2021-2022

Annual Report

Monash Health

Acknowledgement of Country

Monash Health respectfully acknowledges the peoples of the Kulin Nation, the Traditional Custodians and owners of the lands where our healthcare 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. We pay respect to the Elders of the Kulin Nation; past, present and emerging, and we extend that respect to our Aboriginal and Torres Strait Islander employees, our consumers and our stakeholders.

Contents

Professor Stephen Nicholls, is the Program Director of Monash Heart, Intensive Care, and the Victorian Heart Hospital. Read about our leadership in cardiac research, which will be further cemented with the opening of Australia's first heart hospital later this year. This report highlights several of our research areas of excellence.

Disclaimer: Infection prevention precautions such as levels of PPE requirements changed at different points in time, which may be reflected in the images.

Report of Chair of Board and Chief Executive

Welcome to the Monash Health Annual Report 2021-22

This past year is one of the most significant in the history of Monash Health. Our contribution to Victoria's pandemic response is undoubtedly the standout achievement, particularly our role in establishing and leading the Monash Health South East Public Health Unit.

From the day we received Australia's first COVID-19 patient, we have set the tone and pace for the public health response at a regional level, alongside local, state and national partners. We have demonstrated leadership and been a voice of knowledge and experience. We introduced new models that have changed the way care is provided in Victoria and beyond, and we have been responsible for the state's largest vaccination program.

This was only possible with the extraordinary contribution of our people, who have again demonstrated their commitment to providing exceptional care.

Our research and teaching emphasis and general academic excellence also rose to prominence as we continued to find new ways to work, guided by curiosity, discovery and evidence.

This annual report presents key highlights, emphasises our areas of research excellence and the guiding principles of our Strategic Plan (pages 7-10).

While highlights are easy to capture, the small acts of kindness and care that occur every day across the health network are far harder to quantify, but have made all the difference to those we care for and for each other.

Highlights

- providing statewide leadership in delivering care to pregnant women with COVID-19
- delivering 119,132 telehealth consultations (48% of all antenatal consultations)
- significantly growing our research focus, with 768 new research projects submitted for approval, increasing active research projects to 1,664 and awarded research income of over $252m (up from $190m in FY2020-21 and $176m in FY2019-20)
- operating Victoria's busiest high-capacity vaccination centre and many pop-up clinics across the catchment
- reducing COVID-19 immunisation time from 8 to 3 mins, reducing required workforce by 25%, enabling clinicians to return to hospitals
- establishing a Virtual Emergency Department, which provided care for over 1,000 patients in its first five months, diverting 77% from hospital to more appropriate care
- ongoing improvement in our employee satisfaction and retention rates; Australian Health Practitioner Regulation Agency survey results show 92% of our junior medical staff agreed the quality of clinical supervision was good or excellent, 80% agreed there was a positive workplace culture and 82% agreed that they would recommend their workplace as a place to train
- delivering a basic physician training program with a 97% pass rate in 2021
- welcoming 737 graduate nurses, midwives, and mental health registered nurses, who started their careers with Monash Health
- demonstrating thanks and appreciation for our healthcare workers by providing increased health and wellbeing initiatives through the Be Well Be Safe Program
- managing the State Supply Centre serving the needs of health care providers across Victoria
- continuing to provide high-quality healthcare for people at every life stage, at our sites and in the community.

Dipak Sanghvi
Chair of Board

Professor Andrew Stripp
Chief Executive

Acknowledgements

We thank our Board members and the executive team for their guidance, support and leadership in our collective pursuit of excellence. We are incredibly grateful to all Monash Health team members. Your dedication to providing the highest levels of care to the community and each other is deeply appreciated.

To the community we serve, thank you for trusting in us to deliver care to you and your loved ones. We value your feedback and use it to inform our care delivery practices.

Our community partnerships are strengthened and more important than ever in responding to the pandemic. We are grateful for the support of so many organisations that found ways to continue to work with us, despite the challenges we all faced. We also thank our many volunteers and generous donors who have responded to the needs of our community.

We acknowledge and thank the Victorian Government, Department of Health, Department of Families, Fairness and Housing, and the Federal Government as our partners in delivering positive outcomes to our diverse and evolving community.

Sarah McGill watched over baby Hunter even when she wasn't at his bedside.

In the pursuit of excellence

We consistently provide safe, high quality and timely care

Reducing emergency workloads with the Virtual ED

Together with our partners at Alfred Health and Peninsula Health, we established a Virtual Emergency Department (ED) in late January, which in its first five months provided care for over 1,000 patients. The Virtual ED is offered exclusively to Ambulance Victoria, enabling their teams to consult an emergency physician via telehealth rather than directly proceeding to an Emergency Department.

Of the first 1,000 patients, 77% did not require ED admission. This has helped reduce the load on our already busy Emergency teams while providing a convenient, high-quality service that patients value.

96% of survey respondents agreed the Virtual ED doctor listened and understood their concerns

We provide experiences that exceed expectations

Improving the vaccination experience for hard-to-reach cohorts

One of the many things that led to nurse Karen Bellamy winning this year's Monash Health Innovation in Nursing Award and being named a 2022 HESTA Nurse of the Year finalist was her leadership throughout the COVID-19 response and national vaccine rollout.

Karen developed new clinical pathways for adult and paediatric sedation to support patients with needle-phobia or disability. The sedation clinics have achieved a 100% vaccination success rate with this population and received overwhelmingly positive feedback and gratitude from families.

With the assistance of interpreters, Karen also hosted online forums for communities of South Sudanese, Burmese and Afghan populations seeking information and reassurance around vaccination.

You can read more about Karen on page 10.

Viewing Hunter from afar keeps everyone close

Every night, a nurse holds a phone over Hunter McGill's cot so that his parents and siblings can sing "You are My Sunshine" while watching him react via the NICVIEW stream.

NICVIEW is a camera device positioned over a baby's incubator or cot that allows families to watch their baby in real time, and others to "meet" the new addition without having to contend with visitor restrictions.

The cameras were installed this year at every bedside at Monash Newborn, a 64-bed neonatal unit that cares for critically unwell babies. Babies sometimes stay in the nursery for months, which is incredibly challenging for families. Hunter, who was born prematurely in June with the heart defect ASVD, spent his first eight weeks there in preparation for open heart surgery.

"Having the camera there makes the ache of being apart hurt a little bit less," said Hunter's mother Sarah.

"I want to be with Hunter all the time, but I have Harlow [Hunter's twin] and his two older siblings to look after as well. Even though we visit every day, it's only for a few hours, so the camera is the biggest blessing. It makes all the difference and we're just so grateful."

Director of Clinical Operations Dr Jacquie Taylor said the cameras have been an important addition to the ward.

