023-2024	2022-2023	2021-2022
Potable water [kL]	601,763.76	507,634.31	490,350.61
Reused water [kL]	608.14		
Total units of water consumed [kl]	**602,371.90**	**507,634.31**	**490,350.61**

Units of metered water consumed normalised by service activity increased across the reporting period due to the overall increase in water consumption. Water consumption per unit of floor space decreased 7% across the reporting period as Monash Health's floor area increased.

W2 Units of metered water consumed normalised by FTE, headcount, floor area, or other entity or sector specific quantity	2023-2024	2022-2023	2021-2022
Water per unit of Aged Care OBD [kL/Aged Care OBD]	8.98	7.79	6.72
Water per unit of LOS [kL/LOS]	0.70	0.62	0.65
Water per unit of bed-day (LOS+Aged Care OBD) [kL/OBD]	0.65	0.57	0.60
Water per unit of Separations [kL/Separations]	2.01	1.81	1.86
Water per unit of floor space [kL/m2]	1.37	1.28	1.47

Waste and recycling

Total waste disposed decreased 11% across the reporting period, down 6% in 2023-2024 on the previous year. This was due to declines across general waste (3%), clinical waste (6%) and recycling (19%).

In 2023-2024, we saw an increase in collections for a number of "specialised recycling" streams on the previous year. These are dedicated waste streams to collect recyclable waste that cannot be included in commingled recycling. Exceptions to this were organic waste, and dedicated recycling streams for clinical materials (PVC and sterilisation wrap).

WR1 Total units of waste disposed of by waste stream and disposal method [kg]	2023-2024	2022-2023	2021-2022
Landfill (total)			
General waste - bins	619,680.39	796,709.46	814,406.40
General waste - compactors	2,597,745.82	2,914,740.50	2,839,687.50
General waste - skips	611,221.92	230,187.34	274,252.00
Offsite treatment			
Clinical waste - incinerated	131,040.03	124,619.11	102,912.24
Clinical waste - sharps	81,204.97	78,720.75	87,294.24
Clinical waste - treated	405,509.57	456,998.42	873,653.14
Recycling/recovery (disposal)			
Batteries	291.50	160.00	2,317.00
Cardboard	82,030.70	194,381.53	189,997.83
Commingled	420,472.58	460,113.20	541,564.50
E-waste	24,256.00	13,015.61	21,526.61
Fluorescent tubes	Not available	Not available	Not available
Grease traps	Not available	25,908.00	16,456.75
Metals	2,116.00	482.50	1,890.00
Organics (food)	1,243.20	16,008.00	20,092.80
Paper (confidential)	328,941.37	345,250.31	163,206.59
Paper (recycling)	Not available	9,324.28	29,768.10
PVC	1,608.00	2,057.00	428.00
Reused Textiles	309.00	175.00	0.00
Sterilization wraps	1,867.00	3,016.00	6,706.00
Toner & print cartridges	Not available	Not available	19.64
Total units of waste disposed [kg]	**5,309,538.04**	**5,671,867.01**	**5,986,179.35**

Proportion of total waste to landfill increased across the reporting period, clinical waste remained stable while proportion of waste recycled decreased.

WR2 Percentage of office sites covered by dedicated collection services for each waste stream	2023-2024	2022-2023	2021-2022
Printer cartridges	Not available	Not available	71%
Batteries	Not available	Not available	43%
E-waste	Not available	71%	71%
Soft plastics	Not available	29%	Not available

Total units of waste per patient treated (PPT) decreased across the reporting period. This corresponds with declines in total waste generated, and relatively stable number of patients treated.

WR3 Total units of waste disposed normalised by FTE, headcount, floor area, or other entity or sector specific quantity, by disposal method	2023-2024	2022-2023	2021-2022
Total waste to landfill per patient treated [(kg general waste)/PPT]	2.57	2.78	2.97
Total waste to offsite treatment per patient treated [(kg offsite treatment)/PPT]	0.42	0.47	0.80
Total waste recycled and reused per patient treated [(kg recycled and reused)/PPT]	0.58	0.76	0.75

Recycling rate as a percentage of total waste generated decreased slightly across the reporting period, down 14% in 2023-2024 on the previous year.

WR4 Recycling rate [%]	2023-2024	2022-2023	2021-2022
Weight of recyclable and organic materials [kg]	863,135.35	1,069,891.43	993,973.83
Weight of total waste [kg]	5,309,538.04	5,671,867.01	5,986,179.35
Recycling rate [%]	**16.26%**	**18.86%**	**16.60%**

Total GHG emissions associated with waste disposal decreased 11% across the reporting period, down 3% in 2023-2024 on the previous year.

WR5 Greenhouse gas emissions associated with waste disposal [tonnes CO2-e]	2023-2024	2022-2023	2021-2022
tonnes CO2-e	5,725.20	5,930.15	6,446.58

Normalisation factors

Normalisation factors are used to benchmark environmental performance across facilities and other organisations. 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.

Normalisation Factors	2023-2024	2022-2023	2021-2022
Aged Care OBD	67,062.00	65,144.00	72,979.00
ED Departures	260,389.00	246,704.00	238,405.00
FTE	15,415.00	15,166.00	13,783.00
LOS	861,114.00	823,519.00	749,729.00
OBD	928,176.00	888,663.00	822,708.00
PPT	1,488,095.00	1,415,762.00	1,324,585.00
Separations	299,530.00	280,395.00	263,472.00
TotalAreaM2	439,677.67	398,024.50	334,636.33

Additional information available on request

The health service has retained details in respect of the items listed below, which are available to the relevant Ministers, Members of Parliament and the public (on request - subject to the Freedom of Information requirements, if applicable):

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

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:

- Total hours of jobs created or retained: 3,027,286
- Total hours of apprenticeship or trainee opportunities created: 3,622
- 398 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	11	38.71%	$95M	Yes	6	5
Strategic >$50M	1	67.84%	$850M	Yes	0	1

*VIPP: Victorian Industry Participation Policy

**LIPP: Local Industry Development Plan

Project Type	Number of Eligible Projects	Average Local Content	Total Value (Est.)	In Progress	Commenced or Completed
Standard >$3M	11	38.71%	$95M	6	5
Metro	*11*	*38.71%*	*$95M*	*6*	*5*
Regional	*0*	*0%*	*0*	*0*	*0*
Statewide	*0*	*0%*	*0*	*0*	*0*
Strategic >$50M	1	67.84%	$850M	0	2

Projects where Major Project Skills Guarantee was applied from 16 August 2018

Project Type	Construction projects >$20M
Eligible Projects	2
Total Value (Est.)	$910M
Progress	0
Commenced or Completed	2
Total Hours Completed by Apprentices, Trainees or Cadets	9,057
Total Opportunities Created for Apprentices, Trainees or Cadets	0

Gender Equality Act 2020

The Monash Health Gender Equality Action Plan (GEAP) 2022-2025, launched in 2022 across organisation-wide platforms and promoted internally and externally, has guided many gender-based achievements.

Leadership and governance

Monash Health promotes gender diversity and gender balance in leadership and governance roles as part of our commitment to the GEAP. Notably, in 2023-24, 60% of our Board members were women.

Career development

Monash Health supports leadership development and career progression by inviting employees to attend the Intentional Leadership Program (ILP) and Women in Leadership (WIL) Program. Program participants have evaluated these programs, and the ILP is now offered during work hours to facilitate attendance of those with caring responsibilities. The WIL Program is offered to individuals across craft groups, and survey results indicate that it has improved employee experience (i.e., 88% increased in self-confidence, 91% increased commitment toward Monash Health, and 32% experienced career advancements).

The Learning and Development Program for administrative and support staff has also been promoted across all areas of the health service, and there is an ongoing effort to promote the recognition of academic status in the Medical and Allied Health streams.

Workplace culture

There are several ongoing efforts to promote inclusive workplace environments. All-gender toilets have been established across sites. Nine feeding/expressing rooms have been implemented across our Casey, Kingston, Dandenong, Monash Medical Centre, Monash Children's, Springvale and Moorabbin sites, and four established in the Victorian Heart Hospital.

Quarterly communications are provided to all employees to promote gender safety in the organisation, including how to report gender-related discrimination and sexual harassment. There were four sexual harassment claims made in 2023-24. All four claims were substantiated and resulted in warnings or termination. In 2022-23, there were three sexual harassment claims that resulted in first and final warnings and a facilitated discussion. The increase in claims signals a slight increase in confidence in a safe reporting culture.

Systems and processes

Much is still in progress regarding flexible work and recruitment and promotion policies in Monash Health. The uptake of these policies is not formally being captured in our systems. Nevertheless, four part-time positions have been added to the General Stream Hospital Medical Officer pool to promote flexibility in the junior medical workforce, and a job-share leadership position is being trialled. There is ongoing exploration of further roles suitable for conversion to part-time.

We delivered gender equity education at internal events, including through an online International Women's Day Masterclass.

Legislative requirements

The Monash Health GEAP milestone reporting was successfully completed and submitted for review to the Commission for Gender Equality in the Public Sector. Within this reporting, the 2-yearly Gender Audit data was reported to the Commission for Gender Equality in the Public Sector on time and in totality.

We have successfully embedded Gender Impact Assessments into Monash Health's public-facing policies, programs and services. A Gender Impact Assessment (GIA) Procedure was co-designed, approved, and published. The GIA progress and completed GIA reports were successfully submitted to the Commission for Gender Equality in the Public Sector.

Attestations and declarations

Financial Management Compliance

I, Dipak Sanghvi, 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.

Dipak Sanghvi
Board Chair
Monash Health
05 September 2024

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
05 September 2024

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 complied with the requirements of hospital circular 07/2017 Compliance reporting in health portfolio entities (Revised) and 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
05 September 2024

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
05 September 2024

Compliance with Health Share Victoria (HSV) Purchasing Policies

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

Professor Eugine Yafele
Chief Executive Officer
Monash Health
05 September 2024

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 monashhealth.org/patients-visitors/visitor-car-parking/

Reporting of outcomes from Statement of Priorities 2023-24

Part A: Department of Health Strategic Plan

Ministerial Priorities	Evidence of delivery
1. Improved health system culture, grounded in respect and safety.	**Complete** The 2023 People matter survey results showed improvement across multiple domains, including overall engagement (an increase of 3%) and learning and development (improved by 14%). Participation reached its highest level in eight years, with 5,935 Monash Health employees giving feedback. While previously identified areas of opportunity showed improvement on the previous year, the lowest performing statements continue to relate to employee wellbeing, stress, and communicating and actioning results. In response, Monash Health has prioritised local-level communication and reporting, as well as implementing a wellbeing funding grant for more than 80 local teams to improve the work environment. More than 250 ward and department-level reports have been distributed and communicated, along with support guidance for reviewing and communicating results and generating ideas for improvement.
2. A supported, growing and fit-for-purpose health workforce	**In progress** Development of Monash Health's Workforce Strategy (pending approval), including a comprehensive work plan with specific deliverables aligned with our Strategic Plan.
3. A reformed overall health system (community-based and acute health services), with reforms to service models and enablers (structural, financial and cultural), delivering improved patient safety, experiences and outcomes, particularly for people in regional and rural Victoria.	Monash Health has developed and implemented various new service models to improve patient safety and outcomes. These include: **Complete** › Monash at Home Aged and Rehabilitation Care expanded from 20 to 40 beds in September 2023 to cover the entire Monash Health catchment. Approximately 25% of admissions are from our Emergency Departments, avoiding an acute admission. › The Monash Health Financial Strategy has been developed to focus on the organisation's operating efficiency. It seeks to shift the culture by putting the organisation in a position to make the best decisions possible. In the strategy's first year, there has been a significant focus on fiscal education and operating and oversight frameworks. › The separation of the Adult and Paediatric Emergency Departments at Monash Medical Centre, Clayton, enables models of care and staffing expertise to align with patient cohorts, improving quality, safety, and patient experience. › A new model of care at Casey Emergency Department to separate low and high-acuity patients and a separated paediatric area has decreased the "did not wait" rate from 6% to 2%. › Implementation of new models of care across the Emergency Departments has significantly improved the time it takes for patients to be seen across all Emergency Departments. › Implementation of a geographic model of care for general medicine at Monash Medical Centre has resulted in a significant decrease in the number of patients not being cared for on their home ward (outliers), improving efficiency and decreasing inpatient length of stay by 0.4 of a day over a sustained period. › Implementation of a new model of care in renal dialysis to optimise onboarding of dialysis patients, education for home dialysis and supporting patients in a pathway to transplantation has lifted the percentage of patients on home dialysis from 25 to 27% (state average 24%). › Revision of discharge lounge criteria reward system (enabled by EMR flagging of patients) has significantly improved the utilisation of the discharge lounge at Monash Medical Centre, improving access to care for patients in the Emergency Department.

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	In progress › A new Service Plan and model of care for the delivery of Eating Disorders Services has been undertaken to identify opportunities across the spectrum of care and life span to improve service delivery and care. › The Community Program partnered with the South East Metro Health Services Partnership (SEMHSP) to implement a Vulnerable Care Pathway with a central referral-based service offering triage, assessment, clinical monitoring, and coordination for respiratory and vulnerable/complex cohorts across the South East. › The Joint Sub-committee for Primary Care and Population Health analysed data across the eleven SEMHSP local government areas and established Cardiovascular Health as a collective priority area of focus to maximise health outcomes. › A series of engagement workshops and 'Plan, Do, Study, Act' cycles with unit heads and ward governance teams looking at early discharge and "home for lunch" has enabled several initiatives across wards driven by the frontline workers, unit heads and nurse managers. These include initiatives such as PM rounds to organise tomorrow's discharges today, the high acuity clinics to enable the diversion of inpatients requiring specialty review and investigations, discharge Hospital Medical Officers, and patient communication plans. This initiative aims to shift the culture to a unit-led, constructive mindset and will continue to focus on 'Home for Lunch', progressing to weekend discharges and scaling to Dandenong and Casey sites. Where this work has taken place, inpatient length of stay in Monash Medical Centre, Clayton has had a sustained 16% reduction. › A review of the bed reconfiguration to improve home unit locations and decrease outliers within the current footprint at Monash Medical Centre will enable team efficiencies, particularly in the neurosciences.
4. A step-change in women's health.	**Complete** Our Community Sexual and Reproductive Health Hub is seeing an increasing number of Medical Termination of Pregnancy (MTOP) enquiries at its two sites. It has also supported Peninsula Health patients with last-minute appointments at Cranbourne Integrated Care Centre. The team has partnered with Imaging, Pathology, and Pharmacy services to enable clinics to provide seamless and timely service. **In progress** › The Monash Medical Centre Clayton Tower, currently in the design phase, will see improved facilities for women and their families during pregnancy and birth. The tower will incorporate all aspects of pregnancy care with a new birth suite, two new maternity wards and new operating theatres in close proximity. Care will be further enhanced by state-of-the-art technology. › Public Fertility Care is now a statewide service with a dedicated fertility lab in the design phase to be built at Monash Medical Centre. This will ensure people in the eastern part of Victoria have access to public fertility care close to home. › Gynaecology will see an improved service for women experiencing early pregnancy bleeding, with the opening of an Early Pregnancy Assessment Service (considered the 'gold standard' for early pregnancy care). › The Surgical Termination of Pregnancy Service has expanded, with more clinics/ theatres opening to improve access and meet the increase in demand.

Ministerial Priorities	Evidence of delivery
5. Nation-leading reductions in rates of vaping.	**In progress** The South East Population Health Unit has developed a Population Health Catchment Plan, which includes an action plan to reduce tobacco and e-cigarette use and related harms. The plan is currently in the implementation phase.
6. Improved health equity through: › **Improved Aboriginal health, mental health and wellbeing, achieved through self-determination and ceding power.** › **Family-centred health models for priority populations.** › **Intersectional improvements in health access and outcomes for priority cohorts.**	**Complete - Improved Aboriginal health, mental health and wellbeing** In partnership with Aboriginal and Torres Strait Islander stakeholders at the Aboriginal Health Strategic Partnership Committee (a Board subcommittee), we have successfully developed and reported on key strategic documents: the Annual Cultural Safety Plan and Reconciliation Action Plan. Throughout 2023-24, Monash Health developed and strengthened strategic partnerships at the Aboriginal Health Strategic Partnership Committee, engaging three broader Aboriginal community-controlled agencies in sub-committee meetings. The Aboriginal Health Strategic Partnership Committee continues its important work, and the delivery and reporting of its annual plan have been completed. 2024-25 plan development is on track. **In progress - Family-centred health models** The Children's Health and Wellbeing Local is testing an access and engagement model that aims to capture and provide services for the target priority population and missing middle (as defined by the Royal Commission into Victoria's Mental Health Services) while providing a 'no-wrong door approach' for families and children that would be best serviced within another area of the organisation or need help navigating the complex nature of the external healthcare system. **Complete - Family-centred health models** In February 2024, Monash Health opened the new Murrumbek Casey Early Parenting Centre (MCEPC). The name Murrumbek means 'belong' in the Bunurong language, the Traditional Owners of the land on which the centre is located. The MCEPC is a free service for families with children three years and younger to enhance their relationships and achieve their parenting goals. The service is in high demand and has exceeded its referral expectations (418 referrals to mid-June 2024). Service attendances to mid-June 2024 include 130 families attending the multi-night residential program, 77 single-day appointments and 15 home visits. **In progress - Intersectional Improvements in health access and outcomes** **Equity and Inclusion Strategy** Monash Health is in the process of renewing our Equity and Inclusion Strategy, which will take an intersectional approach to our inclusion priorities, ensuring that the strategy addresses the unique needs of diverse groups within our organisation. **Refugee Health and Wellbeing service** Monash Health's Refugee Health and Wellbeing service is improving cancer screening for refugee communities, focusing on bowel cancer screening and access to public colonoscopy services. The service is also participating in the SEPHU Cervical Screening Test project to improve access among migrant communities where screening rates are low.