"Families can now log in and see their baby and continue the important bonding and attachment even when they are not here in person, which is so important," Dr Taylor said.

Thanks to the generosity of our community and the Chain Reaction Challenge Foundation, the Monash Health Foundation was able to raise the $330,000 required to purchase the cameras.

We work with humility, respect, kindness and compassion in high-performing teams

Setting the standard with senior job share

This year, LinkedIn listed Monash Health among the top 25 workplaces to grow a career – the only healthcare provider and the only public sector organisation on the list.

Helping our people fit their careers with their lives outside work is a proven way of attracting and retaining the best talent, especially women.

Tara Broderick and Amy Faulkner jointly applied to job share the role of Manager, Specialist Clinics at the Kingston Centre, with responsibility for more than 120 medical, nursing, and allied health professionals.

Tara, a social worker, and Amy, a physiotherapist, were each working three days managing separate clinics at the Kingston Centre when they saw the role advertised. They both have school-aged children, are involved in their communities, and Tara is also studying.

Not only does the job-share approach support and retain women in leadership, but the pair bring complementary skills and attributes, share ideas and work efficiently through challenges.

Saying thank you and prioritising health and wellbeing

As our teams arrived at work in March, they were greeted by the soothing sounds of a classical grand piano being played by music therapist Carena Khoo.

Monash Health allocated an additional $3.9 million in the last financial year to health and wellbeing initiatives: to support healthcare workers in practical ways, address fatigue and help lift spirits. Initiatives included team psychological support, 100,000 free meals, coffees, massages and smoothies, subsidised gym memberships and dental checks.

The Be Well Program, a confidential service facilitated by Monash Health psychologists, provided regular team check-ins, support following critical events and learning strategies to promote mentally healthy teams. This was an adjunct to our Employee Assistance Program, which was expanded during this time.

Over $350,000 was spent on standard EAP services for the financial year, with an extra $90,000 spent on COVID-related team and individual support provided by Converge, our EAP provider.

We integrate teaching, research and innovation to continuously learn and improve

Transforming Hepatitis C outcomes with world-first digital therapeutic

Clinician researcher Associate Professor Suong Le is set to revolutionise the way we diagnose and treat Hepatitis C by building a first-of-its-kind digital therapeutic.

Associate Professor Le, a consultant gastroenterologist and hepatologist at Monash Health, pitched the idea to build a digital therapeutic – an evidence-based intervention driven by software – to address the silent epidemic of people living for many years unaware of their advancing condition.

“There are 130,000 Australians living with Hepatitis C, who have yet to be diagnosed or cured,” she said. “We wanted to close this gap and help our community understand they should not be afraid of getting tested, particularly given our access to a cure.”

Associate Professor Le is developing the life-saving device with health tech company Planet Innovation, supported by a $250,000 fellowship from the Australian Department of Health’s Researcher Exchange and Development within Industry (REDI) initiative.

Fellowship recipient, Associate Professor Suong Le.

“This digital product will help us efficiently screen the population, and diagnose and cure them to prevent complications such as liver failure, cancer and the need for a transplant,” she said.

This will be the first application of the software in Australia, and the first worldwide for Hepatitis C. Associate Professor Le is working on secondment with Planet Innovation; a great opportunity for a senior clinician to be mentored by industry leaders with benefits flowing back to Monash Health and the broader community.

Associate Professor Le said, "I am incredibly grateful to Monash Health and, in particular, to Chief Medical Officer, Associate Professor Anjali Dhulia, and Associate Professor Sally Bell, Director, Department of Gastroenterology and Hepatology, for their support and mentorship. This groundbreaking work would not be possible without the backing of Monash Health.

“Health care innovation can be difficult even without a pandemic, but in this case it’s feasible given the urgent clinical need, reinforced by clinical leadership and executive support."

We orientate care towards our community to optimise access, independence and wellbeing

Keeping patients active at home

Keeping his patients motivated and mobile even when they could not attend their usual appointments led physiotherapist Kantaro (Kan) Ito to develop an online personalised exercise program that is now a permanent offering at Monash Health.

Kan supported his patients and colleagues at the Movement Disorders Clinic to learn the technology, which enabled delivery of 52 telehealth episodes of care per week at the height of lockdown.

Patients reported the program as enjoyable, motivating and lowering barriers to attending their appointments.

Physiotherapist Kantaro Ito improved equity of care with an online exercise program for his patients.

Associate Professor Sue Kirsa

Director of Pharmacy, Monash Health and Adjunct Associate Professor at Monash University's Centre for Medicines Use and Safety, Faculty of Pharmacy and Pharmaceutical Sciences

As a Monash University alumn, Sue was delighted when her alma mater was recognised as number 1 in the 2022 QS (Quacquarelli Symonds) World University Rankings by Subject for Pharmacy and Pharmacology.

Sue is a passionate advocate for the work of her pharmacy team, which has been at the forefront of the pandemic response. From managing medicine shortages, to introducing new therapies and vaccines, they've been there every step of the way.

Under Sue's leadership, Monash University pharmacy and pharmaceutical sciences students played a key role in Monash Health's COVID-19 vaccine rollout, supporting the frontline pharmacy team with vaccine preparation, and enabling clinics such as the Sandown Vaccination Centre to deliver the most vaccines of any location in Victoria.

Sue started her career in community pharmacies, joined Monash Medical Centre in 1989, and worked at Austin Health and the Peter MacCallum Cancer Centre, before returning to Monash Health in 2015.

We manage our resources wisely

Moving online to ensure safe, timely medication delivery

As well as being at the forefront of the COVID-19 vaccine rollout, Monash Health pharmacists also found ways to innovate and change processes during the pandemic, using technology to save time and keep people safe.

A successful trial of an online repeat prescription service at Monash Children's Hospital was extended to all Monash Health patients in September 2021.

The service allows patients to order their repeat prescriptions online at any time, without needing to call our pharmacies during business hours. Patients can choose whether to pick up their medication or have it mailed. This has delivered a time saving for pharmacists of more than 20%.

Nearly 150 patients per month at Monash Medical Centre and Monash Children's Hospital are using the service, reducing the amount of time vulnerable people are out in the community and ensuring they receive their medication promptly.

Our pharmacists used technology and innovation to save time and keep people safe.

Karen Bellamy

Nurse practitioner and researcher

Member of the ATAGI COVID-19 Working Group

Karen Bellamy is the only Immunisation Nurse Practitioner in Australia who currently practices across the whole lifespan.

With more than 25 years of experience and a long-held passion for immunisations, Karen is a key member of advisory and working groups, including the Australian Technical Advisory Group on Immunisation (ATAGI), the ATAGI COVID-19 Working Group and the Department of Health COVID-19 Expert Advisory Group. She is also a special advisor on COVID-19 vaccine safety with the Therapeutic Goods Administration.