Ministerial Priorities	Evidence of delivery
	Community Assessment and Response Team The Community Assessment and Response Team introduced the Green Cross Bus Outreach service, regularly visiting at-risk communities with people experiencing insecure housing and poor social determinants of health. They partnered with Afri-Aus Care to deliver a 12-week health and wellbeing program with the 'Mamas' along with regular visits to Viv's Place, Bon's Place, Department of Families, Fairness and Housing at Noble Street housing estate, Refugee Resource Hub (Thomas St, Dandenong), Cornerstone and Sundowner Caravan Park. **Complete - Intersectional improvements in health access and outcomes** › The Centre for Developmental Disability Health has opened a purpose-designed, low-sensory sedation clinic at Doveton to support clients with a disability in accessing basic medical procedures. This has resulted in a reduction of clients waiting for a general anaesthetic to complete these procedures. › The MHAOD (Mental Health, Alcohol and Other Drugs) hub has opened within the Emergency Department at Monash Medical Centre, Clayton. The hub includes an embedded workforce with mental health, alcohol and other drugs expertise and peer and family support workers. The opening has resulted in a statistically significant decrease in length of stay, improved see times, improved time to bed requestion and a reduction in "did not wait" from 8% to 2% in this adult patient cohort Clayton Emergency.
7. Improved mental health system through: › **New and transformed integrated services through the implementation of the Royal Commission into Victoria's Mental Health System.** › **Strengthening system guidance, stewardship and commissioning.** › **Realising the vision of the new Mental Health and Wellbeing Act 2022 by driving cultural change.** › **Supporting a culture that embraces lived experience leadership at every level of the mental health and wellbeing system.** › **Investing in suicide prevention and mental health and wellbeing promotion.**	**In progress - New and transformed integrated services** Key Mental Health reform projects: › Integrating mental health and alcohol and other drug care, resulting in more holistic, person-centred approaches to treatment and support. This will significantly improve consumer outcomes, service efficiency, and overall quality of care. Key changes being implemented: › A comprehensive, integrated assessment tool that simultaneously addresses mental health and alcohol and other drug concerns. › Co-location of mental health and alcohol and other drug care community services to facilitate better communication between specialists and provide a single point of access for consumers. › Cross-training of employees in mental health and alcohol and other drug issues, enabling more comprehensive care recognising the interplay between these practice areas. › Development of integrated treatment plans addressing both mental health and alcohol and other drug issues concurrently, tailored to the consumer's unique needs and circumstances. › Improved care coordination to ensure seamless transitions between different aspects of care and maintain continuity of support. › The Royal Commission into Victoria's Mental Health System Recommendation 13 (2) addresses improving gender-based safety in Mental Health Intensive Care Areas within Acute Psychiatric Inpatient Units. Monash Mental Health Program has five Mental Health Intensive Care Areas approved with funding received to implement safety-related refurbishments at the following locations: Stepping Stones Adolescent Unit; P Block Adult Inpatient Unit Monash Medical Centre, Clayton, Biala Older Adult IU Kingston, Ward E Adult Inpatient Unit Casey, Unit 2 Adult Inpatient Unit Dandenong.

Ministerial Priorities	Evidence of delivery
	In progress – Strengthening system guidance, stewardship and commissioning › The Mental Health Program is updating its governance structure to enhance clinical oversight, streamline communication, and ensure transparent, accountable decision-making. Key features are: › Supported local decision-making at a senior level with clear reporting and escalation processes for program-wide issues. › Establishment of a Mental Health Executive Governance group as the Program's peak governance body, overseeing operational performance and quality and safety reporting. › Establishment of a Project Steering Committee to ensure accountability and effectiveness of continuous improvement activities, with the ability to direct resources to areas of need. › This governance restructure will enable the Program to respond more effectively to challenges and opportunities, ensuring better consumer and organisation outcomes. **In progress - Realising the vision of the new Mental Health and Wellbeing Act 2022** › The new set of core mental health and well-being principles are being disseminated to ensure reasonable efforts are made to comply with these principles, and proper consideration is given when making decisions under the Act. **In progress - Supporting a culture that embraces lived experience** › The Mental Health Program is developing a lived experience workforce framework to ensure peer workers are embedded in clinical teams. Peer workers who have personal experience with mental health challenges bring empathy and relatability that can significantly enhance consumer engagement and outcomes. Peer workers also promote a more holistic and inclusive approach to mental health care, enriching the team's understanding and enabling more tailored interventions. **Complete – New and transformed integrated services** › Monash Health, in partnership with Mind Australia (lead organisation), Foundation House and Thorne Harbour Health, has commenced service delivery at the Greater Dandenong Local Mental Health and Wellbeing Hub, supporting Victorians aged 26 years and over to access mental health and well-being treatment and care closer to home. All support is free, voluntary, and easy to access, and a GP referral is not necessary to access help. **Complete – Realising the vision of the new Mental Health Act 2022** › Monash Health introduced and embedded the expectations and responsibilities of the Mental Health and Wellbeing Act 2022 (the Act) across Monash Health by 1 September 2023. Additionally, local Emergency Department (ED) practice-specific changes were introduced and embedded in all four EDs within Monash Health by 1 July 2024. › General education packages developed and delivered to facilitate understanding and compliance with the Act. › Specific Advanced Statement of Preference training developed and delivered. › Monash Health policies and procedures have been reviewed and updated to ensure compliance with the Act. › A community of practice involving over 100 champions has generated interest in and engagement with practice changes arising from the Act.

Ministerial Priorities	Evidence of delivery
	Complete – supporting a culture that embraces lived experience › Monash Health has established a high-level Consumer Advisory Committee with mental health lived experience representation and a more focused Mental Health Consumer, Carer and Family Advisory Group to allow those with lived experience of mental health challenges to influence organisational strategy and policy directly. › The Mental Health Program has significantly expanded the lived-experience peer workforce, integrating peer support workers and Consumer and Caregiver Consultants across multiple mental health services and teams. › Consistent with Royal Commission recommendations, a participative and collaborative approach has been adopted for all new service reforms, ensuring that lived experience perspectives and co-design ideas are central to development processes. **Complete – Investing in suicide prevention** › All four Hospital Outreach Post-Suicidal Engagement (HOPE) teams across Monash Health were engaged in a process improvement project. Key outcomes included: › Development of standardised intake and discharge criteria. › Expanded referral pathways. › Extended service hours with more flexibility for the consumer and their family/carers. › Standardised staffing for psychosocial workers, peer workers and clinical support; and standardised outcome measures.

System Priority: Excellence in Clinical Governance	Goal	Evidence of delivery
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.		
Participate in collaborations such as the "Getting It Right First Time" program.	Develop strong and effective relationships with consumer and clinical partners to drive service improvements.	**Complete** Throughout FY23-24, Monash Health participated in the Department of Health-facilitated 'Timely Emergency Care Collaborative' initiative. This work program aimed to reduce the length of stay for non-admitted and admitted Emergency Department patients. Focusing primarily on the adult Monash Medical Centre, Clayton site, targeted initiatives across emergency, inpatient and operational streams resulted in significant improvements in access to care: By February 2024, the Clayton site saw: › 11% reduction in non-admitted length of stay › 16% reduction in admitted length of stay › Nine-hour reduction in median length of stay for adult inpatients › >30% of all weekday discharges occurred by 12 pm On completion of the first iteration of the 'Timely Emergency Care Collaborative' on 30 June 2024, Monash Health was one of four health services to receive an 'Outstanding Overall Improvement' award from the Timely Emergency Care Collaborative faculty. Monash Health has submitted an Expression of Interest to participate in the second iteration of the Timely Care Collaborative, commencing in 2024-25.
Implement Service Excellence Standards – a set of 10 simple positive staff behaviours that improve consumer experience.	Develop strong and effective relationships with consumer and clinical partners to drive service improvements.	**Complete** Service Excellence Standards have been implemented across the organisation and are monitored via specific patient experience surveys (MHES and VHES). A slight improvement has been noted in responses to the relevant questions. There was an increase of 2% in positive responses to the MHES survey question '*Did staff caring for you introduce themselves, what they do and what they were there for?*' - up from 86% in November 2023 to 88.3% in July 2024. In addition, there was an increase of almost 4% in positive responses to the VHES survey question, '*Were your family or someone close to you involved as much as you wanted them to be in decisions about your care?*' - up from 72.6% in the period October-December 2023 to 76.4% in the period January-March 2024.

System Priority: Excellence in Clinical Governance	Goal	Evidence of delivery
Use a Human Factors approach to identify barriers in identification and response to patient/caregiver concerns about clinical deterioration, and codesign and test interventions to address the barriers.	Strengthen clinical governance systems that support safe care, including clear recognition, escalation, and addressing clinical risk and preventable harm.	**Complete** This work aims to reduce preventable harm to Monash Health patients with earlier identification of deterioration. Patient/Caregiver concern has been demonstrated to be a stronger predictor for deterioration than abnormal vital signs in paediatric patients at Monash Health, and this will likely be similar in other patient populations. Barriers and enablers to patient escalation and clinician response were identified in three representative wards (an emergency department, a paediatric inpatient ward and an adult inpatient ward). A human factors/improvement science framework was then used to develop several proposed improvements to the Family Escalation of Care process. Proposed improvements include: › A process for clinicians to proactively assess for and respond to patient/carer concerns across the organisation (roll-out in progress) › Electronic Medical Record updates to improve rates of documentation of Patient/Carer Concern (via visual prompt), to improve response to documented Patient/Carer Concern (task check-box), and to improve visibility of escalated concerns (via a new form) (complete) › Development of a set of outcome measures and delegation of governance to the Deteriorating Patient Governance Committee for ongoing monitoring › A new Monash Health Experience Survey question has been added for all patient populations: 'Did you know how to get help if you were getting worse?' This allowed us to quantify the problem and measure improvement. (complete) › Theming of Statutory 'Duty of Candour' consumer meetings (complete) › Our Business Intelligence team is developing data for monitoring the implementation and response to proactive Patient/Carer Concern assessments (in progress)

System Priority: Excellence in Clinical Governance	Goal	Evidence of delivery
Adopt models of care that ensure the appropriate skill mix, and senior decision makers in the right places to manage the volume of patients and health service demands.	Improve access to timely emergency care by implementing strategies that improve whole of system patient flow to reduce emergency department wait times and improve ambulance to health service handover times.	**In progress - Excellence in Timely Care initiatives** Excellence in Timely Care initiatives are being rolled out organisation-wide. A specific set of initiatives has seen best practice standards tested and implemented in a select number of wards. These standards have been designed and iteratively implemented with clinical teams. **In progress - Initiatives to reduce length of stay** **Monash at Home – Aged and Rehabilitation Expansion** Increased capacity from 20 to 40 patients with expanded geographical eligibility for the services to cover the Monash Health catchment and support a significant increase in direct admission to the service from emergency departments. **Aged Rights Advocacy Service (ARAS) Reform** There has been a 350% increase in Monash at Home – Aged Rehabilitation Care referrals and improved processing times for referrals, resulting in a reduced wait time for inpatient subacute access. The average time taken for a referral to be completed is now 22 hours, reduced from 132 hours. **Local Leadership** An innovative co-design approach is underway to build capability in local teams, which will be measured using business-as-usual high-quality care metrics and People matter employee surveys. **In progress - Children's Health and Wellbeing Local** The Children's Health and Wellbeing Local has established a secondary consultation service where community-based clinicians seek support from the Children's Local Paediatrician or Psychiatrist. Initial feedback shows a 50% reduction in referrals to a hospital clinic, reducing the burden on our tertiary health systems, building capacity in the primary healthcare setting and allowing treatment closer to home. **In progress - Refugee Health and Wellbeing** Refugee Health and Wellbeing has reviewed and updated models of care for primary care, paediatrics, and infectious diseases to ensure timely access to care and effective escalation pathways in consideration of increased demand.

System Priority: Excellence in Clinical Governance	Goal	Evidence of delivery
		In progress - Adult Hospital in the Home › Adult Hospital in the Home (HITH) has progressed five work streams to support optimisation. All are approximately 80% complete: 1. Streamline systems: A proof of concept for a scheduling and logistics system completed. An ongoing platform will be required, using what has been learned from the proof of concept. 2. Clinical systems: Revised admission criteria, optimised EMR, and streamlined iron infusion referrals process. 3. Infrastructure: Optimising and standardising clinical and administrative space. 4. Optimising workforce availability and engagement. 5. Developing a future model of care with a 2-5 year horizon, including engagement with referrers, HITH staff and consumers. **In progress - Revision of the specialty consult workflow** › Revision of the specialty consult workflow to ensure a consistent definition of what constitutes a referral and the required hierarchy from advice to e-consult, face-to-face referral processes, and documentation. This will be followed by optimising the EMR and Baret interface to match clinical workflows, aiming to provide transparency to consult activity and timeframes. Units have agreed to a referral to consult timeframe of <24 hours.
Implement initiatives that support early discharge of patients to appropriate settings to improve timely patient access to care.	Improve access to timely emergency care by implementing strategies that improve whole of system patient flow to reduce emergency department wait times and improve ambulance to health service handover times.	**Complete** Adult Hospital in the Home inpatient and outpatient beds and capacity have increased through systematising administrative functions, releasing clinical staff to provide more clinical care and relieve pressure on our hospitals. Community Assessment and Response Team (CART) Nurse Practitioners are now embedded in the MMC Clayton Emergency Department. They are instrumental in diverting patients with chronic diseases such as chronic heart failure, respiratory disease and diabetes to community-based care with minimal readmission. They are also expediting discharge from inpatient beds with community and home-based care in place. Monash at Home expanded from 20 to 40 beds in September 2023 to enable coverage of the entire Monash Health catchment. Occupancy is currently >95%. Approximately 25% of referrals occur from Emergency Departments.

System Priority: Excellence in Clinical Governance	Goal	Evidence of delivery
Implement models of coordinated care to improve access to services and provide support to consumers, families, supporters, and carers across various levels of the mental health system.	Improve mental health and wellbeing outcomes by implementing Victoria's new and expanded Mental Health and Wellbeing system architecture and services.	**In progress** › The Mental Health Program is undertaking a model of care review and redesign, including: › Adult Community Mental Health Services - implementation is occurring in our Continuing Care Teams first, with other community teams to follow. › Stepping Stones Adolescent Mental Health Unit - in recognition of the changing profile of adolescents being admitted to this unit, the Program is proactively reviewing the model of care to ensure the care aligns with international best practice and meets the specific needs of service users effectively and efficiently. › The model of care redesign aims to outline the principles and outcomes that define best practice, the service elements that will be delivered aligned to these principles and practice, and how these will be developed, implemented and evaluated over time. › Safety through improved clinical governance is a core aim of the model of care work. Domains of interest are ensuring safe and evidence-based practices, engaging and empowering the workforce, and fostering continuous improvement and innovation. › Implementation plans are currently being developed with employees and lived experience. **Complete** In response to a growing need to support clinicians, the specialist mental health family violence team has developed the Elder Abuse Toolkit and adapted it to share broadly with all of Monash Health. The risk assessment form has been updated to include both family violence and elder abuse risks.
Incorporate positive leadership and management to provide clear direction and vision for the team, where contributions are valued, and consensus is fostered.	Reduce low value care and duplication to achieve better outcomes for people and improved safety and quality.	**Complete** Monash Health provides a comprehensive leadership training suite with programs for targeted audiences (new leaders, frontline leaders, and senior leaders), self-directed learning on the Leadership Hub, and a monthly leadership forum. 115 medical, nursing and corporate leaders undertook the Intentional Leadership program throughout FY23-24. A further 15 senior leaders participated in a pilot Transformational Leadership Program. In August 2023, a new six-module Frontline Leadership program was launched. A total of 49 participants have since completed the program, with an additional 146 currently in progress. In an interim review of the program, all participants agreed (30%) or strongly agreed (70%) that the program is making them a better leader.

System Priority: Excellence in Clinical Governance	Goal	Evidence of delivery
Teams comprise varying competencies, working collaboratively to standardise interdisciplinary care plans and records to deliver holistic and comprehensive person-centred care.	Reduce low value care and duplication to achieve better outcomes for people and improved safety and quality.	**Complete** Monash Health's Pathology Stewardship and Electronic Medical Record (EMR) Optimisation team was awarded the Champion Organisation at the inaugural 2022 Choosing Wisely Awards for their work on reducing low-value care while achieving sustainability outcomes. Reducing duplicate test ordering minimises risks of potential adverse health effects (pain and anaemia associated with excessive blood tests, unnecessary follow-up investigations or treatment and needle-stick injuries). The clinician-led, multidisciplinary team has dramatically reduced duplicate and unnecessary tests. Audit results show substantial direct financial savings, extending beyond a year after implementation. The reduction in generated waste was shown to reduce environmental greenhouse gas footprint. **In progress** Local teams are testing and developing Excellence in Timely Care initiatives, including an initiative to embed consistency in the Interdisciplinary Daily Cadence. The Interdisciplinary Daily cadence initiative is based on the Modern Ward Round. It includes morning and afternoon huddles and patient communication standardisation.
Implement and scale high throughput approaches to planned surgery in line with Safer Care Victoria's Targeted high throughput approaches to theatre list management recommendations.	Maintain commitment to driving planned surgery reform in alignment with the Surgery Recovery and Reform Program, as well identify and implement local reform priorities.	**Complete** Throughout FY23-24, 40,322 planned surgical cases, 32,112 planned procedures and 7,931 Endoscopy procedures were performed. A significant volume of planned procedures was performed through the utilisation of private partnerships, high throughput operating lists and improved patient preparation. In line with reform initiatives, there was a planned waitlist reduction of 2,259 during FY23-34. This equates to a 29% reduction in patients waiting longer than the recommended timeframe.
Proactively manage preparation lists (formally waiting lists) including validation and support of patients into optimal care pathways.	Maintain commitment to driving planned surgery reform in alignment with the Surgery Recovery and Reform Program, as well identify and implement local reform priorities.	**Complete** 100% of patients on the planned surgical list have been contacted, and the Patient Services Unit has implemented touch points for contact throughout their wait time. Reform priorities are: › The same-day surgery rate for the Department of Health mandated procedures is >75%. Monash Health remains a leader in this surgical stream across the state. › Orthopaedic reform has resulted in significant length of stay and transfer to subacute reductions. As a result, there has been increased patient satisfaction and no increase in readmission rates. › Quarantined access to Specialist Consulting clinics. This allows patients requiring further consultation before surgery to avoid unnecessary cancellations on the day of surgery or removal from the waitlist if their primary referral reason may have changed.