As a midwife, Karen has been involved in antenatal research projects on influenza, pertussis and respiratory syncytial virus (RSV). She holds a Master of Advanced Clinical Nursing: Nurse Practitioner, and a Master of Nursing Science: Child Family and Community and is the Monash Health Coordinator for the COVID-19 Victorian Specialist Immunisation Services.

Nurse Practitioner, Karen Bellamy, developed new clinical pathways to support patients with needle-phobia or disability with their COVID-19 vaccination.

Monash Health established drive through, in-reach, in-home, hospital, school, and workplace vaccination clinics, including a converted 56-seat bus – to ensure every person eligible had access to a COVID-19 vaccine.

Excellence throughout and beyond the pandemic

Monash Health established the South East Public Health Unit (SEPHU) to support our work at the forefront of the pandemic response, protecting healthcare workers, patients and the community, and providing everyone with the opportunity to be vaccinated.

The unit's Director, Professor Rhonda Stuart, said a large and diverse catchment of 1.8 million residents – taking in Greater Dandenong, Melbourne's most socio-economically disadvantaged municipality, and Bayside, the second-least – required a tailored approach.

"Our vaccination program's focus has always been on equity in access," Professor Stuart said.

The unit responded to outbreaks, developed public health strategies, and delivered over 1.22 million COVID-19 vaccinations for the financial year.

Our teams educated the community as we administered over 1.22 million COVID-19 vaccinations.

Mass vaccination with a targeted approach

Community engagement was the key to Monash Health achieving outstanding vaccination rates. To deliver the program, we established a collaboration of 38 organisations, including public and community health services, local government authorities (LGAs), Primary Care Partnerships, and Primary Health Networks. This enabled Monash Health to rapidly identify and respond to challenges as the pandemic progressed.

A varied, evidence-based approach guided our actions with community-wide and local-level activities, communication materials and engagement with bicultural workers and community leaders.

A targeted communication and engagement plan aimed to increase health education, dispel myths and build credibility. Customised programs were developed in partnership with trusted cultural ambassadors and expert-led community forums inspired group bookings and attendance at pop-up clinics.

At its peak in September 2021, the vaccination program operated 31 clinics, pop-ups, and in-reach programs, delivering 78,000+ doses a week.

Monash Health established drive-through, in-reach, in-home, hospital, school, and workplace vaccination clinics, including a converted 56-seat bus – to ensure every person eligible had access to a vaccine.

Our experts also led the urgent call for pregnant women to be vaccinated. They raised awareness of the risks of non-vaccination using media and social media channels, and directly offering vaccination during antenatal appointments.

We aimed to have 80% of the eligible population double-dose vaccinated by 31 December 2021. We met this goal ahead of schedule, reaching 82% by October. By the end of the year, that figure was 92%,

At Sandown, we delivered the most vaccinations of any clinic in Victoria.

> **This is a remarkable achievement, and shows our team's dedication to ensure every eligible person in the south east has the opportunity to be vaccinated in an accessible, safe, and convenient place.**
>
> Professor Rhonda Stuart,
> Director, Monash Health's South East Public Health Unit

despite supply challenges. As at 30 June 2022, 93% of the eligible population aged 16+ were double dosed, with 67% triple dosed. "This is a remarkable achievement, and shows our team's dedication to ensure every eligible person in the south east has the opportunity to be vaccinated in an accessible, safe, and convenient place," Professor Stuart said.

The fastest and highest vaccination rate

Monash Health and SEPHU partners delivered 1.22m doses, and our Sandown clinic delivered the most vaccinations of any clinic in Victoria (430,806 in FY2021-22).

Each week, Monash Health stored and distributed five different vaccines to 12 SEPHU partner health service providers and another 15 Public Health Unit vaccination providers, with approximately 50 additional sites supported on an ad-hoc basis. As demand outstripped supply, Monash Health's pharmaceutical team successfully extracted an average of 6.8 doses per Pfizer vial (the TGA-indicated yield was six). This reduced wastage and enabled approximately 97,000 extra vaccinations during the supply-constrained period, to 30 June 2022.

No one left behind: a personalised approach for specific needs

The Monash Health Disability Healthcare Access Service provides a low-sensory, low-stress experience for people with disabilities such as autism and severe anxiety. The service changed its operating model in 2021 to deliver 713 COVID-19 vaccines to 321 people who may not normally have allowed health professionals to do so.

Better health outcomes were achieved through education, expert presentation, and case studies in the media, including broadcast press conferences and print and digital articles. This led to increased confidence in the vaccine and directly resulted in greater demand at all vaccination clinics.

Community-based care with COVID Positive Pathways

Monash Health's community-based care programs rapidly expanded throughout the past year, led by our COVID Positive Pathways Program (CPPP). The program provided clinical care, monitoring, and support for all people who tested positive for COVID-19 in the catchment and ensured clients at risk of deteriorating were identified early and transitioned to higher care.

The partnership of primary and acute providers brought together the major public health services (Alfred, Monash and Peninsula), the independent community health services (Connect, Central Bayside and Star), the South East Public Health Unit (SEPHU) and the South Eastern Melbourne Primary Health Network (SEMPHN).

Under the auspices of the South East Metro Health Service Partnership (SEMHSP), this partnership created a modern and collaborative approach, sharing resources and workloads, helping to shape the statewide approach for the CPPP.

More than 329,848 active patients received direct clinical,

COVID-19 vaccination key statistics

1.22+
million COVID-19 vaccinations administered

31
vaccination clinics operated

430,806
COVID-19 vaccinations administered by single clinic, Monash Health Sandown

56-seat
bus converted into mobile COVID-19 vaccination clinic

93%
of the eligible population double dosed

psychosocial, and health education interventions as part of the program during the 2021-22 financial year: approximately 20% were allocated into the medium-care pathway, and 80% into the low-care pathway. Monash Health was responsible for approximately 50% of these patients.

Pandemic drives excellence and innovation

Monash Health continued to innovate in its care delivery. Over the past year, we introduced or expanded the following services designed to improve patient care:

- a COVID-19 early therapies clinic, which reduced the likelihood of hospitalisation and death by as much as 85% for patients with risk factors for severe disease. From its inception in October 2021 to 30 June 2022 the clinic administered:
  - 1,058 Sotrovimab infusions
  - 292 Remdesivir infusion courses (course = three infusions over three days)
  - 229 oral therapies
- a new clinic for preventative therapy (Evusheld) for high-risk patients to decrease their risk of acquiring COVID-19, was established in record time.
- a world-first model for COVID-positive pregnant women when there was limited evidence available to guide management. The new admission model was adopted in July and resulted in Monash Health being designated the care provider for all COVID-positive pregnant women.

The outcomes achieved with this model were exceptional. There was no maternal mortality (international figures indicate up to 1.6% maternal mortality), a low rate of invasive ventilation and a very low rate of perinatal loss (1.5%).

Within the hospital, infection prevention activities aimed to reduce healthcare worker and patient risk across all areas of the hierarchy of controls. These included a focus on novel ways to improve ventilation (negative flow units), a well-established personal protective program, and reducing visitation while ensuring those in need were still offered important contact with loved ones.

While COVID-19 undoubtedly took centre stage, we continued to provide the highest levels of care. Many services continued to evolve as lessons from the pandemic influenced our models of care.

Telehealth continued to be a major feature of our care delivery model. We delivered more than 119,000 telehealth consultations by video call or via phone. Demonstrating the significant change to care delivery, about 48% of all antenatal consultations were delivered via telehealth technology.

Intelligence collected throughout the pandemic will inform public health for years to come. Read more about related public health research on page 25.

93% of the eligible population aged 16+ was double dosed by the end of June. Local families attended pop up clinics, such as Palm Plaza in Dandenong, where interpreters were available if needed.

The world-class Monash Health Translation Precinct translates laboratory bench-top research through clinical trials and onto the bedside.

Growth in research drives the pursuit of excellence in healthcare

The future of healthcare relies on research

Health services are uniquely placed to identify gaps and opportunities in health systems and clinical care. Chief Executive Professor Andrew Stripp says Monash Health has a long tradition of research embedded in clinical practice. “I have the great privilege of working with some of the world’s leading researchers: people who have a lifelong commitment to discovery, clinical treatment and teaching,” he said.

“That’s a big part of why we are here; not only are we delivering excellent clinical care today, but we are discovering what needs to be done to deliver excellent clinical care tomorrow.”

The world-class Monash Health Translation Precinct translates laboratory bench-top research through clinical trials and onto the bedside. It also conducts health services research, using data to evaluate treatment strategies and pathways. From 1 July 2021 to

We are working with world-leading researchers, who have a lifelong commitment to discovery, clinical treatment, and teaching.

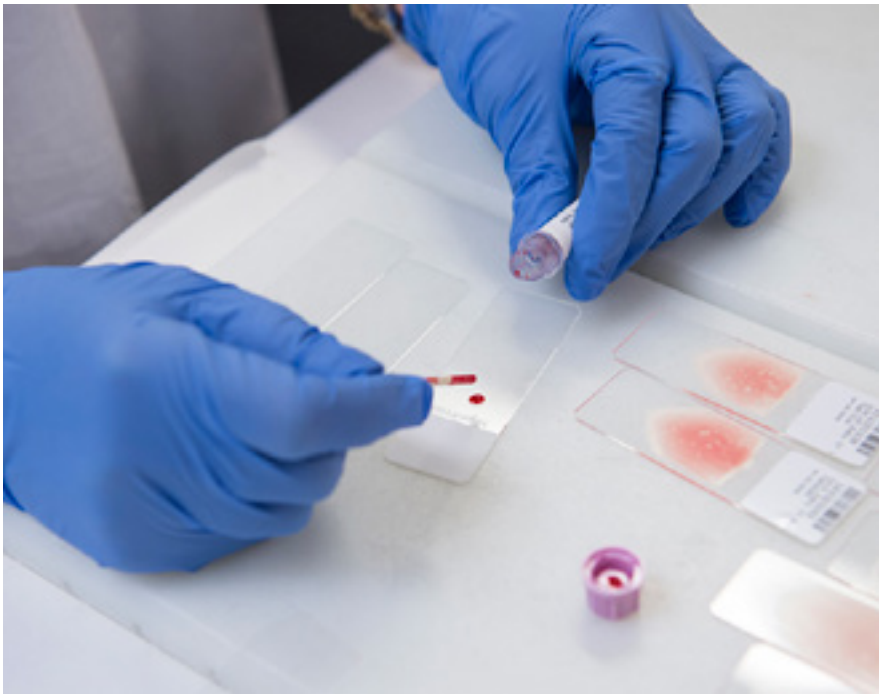
30 June 2022, 768 new research projects were submitted for approval to Monash Health. Overall, 1,664 active research projects were underway, including 564 clinical drug trials, 46 device trials, and 1,054 research studies addressing key questions in clinical medicine, public health and the social sciences and services. The projects provide the opportunity to highlight research into optimal healthcare and translation of all types of research into broad practice. In addition, 161 Quality and Service Improvement activities were registered.

Monash Health is a co-lead on the National Health and Medical Research Council-accredited Research Translation Centre, Monash Partners. The Monash Partners vision is to connect community, researchers and clinicians to innovate for better health. Through this and other vehicles Monash Health strives to deliver impact at the forefront of healthcare.

As the largest clinical service in Victoria, we treat a wide range of conditions, which fosters a culture of teaching and learning for our doctors, nurses, allied health professionals and support staff. It also attracts research funding for our talented workforce to continue extending healthcare frontiers.

Research awards are typically paid multi-yearly, which translates to total research revenue for FY2021-22 of $73,952,896. These figures testify to the research programs' scale, scope and importance as well as the calibre of our researchers and partnerships.

PhD students are a critical part of our research success, cementing the future of discovery. There were 306 PhD students enrolled at Monash Health, with 279 at the School of Clinical Sciences (SCS) and 27 at the Monash Centre for Health Research and Implementation (MCHRI). "One of the most exciting aspects of my role is working with young people as they emerge as tomorrow's researchers under the guidance and advice of some of Australia's, if not the world's, leading researchers." Professor Stripp said. "It fosters their interest in understanding how they can get involved in medical discovery and use their profound sense of curiosity about how the world works, how it is emerging and what it might look like."



1,664 active research projects were underway in 2021-22.

Not only are we delivering excellent clinical care today, but we are discovering and translating what needs to be done to deliver excellent clinical care tomorrow for our community.

Professor Andrew Stripp,
Chief Executive

Collaboration and knowledge sharing are crucial in solving the most significant challenges in healthcare. In 2021-22, Monash Health contributed 1,231 publications submitted through the SCS and 174 through the MCHRI. This included 1,196 articles (journal), 191 review articles (journal), nine book chapters and nine other publications. This substantial output is forged from Monash Health's close relationship with collaborators, partners and universities worldwide, particularly with Monash University and the Hudson Institute of Medical Research.

Professor Stripp said, "Our work with young people as they pursue their dreams is an important aspect of the way we carry ourselves from day to day. To be truly curious, to understand, to problem solve, and to look for new answers helps us find new approaches to providing care – it's a very exciting place to be."