System Priority: Excellence in Clinical Governance	Goal	Evidence of delivery
Partner with SCV and relevant multidisciplinary groups to establish protocols and auditing processes to manage effective monitoring and escalation of deterioration in paediatric patients via ViCTOR charts.	Develop strong and effective systems to support early and accurate recognition and management of deterioration of paediatric patients.	**Complete** ViCTOR charts were first implemented at Monash Health in 2014 and have been standard practice in paediatrics for many years (pre-EMR). The roll out of EMR in 2019 saw the 'track and trigger' paediatric observation and escalation process move from a paper chart to an electronic version. Monash Health also participates in the SCV-led Paediatric Clinical Network, which supports an integrated statewide approach to health services for children.
Improve paediatric patient outcomes through implementation of the "ViCTOR track and trigger" observation chart and escalation system, whenever children have observations taken.	Develop strong and effective systems to support early and accurate recognition and management of deterioration of paediatric patients.	**Complete** The 'Clinical Observations and Assessment (paediatrics)' procedure includes information on ViCTOR, including how the track and trigger criteria align with the designated colour zones on EMR. In addition to ViCTOR charts, Monash Children's Hospital has implemented mandatory clinical review and mandatory Medical Emergency Teams (MET) calls aligned to the ViCTOR parameters. MET call data is then reported via the Children's Program Clinical Governance and Quality Committee and the Paediatric Deteriorating Patient Committee and includes MET calls within 4 hours of ED transfer, missed METs, and the number of patients with three or more MET calls within 24 hours.
Implement staff training on the "ViCTOR track and trigger" tool to enhance identification and prompt response to deteriorating paediatric patient conditions.	Develop strong and effective systems to support early and accurate recognition and management of deterioration of paediatric patients.	**Complete** All clinical employees are trained in using ViCTOR charts using the EMR and paper (in the case of EMR downtime) and appropriate response to the deteriorating patient. Ongoing education regarding recognition and escalation of the deteriorating paediatric patient is included in the Paediatric Learning Modules on Latte, in the Point of Return workshop for nursing staff, via mock resuscitation scenarios on the wards and during the onboarding and orientation process for new paediatric staff on the wards.

System Priority: Working to Achieve Long Term Financial Sustainability	Goal	Evidence of delivery
Ensure equitable and transparent use of available resources to achieve optimum outcomes.		
Collaborative partnerships: Collaborate with other health service providers, community organisations, the department, and stakeholders to explore opportunities for shared services, joint procurement, and resource sharing to reduce costs and improve efficiency.	Co-operate with and support Department-led reforms that look towards reducing waste and improving efficiency to address financial sustainability, operational and safety performance, and system management.	**Complete - Execution of Project SAPPHire (eHub)** Existing HR and payroll systems at Monash Health were identified as nearing end-of-life due to a combination of contract and platform expiry. In May 2023, Project SAPPHire commenced the build of a new platform called eHub, to replace existing platforms, provide additional benefits to the organisation and offer an improved experience for employees. As a South East Metro Health Service Partnership (SEMHSP) member, Monash Health chose to collaborate with fellow member, Alfred Health, on the implementation. Alfred Health had already successfully delivered the platform and shared their experience and insights to assist the Monash Health project team. The benefits of moving to the new platform include: › Greater empowerment with self-service access to real-time information and the ability to make changes easily. › Improved employee experience with fewer delays due to automated business processes. › Greater efficiencies through automated approval workflows › Improved recruitment and on-boarding processes, providing visibility and greater access to manage personal growth and career pathways. Moving to eHub represented a significant change affecting all Monash Health employees. A clear and comprehensive change management plan was developed, underpinned by a detailed communication plan and training and adoption strategy. Project SAPPHire successfully delivered eHub to Monash Health in May 2024, providing a smooth transition with minimal disruption for all employees.

System Priority: Working to Achieve Long Term Financial Sustainability	Goal	Evidence of delivery
		Complete - Pathology Partnership Program The Alfred/Monash Shared Pathology Service has continued to evolve since its establishment in late 2022. In line with the Department of Health's goal of bringing public pathology services together, we have continued collaborating with the health services and achieved the following over the past 12 months: › Delivered the first strategic plan for a pathology network detailing our intent to align services and drive high-quality services across the network. › Developed the state's first Point of Care Framework supporting both health services to make decisions based on quality and safety measures and efficient use of new technologies. › Completed a number of joint tenders for equipment and software, driving a competitive advantage in the market. › Executed a contact for the delivery of a single quality management system across Alfred Health and Monash Health, ensuring standardisation and improving quality systems and practices. **In progress - Pathology Partnership Program** › Executed a contract for the delivery of a single Laboratory Information System (LIS) across Alfred Health and Monash Health, due for delivery October 2025. › Alfred/Monash Shared Pathology Service is the preferred pathology provider for Western Health; transitioning Western Health from private pathology provision to public pathology by October 2025.

System Priority: Working to Achieve Long Term Financial Sustainability	Goal	Evidence of delivery
Data-driven decision-making: 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.	Co-operate with and support Department-led reforms that look towards reducing waste and improving efficiency to address financial sustainability, operational and safety performance, and system management.	**In progress** Monash Health has been using detailed analytics and benchmarking information to find operational opportunities for efficiencies. Several opportunities have been realised, which have led to increased operating revenue. Examples include: › A project to identify and code patients with delirium and dementia, identifying and fixing missing data associated with contracted care patients. › Identifying patients eligible for separate funding under the bowel screening program. › Building a dashboard to identify variances in the average length of stay by clinical specialty and measuring changes in casemix complexity over time. › The integrity of Medicare Benefits Schedule (MBS) processors at Monash Health was analysed against a sample audit supplied by the Australian Government Department of Health and Aged Care and found to be compliant with the relevant legislation requirements. › Building an organisation-wide NWAU dashboard that tracks actual performance against target for all service streams by month with drill-down capability to clinical specialty and site level. › Building service stream reconciliation dashboards to help ensure data completeness.
Financial forecasting and risk management: Develop robust financial forecasting models to project future revenue and expenditure, identify financial risks, and implement risk mitigation strategies to ensure long-term sustainability.	Development of a health service financial sustainability plan in partnership with the Department with a goal to achieving long term health service safety and sustainability.	**In progress** Monash Health has completed all required financial year forecasts for internal and external stakeholders. Monash Health intends to pursue continuous improvement in this area and is investigating new systems that will allow for enhanced forecasting for all stakeholders.

System Priority: Working to Achieve Long Term Financial Sustainability	Goal	Evidence of delivery
Cost containment initiatives: Implement strategies to control costs, such as negotiating favourable contracts with suppliers, optimising workforce utilisation, and managing healthcare technologies and equipment effectively.	Development of a health service financial sustainability plan in partnership with the Department with a goal to achieving long term health service safety and sustainability.	**Complete** Project SAPPHire increases Monash Health's ability to optimise its workforce through the enhanced transparency created by position management functionality. The system further increases operational efficiency through faster processes related to the movement of employees in, out and through the organisation. **In progress** Monash Health constantly seeks the most favourable contractual agreements when dealing with suppliers in a deliberate effort to manage cost pressures. In addition, Monash Health has been working closely with suppliers to implement cost savings initiatives, particularly on standardising equipment fleets to better utilise capital. Our procurement team is also working on improving category management and mitigating price increases in an inflationary financial environment.

System Priority: Improving Equitable Access to Healthcare and Wellbeing	Goal	Evidence of delivery
Ensure that Aboriginal people have access to a health, wellbeing and care system that is holistic, culturally safe, accessible and empowering.		
CEO and executive leadership to drive and be accountable for outcomes in cultural safety and Aboriginal self-determination.	Address service access issues and equity of health outcomes for rural and regional people, including more support for primary, community, home-based and virtual care, and addiction services.	**Complete** All actions in Monash Health's Reconciliation Action Plan and Cultural Safety Plan have a designated Executive lead. Annual Cultural Safety Plan actions are complete for 2023-24, and the development of a new three-year Reconciliation Action Plan is in progress.
Plans to identify and prioritise the health, wellbeing and service needs of the Aboriginal catchment population and service users – including improved patient identification, discharge planning and outpatient care.	Address service access issues and equity of health outcomes for rural and regional people, including more support for primary, community, home-based and virtual care, and addiction services.	**Complete** Monash Health captures Indigenous Patient Identification actions and compliance under NHQHS Standard 5 committee (5.8). Current Hospital Liaison and Outpatient Liaison services address discharge planning patient needs. Further planning and refining of policy and procedure around discharge and outpatient actions will occur in 2024-25.

System Priority: Improving Equitable Access to Healthcare and Wellbeing	Goal	Evidence of delivery
Alignment of health service operating hours and the availability of hospital Aboriginal Health Liaison Officer workforce.	Strengthen programs that support Aboriginal people to access early intervention and prevention services.	**Complete** Monash Health provides Aboriginal Hospital Liaison services from 9 am – 5 pm, Monday to Friday, and recently extended to weekend hours in 2023-24. Scoping of extended after-hours services will occur in 2024-25.
Partner with Aboriginal community-controlled health organisations, respected Aboriginal leaders and Elders, and Aboriginal communities to deliver healthcare improvements.	Enhance the provision of appropriate and culturally safe services, programs and clinical trials for and as determined by Aboriginal people, embedding the principles of self-determination.	**Complete** Monash Health Aboriginal Health Strategic Partnership Board Sub-committee membership comprises representatives of each Aboriginal Community Control organisation. Monash Health has engaged lead Aboriginal community agencies in Melbourne's southeast through the Aboriginal Health Strategic Partnership Board Sub-committee to develop annual cultural safety plans to deliver healthcare improvements.
Promote a culturally safe welcoming environment with Aboriginal cultural symbols and spaces demonstrating, recognising, celebrating and respecting Aboriginal communities and culture.	Enhance the provision of appropriate and culturally safe services, programs and clinical trials for and as determined by Aboriginal people, embedding the principles of self-determination.	**Complete** Monash Health's Cultural Safety Plan documents activities and actions to create culturally safe and welcoming environments. Throughout 2023-24, all senior leadership and Board members at Monash Health undertook cultural awareness training. Monash Health worked with the Bunurong Land Council to name the new 'Murrumbek' Casey Early Parenting Centre. Aboriginal Arts group, the Torch Project, produced and curated the centre's internal artwork.

System Priority: A Stronger Workforce	Goal	Evidence of delivery
There is increased supply of critical roles, which supports safe, high-quality care. Victoria is a world leader in employee experience, with a focus on future roles, capabilities and professional development. The workforce is regenerative and sustainable, bringing a diversity of skills and experience that reflect the people and the communities it serves. As a result of a stronger workforce, Victorians receive the right care at the right time, closer to home.		
Deliver programs to improve employee experience across four initial focus areas: leadership, safety and wellbeing, flexibility, and career development and agility.	Improve employee experience across four initial focus areas to assure safe, high-quality care: leadership, health and safety, flexibility, and career development and agility.	**In progress – Working Flexibly Pilot** In addition to numerous flexible work initiatives, a Working Flexibly Pilot was undertaken from Dec 2023 until March 2024. Following the successful pilot, approval has been given to continue with these arrangements for the pilot groups, and planning is underway to scale the initiative to other employee groups, while ensuring compliance and alignment with industrial legislation and requirements. This includes offering a suite of flexible work options, such as adjusting hours of work as appropriate (compressed working week/fortnight; part-time work; hybrid – onsite/work-from-home arrangements. It also includes flexible working opportunities for employees who must be onsite, given the nature of their work. **Complete - Leadership** Monash Health's comprehensive leadership training suite includes programs for targeted audiences (new leaders, frontline leaders, intentional leadership, transformational leadership), self-directed learning on the Leadership Hub, and a monthly leadership forum. **Complete - Employee wellbeing** Employee wellbeing remains a high priority with monthly Wellbeing Forums, a regular 'Wellbeing Wrap' newsletter, implementation of a new training program 'Leading Mentally Healthy Teams' and the 'BeWell' employee wellbeing program. A team wellbeing grant program was offered to 80 highest-risk teams to implement guided local wellbeing initiatives. An "Access Psych" service has been added to phone Injury Triage for immediate support after psychological injury at work. A 2024-2025 Wellbeing Plan has been developed. **Complete - Career development and agility** 2023 People matter survey feedback indicates that 70% of employees are satisfied with their current role, and 78% believe they are learning and developing within their current role. 61% of employees are satisfied with career development opportunities, with 64% satisfied with how their learning and development needs have been addressed.

System Priority: A Stronger Workforce	Goal	Evidence of delivery
		Complete - Medical Year 1 of the 2023-2028 Medical Workforce Plan has been implemented. Improvements have been seen in indicators of leadership development, flexible work arrangements, career advancement, and training experience. **Complete - Nursing** Year 1 of our Nursing and Midwifery Strategic Directions 2023-2028 and Nursing and Midwifery Workforce Plan 2023-2028 has been implemented. Priority work has included: › Significantly reducing the nursing vacancies across the organisation. › Improving career pathways and leveraging the successful novice workforce recruitment strategy, creating the opportunity to shift focus and continue building the workforce's capability. This has resulted in a 50% increase in postgraduate study enrolments. › Introduction of Associate Nurse Manager leadership program. Monash Health has also strengthened employee communication and wellbeing through forums and recognition programs, including the Nursing and Midwifery Awards and Scholarships event. **Complete - Allied Health** Year 1 actions of our 2023-2028 Allied Health Workforce Plan have been implemented. Priority work included: › Improvements to Allied Health career pathways, the development of an Allied Health Leadership program and strengthening employee wellbeing, communication and socialisation forums. › Four Allied Health Advanced Practice projects were implemented, as were three flagship Allied Health research enabling programs. **Complete - Pharmacy** Year 1 actions of our Workforce Plan have been implemented. Priority work included: › Establishment of a dedicated leadership role for Workforce and Wellbeing. The role is showing significant benefit across a range of indicators, most notably a 50% reduction in vacancies within 12 months. The ongoing focus of the role is the implementation of strategies to attract and retain the best talent and foster a culture of growth and engagement. › Conducting the first pilot Team-leader Leadership course in collaboration with University North Carolina to upskill our team leader workforce › Establishing an education coordinator for the Registrar Training Program to develop training pathways and provide structured support for mid-career pharmacist development › Approval has been granted by Advanced Pharmacy Australia (formerly SHPA) for four new Registrar training pathways in Cancer Services, the Emergency Department, Infectious Diseases/ Antimicrobial Stewardship, and Cardiology, alongside the existing Medication Safety pathway. This initiative enabled four pharmacists to commence their training in these specialty areas. › Development of the aseptic training program with the support of a dedicated aseptic educator. › Development of the Mental Health Early Career Training Program, including the establishment of a dedicated educator to support two pharmacists in their training within Mental Health. › Ongoing clinical educator training is provided to help new pharmacists at Monash Health practice effectively and safely while contributing to the workforce. Additionally, structured and contemporary one-on-one training has been initiated for Team Leaders to enhance their ability to provide education and training to their teams. › Initiation of cross-site workshop continuing education sessions to facilitate the ongoing development of pharmacists in an interactive and collaborative format.
Implement and/or evaluate new/expanded programs that uplift workforce flexibility such as a flexibility policy for work arrangements.	Improve employee experience across four initial focus areas to assure safe, high-quality care: leadership, health and safety, flexibility, and career development and agility.	**In progress** A Working Flexibly Pilot was implemented from Dec 2023 until March 2024, with recent approval to continue with these arrangements for the pilot groups and plan to scale the initiative to other employee groups, as per above.
Pilot, implement or evaluate new and contemporary models of care and practice, including future roles and building capability for multidisciplinary practice.	Explore new and contemporary models of care and practice, including future roles and capabilities.	New models of care and practice have been implemented across a range of clinical areas to facilitate multi-disciplinary practice, including: **In progress – Midwifery-led care models** Midwifery Group Practice (MGP) commenced in May 2024 to provide a model of care where women receive continuity of carer throughout their pregnancy journey, resulting in improved clinical outcomes and greater consumer and staff experience. Since establishment: › 29 births › Two water births › 83% successful normal vaginal birth › 7% Forceps › 3% Elective CS › 7% Emergency CS › No 3rd or 4th degree perineal tears Monash Health has a revised timeline for the Home Birth program with a plan to commence in July – August 2024.