Growth in research key statistics

$73.9+
million research revenue received

768
new research projects submitted for approval

1,405
publications submitted by Monash Health SCS and MCHRI

1,054
research studies

564
clinical drug trials

46
device trials

306
PhD students enrolled

161
Quality and Service Improvement activities registered

Monash Health Newborn and Monash University have developed new software to deliver better outcomes for newborn cardio-respiratory health. Just one of our many joint research projects.

Collaboration and academic excellence enhance evidence-based care

Professor Christina Mitchell AO, Dean of the Faculty of Medicine, Nursing and Health Sciences, Monash University, discusses the opportunities for advancing healthcare through the close partnership between Monash University and Monash Health.

Monash University, in partnership with Monash Health, is training Victoria's future medical, nursing, midwifery and allied health workforce.

Training our future health workforce

Through clinical placements at Monash Health sites, our students can understand critical issues and clinical models of care and actively engage with patients and health professionals. This partnership produces work-ready graduates ready to embark on careers as part of interdisciplinary teams.

Our students learn in both the frontline of Victoria's largest health service and the innovation ecosystem of Australia's largest research-intensive university. Our close ties facilitate students' understanding of their clinical and research training in practice and the value of care informed by the best evidence.

The Bachelor of Medical Sciences (Honours) cohort at our School of Clinical Sciences at Monash Health is the biggest in the Faculty. It recognises the incredible research opportunities for medical students. Higher Degree Research enrolments continue to grow. A School of Clinical Sciences student has won the Mollie Holman award (highest PhD award of Monash University) for three of the past four years – testament to the breadth, depth and quality of the opportunities for students embedded at Monash Health.

Forty-three of the 82 Higher Degree Research (HDR) students in the Department of Medicine are clinician-scientists, the highest at any academic hospital in Melbourne, creating a virtuous circle of excellence in academic medicine at Monash Health. Student involvement in research with clinicians also facilitates clinician-led innovations that might not otherwise have had the chance to be developed, tested, evaluated and translated into new healthcare contexts.

Our students are some of Australia's brightest. They are highly motivated, with a commitment to diversity, equity and innovation in healthcare. We have an embedded framework for Indigenous health, collaborative care and professionalism across all our courses and an emerging curriculum in digital health. Our student nurses, midwives, doctors, social workers, dietitians, medical imaging and radiation therapists, physiotherapists, psychologists, occupational therapists and paramedics all learn to work in collaborative teams to understand each profession's scope of practice.

Professor Christina Mitchell AO, Dean of the Faculty of Medicine, Nursing and Health Sciences, Monash University.

Bringing science and the clinic together

By co-locating with Monash Health, Monash University researchers understand the questions clinicians are asking about clinical challenges. Basic and translational scientists work directly with clinicians in an iterative, interactive and multidisciplinary approach to come up with solutions for some of the big health challenges facing our community. The Monash Centre for Health Research and Implementation, located at Monash Health, brings together clinicians, researchers and consumers to drive positive health and wellbeing outcomes.

The Monash Health Translation Precinct (MHTP) is a key conduit between the laboratory bench and the bedside, attracting over $265 million in research income since 2015, with over $66 million awarded in 2021 alone. The state-of-the-art Clinical Trials Centre administered by Monash Health, partners with the university to administer the Clinical Trial grants to allow additional

> **Our joint appointments in research and education mean our work is deeply collaborative... addressing the grand challenges facing the health system.**
>
> Professor Christina Mitchell AO, Dean, Faculty of Medicine, Nursing and Health Sciences, Monash University

Professor Christina Mitchell AO says basic and translational scientists work directly with clinicians in an iterative, interactive and multidisciplinary approach to come up with solutions for some of the big health challenges facing our community.

research infrastructure funding, which flows back to the investigators. The Precinct attracts world-leading experts, including global experts in neonatology, cancer, haematology, women's health, cardiovascular and inflammatory diseases, and offers valuable opportunities for knowledge sharing with students and early-career clinicians and researchers.

Since the Translational Research Facility (TRF) was established seven years ago with co-located research, academic, clinical and translation facilities, we have exponentially accelerated clinical trials and funding. The TRF provides the ideal environment for driving better health outcomes, jobs and new industries for Victoria – benefits that ultimately reverberate across Australia.

The success of the TRF has been a magnet for subsequent state investment and industry investment, including Australia's first dedicated heart hospital – the new $564 million Victorian Heart Hospital (VHH) – co-funded by the Victorian state government, Monash Health, and Monash University. This brings enormous opportunities for our future partnership to be at the forefront internationally for cardiovascular care and research.

Joint appointments afford clinicians protected, remunerated time for research and development. Joint appointments in research and education mean that our work is deeply collaborative, enabling research outcomes that are readily implementable into clinical practice and have quicker and greater impact on health.

In 2022 and beyond, we are committed to an even closer partnership with Monash Health through our graduate program, joint appointments, research, and clinical trial projects. We look forward to every opportunity that enables us to work together to support our graduates in their career pathways, enhance Monash Health's talented workforce, improve patient outcomes and push the frontiers of public health.

Senior psychologist, Dr Alex Ure, with a young patient from the Monash Children's Hospital.

Excellence in public health research

Finding new ways to address neurodevelopmental challenges

Senior psychologist Dr Alex Ure says in her 20 years of clinical experience, the Turner Neurodevelopmental Clinic at Monash Children's Hospital represents a unique opportunity to embed research into clinical practice, enabling findings to be rapidly translated to care.

"We have the opportunity to pilot and trial different assessment and support models, and come up with tailored approaches to support families as they navigate the system. Our learnings can then be translated and implemented to improve care in clinics across Monash Health and beyond," Dr Ure said.

Many parents of neurodiverse children sense early on that something is different and that their child might need support.

"He's scarily good at puzzles and he has a great memory; he'll remember something I said months ago and repeat it. But from early on his speech was delayed and he just plays in a very structured way."

Paediatricians, teachers and other clinicians are working hard to learn more about neurodiverse conditions such as autism spectrum disorder, which affects an estimated 2-4% of the population, and Attention Deficit Hyperactivity Disorder, which affects 5-10%.

Louise Marbina, a teacher and educational consultant from the Monash Children's Hospital School, provides the interface between health and education.

The Turner Clinic was created 18 months ago under the leadership of Professor Katrina Williams to support neurodiverse children with complex, often high needs, and their families. The clinic brings together multiple disciplines to enable a more streamlined diagnosis and the development of a tailored package of support to suit the child's and family's needs. It is also embedding families in research and involving them in novel programs.