System Priority: A Stronger Workforce	Goal	Evidence of delivery

In progress - Mental Health

- Following a competitive tender process in 2023, Monash Health was commissioned to deliver a 12-month pilot to integrate five counsellors within the Mental Health Program as an addition to traditional current professional groups. Progress to date includes addressing and clearing industrial relations matters, finalising role competencies and credentialing expectations, and developing position descriptions before recruitment.
- A new service plan and model of care for the delivery of eating disorders services has been undertaken to identify opportunities across the spectrum of care, from inpatient, outpatient, and day programs, across the life span to improve service delivery and care.
- A capability framework for the mental health and wellbeing workforce was been published by the Department of Health in 2024. Monash Health has partnered with Alfred Health, Peninsula Health and several mental health NGOs that provide services in Melbourne's South East (SE) corridor to form a Local Implementation Team. The Local Implementation Team will implement this capability framework to embed the knowledge, skills, and ways of working required to deliver care, support, and treatment effectively in the mental health and wellbeing system.
- Monash Health accepted an invitation from the Health and Community Services Union to participate in a $3m Workwell Respect Fund managed by WorkSafe Victoria *(Breaking the Silence – Preventing Gendered Violence in the Healthcare Sector Project)*. The project will develop and provide training programs for employees in Mental Health and Disability.
- Sectors to equip Counsellors with best-practice responses to gendered violence and sexual harassment, enhancing their ability to create safer workplace environments.

System Priority: A Stronger Workforce	Goal	Evidence of delivery

Complete – Mental Health

- Lived experience peer workers play a vital role in mental health service delivery. A peer worker framework for Eating Disorders has been developed by the Mental Health Program to highlight the value of this workforce in this specific context and to outline a plan to continue to grow the workforce. Implementation of this will require investment and is dependent on growth funding.
- A new Women's and Perinatal Mental Health Unit has been established that oversees the clinical services related to this, including our Parent Infant Unit and perinatal mental health services. These will be expanded to cover all women delivering at Monash Health sites, women attending gynecological services at Monash Health, and those with neonates in neonatal services for any mental health needs. This expansion will ensure women receive equitable services. In addition, we provide care to those attending Monash Genetics services with mental health needs and have recently appointed a genetics counsellor in mental health to improve support for families. This unit is linked to our joint research centre with Monash University – Centre for Women's and Children's Mental Health to increase academic health focus in this area. Currently, three of the consultant psychiatrists working clinically within the unit are undertaking PhDs in the Centre. A psychiatry registrar position also works clinically within the Unit and in research in the Centre.

Complete - Future roles and capability

Medical

A transition from on-call to a 24-hour registrar roster model has been achieved in Cardiology and Urology, reducing work-related fatigue risk and improving after-hours access to care.

Nursing

The expansion of nurse practitioner roles across emergency, community, and renal areas and planning for new nurse practitioner roles in new urgent care centres.

A new collaborative care model was successfully piloted. This revised team-based model has improved clinical care, reduced risk and increased staff and patient satisfaction.

The prevention of violence and aggression interprofessional team have successfully embedded their model of care across the organisation, reducing work-related burnout and improving the safety of our patients and employees.

System Priority: A Stronger Workforce	Goal	Evidence of delivery
		Allied Health Four advanced practice projects in podiatry, physiotherapy and speech pathology were implemented. These projects were each successfully delivered, improving patient access and service efficiency for Ear, Nose and Throat clinics, statewide triage and assessment of children and adolescents with functional neurological disorders requiring rehabilitation (in collaboration with Royal Children's Hospital), high-risk foot orthopaedic clinic, and physiotherapy-led orthopaedic assessment clinics for neuromuscular conditions and casting clinics. 270 clinicians from 10 professions were supported to upskill and gain credentials in skills identified as having higher risk profiles. Our Allied Health team completed significant work in the Emergency Department setting, expanding care coordination team roles to novel professions - Podiatry and Speech Pathology – and expanding our model of Care-Coordination. **In progress - Future roles and capability** **Nursing** A review of advanced practice nursing roles is underway with the first stage of the project complete. **Allied Health** Professional governance support is under development, including credentialing and scope of practice documents, to enable the counsellors to practice as mental health clinicians. This is a novel workforce that has not practiced in this role previously.
Continual monitoring of the broader healthcare landscape to identify opportunities to modernise skills, capabilities, roles and models of care to meet future health sector needs.	Explore new and contemporary models of care and practice, including future roles and capabilities.	**In progress** Monash Health offers a range of internal leadership development/ capability uplift opportunities across our employee groups in addition to localised and individual professional development. We often partner with professional associations, colleges, universities and research organisations in this work. We have professionally aligned workforce education programs (medical, allied health, nursing and midwifery) in addition to more general work that ensures broader service delivery. Monash Health is finalising a refreshed workforce strategy, including a workforce plan with specific deliverables and an evidence-informed approach. For example, use employee data, population data, etc., to predict workforce needs and create a workforce plan to meet community expectations and demand.

System Priority: Moving From Competition to Collaboration	Goal	Evidence of delivery
Share knowledge, information and resource with partner health and wellbeing services and care providers. This will allow patients to experience one health, wellbeing and care system through connected digital health information, evidence and data flows, enabled by advanced interoperable platforms.		
Engage local ACCHO groups in the identification and delivery of initiatives that improve Aboriginal cultural safety.	Partner with other organisations (for example community health, ACCHOs, PHNs, General Practice, private health) to drive further collaboration and build a more integrated system.	**Complete** Monash Health reports annually on the development and implementation of our Cultural Safety Plan. Throughout 2023-24, Monash Health has further developed an Aboriginal Health and Engagement unit with Aboriginal liaison services across all major hospital sites. Monash Health has also further developed the 'Healthy Koori Kids' clinic to respond to growing demand from our Out of Home Care client base.
Work with the relevant PHN and community health providers to develop integrated service models that will provide earlier care to patients and support patients following hospital discharge.	Partner with other organisations (for example community health, ACCHOs, PHNs, General Practice, private health) to drive further collaboration and build a more integrated system.	**Complete** The Health Service Partnership is facilitating this work as part of the Better at Home program. It is being implemented at Monash Health by the Community Assessment Response Team (CART). The CART model of care provides a tiered approach to service provision post-hospital discharge based on the client's clinical need and complexity. Each client receives a tailored approach to their care needs from an experienced multidisciplinary team of Nurse Practitioners, Clinical Nurse Consultants and Allied Health Professionals. The Community Rehab Team has also adjusted their model of care to enable improved access post-discharge.
Regional, sub-regional or local regional health needs assessment to develop a population health plan.	Engage in integrated planning and service design approaches, while assuring consistent and strong clinical governance, with partners to join up the system to deliver seamless and sustainable care pathways and build sector collaboration.	**In progress** The South East Public Health Unit (SEPHU) is focused on leading health initiatives that improve the lives of people in the south-east. Our catchment area covers about 1.8 million residents across 11 local government areas: Bayside, Cardinia Shire, Casey, Frankston, Glen Eira, Greater Dandenong, Kingston, Monash, Port Phillip, Stonnington and Mornington Peninsula Shire. The SEPHU Population Health Catchment Plan was approved in July 2023, which identified four public health priority areas: › Vaping and tobacco cessation › Preventing hospital admission due to falls › Promoting active lifestyles › Enhancing cervical cancer screening and HPV vaccination rates These priorities align with strategic government priorities as outlined in the Victorian Public Health and Wellbeing Plan 2019-2023 and Victorian Cancer Plan 2020-2024. They also offer the potential for effective interventions that address health inequities and promote health equity among our catchment's diverse socio-demographic and priority population groups.

Elective Priority: Empowering People to keep Healthy and Safe in the Community	Goal	Evidence of delivery
Support individual health and mental wellbeing by giving people the tools and information they need to stay healthy and well. Work with the local government to respond to health threats and empower the community to proactively respond to health risks.		
Improve access to women's health services including contraception, abortion, pelvic pain and menopause through grants or research, or the new hospital-based women's health clinics or sexual and reproductive community-based hubs.	Improve women's health outcomes through the quality, availability, and equity of women's health services across Victoria.	**In progress** Monash Health is improving health outcomes for women through several initiatives: › A statewide public fertility service will ensure that couples in the eastern part of Victoria have access to public fertility care close to home. › Improved gynaecology services for women experiencing early pregnancy bleeding, with the opening of an Early Pregnancy Assessment Service in December 2024. › Expansion of the Surgical Termination of Pregnancy Service, with more clinics and theatres opening to improve access and meet the increase in demand. Additionally, one of the SEPHU public health priority areas is to improve cervical cancer screening and HPV vaccination rates. This aims to decrease cervical cancer overall for the South East with a particular focus on priority populations.
LPHUs deliver population health catchment plans reflecting statewide public health and wellbeing priorities. (BP3 measure). This includes supporting local priorities, where identified through population health needs assessment / Municipal Public Health and Wellbeing Planning.	Reduce risk factors contributing to the burden of preventable chronic disease through place-based prevention and population health initiatives delivered and coordinated by LPHUs.	**In progress** The South East Public Health Unit (SEPHU) undertook an evidence-based approach to establish the public health priorities that will improve the health and wellbeing of our catchment through the SEPHU Population Health Catchment Plan 2023–2028. The SEPHU Population Health Catchment Plan was approved in July 2023 and identifies four public health priority areas: › Vaping and tobacco cessation › Preventing hospital admission due to falls › Promoting active lifestyles › Enhancing cervical cancer screening and HPV vaccination rates Vaping and falls priorities are currently in the implementation phase, with other priorities to follow.
LPHUs work in partnership with organisations and community to target at least two population health priorities. The priorities and indicators are to be agreed with the Department of Health. Wherever possible LPHUs draw on existing evidence-informed programs and services.	Reduce risk factors contributing to the burden of preventable chronic disease through place-based prevention and population health initiatives delivered and coordinated by LPHUs.	**In progress** The South East Public Health Unit (SEPHU) Population Health Catchment Plan was approved in July 2023, which identified four public health priority areas. These priorities align with strategic government priorities as outlined in the Victorian Public Health and Wellbeing Plan 2019-2023 and Victorian Cancer Plan 2020-2024. They also offer the potential for effective interventions that both address health inequities and promote health equity among the diverse socio-demographic and priority population groups in our catchment. They are: › Vaping and tobacco cessation › Preventing hospital admission due to falls › Promoting active lifestyles › Enhancing cervical cancer screening and HPV vaccination rates

Elective Priority: Empowering People to keep Healthy and Safe in the Community	Goal	Evidence of delivery
LPHUs manage and deliver local public health responses to integrated notifiable conditions—including COVID-19—within their catchment.	Perform authorised health protection functions for the population in their public health catchment.	**In progress** SEPHU is currently notified about 81 separate conditions, with all conditions integrated with a local response except tuberculosis.
LPHUs receive notifications for integrated notifiable conditions in their catchment	Perform authorised health protection functions for the population in their public health catchment.	**In progress** SEPHU is receiving approximately 500 notifications per month from clinicians and pathology laboratories.

Elective Priority: Care Closer to Home	Goal	Evidence of delivery
Primary and community care is accessible and reduces avoidable escalation in acuity of health conditions. When appropriate, hospital care is delivered in the home, including through digital care and connection, to deliver virtual care, telehealth, and other advanced models of care.		
Implement and/or evaluate new/expanded models of care that address barriers to patients receiving care closer to, or in their home.	Improve pathways through the health system and implement models of care to enable more people to access care closer to, or in their homes.	**Complete** Monash at Home expanded from 20 to 40 beds in September 2023 to enable coverage of the entire Monash catchment. Occupancy is currently >95%.
Implement new models of care that improve coordination across health services and with primary and community care so that patients can more easily receive care closer to, or in their homes.	Improve pathways through the health system and implement models of care to enable more people to access care closer to, or in their homes.	**Complete** This work is being facilitated by the Health Service Partnership as part of the Better at Home program and is being implemented at Monash Health by the Community Assessment Response Team (CART) and by Monash at Home.
Establish clinical governance, identify appropriate clinical cohorts, respecting patient choice, and use secure technology (Healthdirect video-call platform) in applying the Virtual Care Operating Framework.	Identify and develop clinical service models of care that can be delivered via virtual care (videocall, telehealth, remote monitoring) where safe and appropriate to enable care closer to home.	**Complete** Clinical governance sits within the Aged and Rehabilitation division, with feedback sought from patient experience surveys (VHES and MHES). Telehealth forms an important component of the model of care, especially for medical consultations.

Elective Priority: Care Closer to Home	Goal	Evidence of delivery
Implement new home-based and virtual remote models of care for patients managing chronic diseases to keep them well in the community.	Support improved access to services for people managing chronic disease by improving access to home-based and remote service delivery.	**In progress - Virtual care for vulnerable patients** As a South East Metro Health Services Partnership (SEMHSP) partner, Monash Health has trialled home-based monitoring for vulnerable patients through the South East Care Pathway. The South East Care Pathway is a virtual service built upon the partnership relationships, knowledge, and experience gained through implementing the COVID-19 Positive Pathway and the South East Virtual Emergency Department. The program connects with vulnerable patients on discharge from hospital, providing health monitoring and access to support services to reduce avoidable emergency representations. A referral pathway via a digital health platform enables simple and easy integration with patient files and provides feedback to referring clinicians on their patients' progress. Leveraging a digital platform allows for increased scale without the need for significant resources. Monash Health is participating in work to evolve the program into a single, integrated model of care that optimises communication and information sharing to deliver the appropriate level of timely care to people who are vulnerable or have complex health needs within our community. **In progress - Joint Primary Care and Population Health Advisory Committee** Through the partnership, Monash Health has participated in the Joint Primary Care and Population Health Advisory Committee, which has been established and operational for the past 12 months. The committee is focused on developing a work plan across southeast metropolitan Melbourne to identify where intervention can prevent the diagnoses and progression of chronic disease and respond to complex patient journeys. **Complete - The Better at Home initiative** As part of the SEMHSP, Monash Health participated in state-wide Health Service Partnership consumer research into attitudes and barriers to hospital care delivered at home. The research informed the development of a range of digital assets designed to improve consumer awareness and promote hospital care at home among patients, their families and carers, and clinicians. Monash Health partnered on HSP-wide projects to support staff who deliver hospital care at home, including assessment and strategies for a sustainable workforce and development of manual handling and occupational health and safety training resources.

Elective Priority: Care Closer to Home	Goal	Evidence of delivery
		Complete - Planned Surgery Monash Health has worked in partnership to deliver improvements to Planned Surgery through the SEMHSP Planned Surgery Reform and Recovery initiative. The work has seen: › Default Day Case Policy development, implementation and reporting › New same-day models of care in previously multiday procedures, including HITH discharge and remote monitoring models › Short stay and ERAS arthroplasty pathway development › Implementation of primary care, prehabilitation and pre-surgical optimisation models › Expansion and growth of alternative pathway models › Community rehab redesign (including group rehab models) to improve access and capacity › Development of Virtual surgery school videos and patient education assets › Feasibility assessment and widespread engagement for SEM Ortho Centre › Consumer engagement research is needed to understand the experience of patients waiting for surgery and inform the redesign program. The final report for the Planned Surgery Reform and Recovery initiative was submitted to DH with key data outlining that Monash Health Services has: › Delivered 15.7% of the state-wide surgical volume in 2023-24 › Delivered a 46.7% decrease in patients on the Monash Health planned surgery waiting lists over the past two years (8206 patients in March 2024, down from 15,392 patients in March 2022) › Increased same-day rates of Default Day Case procedures in the past 10 months, from 79% in July 2023 to 88% in May 2024, saving an additional 45 bed days per month.

Elective Priority: Care Closer to Home	Goal	Evidence of delivery
Establish or further develop relationships between health services so that patients can be easily referred for care closer to, or in their homes.	Improve health and wellbeing outcomes for people living in rural and regional areas by increasing access to care delivered remotely, closer to, or in their homes.	**In progress** **Infectious Diseases partnership with Bass Coast Health** A service-level agreement has been established between Infectious Diseases and Bass Coast Health to deliver: › Clinical support for inpatients with infections at Bass Coast Health › 24/7 telephone support for ID consultations › Outpatient Clinics › Anti-Microbial Stewardship › Infection Prevention › Education and Training **Specialist Consulting partnership with Bass Coast Health** › A memorandum of understanding has been established to support the pilot of transferring eligible referrals from Monash Health to Bass Coast Health. › The pilot involved the transfer of non-urgent orthopaedic and General Surgery patients from the outpatient waitlist to Bass Coast Health. › The pilot is in progress and due to conclude in October 2024. **Stroke Unit partnership with Bass Coast Health** A Stroke Unit partnership with Bass Coast Health has been established to enable the development of stroke care locally. This benefits both Monash Health and Bass Coast Health in developing local expertise so that stroke patients can stay in their regional location for treatment and be stepped down from tertiary care to continue care close to home.

Local Priority: We continue to work with VBHA and partners to progress, build, expand and upgrade our facilities to meet growing service demand and deliver safe and timely care to our community	Evidence of delivery
Kingston Residential Aged Care	**In progress** Construction of Kingston Residential Aged Care facility is progressing as planned, and it is on track for completion and commissioning in 2025.
Cranbourne and Pakenham Community Hospitals	**In progress** Cranbourne Community Hospital build is progressing as planned, with handover planned for early 2025. Funding for the Pakenham Community Hospital was confirmed in the State Budget on May 7. Monash Health is liaising with the Victorian Health Building Authority to confirm new milestones.

Local Priority: We continue to work with VBHA and partners to progress, build, expand and upgrade our facilities to meet growing service demand and deliver safe and timely care to our community	Evidence of delivery
MMC Clayton and Dandenong Hospital Tower projects	**In progress** Both projects are in the planning phase. Funding for the MMC Clayton Tower was confirmed in the State Budget on May 7, and the schematic design phase is progressing as planned. The Model of Care and Functional Brief documents for Dandenong Hospital Tower are nearing completion. Preferred options for site master planning were identified by the end of June 2024.
Casey Early Parenting Centre	**Complete** Casey Early Parenting Centre was commissioned and operational in late January 2024.
Public Fertility	**In progress** Facility and cost plans have been presented to the Victorian Health Building Authority, with the aim of achieving a mid to late 2025 service commencement at Monash Medical Centre, Clayton.

Part B: Key performance priorities

	Target	Result
High quality and safe care		
Infection prevention and control		
Compliance with the Hand Hygiene Australia program	85%	85.7%
Percentage of healthcare workers immunised for influenza	94%	86%
Continuing care		
Average change in the functional independence measure (FIM) score per day of care for rehabilitation separations	≥ 0.645	0.614
Healthcare associated infections (HAIs)		
Rate of central-line associated bloodstream infections (CLABSI) in intensive care units per 1,000 central line days	Zero	Zero (Casey)
		Zero (Dandenong)
		0.4 (MMC)
		0.5 (VHH)
Rate of healthcare-associated S. *aureus* blood stream infections per 10,000 bed days	≤ 0.7	0.6
Patient experience		
Percentage of patients who reported positive experiences of their hospital stay	95%	91%
Maternity and newborn		
Percentage of full-term babies (without congenital anomalies) who are considered in poor condition shortly after birth (APGAR score <7 to 5 minutes)	≤ 1.4%	1.1% (Casey)
		1.6% (Dandenong)
		1.8% (MMC)
		1.6% (Sandringham)
Percentage of singleton babies with severe fetal growth restriction (FGR) delivered at 40 or more weeks gestation	≤ 28.6%	36.4% (Casey)
		16.7% (Dandenong)
		11.3% (MMC)
		40% (Sandringham)
Unplanned readmissions		
Rate of unplanned readmissions to any hospital following a hip replacement procedure	≤ 6%	5.4%
Aboriginal health		
Percentage of Aboriginal admitted patients who left against medical advice	25% reduction in gap based on prior year's annual rate	2.9%
Percentage of Aboriginal emergency department presentations who did not wait to be seen	25% reduction in gap based on prior year's annual rate	6.7% (Casey)
		3.8% (Dandenong)
		1.7% (MMC)

	Target	Result
Mental health Patient experience		
Percentage of mental health consumers who rated their overall experience of care with a service in the last 3 months as positive	80%	67.6%
Percentage of mental health consumers reporting they 'usually' or 'always' felt safe using this service	90%	86.1%
Percentage of families/carers reporting a 'very good' or 'excellent' overall experience of the service	80%	37.5%
Percentage of families/carers who report they were 'always' or 'usually' felt their opinions as a carer were respected	90%	74.0%
Mental health Post-discharge follow-up		
Percentage of consumers followed up within 7 days of separation – Inpatient (CAMHS)	88%	95%
Percentage of consumers followed up within 7 days of separation – Inpatient (adult)	88%	98% (Casey)
		96% (Dandenong)
		94% (Middle South)
Percentage of consumers followed up within 7 days of separation - Inpatient (older persons)	88%	99% (Dandenong)
		96% (Middle South)
Mental health Readmission		
Percentage of consumers re-admitted within 28 days of separation - Inpatient (CAMHS)	< 14%	14% (South Eastern)
		4% (Oasis)
Percentage of consumers re-admitted within 28 days of separation - Inpatient (adult)	< 14%	11% (Casey)
		14% (Dandenong)
		11% (Middle South)
Percentage of consumers re-admitted within 28 days of separation - Inpatient (older persons)	< 7%	9% (Dandenong)
		8% (Middle South)
Mental health Seclusion		
Rate of seclusion episodes per 1,000 occupied bed days - Inpatient (CAMHS)	≤ 5	6 (South Eastern)
		0 (Oasis)
Rate of seclusion episodes per 1,000 occupied bed days - Inpatient (adult)	≤ 8	7 (Casey)
		7 (Dandenong)
		4 (Middle South)
Rate of seclusion episodes per 1,000 occupied bed days - Inpatient (older persons)	≤ 5	0 (Dandenong)
		0 (Middle South)

	Target	Result
Strong governance, leadership and culture		
Organisational culture		
People matter survey – Percentage of staff with an overall positive response to safety culture survey questions	62%	70%
Timely access to care		
Planned surgery		
Percentage of urgency category 1 planned surgery patients admitted within 30 days	100%	100%
Percentage of all planned surgery patients admitted within the clinically recommended time	94%	78.2%
Number of patients on the planned surgery waiting list	7,900	7,985
Number of patients admitted from the planned surgery waiting list (base)	28,278	26,626
Number of patients admitted from the planned surgery waiting list (in addition to base)	7,024	5,523
Number of patients admitted from the planned surgery waiting list (total = base + in addition to base)	35,302	32,149
Percentage of patients on the waiting list who have waited longer than clinically recommended time for their respective triage category	5% or 15% proportional improvement from prior year	24.5% (15% improvement on prior year result)
Number of hospital-initiated postponements per 100 scheduled planned surgery admissions	≤ 7	6.3
Emergency care		
Percentage of patients transferred from ambulance to emergency department within 40 minutes	90%	68% (Casey)
		73% (Dandenong)
		47% (MMC)
		98% (VHH)
Percentage of Triage Category 1 emergency patients seen immediately	100%	100% (Casey)
		100% (Dandenong)
		100% (MMC)
		100% (VHH)
Percentage of Triage Category 1 to 5 emergency patients seen within clinically recommended time	80%	85% (Casey)
		93% (Dandenong)
		82% (MMC)
		93% (VHH)
Percentage of emergency patients with a length of stay in the emergency department of less than four hours	81%	45% (Casey)
		50% (Dandenong)
		48% (MMC)
		72% (VHH)

	Target	Result
Number of patients with a length of stay in the emergency department greater than 24 hours	Zero	573 (Casey)
		393 (Dandenong)
		1,271 (MMC)
		1 (VHH)
Mental health		
Percentage of mental health-related emergency department presentations with a length of stay of less than 4 hours	81%	18% (Casey)
		33% (Dandenong)
		39% (MMC)
Percentage of 'urgent' (Category 'C') mental health triage episodes with a face-to-face contact received within 8 hours	80%	0% (Dandenong)
		0% (Middle South Aged)
Specialist clinics		
Percentage of urgent patients referred by a GP or external specialist who attended a first appointment within 30 days	100%	53.8%
Percentage of routine patients referred by GP or external specialist who attended a first appointment within 365 days	90%	88.6%
Home-based care		
Percentage of admitted bed days delivered at home	Equal to or better than prior year result	7.6%
Percentage of admitted episodes delivered at least partly at home	Equal to or better than prior year result	5.8%
Effective financial management		
Finance		
Operating result ($m)	(366.68)	(328.96)
Average number of days to paying trade creditors	60 days	60 days
Average number of days to receiving patient fee debtors	60 days	51 days
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	0.55
Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June	Variance ≤ $250,000	Not achieved
Actual number of days available cash, measured on the last day of each month	14 days	2.1 days

Part C: Activity and funding

Monash Health funding summary for 1 July 2023 – 30 June 2024

Funding type	2023/24 Activity achievement
Consolidated activity funding	
Acute admitted, subacute admitted, emergency services, non-admitted NWAU	317,194
Acute admitted	
National Bowel Cancer Screening Program NWAU	87
Acute admitted DVA	479
Acute admitted TAC	488
Other admitted	56
Acute non-admitted	
Home Enteral Nutrition NWAU	299
Home Renal Dialysis NWAU	1,252
Radiotherapy - Other	173
Total Parenteral Nutrition NWAU	462
Subacute/non-acute, admitted & non-admitted	
Subacute - DVA	133
Transition care - Bed days	16,362
Transition care - Home days	11,801
Subacute and non-acute other	
Other specified funding	13,293
Aged Care	
Residential Aged Care	48,244
HACC	29,276
Mental Health and Drug Services	
Mental Health Ambulatory	257,504
Mental Health Inpatient - Available bed days	66,474
Mental Health Inpatient - Secure Unit	16,625
Mental Health Residential	45,991
Mental Health Subacute	31,778
Drug services	1,355
Primary Health	
Community Health / Primary Care Programs	89,883
Other	
NFC - Pancreas transplants	12

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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Financial statements

Board Member's, Accountable Officer's and Chief Finance and Accounting Officer's declaration

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

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and accompanying notes presents fairly the financial transactions during the year ended 30 June 2024 and the financial position of the consolidated entity at 30 June 2024.

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

We authorise the attached financial statements for issue on 5 September 2024.

Dipak Sanghvi
Chair, Board of Directors

Melbourne
5 September 2024

Professor Eugine Yafele
Chief Executive Officer

Melbourne
5 September 2024

Rachelle Anstey
Chief Financial Officer

Melbourne
5 September 2024

Chief Financial Officer's summary

The 2023-2024 financial year delivered continued growth in demand for services across Monash Health.

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 2023-2024 Monash Health achieved a deficit result of $328.96 million compared with the reported surplus result of $0.45 million in 2022-2023.

Monash Health's 'Comprehensive Result', which includes capital and specific items, was a surplus of $971.5 million in 2023–2024 compared to a surplus of $173.2 million in 2022-2023. Included in the 2023-2024 'Comprehensive Result' was a net gain arising from the revaluation of Land and Buildings of $1292.7m in 2023-2024 compared to $150.0m in 2022-2023, mainly due to the increase in building valuations.

Total revenue from operations for the 2023-2024 financial year was $2,853.1 million, a decrease of $129.4 million or -4% compared with the previous year. This is largely due to changes in financial sustainability funding from the Department of Health in both years. This reduction also contributed to Monash Health's total cash held as at 30 June 2024 of $226.8 million compared with $501.1 million as at 30 June 2023.

Rachelle Anstey
Chief Financial Officer

Melbourne
5 September 2024

Independent Auditor's Report

Independent Auditor's Report

VAGO
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 balance sheet as at 30 June 2024
- consolidated comprehensive operating statement for the year then ended
- consolidated statement of changes in equity for the year then ended
- consolidated cash flow statement for the year then ended
- notes to the financial statements, including material accounting policy information
- board member's, accountable officer's and chief finance & accounting officer's declaration.

In my opinion, the financial report presents fairly, in all material respects, the financial position of the consolidated entity as at 30 June 2024 and its 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* (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.

Key audit matters

Key audit matters are those matters that, in my professional judgement, were of most significance in my audit of the financial report of the current period. I have determined that there are no matters that required my significant auditor attention and accordingly there are no key audit matters that I am required to communicate in my report.

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 of a financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Board is responsible for assessing the health service 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.

MELBOURNE
20 September 2024

Dominika Ryan
as delegate for the Auditor-General of Victoria

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Comprehensive operating statement

For the financial year ended 30 June 2024

Revenue and income from transactions	Note	Consolidated 2024 $'000	Consolidated 2023 $'000
Operating activities	2.1	3,062,078	3,206,987
Non-operating activities	2.1	4,471	1,283
Total revenue and income from transactions		**3,066,548**	**3,208,269**
Expenses from transactions			
Employee expenses	3.1	(2,507,096)	(2,302,149)
Supplies and consumables	3.1	(461,272)	(477,572)
Finance costs	3.1	(7,205)	(6,860)
Depreciation and amortisation	4.3	(161,915)	(138,597)
Other administrative expenses	3.1	(113,568)	(101,388)
Other operating expenses	3.1	(134,513)	(134,593)
Other non-operating expenses	3.1	(10,758)	(7,350)
Total Expenses from transactions		**(3,396,327)**	**(3,168,509)**
Net result from transactions - net operating balance		**(329,778)**	**39,760**
Other economic flows included in net result			
Net gain/(loss) on financial instruments	3.2	611	461
Other gain/(loss) from other economic flows	3.2	7,890	(17,046)
Total other economic flows included in net result		**8,500**	**(16,585)**
Net result for the year		**(321,278)**	**23,175**
Other economic flows - other comprehensive income			
Items that will not be reclassified to net result			
Changes in property, plant and equipment revaluation surplus		1,292,742	150,048
Total other comprehensive income		**1,292,742**	**150,048**
Comprehensive result for the year		**971,464**	**173,223**

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

Balance sheet

As at 30 June 2024

Current assets	Note	Consolidated 2024 $'000	Consolidated 2023 $'000
Cash and cash equivalents	6.2	226,871	501,142
Receivables	5.1	40,296	38,988
Contract assets	5.2	22,875	25,982
Inventories	4.4	28,441	26,667
Investments and other financial assets	4.1	9,689	8,876
Prepaid expenses		4,832	9,336
Total current assets		**333,005**	**610,991**
Non-current assets			
Receivables	5.1	202,181	185,165
Investments using the equity method	8.8	4,622	4,516
Property, plant and equipment	4.2(a)	3,745,339	2,450,637
Intangible assets		2,091	3,421
Total non-current assets		**3,954,234**	**2,643,738**
Total assets		**4,287,239**	**3,254,729**
Current liabilities			
Payables	5.3	289,487	278,874
Contract liabilities	5.4	25,431	36,106
Borrowings	6.1	15,928	13,860
Employee benefits	3.3	602,779	537,403
Other liabilities	5.5	16,569	23,065
Total current liabilities		**950,194**	**889,307**
Non-current liabilities			
Borrowings	6.1	127,180	119,051
Employee benefits	3.3	68,270	79,006
Total non-current liabilities		**195,450**	**198,057**
Total liabilities		**1,145,645**	**1,087,364**
Net assets		**3,141,594**	**2,167,365**
Equity			
Property, plant and equipment revaluation surplus	SCE	2,531,924	1,239,182
Restricted specific purpose reserve	SCE	37,848	37,848
Contributed capital	SCE	415,903	413,137
Accumulated surplus/(deficit)	SCE	155,921	477,199
Total equity		**3,141,594**	**2,167,365**

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

Statement of changes in equity

For the financial year ended 30 June 2024

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 2022	**1,089,134**	**41,177**	**413,064**	**450,695**	**1,994,069**
Net result for the year	-	-	-	23,175	23,175
Other comprehensive income for the year	150,048	-	-	-	150,048
Transfer from/(to) accumulated surplus/(deficit)	-	(3,329)	-	3,329	-
Capital contribution	-	-	73	-	73
Balance at 30 June 2023	**1,239,182**	**37,848**	**413,137**	**477,199**	**2,167,365**
Net result for the year	-	-	-	(321,278)	(321,278)
Other comprehensive income for the year	1,292,742	-	-	-	1,292,742
Transfer from/(to) accumulated surplus/(deficit)	-	-	-	-	-
Capital contribution	-	-	2,766	-	2,766
Balance at 30 June 2024	**2,531,924**	**37,848**	**415,903**	**155,921**	**3,141,594**

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

Cash flow statement

For the financial year ended 30 June 2024

Cash flows from operating activities	Note	Consolidated 2024 $'000	Consolidated 2023 $'000
Operating grants from State Government		2,269,185	2,684,086
Operating grants from Commonwealth Government		168,132	171,328
Capital grants from State Government		48,540	56,101
Commercial activities, patient and hospital fees received		251,924	205,060
Donations and bequests received		6,490	1,015
GST received from ATO		62,368	83,333
Interest and investment income received		4,268	1,219
Other receipts		126,506	118,033
Total receipts		**2,937,413**	**3,320,174**
Payments to employees		(2,392,663)	(2,253,063)
Payments for supplies and consumables		(506,094)	(760,845)
Finance costs		(8,512)	(7,280)
Other payments		(238,285)	(221,445)
Total payments		**(3,145,554)**	**(3,242,633)**
Net cash flows from/(used in) operating activities	8.1	**(208,141)**	**77,541**
Cash Flows from investing activities			
Purchase of non-financial assets		(72,494)	(85,085)
Purchase of financial assets		-	(8,351)
Net cash flows from/(used in) investing activities		**(72,494)**	**(93,436)**
Cash flows from financing activities			
Capital contribution		2,766	73
Repayment of borrowings		(5,279)	(4,555)
Receipt of borrowings		5,600	17,000
Repayment of accommodation deposits		(1,734)	(1,665)
Receipt of accommodation deposits		5,011	1,830
Net cash flows from/(used in) financing activities		**6,364**	**12,683**
Net increase/(decrease) in cash and cash equivalents held		**(274,271)**	**(3,212)**
Cash and cash equivalents at beginning of year		501,142	504,354
Cash and cash equivalents at end of year	6.2	**226,871**	**501,142**

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

Notes to the financial statements

For the financial year ended 30 June 2024

Note 1: Basis of preparation

These financial statements represent the audited general purpose financial statements for Monash Health and its controlled entity (together, the consolidated entity) for the year ended 30 June 2024. The report provides users with information about Monash Health's stewardship of the resources entrusted to it.

This section explains the basis of preparing the financial statements and identifies the key accounting estimates and judgements.

Note 1.1: Basis of preparation of the financial statements

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

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

Monash Health is a not-for-profit entity and therefore applies the additional AUS paragraphs applicable to a "not-for-profit" health service under the Australian Accounting Standards. Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Apart from the changes in accounting policies, standards and interpretations as noted below, material accounting policies adopted in the preparation of these financial statements are the same as those adopted in the previous period.

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

The financial statements have been prepared on a going concern basis (refer to Note 8.10 Economic Dependency).

The financial statements are 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 5 September 2024.

Note 1.2: Abbreviations and terminology used in the financial statements

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

Ref	Title
AASB	Australian Accounting Standards Board
AASs	Australian Accounting Standards, which include Interpretations
DH	Department of Health
DTF	Department of Treasury and Finance
FMA	Financial Management Act 1994
FRD	Financial Reporting Direction
NWAU	National Weighted Activity Unit
SD	Standing Direction
VAGO	Victorian Auditor-General's Office

Note 1.3: 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. In assessing control, potential voting rights that are presently exercisable are considered.

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 1.4: 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 key estimates are recognised in the period in which the estimate is revised and also in future periods that are affected by the revision.