It is one of several clinics under the umbrella of the Turner Institute

for Brain and Mental Health at Monash University, which has awarded Monash Health $450,000 over three years to establish a multidisciplinary research-active clinic.

The team of clinician researchers includes Dr Alex Ure, paediatrician Dr Kirsten Furley and speech pathologist Dr Amanda Brignell. There are also three PhD students and training opportunities for psychology interns, speech students and paediatric registrars.

Their colleague, Louise Marbina, a teacher and educational consultant from the Monash Children's Hospital School, describes her role as the interface between health and education and works closely with patients' schools. Louise spends time with teachers to help them understand a diagnosis and shape classroom support.

Louise's interest is in children with neurodiverse conditions and how neurodiversity affects a child's capacity to learn and what they need to be supported in mainstream education.

The collaboration between Monash Children's School and Developmental Paediatrics, which has been successfully trialled in several Developmental Paediatric outpatient teams, is about embracing education as part of the whole child on their healthcare journey.

"Now one of the first questions asked is 'how can education add value to what we are doing with this child in relation to their health care needs?'," Louise said.

"The beauty of the Turner Clinic role we have is that we can support the teachers to understand the healthcare reports they get.

"There is a real benefit in teacher speaking to teacher and helping interpret the reports they see. We can say, this is the diagnosis, but here are the practical implications in the classroom and here are some strategies and ideas that have worked before, when you are also teaching 22 others."

The Turner Clinic has attracted support from Monash Children's School, and additional philanthropic funds from the McNally Trust for three new programs of work:

- an intervention for children who are minimally verbal
- a post-assessment service navigation and support program, and
- UNIQUE, a digital tool enabling children and their families to communicate their skills, abilities, preferences, and support needs to others.

Dr Ure is leading the development of UNIQUE, a digitised interactive visual communication prototype, tailor made to communicate an autistic child's individual strengths, abilities and needs in a simple and immediately accessible format to people involved in their care. The tool also contains strategies to support the child and give staff more capacity and confidence to respond to the child's needs, especially in preventing and managing distress.

The tool will be trialled by Monash Health patients, families and clinicians to evaluate its acceptability and effectiveness.

Professor Katrina Williams

Director of Research and Developmental Paediatrician, Monash Children's Hospital

Head of Department, Paediatrics Education and Research, Monash University

Professor Katrina Williams joined Monash Children's Hospital as a developmental paediatrician in 2019 after a stellar career at the Royal Children's Hospital. With additional expertise as a public health physician and clinical epidemiologist, she commenced as the Monash Children's Hospital Director of Research in December 2020.

Professor Williams' clinical, research, training and advocacy work is with children with neurodevelopmental differences and difficulties, including autism.

Professor Williams has worked as a specialist clinician and researcher for more than 20 years, following her training in Darwin, Sydney, and London. She is widely published, has co-authored a book for parents,*'Understanding autism. The essential Guide for Parents'* and is actively involved in research, training, advocacy, and clinical care for children and young people with neurodisability.

Professor Williams has made world-first contributions to the field of neurodevelopment, particularly in her research on autism, and to clinical epidemiology and research methods.

Professor Williams' vision is to deliver best care for children and their families by making important discoveries, generating and synthesising high-quality evidence, and embedding research and training in health care for children, young people, and their families.

Making and keeping communities well

The Director of Monash Health's South East Public Health Unit (SEPHU), Professor Rhonda Stuart, believes the pandemic has raised the profile of the science of public health.

"Most people did not think about public health as a separate area of research, but COVID-19 changed that," she said. "I think the community has realised that public health is about making and keeping communities well – and that covers everything from infection prevention and vaccination to healthy eating and staying active."

The Monash Health SEPHU was established in 2020 to respond to the spread of COVID-19 in the south east and on the Mornington Peninsula. The initial focus was on outbreaks, contact tracing and vaccination, but the unit is now embracing other public health initiatives.

"The experience and lessons of the pandemic have been valuable, and our researchers and clinicians have already been involved in large collaborative studies," Professor Stuart said. "Our first research observations emerged from our day-to-day work during the pandemic. We have analysed what we have done in contact tracing, vaccination and the impact of COVID-19 on communities."

Publications have included research on outbreaks in aged care facilities, community engagement, and contact tracing. 'Breaking the chain of transmission within a tertiary health service', published in *Infection, Diseases and Health*, for example, outlined Monash Health's approach to hospital-based contact tracing after COVID-positive healthcare workers or patients were identified. The paper described how we streamlined the process and developed an Outbreak Management Team for each index case.

"We hope that our system of outbreak management oversight, identifying, tracing and isolating COVID-19 individuals in our service can help other health services," Professor Stuart said.

The public health unit is now

> **I think the community has realised that Public Health is about making and keeping communities well.**
>
> Professor Rhonda Stuart,
> Director, South East Public Health Unit

Professor Rhonda Stuart oversees the system of outbreak management, identifying, tracing and isolating COVID-19.
Photo courtesy Justin McManus/The Age.

managing and researching communicable diseases such as influenza, pertussis and hepatitis, and overseeing vaccine trials.

Professor Stuart said future work would also focus on disease prevention, women's health, sexual health, tobacco use and promoting healthy eating and activity. In time, SEPHU will collaborate with many stakeholders, including community partners, other health services and universities.

Jay Caruso, a team leader in the SEPHU Communicable Diseases Prevention and Control team, was in his final year of paramedicine in 2020 when he answered a Department of Health call for students to be involved in COVID-19 contact tracing.

"I worked as a public health officer for the department for six months and then applied for a role with SEPHU as it was a chance to work with various health professionals and learn a lot," he said. "The team was quite small back then, but it expanded rapidly, and I became a team leader in early 2021 and taught many new public health officers how to do the interviews and use the programs. We had about 100 surge staff at the peak."

Mr Caruso is now keen to study postgraduate medicine and work in public health, particularly in disease transmission and prevention.

"I'm interested in the work the team has already completed in looking at what worked and what didn't work during COVID-19, at our processes, and how we stood up so many staff," Mr Caruso said.

"Eventually I'd like to be involved in research into preventing cardiovascular disease, how we promote activities that mitigate disease, and how to engage the community."

Community engagement was the key to Monash Health achieving outstanding vaccination rates.

Professor Rhonda Stuart

Director, South East Public Health Unit

Medical Director, Infection Prevention & Epidemiology, Monash Health

Adjunct Clinical Professor, Faculty of Medicine, Nursing and Health Science, Monash University

Professor Rhonda Stuart became a familiar face to Victorians during the pandemic.

At the forefront of our response to COVID-19, Professor Stuart went from heading a team of 12 in the infection prevention unit to leading hundreds across internal and external contact tracing, vaccination and screening.