The material accounting judgements and estimates used and any changes thereto, are identified at the beginning of each section where applicable and relate to the following disclosures:

- Note 2.1: Revenue and income from transactions
- Note 3.3: Employee benefits and related on-costs
- Note 4.2: Property, plant and equipment
- Note 4.3: Depreciation and amortisation
- Note 5.1: Receivables
- Note 5.2: Contract assets
- Note 5.3: Payables
- Note 5.4: 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 1.5: Accounting standards issued but not yet effective

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

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

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 1.6: Goods and Services Tax (GST)

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

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

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

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

Note 1.7: Reporting Entity

The financial statements include all the controlled activities of 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 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 outputs and also receives income from the supply of services.

Structure

2.1 Revenue and income from transactions

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

Material judgements and estimates

This section contains the following material judgements and estimates:

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.
Determining time of capital grant income recognition	Monash Health applies material judgement to determine when its obligation to construct an asset is satisfied. Costs incurred is used to measure Monash Health's progress as this is deemed to be the most accurate reflection of the stage of completion.
Assets and services received free of charge or for nominal consideration	Monash Health applies material judgement to determine the fair value of assets and services provided free of charge or for nominal value. Monash Health has relied on pricing information provided by HealthShare Victoria.

Note 2.1: Revenue and income from transactions

	Note	Consolidated 2024 $'000	Consolidated 2023 $'000
Operating activities			
Revenue from contracts with customers			
Government grants (State) - Operating		1,867,808	1,558,964
Government grants (Commonwealth) - Operating		159,539	164,063
Patient and resident fees		72,984	52,164
Private practice fees		5,678	7,598
Commercial activities [1]		172,684	154,101
Other revenue from operating activities		120,241	89,938
Total revenue from contracts with customers		**2,398,935**	**2,026,827**
Other sources of income			
Government grants (State) - Operating		478,264	981,637
Government grants (Commonwealth) - Operating		8,593	7,265
Government grants (State) - Capital		143,821	147,629
Other capital purpose income		17,099	21,713
Capital donations		6,178	6,377
Assets received free of charge	2.1 (a)	2,694	14,518
Other income from operating activities		6,494	1,020
Total other sources of income		**663,143**	**1,180,159**
Total revenue and income from operating activities		**3,062,078**	**3,206,987**
Non-operating activities			
Income from other sources			
Interest & dividends		4,471	1,283
Total other sources of income		**4,471**	**1,283**
Total income from non-operating activities		**4,471**	**1,283**
Total revenue and income from transactions		**3,066,548**	**3,208,269**

1. Commercial activities represent business activities which Monash Health enters into to support its operations

How we recognise revenue and income from transactions

Government operating grants

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

When both these conditions are satisfied, Monash Health:

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

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

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

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

In contracts with customers, the 'customer' is typically a funding body, who is the party that promises funding in exchange for 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.

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

Government grant	Performance obligation
Activity Based Funding (ABF) paid as National Weighted Activity Unit (NWAU)	NWAU funding commenced 1 July 2021 and supersedes WIES for acute, sub-acute and state-wide services (which includes specified grants, state-wide services and teaching and training). Services not transitioning at this time include mental health. 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	The performance obligations for PBS funding are recognised as defined Pharmaceutical prescriptions or orders, are 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

Capital grants

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

Income is recognised progressively as the asset is constructed which aligns with 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.

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, 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.

Other income

Other income includes recoveries for salaries and wages, non-property rental, external services provided and donations and bequests. If donations are for a specific purpose they may be appropriated to a reserve such as the specific restricted purpose reserve.

Interest income

Interest revenue is recognised on a time proportionate basis that takes into account the effective yield of the financial asset, which allocates interest over the relevant period.

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 Health Building Authority to fund capital works projects during the year ended 30 June 2024, on behalf of Monash Health.
Department of Health	Long Service Leave (LSL) revenue is recognised upon finalisation of movements in LSL liability in line with the long service leave funding arrangements with the Department of Health.
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 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

3.1 Expenses from transactions

3.2 Other economic flows

3.3 Employee benefits and related on-costs

3.4 Superannuation

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 4.45%, reflecting the future wage and salary levels › durations of service and employee departures, which are used to determine the estimated value of long service leave that will be taken in the future, for employees who have not yet reached the vesting period. The estimated rates are between 33% and 100% › discounting at the rate of 4.348%, as determined with reference to market yields on government bonds at the end of the reporting period. All other entitlements are measured at their nominal value.

Note 3.1: Expenses from transactions

	Note	Consolidated 2024 $'000	Consolidated 2023 $'000
Salaries and wages		2,141,490	1,961,302
On-costs		280,681	265,258
Agency expenses		42,383	43,546
Workcover premium		42,542	32,043
Total employee expenses		**2,507,096**	**2,302,149**
Drug supplies		143,757	159,366
Medical and surgical supplies (including Prostheses)		174,542	187,440
Diagnostic and radiology supplies		81,765	67,112
Other supplies and consumables		61,208	63,654
Total supplies and consumables		**461,272**	**477,572**
Finance costs		3,437	2,632
Finance costs - PPP arrangements		3,768	4,227
Total finance costs		**7,205**	**6,860**
Other administrative expenses		113,568	101,388
Total other administrative expenses		**113,568**	**101,388**
Fuel, light, power and water		20,628	20,451
Repairs and maintenance		34,064	32,985
Medical indemnity insurance		40,503	35,402
Expenses related to short term leases		-	4
Expenses related to leases of low value assets		8,637	10,032
Expenditure for capital purposes		16,224	21,663
Public private partnership operating expenses		14,457	14,055
Total other operating expenses		**134,513**	**134,593**
Total operating expenses		**3,223,654**	**3,022,562**
Depreciation and amortisation	4.3	161,915	138,597
Total depreciation and amortisation		**161,915**	**138,597**
Specific expense		1,714	582
Bad and doubtful debt expense		9,043	6,769
Total other non-operating expenses		**10,758**	**7,350**
Total non-operating expenses		**172,673**	**145,947**
Total expenses from transactions		**3,396,327**	**3,168,509**

How we recognise expenses from transactions

Expense recognition

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

Employee Expenses

Employee expenses include:

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

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.

Finance costs

Finance costs include:

- interest on long-term borrowings (interest expense is recognised in the period in which it is incurred)
- amortisation of discounts or premiums relating to borrowings
- finance charges in respect of finance leases which are recognised in accordance with AASB 16 *Leases*.

Other operating expenses

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

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

The Department of Health also makes certain payments on behalf of 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.

Non-operating expenses

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

Note 3.2: Other economic flows

	Consolidated 2024 $'000	Consolidated 2023 $'000
Net gain/(loss) on revaluation of financial instruments	611	461
Total net gain/(loss) on financial instruments	**611**	**461**
Share of net profits/(losses) of associates, excluding dividends	**107**	**(1)**
Total share of other economic flows from joint arrangements	**107**	**(1)**
Net gain/(loss) arising from revaluation of long service liability	7,227	(15,258)
Net gain/(loss) on disposal of property plant and equipment	556	(1,787)
Total other gains/(losses) from other economic flows	**7,783**	**(17,045)**
Total gains/(losses) from other economic flows	**8,500**	**(16,585)**

How we recognise other economic flows

Other economic flows are changes in the volume or value of an asset or liability that do not result from transactions. Other gains/(losses) from other economic flows include the revaluation of the present value of the long service leave liability due to changes in the bond interest rates and the share of net profits from associates. Net gain/(loss) on non-financial assets includes any net gain/(loss) recognised at the date of disposal of the non-financial asset.

Note 3.3: Employee benefits and related on-costs

	Consolidated 2024 $'000	Consolidated 2023 $'000
Current employee benefits and related on-costs		
Accrued days off		
Unconditional and expected to be settled wholly within 12 months [i]	10,192	8,278
	10,192	**8,278**
Annual leave		
Unconditional and expected to be settled wholly within 12 months [i]	181,429	167,927
Unconditional and expected to be settled wholly after 12 months [ii]	28,951	26,581
	210,380	**194,508**
Long service leave		
Unconditional and expected to be settled wholly within 12 months [i]	38,477	31,565
Unconditional and expected to be settled wholly after 12 months [ii]	275,593	242,652
	314,070	**274,218**
Provisions related to employee benefit on-costs		
Unconditional and expected to be settled within 12 months [i]	25,840	23,202
Unconditional and expected to be settled after 12 months [ii]	42,297	37,198
	68,137	**60,400**
Total current employee benefits and related on-costs	**602,779**	**537,403**
Non-current employee benefits and related on-costs		
Conditional long service leave	59,807	69,228
Provisions related to employee benefit on-costs	8,464	9,778
Total non-current employee benefits and related on-costs	**68,270**	**79,006**
Total employee benefits and related on-costs	**671,049**	**616,408**

i. The amounts disclosed are nominal amounts.
ii. The amounts disclosed are discounted to present values.

Note 3.3 (a): Consolidated employee benefits and related on-costs

	Consolidated 2024 $'000	Consolidated 2023 $'000
Current employee benefits and related on-costs		
Unconditional accrued days off	10,192	8,278
Unconditional annual leave entitlements	234,258	216,585
Unconditional long service leave entitlements	358,329	312,541
Total current employee benefits and related on-costs	**602,779**	**537,403**
Non-current employee benefits and related on-costs		
Conditional long service leave entitlements	68,270	79,006
Total non-current employee benefits and related on-costs	**68,270**	**79,006**
Total employee benefits and related on-costs	**671,049**	**616,408**
Attributable to:		
Employee benefits	599,698	556,008
Provision for related on-costs	71,351	60,400
Total employee benefits and related on-costs	**671,049**	**616,408**

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

	Consolidated 2024 $'000	Consolidated 2023 $'000
Carrying amount at start of year	60,400	48,382
Additional provisions recognised	10,902	11,516
Amounts incurred during the year	49	1,176
Net loss arising from revaluation of long service liability	-	(674)
Carrying amount at end of year	**71,351**	**60,400**

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.

Long service leave provision increased $2.9m in 2024 (2023: $6.0m) due to a calculation adjustment to factor in increases in superannuation and earlier employee entitlement on some awards (i.e. gradual reduction from 10 years down to 7 years for the employee to access their entitlement).

Provision for on-costs related to employee benefits

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

Note 3.4: Superannuation

	Paid Contribution for the Year		Contribution Outstanding at Year End	
	Consolidated 2024 $'000	Consolidated 2023 $'000	Consolidated 2024 $'000	Consolidated 2023 $'000
Defined benefit plans[i]				
Aware Super	1,906	2,186	384	320
State Superannuation Fund	273	401	11	9
Unisuper	32	25	13	3
Defined contribution plans				
Aware Super	73,910	67,683	11,133	11,712
Hesta	90,256	80,684	14,457	13,492
VicSuper and other	46,913	38,083	7,964	7,108
Total	**213,290**	**189,062**	**33,962**	**32,644**

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.

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's staff during the reporting period. Superannuation contributions are made to the plans based on the relevant rules of each plan and are based upon actuarial advice.

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.

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

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.

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

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

4.1 Investments and other financial assets

4.2 Property, plant & equipment

4.3 Depreciation and amortisation

4.4 Inventories

4.5 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 (if any), 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.
Estimating the useful life of intangible assets	Monash Health assigns an estimated useful life to each intangible asset with a finite useful life, which is used to calculate amortisation of the asset.
Identifying indicators of impairment	At the end of each year, Monash Health assesses impairment by evaluating the conditions and events specific to the health service that may be indicative of impairment triggers. Where an indication exists, the health service tests the asset for impairment. The health service considers a range of information when performing its assessment, including considering: › If an asset's value has declined more than expected based on normal use › If a significant change has occurred, in technological, market, economic or legal environment which adversely impacts the way the health service uses an asset › If an asset is obsolete or damaged › If the asset has become idle or if there are plans to discontinue or dispose of the asset before the end of its useful life › If the performance of the asset is or will be worse than initially expected. Where an impairment trigger exists, the health service applies material judgement and estimates to determine the recoverable amount of the asset.

Note 4.1: Investments and other financial assets

Current	Consolidated 2024 $'000	Consolidated 2023 $'000
Financial assets at fair value through net result		
Managed investment	9,689	8,876
Total investments and other financial assets	**9,689**	**8,876**
Represented by:		
Health service investments	8,591	7,847
Foundation investments	1,098	1,029
Total investments and other financial assets	**9,689**	**8,876**

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 of Directors.

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 4.2: Property, plant and equipment

Note 4.2 (a): Gross carrying amount and accumulated depreciation

	Consolidated 2024 $'000	Consolidated 2023 $'000
Land at fair value - Crown	324,151	297,714
Total land at fair value	**324,151**	**297,714**
Buildings at fair value	2,783,903	1,642,105
Less accumulated depreciation	(190)	(3,914)
Total buildings at fair value	**2,783,713**	**1,638,191**
Works in progress at cost	112,326	71,988
Total land and buildings	**3,220,190**	**2,007,893**
Plant and equipment at fair value	136,872	111,080
Less accumulated depreciation	(63,566)	(53,543)
Total plant and equipment at fair value	**73,306**	**57,537**
Motor vehicles at fair value	1,414	1,538
Less accumulated depreciation	(1,414)	(1,538)
Total motor vehicles at fair value	**-**	**-**
Medical equipment at fair value	301,600	280,857
Less accumulated depreciation	(172,233)	(154,163)
Total medical equipment at fair value	**129,367**	**126,694**
Computer equipment at fair value	53,790	47,074
Less accumulated depreciation	(43,432)	(36,877)
Total computer equipment at fair value	**10,359**	**10,197**
Furniture and fittings at fair value	86,590	82,605
Less accumulated depreciation	(34,985)	(26,595)
Total furniture and fittings at fair value	**51,606**	**56,010**
Total cultural assets at fair value	**2,886**	**2,792**
Assets under construction at cost	**1,149**	**954**
Total plant, equipment, furniture, fittings and vehicles at fair value	**268,673**	**254,185**

Note 4.2 (a): Gross carrying amount and accumulated depreciation (contin.)

	Consolidated 2024 $'000	Consolidated 2023 $'000
Land - ROU at fair value	5,472	5,472
Less accumulated depreciation	(771)	(614)
Total ROU land at fair value	**4,701**	**4,858**
PPP - ROU buildings at fair value	201,727	147,969
Less accumulated depreciation	(907)	(893)
Total ROU buildings at fair value	**200,820**	**147,076**
Buildings - ROU at fair value	58,639	46,262
Less accumulated depreciation	(14,656)	(11,876)
Total ROU buildings at fair value	**43,983**	**34,386**
Plant, equipment, motor vehicles, medical equipment - ROU at fair value	20,122	14,961
Less accumulated depreciation	(13,149)	(12,723)
Total ROU plant, equipment, motor vehicles, medical equipment at fair value	**6,972**	**2,238**
Total right of use assets at fair value	**256,476**	**188,558**
Total property, plant and equipment	**3,745,339**	**2,450,637**

Note 4.2 (b): Reconciliations of the carrying amounts of each class of asset

	Note	Land $'000	Buildings $'000	Assets under construction $'000	Right of use assets $'000	Plant & equipment $'000	Medical Equipment $'000	Computer Equipment $'000	Furniture & Fittings $'000	Cultural Assets $'000	Total $'000
Balance at 1 July 2022		**297,713**	**1,603,763**	**929**	**184,581**	**35,650**	**102,220**	**8,788**	**52,790**	**2,793**	**2,289,227**
Additions		-	67,084	954	-	28,580	35,136	7,834	10,698	-	150,287
Disposals		-	(2,159)	-	-	(11)	(134)	-	-	-	(2,304)
Revaluation increments/ (decrements)		-	133,392	-	16,656	-	-	-	-	-	150,048
Net transfers between classes		-	(8,309)	(929)	60	999	8,135	343	-	-	298
Depreciation	4.4	-	(83,592)	-	(12,740)	(7,681)	(18,663)	(6,768)	(7,478)	-	(136,922)
Balance at 30 June 2023	**4.2(a)**	**297,713**	**1,710,179**	**954**	**188,557**	**57,537**	**126,694**	**10,197**	**56,010**	**2,793**	**2,450,634**
Additions		-	87,509	1,149	19,421	22,776	23,074	6,062	2,639	94	162,725
Disposals		-	-	-	(26)	(3)	(147)	-	1	-	(175)
Revaluation increments/ (decrements)		26,437	1,204,404	-	61,901	-	-	-	-	-	1,292,742
Net Transfers between classes		-	(6,555)	(954)	619	3,259	820	1,463	1,348	-	(0)
Depreciation	4.4	-	(99,499)	-	(13,996)	(10,263)	(21,074)	(7,364)	(8,390)	-	(160,586)
Balance at 30 June 2024	**4.2(a)**	**324,150**	**2,896,038**	**1,150**	**256,475**	**73,305**	**129,367**	**10,358**	**51,608**	**2,887**	**3,745,339**

Land and Buildings carried at Valuation

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

How we recognise property, plant and equipment

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

Initial recognition

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

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

The cost of a leasehold improvement is capitalised as an asset and depreciated over the shorter of the remaining term of the lease or the estimated useful life of the improvements.

Subsequent measurement

Items of property, plant and equipment (excluding right-of-use assets) are subsequently measured at fair value less accumulated depreciation and impairment losses where applicable.

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

Revaluation

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

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

The revaluation resulted in an increase to land values of $27m (9.0% increase) and an increase to building values of $1,266m (73.7% increase).

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

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

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

How we recognise right-of-use assets

Initial recognition

When a contract is entered into, Monash Health assesses if the contract contains or is a lease. Unless the lease is considered a short-term lease or a lease of a low-value asset (refer to Note 6.1 for further information) the contract gives rise to a right-of-use asset and corresponding lease liability. The right-of-use asset is initially measured at cost and comprises the initial measurement of the corresponding lease liability, adjusted for:

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

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. Monash Health has applied temporary relief and continues to measure those right-of-use asset at cost. Refer to Note 6.1 for further information regarding the nature and terms of the concessional lease 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 fair value, except for right-of-use asset arising from leases with significantly below-market terms and conditions, which are subsequently measured at cost, less accumulated depreciation and accumulated impairment losses where applicable. Right-of-use assets are also adjusted for certain remeasurements of the lease liability (for example, when a variable lease payment based on an index or rate becomes effective).

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

Note 4.3: Depreciation and amortisation

How we recognise depreciation

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

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

	Consolidated 2024 $'000	Consolidated 2023 $'000
Depreciation		
Property, plant and equipment		
Buildings	99,499	83,591
Plant and equipment	10,263	7,681
Medical equipment	21,074	18,663
Computer equipment	7,364	6,768
Furniture and fittings	8,390	7,478
Total depreciation - property, plant and equipment	**146,589**	**124,181**
Right-of-use assets		
Right-of-use land	157	157
Right of-use buildings	3,766	3,932
Right-of-use plant, equipment, furniture, fittings and motor vehicles	1,917	1,357
Right-of-use PPP leased buildings	8,157	7,273
Total depreciation - right-of-use assets	**13,996**	**12,719**
Total depreciation	**160,586**	**136,900**
Amortisation		
Software	1,330	1,697
Total amortisation	**1,330**	**1,697**
Total depreciation and amortisation	**161,915**	**138,597**

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

Buildings	**2024**	**2023**
- 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
Central plant		
- 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	2 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 4.4: Inventories

	Consolidated 2024 $'000	**Consolidated 2023 $'000**
Medical and surgical consumables at cost	10,086	8,479
Pharmacy supplies at cost	9,569	11,120
Pathology supplies at cost	2,857	1,475
General stores at cost	5,930	5,593
Total inventories	**28,441**	**26,667**

How we recognise inventories

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

Inventories are measured at the lower of cost and net realisable value. Inventories acquired at no cost or for nominal consideration are measured at current replacement cost at the date of acquisition.

Note 4.5: Impairment of assets

How we recognise impairment

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

External sources of information include but are not limited to observable indications that an asset's value has declined during the period by significantly more than would be expected as a result of the passage of time or normal use. Internal sources of information include but are not limited to evidence of obsolescence or physical damage of an asset and significant changes with an adverse effect on Monash Health which changes the way in which an asset is used or expected to be used.

If such an indication exists, an impairment test is carried out. Assets with indefinite useful lives (and assets not yet available for use) are tested annually for impairment, in addition to where there is an indication that the asset may be impaired. When performing an impairment test, Monash Health compares the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised immediately in net result unless the asset is carried at a revalued amount.

Where an impairment loss on a revalued asset is identified, this is recognised against the asset revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the cumulative balance recorded in the asset revaluation surplus for that class of asset. Where it is not possible to estimate the recoverable amount of an individual asset, Monash Health estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Monash Health did not record any impairment losses for the year ended 30 June 2024 (2023: nil).

Note 5: Other assets and liabilities

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

Structure

5.1 Receivables
5.2 Contract assets
5.3 Payables
5.4 Contract liabilities
5.5 Other liabilities

Material judgements and estimates

This section contains the following key judgements and estimates:

Key judgements and estimates	Description
Estimating the provision for expected credit losses	Monash Health uses a simplified approach to account for the expected credit loss provision. A provision matrix is used, which considers historical experience, external indicators and forward-looking information to determine expected credit loss rates.
Measuring deferred capital grant income	Where 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

		Consolidated 2024 $'000	Consolidated 2023 $'000
Current receivables			
Contractual			
Inter hospital debtors		3,257	4,601
Trade receivables		12,823	16,703
Patient fees		28,243	20,491
Allowance for impairment losses	5.1(a)	(8,739)	(7,848)
Total contractual receivables		**35,585**	**33,946**
Statutory			
GST receivable		4,712	5,042
Total current receivables		**4,712**	**5,042**
Total current receivables		**40,296**	**38,988**
Non-current receivables			
Contractual			
Long service leave - Department of Health		202,181	185,165
Total contractual receivables		**202,181**	**185,165**
Total non-current receivables		**202,181**	**185,165**
Total receivables		**242,478**	**224,153**

(i) Financial assets classified as receivables (Note 7.1 (a))

Total receivables		242,478	224,153
GST receivable		(4,712)	(5,042)
Allowance for impairment losses		8,739	7,848
Total financial assets classified as receivables	**7.1(a)**	**246,505**	**226,959**

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

	Consolidated 2024 $'000	Consolidated 2023 $'000
Balance at the beginning of the year	**7,848**	**4,710**
Increase in allowance	**9,043**	**6,768**
Reversal of allowance written off during the year as uncollectable	**(8,153)**	**(3,630)**
Balance at the end of the year	**8,739**	**7,848**

How we recognise receivables

Receivables consist of:

- **Contractual receivables,** including debtors that relate to goods and services. These receivables are classified as financial instruments and 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,** including Goods and Services Tax (GST) input tax credits that are recoverable. Statutory receivables do not arise from contracts and are recognised and measured similarly to contractual receivables (except for impairment) but are not classified as financial instruments for disclosure purposes. 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.

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

Impairment losses of contractual receivables

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

Note 5.2: Contract assets

	Consolidated 2024 $'000	Consolidated 2023 $'000
Current contract assets	22,875	25,982
Total contract assets	**22,875**	**25,982**

Note 5.2 (a): Movement in contract assets

	Consolidated 2024 $'000	Consolidated 2023 $'000
Balance at the beginning of the year	25,982	28,796
Add: Additional costs incurred that are recoverable from the customer	251,346	213,862
Less: Transfer to trade receivable or cash at bank	(254,453)	(216,676)
Total contract assets	**22,875**	**25,982**

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: Payables

	Note	Consolidated 2024 $'000	Consolidated 2023 $'000
Current payables			
Contractual			
Trade creditors		7,254	8,850
Accrued salaries and wages		139,074	86,509
Accrued expenses		122,576	105,476
Deferred capital grant income	5.3(a)	2,220	16,635
Amounts payable to governments and agencies		7,995	50,017
Other		10,369	11,387
Total payables		**289,487**	**278,874**

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

Total payables		289,487	278,874
Deferred grant income		(2,220)	(16,635)
Total financial liabilties classified as payables	**7.1(a)**	**287,268**	**262,239**

How we recognise payables

Payables consist of:

- **Contractual payables**, including 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 5.3 (a): Movement in deferred capital grant income

	Consolidated 2024 $'000	Consolidated 2023 $'000
Opening balance of deferred capital grant income	16,635	884
Grant consideration for capital works that was included in the deferred grant liability balance (adjusted for AASB 1058) at the beginning of the grant consideration for capital works received during the year	129,406	163,380
Deferred capital grant income recognised as income due to completion of capital works	(143,821)	(147,629)
Closing balance of deferred capital grant income	**2,220**	**16,635**

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. 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 (see note 2.1). 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 by 31st December 2024.

Note 5.4: Contract liabilities

	Consolidated 2024 $'000	Consolidated 2023 $'000
Current contract liabilities	25,431	36,106
Total contract liabilities	**25,431**	**36,106**

Note 5.4 (a): Movement in contract liabilities

	Consolidated 2024 $'000	Consolidated 2023 $'000
Opening balance of contract liabilities	36,106	**107,615**
Add: payments received for performance obligations not yet fulfilled	371,587	255,072
Add: Grant consideration for sufficiently specific performance obligations received during the year	2,016,673	1,651,518
Less: Revenue recognised in the reporting period for the completion of a performance obligation	(371,587)	(255,072)
Less: Grant revenue for sufficiently specific performance obligations works recognised consistent with the performance obligations met during the year	(2,027,348)	(1,723,027)
Total contract liabilities	**25,431**	**36,106**

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 5.5: Other liabilities

	Consolidated 2024 $'000	Consolidated 2023 $'000
Current monies held in trust		
Patient monies	162	213
Refundable accommodation deposits	16,407	13,077
Government COVID-19 Victorian Health Services product funds	-	9,775
Total current monies held in trust	**16,569**	**23,065**
Total other liabilities	**16,569**	**23,065**
* Represented by:		
- Cash assets	16,569	23,065
	16,569	**23,065**

How we recognise other liabilities

Refundable Accommodation Deposit (RAD)/Accommodation Bond liabilities

RADs/accommodation bonds are non-interest-bearing deposits made by some aged care residents to 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

6.1 Borrowings

6.2 Cash and cash equivalents

6.3 Commitments for expenditure

Material judgements and estimates

This section contains the following material judgements and estimates:

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.
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 2024 $'000	Consolidated 2023 $'000
Current borrowings			
Treasury Corporation Victoria loan [i]		2,470	2,259
Lease liability	6.1(a)	5,437	4,094
PPP lease liability	6.1(a)	4,899	4,610
Advances from government		1,063	1,063
Other financial liabilities		2,059	1,834
Total current borrowings		**15,928**	**13,860**
Non-current borrowings			
Treasury Corporation Victoria loan [i]		38,249	35,105
Lease liability	6.1(a)	48,970	36,159
PPP lease liability	6.1(a)	25,044	29,944
Advances from government		2,722	3,591
Other financial liabilities		12,194	14,253
Total non-current borrowings		**127,180**	**119,051**
Total borrowings	**7.1(a)**	**143,108**	**132,911**

i. During the year ended 30 June 2010 Monash Health entered into a loan agreement with Treasury Corporation Victoria (TCV) to fund $19.6m improvements required to the car park at the Clayton site. The loan is repayable over 22 years with repayments made quarterly.
In the 2014 financial year, Monash Health made a further drawdown under the existing loan arrangement with TCV to fund $13.5m improvements required to the car park at the Clayton site. The loan is repayable over 22 years with repayments being made quarterly.
In the 2023 and 2024 financial years, Monash Health made a further drawdown under the existing loan arrangement with TCV of $22.6m for improvements required to the car park at the Clayton site. The loan is repayable over 22 years with repayments made quarterly.

How we recognise borrowings

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

Initial recognition

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

Subsequent measurement

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

Maturity analysis of borrowings

Please refer to Note 7.1(b) for the maturity analysis of borrowings.

Defaults and breaches

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

Note 6.1 (a): Lease liabilities

Lease liabilities

Repayments in relation to leases are payable as follows:

	Consolidated 2024 $'000	Consolidated 2023 $'000
Total undiscounted lease liabilities	104,124	90,001
Less unexpired finance expenses	(19,773)	(15,196)
Net lease liabilities	**84,351**	**74,805**

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

Casey hospital public private partnership lease	Consolidated 2024 $'000	Consolidated 2023 $'000
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	26,370	26,370
Longer than five years	2,197	8,790
Minimum future lease liability	**35,160**	**41,752**
Less unexpired finance expenses	**(5,216)**	**(7,199)**
Present value of lease liability	**29,944**	**34,553**

Other lease liabilities	Consolidated 2024 $'000	Consolidated 2023 $'000
Not longer than one year	7,153	5,192
Longer than one year but not longer than five years	23,910	16,297
Longer than five years	37,901	26,760
Minimum future lease liability	**68,964**	**48,249**
Less unexpired finance expenses	(14,557)	(7,997)
Present value of lease liability	**54,407**	**40,252**

Total minimum future lease liability	104,124	90,001
Less unexpired finance expenses	(19,773)	(15,196)
Total present value of lease liability	**84,351**	**74,805**

*** Represented by:**		
- Current liabilities	10,336	8,703
- Non-current liabilities	74,015	66,102
	84,351	**74,805**

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. 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 6.5%.

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

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

Lease arrangements for buildings contain extension and termination options.

These terms are used to maximise operational flexibility in terms of managing contracts. The majority of 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:

Type of payment	Description of payment	Type of leases captured
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 new VHH building on it, which has a long useful life.	Lease term is 45 + 20 years Lease payments are $1 p.a.

Note 6.1 (b): PPP lease liabilities

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 4.2) 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 term of the lease.

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 2024 $'000	Consolidated 2023 $'000
Cash on hand (excluding monies held in trust)		76	75
Cash at bank (excluding monies held in trust)		209,672	477,581
Total cash held for operations		**209,748**	**477,656**
Cash at bank - CBS (monies held in trust)		17,124	23,486
Total cash held as monies in trust		**17,124**	**23,486**
Total cash and cash equivalents	**7.1(a)**	**226,871**	**501,142**

How we recognise cash and cash equivalents

Cash and cash equivalents recognised on the balance sheet comprise cash on hand and in banks, deposits at call and highly liquid investments (with an original maturity date of three months or less), which are held for the purpose of meeting short term cash commitments rather than for investment purposes, which are readily convertible to known amounts of cash and are subject to insignificant risk of changes in value. The cash flow statement includes monies held in trust.

Note 6.3: Commitments for expenditure

	Consolidated 2024 $'000	Consolidated 2023 $'000
Capital expenditure commitments		
Less than one year	33,299	21,961
Longer than one year but not longer than five years	24,826	6,883
Five years or more	100	15
Total capital expenditure commitments	**58,226**	**28,858**
Operating expenditure commitments		
Less than one year	70,199	69,021
Longer than one year but not longer than five years	97,351	101,476
Five years or more	6,554	6,138
Total operating expenditure commitments	**174,104**	**176,634**
Non-cancellable short term and low value lease commitments		
Less than one year	6,121	7,418
Longer than one year but not longer than five years	5,015	8,019
Five years or more	0	0
Total non-cancellable short term and low value lease commitments	**11,136**	**15,437**
PPP commitments (commissioned)[i]		
Less than one year	36,199	37,687
Longer than one year but not longer than five years	124,585	128,457
Five years or more	14,264	46,591
Total PPP commitments (commissioned)	**175,048**	**212,735**
Total commitments for expenditure (inclusive of GST)	**418,513**	**433,665**
Less GST recoverable from Australian Tax Office	(38,047)	(39,424)
Total commitments for expenditure (exclusive of GST)	**380,467**	**394,240**

Note: The present values of the lease liability for commissioned PPPs are recognised on the balance sheet, refer to Note 6.1. Amounts disclosed here are for other commitments related to the PPP arrangement.

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 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

7.1 Financial instruments

7.2 Financial risk management objectives and policies

7.3 Contingent assets and contingent liabilities

7.4 Fair value determination

Material judgements and estimates

This section contains the following material judgements and estimates:

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. Accordingly, characteristics of Monash Health's assets are considered, including condition, location and any restrictions on the use and disposal of such assets. Monash Health uses a range of valuation techniques to estimate fair value, which include the following: › Market approach, which uses prices and other relevant information generated by market transactions involving identical or comparable assets and liabilities. The fair value of Monash Health's non-specialised land and non-specialised buildings are measured using this approach. Specialised land is also measured using this approach although is adjusted for the community service obligation. › Cost approach, which reflects the amount that would be required to replace the service capacity of the asset (referred to as current replacement cost). The fair value of Monash Health specialised buildings, furniture, fittings, plant, equipment and vehicles are measured using this approach. Monash Health 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, Monash Health 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 Monash Health 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 2024	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	226,871	-	-	226,871
Receivables					
- Trade debtors	5.1	12,823	-	-	12,823
- Other receivables	5.1	31,500	-	-	31,500
- Long Service Leave - Department of Health	5.1	202,181	-	-	202,181
Investments and other financial assets	4.1	-	9,689	-	9,689
Total Financial Assets [i]		**473,375**	**9,689**	**-**	**483,064**
Financial Liabilities					
Payables	5.3	-	-	287,268	287,268
Borrowings	6.1	-	-	143,108	143,108
Other Financial Liabilities					
- Refundable accommodation bond	5.5	-	-	16,407	16,407
- Patient monies held in trust	5.5	-	-	162	162
Total Financial Liabilities [i]		**-**	**-**	**446,944**	**446,944**

i As at 30 June 2023 Monash Health recorded an 'other liability' of $9.775m for amounts received from DH but unspent in acquiring health services products on their behalf.

Note 7.1 (a): Categorisation of financial instruments (contin.)

Consolidated 30 June 2023	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	501,142	-	-	501,142
Receivables					
- Trade debtors	5.1	16,703	-	-	16,703
- Other receivables	5.1	25,092	-	-	25,092
- Long Service Leave - Department of Health	5.1	185,165	-	-	185,165
Investments and other financial assets	4.1	-	8,876	-	8,876
Total Financial Assets [i]		**728,101**	**8,876**	**-**	**736,977**
Financial Liabilities					
Payables	5.3	-	-	262,239	262,239
Borrowings	6.1	-	-	132,911	132,911
Other Financial Liabilities					
- Refundable accommodation bond	5.5	-	-	13,077	13,077
- Patient monies held in trust	5.5	-	-	213	213
- Government COVID19 Victorian Health Services Product funds	5.5			9,775	9,775
Total Financial Liabilities [i]		**-**	**-**	**418,215**	**418,215**

i As at 30 June 2023 Monash Health recorded an 'other liability' of $9.775m for amounts received from DH but unspent in acquiring health services products on their behalf.

ii 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 costs 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 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)
- borrowings (including finance lease liabilities) and
- other liabilities (including monies held in trust).

Offsetting financial instruments

Financial instrument assets and liabilities are offset and the net amount presented in the consolidated balance sheet when, and only when, Monash Health has a legal right to offset the amounts and intends either to settle on a net basis or to realise the asset and settle the liability simultaneously.

Some master netting arrangements do not result in an offset of balance sheet assets and liabilities. Where Monash Health does not have a legally enforceable right to offset recognised amounts, because the right to offset is enforceable only on the occurrence of future events such as default, insolvency, or bankruptcy they are reported on a gross basis.

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

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 main financial risks include credit risk and liquidity risk. Monash Health manages this financial risk in accordance with its financial risk management policy.