Director of the Monash Health South East Public Health Unit (SEPHU), which was responsible for contact tracing and the COVID vaccination program in the south-east, Professor Stuart was the first Victorian to be vaccinated against COVID-19.

Professor Stuart graduated with honours from Monash University in 1988 and commenced as an intern at Prince Henry's Hospital in 1989. She undertook physician training in infectious diseases working at both Monash Health and Fairfield Hospitals. She completed a PhD on nosocomial tuberculosis at Monash University in 2004.

Professor Stuart is a member of the Australian Commission on Safety and Quality in Healthcare, a member of the National Prescribing Service Antimicrobial Resistance Group, and has been a member of the Communicable Diseases Network of Australia. She is on the Board for the Australian Society of Infectious Diseases.

Jay Caruso answered a Department of Health call for students to be involved in COVID-19 contact tracing.

Our experts also led the urgent call for pregnant women to be vaccinated against COVID-19 and raised awareness of the risks of non-vaccination.

Excellence in women's health research

Safely caring for pregnant women during the pandemic

It was an extraordinary year for our Women's and Newborn team as we provided care to the state's sickest pregnant women with COVID-19 and led the urgent call for pregnant women to be vaccinated.

In addition, we continued clinical care and research at our ground-breaking Endometriosis Clinic, while also managing complex pregnancies, fetal medicine, complex pelvic floor disorders, and gynaecological cancer.

Monash Women's, the largest maternity provider in Victoria, has a close collaboration with Monash University and other research institutions and a proud history of bringing research to the bedside due to co-location and strong academic links. We encourage our clinicians to undertake parallel research commitments.

Professor of Obstetrics and Gynaecology, Ben Mol, leads the evidence-based Women's Health Care Research Group in the Department of Obstetrics and Gynaecology at Monash University. He said the uniqueness of Monash Women's and Newborn Program is partly due to its size. Every year, we provide more than 14,000 outpatient gynaecology appointments, almost 95,000 maternity appointments, more than 4,600 gynaecology and 3,600 maternity surgeries, and care for 16,500 inpatients across five hospitals and community settings.

Every year, we provide almost 95,000 maternity appointments.

"Having so many women in one health system is extraordinary and gives us excellent data," he said. "One of the wonderful certainties you have in a large organisation such as Monash Health is that every year there is a new cohort of talented and ambitious young people who are hungry for guidance and knowledge and opportunity."

A key research project to emerge this year was a result of the pandemic: how could we safely care for pregnant women without exposing them to COVID-19 during antenatal care at hospital?

The solution: we developed a world-first integrated care program delivered via telehealth, which provided outstanding results. Little evidence existed on the use of telehealth for antenatal care, but our team of obstetric, midwifery, and general practice providers together established a new approach to care by integrating telehealth to replace up to two thirds of in-person antenatal consultations. This was supplemented with patient and staff information sheets, instructional videos and systems for remote blood pressure

We try to work as one organisation – I work in both systems, and like many people, we try to get the best of the academic and the clinical and bring them together.

Professor Ben Mol,
Professor of Obstetrics
and Gynaecology

checks and fetal growth assessments.

Head of the Women's and Newborn Program, Associate Professor Ryan Hodges said the program's outcomes will be used to shape the future of virtual antenatal care to build resilient health systems better placed to withstand challenges and provide more individualised patient care.

"*The Lancet* has already recognised our research, with a senior editor advising the team that the work could 'change practice going forward'," Associate Professor Hodges said. "As well as managing pregnant women via telehealth, our team was also managing extremely sick pregnant women who had COVID-19. Our extraordinary care gave them the best chance to recover and have the safest possible birth experience."

During the delta wave from August to December 2021, we admitted 133 pregnant women with COVID-19, and admitted up to five COVID-positive pregnant women a day from September to November.

"Vaccination rates have now improved and streaming is no longer needed, but the strategies and principles we developed are still being used to guide care for COVID-positive women in labour," Associate Professor Hodges said.

"Our talented teams continue an active translational research program, ready to adapt our model to the next wave of the pandemic and push the boundaries of exceptional care."

We work closely on endometriosis – a debilitating disease – with Monash University to ensure research is rapidly translated to inform treatment. The endometriosis clinic at Moorabbin Hospital has several projects in progress, including using virtual reality to reduce post-surgery pain and using the analgesic lignocaine during surgery to improve pain outcomes post-surgery.

The clinic has developed best practice in minimally invasive endometriosis surgery. So far, 22 national and international fellows and gynaecological surgeons are trained to 'spread the Monash word' and teach others. The clinic gives patients often life-changing treatment that enables them to live without chronic pain, infertility or extremely heavy bleeding.

Professor Mol believes Sir John Monash would be proud of what is being achieved in his name.

"We try to work as one organisation – I work in both systems, and like many people, we try to get the best of the academic and the clinical and bring them together," he said.

Professor Ben Mol

Professor of Obstetrics and Gynaecology

Professor Ben Mol's professional maxim is, "A day without randomisation is a day without progress".

As head of the evidence-based Women's Health Care Research Group at Monash University's Department of Obstetrics and Gynaecology, Professor Mol focuses on evaluation across obstetrics, gynaecology, fertility and oncology. Using large datasets, his team of experts in clinical obstetrics, epidemiology, oncology, biostatistics and meta-analysis assess which interventions work and which do not, with the aim of keeping medicine safe, effective and accessible.

Professor Mol works in large collaborative networks across Australia and New Zealand, Europe and the United Kingdom, as well as the US, Canada, China, Vietnam, South Africa, and Brazil.

He has reintroduced three important interventions in his field: the cervical pessary to prevent preterm birth, balloon catheter for induction of labour, and tubal flushing for infertility.

Professor Mol has been recognised by *Nature* as one of the 100 most prolific authors in Medicine and in his specialty.

Graduate Midwife, Caitlyn Tilders, observes a patient at Monash Medical Centre Birth Suites, Clayton.

‘Research is ultimately about finding new ways to treat our patients better’
Professor Stephen Nicholls, Program Director of Monash Heart,
Intensive Care and the Victorian Heart Hospital.

Excellence in heart research

Cardiac research – inviting the community to participate

Interventional cardiologist, Dr Adam Nelson, working with the team in the consulting rooms at Monash Heart.

The future of cardiac research does not lie in asking a question, finding the answer, and publishing a paper, says Monash Heart Director Professor Stephen Nicholls.

"The way that we think about research is undergoing a major change," he said. "Research is ultimately about finding new ways to treat our patients better. It's about impact and inviting the community to participate in research because the research isn't about us – it is fundamentally about our community."

Monash Health's leadership in cardiac research will be cemented with the opening of the Victorian Heart Hospital, the first heart hospital in Australia in 2023.