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

Note 7.2 (a): Credit risk

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

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

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

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

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

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

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

Impairment of financial assets under AASB 9 Financial Instruments

Monash Health records the allowance for expected credit losses for the relevant financial instruments by applying AASB 9's Expected Credit Loss approach. Subject to AASB 9, the impairment assessment includes Monash Health's contractual receivables and statutory receivables.

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

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

Contractual receivables at amortised cost

Monash Health applies AASB 9 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.

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

Note 7.2 (a): Expected credit losses

30 June 2024	Note	Current	Less than 1 month	1–3 months	3 months –1 year	Total
Expected loss rate		**3.9%**	8.9%	22.3%	36.2%	**13.0%**
Gross carrying amount of contractual receivables	5.1	41,111	6,384	4,062	15,641	**67,198**
Loss allowance		(1,598)	(570)	(905)	(5,657)	**(8,730)**
30 June 2023						
Expected loss rate		3.2%	8.0%	22.7%	50.8%	**11.5%**
Gross carrying amount of contractual receivables	5.1	49,654	5,466	2,252	10,406	**67,777**
Loss allowance		(1,585)	(437)	(512)	(5,282)	**(7,816)**

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

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

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

- providing ongoing cash forecasts to the Department of Health to ensure additional funding cash flows are available if required (refer note 8.10)
- close monitoring of its short-term and long-term borrowings by senior management, including monthly reviews on current and future borrowing levels and requirements
- maintaining an adequate level of uncommitted funds that can be drawn at short notice to meet its short-term obligations, and
- careful maturity planning of its financial obligations based on forecasts of future cash flows.

Monash Health's exposure to liquidity risk is deemed acceptable based on prior period data and current assessment of risk. Monash Health is considered to be a necessary function of the Victorian Health system, it is considered highly likely that the Department of Health will continue to provide financial support to Monash Health for at least the 12 month period from the date of signing the 30 June 2024 financial statements.

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

				Maturity Dates				
Consolidated 30 June 2024	**Note**	**Carrying Amount**	**Nominal Amount**	**Less than 1 month**	**1-3 months**	**3 months - 1 Year**	**1-5 years**	**Over 5 years**
		$'000	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**
Financial Liabilities at amortised cost (i)								
Payables	5.3	287,268	287,268	277,330	1,296	3,456	5,185	-
Borrowings	6.1	143,108	143,108	1,664	3,043	11,222	66,406	60,774
Other Financial Liabilities								
- Refundable Accommodation Deposits	5.5	16,407	16,407	-	738	15,669	-	-
- Patient monies held in trust	5.5	162	162	162	-	-	-	-
Total Financial Liabilities		**446,945**	**446,945**	**279,156**	**5,077**	**30,347**	**71,590**	**60,774**

Consolidated 30 June 2023								
Financial Liabilities at amortised cost (i)								
Payables	5.3	262,239	262,239	251,326	1,423	3,796	5,694	-
Borrowings	6.1	132,911	132,911	1,492	3,955	8,413	58,279	60,772
Other Financial Liabilities								
- Refundable Accommodation Deposits	5.5	13,077	13,077	-	588	12,489	-	-
- Patient monies held in trust	5.5	213	213	213	-	-	-	-
- Government COVID19 deposit	5.5	9,775	9,775	9,775	-	-	-	-
Total Financial Liabilities		**418,214**	**418,214**	**262,805**	**5,967**	**24,698**	**63,973**	**60,772**

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

Note 7.2 (c): Market risk

Monash Health's exposures to market risk are primarily through interest rate risk and equity price risk. Objectives, policies and processes used to manage each of these risks are disclosed below.

Sensitivity disclosure analysis and assumptions

Monash Health's sensitivity to market risk is determined based on the observed range of actual historical data for the preceding five-year period. Monash Health's fund managers cannot be expected to predict movements in market rates and prices. The following movements are 'reasonably possible' over the next 12 months:

- a change in interest rates of 1% up or down and
- a change in the top ASX 200 index of 15% up or down.

Interest rate risk

Fair value interest rate risk is the risk that the fair value of a financial instrument will fluctuate because of changes in market interest rates. Monash Health holds an interest-bearing financial instrument measured at fair value and has some exposure to interest rate risk.

Cash flow interest rate risk is the risk that the future cash flows of a financial instrument will fluctuate because of changes in market interest rates. Monash Health has minimal exposure to cash flow interest rate risks through cash and deposits that are at a floating rate.

Equity risk

Monash Health is exposed to equity price risk through its managed investment scheme. Such investments are allocated and traded to match the health service's investment objectives.

Note 7.3: Contingent assets and contingent liabilities

How we measure and disclose contingent assets and contingent liabilities

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

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

Contingent assets

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

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

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

Contingent liabilities

Contingent liabilities are:

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

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

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

Note 7.4: Fair value determination

How we measure fair value

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

The following assets and liabilities are carried at fair value:

- Property, plant and equipment
- Right-of-use assets
- VFMC managed investment at fair value through net result

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 hierarchy of investments and other financial assets

	Note	Consolidated carrying amount 30 June 2024 $'000	Fair value measurement at end of reporting period using: Level 1 $'000	Level 2 $'000	Level 3 $'000
Managed investment	4.1	9,689	-	9,689	-
Total investments and other financial assets at fair value		**9,689**	**-**	**9,689**	**-**

	Note	Consolidated carrying amount 30 June 2023 $'000	Fair value measurement at end of reporting period using: Level 1 $'000	Level 2 $'000	Level 3 $'000
Managed investment	4.1	8,876	-	8,876	-
Total investments and other financial assets at fair value		**8,876**	**-**	**8,876**	**-**

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 2024 $'000	Fair value measurement at end of reporting period using: Level 1 [i] $'000	Level 2 [i] $'000	Level 3 [i] $'000
Non-specialised land		17,009	-	17,009	-
Specialised land		307,143	-	-	307,143
Total land at fair value	**4.2(a)**	**324,151**	**-**	**17,009**	**307,143**
Non-specialised buildings		4,642	-	4,642	
Specialised buildings		2,779,071	-	-	2,779,071
Total buildings at fair value	**4.2(a)**	**2,783,713**	**-**	**4,642**	**2,779,071**
Plant and equipment	4.2 (a)	73,306	-	-	73,306
Motor vehicles	4.2 (a)	-	-	-	-
Medical equipment	4.2 (a)	129,367	-	-	129,367
Computer equipment	4.2 (a)	10,359	-	-	10,359
Furniture and fittings	4.2 (a)	51,606	-	-	51,606
Cultural assets	4.2 (a)	2,886	-	2,886	-
Total plant, equipment, furniture, fittings and vehicles at fair value		**267,524**	**-**	**2,886**	**264,638**
Total non-financial physical assets at fair value		**3,375,388**	**-**	**24,537**	**3,350,851**

i Classified in accordance with the fair value hierarchy.

	Note	Consolidated carrying amount 30 June 2023 $'000	Fair value measurement at end of reporting period using: Level 1 [i] $'000	Level 2 [i] $'000	Level 3 [i] $'000
Non-specialised land		15,892	-	15,892	-
Specialised land		281,822	-	-	281,822
Total land at fair value	**4.2(a)**	**297,714**	**-**	**15,892**	**281,822**
Non-specialised buildings		2,296	-	2,296	-
Specialised buildings		1,635,895	-	-	1,635,895
Total buildings at fair value	**4.2(a)**	**1,638,191**	**-**	**2,296**	**1,635,895**
Plant and equipment	4.2(a)	57,537	-	-	57,537
Motor vehicles	4.2(a)	-	-	-	-
Medical equipment	4.2(a)	126,694	-	-	126,694
Computer equipment	4.2(a)	10,197	-	-	10,197
Furniture and fittings	4.2(a)	56,010	-	-	56,010
Cultural assets	4.2(a)	2,792	-	2,792	-
Total plant, equipment, furniture, fittings and vehicles at fair value		**253,231**	**-**	**2,792**	**250,439**
Total non-financial physical assets at fair value		**2,189,136**	**-**	**20,981**	**2,168,155**

i Classified in accordance with the fair value hierarchy.

How we measure fair value of non-financial physical assets

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

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

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

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

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 it's 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.

Furniture, fittings, plant and equipment

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

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

Reconciliation of level 3 fair value measurement

Consolidated	Note	Land $'000	Buildings $'000	Plant & Equipment $'000	Medical Equipment $'000	Computer & Comm Equipment $'000	Furniture & Fittings $'000
Balance at 1 July 2022		**281,822**	**1,141,242**	**35,650**	**102,220**	**8,788**	**52,790**
Additions/(Disposals)			444,246	29,568	43,137	8,177	10,698
Gains/(Losses) recognised in net result			-	-	-	-	-
- Depreciation and amortisation		-	(82,985)	(7,681)	(18,663)	(6,768)	(7,478)
Items recognised in other comprehensive income							
- Revaluation		-	133,392	-	-	-	-
Balance at 30 June 2023	**7.4(b)**	**281,822**	**1,635,895**	**57,537**	**126,694**	**10,197**	**56,010**
Additions/(Disposals)		-	40,616	26,032	23,747	7,526	3,988
Gains/(Losses) recognised in net result							
- Depreciation and Amortisation		-	(99,258)	(10,263)	(21,074)	(7,364)	(8,390)
Items recognised in other comprehensive income							
- Revaluation		25,321	1,201,818	-	-	-	-
Balance at 30 June 2024	**7.4(b)**	**307,143**	**2,779,070**	**73,305**	**129,367**	**10,359**	**51,608**

Fair value determination of Level 3 fair value measurement

Asset class	Likely valuation approach	Significant inputs (Level 3 only)
Specialised land	Market approach	Community Service Obligations Adjustments (i)
Specialised buildings	Current replacement cost approach	- Cost per square metre - Useful life
Non-specialised buildings	Current replacement cost approach	- Cost per square metre - Useful life
Plant, equipment, furniture and fittings	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 for the year to net cash flows from operating activities

	Note	Consolidated 2024 $'000	Consolidated 2023 $'000
Net result for the year		**(321,278)**	**23,175**
Non-cash movements:			
(Gain)/Loss on sale or disposal of non-financial assets		(556)	1,787
(Gain)/Loss on revaluation of financial instruments		(611)	(461)
Depreciation of non-current assets	4.3	160,586	136,900
Amortisation of non-current assets	4.3	1,330	1,697
Loss allowance for receivables	5.1	890	3,139
Share of net results in associates		(107)	1
(Gain)/Loss on revaluation of long service leave liability		(7,227)	15,258
Net movement in lease liability and borrowings		(6,444)	(5,979)
Government non cash funding		(75,376)	(67,549)
Non-cash investment income		(202)	(64)
Discount (interest) / expense on loan		131	44
Movements in Assets and Liabilities:			
(Increase)/Decrease in receivables and contract assets		(16,108)	(24,363)
(Increase)/Decrease in other assets		4,504	1,742
(Increase)/Decrease in inventories		(1,773)	(1,561)
Increase/(Decrease) in payables and contract liabilities		69,120	(13,111)
Increase/(Decrease) in other liabilities		(76,886)	(65,768)
Increase/(Decrease) in other provisions		61,868	72,652
Net cash inflow from operating activities		**(208,141)**	**77,541**

Note 8.2: Responsible persons disclosures

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

Title	Period
The Honourable Mary-Anne Thomas MP:	
Minister for Health	1 Jul 2022 - 30 Jun 2024
Minister for Health Infrastructure	5 Dec 2022 - 30 Jun 2024
Minister for Ambulance Services	5 Oct 2023 - 30 Jun 2024
The Honourable Ingrid Stitt MP:	
Minister for Mental Health	2 Oct 2023 - 30 Jun 2024
Minister for Ageing	2 Oct 2023 - 30 Jun 2024
Minister for Multicultural Affairs	2 Oct 2023 - 30 Jun 2024
The Honourable Gabrielle Williams MP:	
Minister for Mental Health	1 Jul 2022 - 2 Oct 2023
Minister for Ambulance Services	5 Dec 2022 - 2 Oct 2023
The Honourable Lizzy Blandthorn MP:	
Minister for Children	2 Oct 2023 - 30 Jun 2024
Minister for Disability	2 Oct 2023 - 30 Jun 2024
Governing Board	
Mr Dipak Sanghvi	1 Jul 2023 - 30 Jun 2024
Ms Aurélia Balpe	1 Jul 2023 - 30 Jun 2024
Emeritus Prof. Hatem Salem AM	1 Jul 2023 - 30 Jun 2024
Ms Helen Brunt	1 Jul 2023 - 30 Jun 2024
Mrs Jane Bell AM	1 Jul 2023 - 30 Jun 2024
Dr Peter McDougall	1 Jul 2023 - 30 Jun 2024
Professor Susan Elliott AM	1 Jul 2023 - 30 Jun 2024
Ms Fiona Pearse	1 Jul 2023 - 30 Jun 2024
Mr Ross McClymont	1 Jul 2023 - 30 Jun 2024
Accountable Officer	
Professor Eugine Yafele (Chief Executive Officer)	4 Mar 2024 - 30 Jun 2024
Mr Martin Keogh (Interim Chief Executive)	1 Jul 2023 - 3 Mar 2024

Remuneration of Responsible Persons

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

Income Band	Consolidated 2024 No	Consolidated 2023 No
$20,000 - $29,999	-	1
$50,000 - $59,999	-	8
$60,000 - $69,999	8	-
$110,000 - $119,999	1	1
$260,000 - $269,999	1	-
$530,000 - $539,999	-	1
$600,000 - $609,999	1	-
Total Numbers	**11**	**11**

	Consolidated 2024 $'000	Consolidated 2023 $'000
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	**1,471**	**1,150**

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 Department of Parliamentary Services' 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 Remuneration	
Remuneration of executive officers (including Key Management Personnel disclosed in Note 8.4)	**2024 $'000**	**2023 $'000**
Short-term benefits	4,284	3,337
Post-employment benefits	177	288
Other long-term benefits	407	239
Termination benefits	189	-
Total remuneration [i]	**5,057**	**3,863**
Total number of executives	17	13
Total annualised employee equivalent [ii]	11.2	9.1

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 2023-24 year (2022-23 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.

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;
- Jointly Controlled entity – Monash Health Research Precinct Pty Ltd and
- All health services and public sector entities that are controlled and consolidated into the State of Victoria financial statements.

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

Key management personnel

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

KMPs	Position Title
Mr Dipak Sanghvi	Chair of the Board
Ms Aurélia Balpe	Board Member
Emeritus Prof. Hatem Salem AM	Board Member
Ms Helen Brunt	Board Member
Mrs Jane Bell AM	Board Member
Dr Peter McDougall	Board Member
Professor Susan Elliott AM	Board Member
Ms Fiona Pearse	Board Member
Mr Ross McClymont	Board Member
Professor Eugine Yafele	Chief Executive Officer
Mr Martin Keogh	Interim Chief Executive

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 Department of Parliamentary Services' Financial Report.

Compensation - KMPs	Consolidated 2024 $'000	Consolidated 2023 $'000
Short-term Employee Benefits [i]	1,160	1,029
Post-employment Benefits	120	90
Other Long-term Benefits	2	30
Termination Benefits	189	-
Total [ii]	**1,471**	**1,150**

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

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

Significant transactions with government related entities

Monash Health received funding from the DH of $2,370.2m (2023: $2,546.6m) and indirect contributions of $93.4m (2023 $94.1m). As at 30 June 2024 Monash Health recorded a current liability of $0m (2023: $9.8m) for the remaining balance owed to DH for amounts received but unspent. 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 2024, the total amount due to DH in relation to this loan was $3.6m (2023: $4.5m).

Monash Health has three loan agreements with Treasury Corporation of Victoria (TCV) for $19.6m, $13.5m and $22.6m with amounts borrowed repayable over 22, 20 and 20 years respectively. At 30 June 2024, the total amount due to TCV in relation to these loans was $40.7m (2023: $37.4m)

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 Assistant Treasurer 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. 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 2024 (2023: none).

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

Related party transactions required to be disclosed for Kitaya Holding Pty Ltd's Board and Chief Executive in 2024 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 from 04/03/2024.

Mr Martin Keogh was Interim Chief Executive of Monash Health and a member of the Kitaya Holdings Pty Ltd Board to 03/03/2024.

Mr Stuart Donaldson is an employee of Monash Health and member of Kitaya Holdings Pty Ltd Board.

Ms Rachelle Anstey is Chief Financial Officer 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:

	2024 $'000	2023 $'000
Rental income received from its controlled entity	-	1,231
Contracted goods and services provided to its controlled entity	30,607	13,283
Services provided by controlled entity	17,093	7,368
Amount owing to controlled entity at balance date	9,003	12,664

Note 8.5: Remuneration of auditors

	Consolidated 2024 $'000	Consolidated 2023 $'000
Victorian Auditor-General's Office		
Audit of the financial statements	325	313
Total remuneration of auditors	**325**	**313**

Note 8.6: Events occurring after the balance sheet date

There are no events that have significantly affected or may significantly affect the operations, the results or state of affairs occurring after the Balance Sheet date.

Note 8.7: Controlled entities

Monash Health's interest in controlled entities are 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	2024 $'000	2023 $'000
Kitaya Holdings Pty Ltd	(5,026)	(839)

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

			Ownership Interest		Published Fair Value	
Name of Entity	Principal Activity	Country of Incorporation	2024 %	2023 %	2024 $'000	2023 $'000
Associates						
Monash Health Research Precinct Pty Ltd [a][b]	Property investment	Australia	20.33%	20.33%	4,622	4,516

(a) As at 30 June 2024, 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 2024.

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.

Note 8.10: 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 predominately 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's operations and on that basis, the financial statements have been prepared on a going concern basis.

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