The very nature of research is a 'team sport', according to Interventional Cardiologist Dr Adam Nelson. "The opportunity to work with nursing teams, clinical trial coordinators, and our patients – who are the real partners in our research – is one of the things that gets me up in the morning.

"Seeing our work taken from inception through to translation and into treating patients in the ward and clinical practice is very rewarding."

A new biobank will hold patient blood samples and clinical information, enabling bench-based researchers to discover new causes of heart disease and to match their findings with the clinical features of patients.

Professor Nicholls said research activities extend across core clinical services. "The primary objective of this research is to translate early discoveries through to clinical impact."

"There is great potential in discovering new knowledge, identifying how we make new therapies, and then getting them to patients where they can make a difference. "

HUYGENS is a multinational clinical trial that evaluated the impact of a novel cholesterol-lowering approach on plaques building up within the walls of blood vessels in patients following heart attacks. Professor Nicholls said the new therapy showed cholesterol could be reduced to an unprecedented extent, while also stabilising plaque.

"If you've had a heart attack, you are twice as likely to die prematurely compared to the general population," he said. "Our findings showed that plaque reduction and stabilisation were doubled for high-risk patients who had already experienced a

The very nature of research is a team sport. The opportunity to work with nursing teams, clinical trial coordinators, and our patients – who are the real partners in our research – is one of the things that gets me up in the morning.

Dr Adam Nelson, Interventional Cardiologist

Professor Stephen Nicholls checking in with patient Yuen Foo (John) Chee at Monash Heart.

heart attack, making it effective for those who need it most."

SOCRATES is a multidisciplinary, multisite study on cancer patients at risk of heart disease. The study will test the impact of statins on growth of plaques in blood vessels in patients with melanoma treated with immunotherapy.

"Given that more patients with cancer have better clinical outcomes, the importance of preventing other medical problems, such as heart disease, is becoming increasingly important," Professor Nicholls said. "This study has important implications to develop new treatments for patients with cancer."

The Monash Heart team is also investigating mammograms as a tool to screen not just for breast cancer, but also the risk of heart disease. Researchers are using a range of techniques to find and quantify arterial calcification.

Professor Stephen Nicholls

Program Director, Monash Heart, Intensive Care and Victorian Heart Hospital at Monash Health

Professor of Cardiology, Monash University

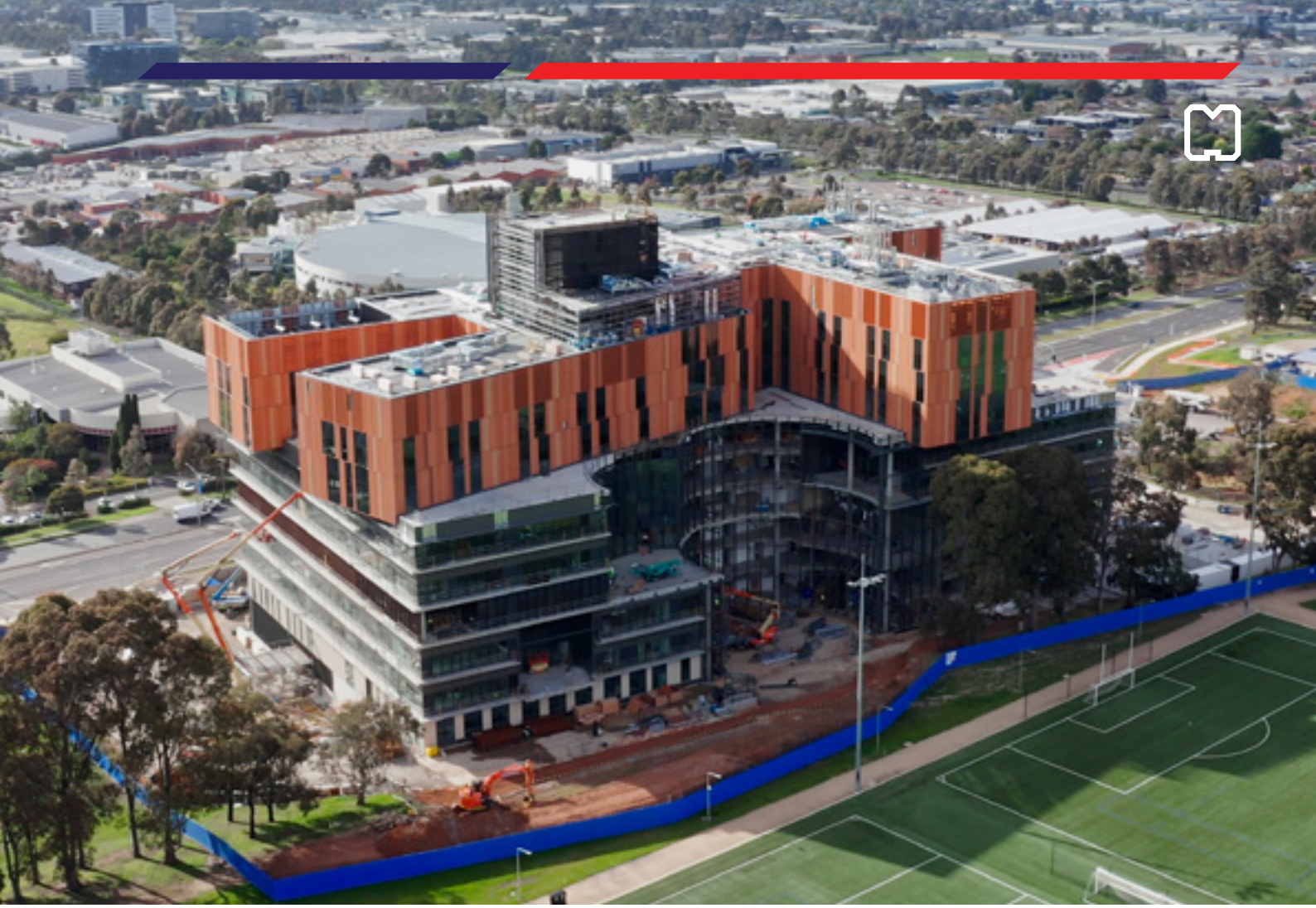
Professor Stephen Nicholls leads the landmark Victorian Heart Hospital, which is scheduled to open in 2022-23.

He is excited about the new hospital's multidisciplinary team – a balance of senior established clinicians and researchers and early health care professionals – who will become leaders of the future.

Professor Nicholls' research broadly focuses on developing new strategies to reduce the risk of heart disease, involving translational research spanning preclinical, human, and clinical trials.

He has extensive academic and industry collaborations, having raised more than $160 million in research funding and has written more than 1000 manuscripts, book chapters, and conference proceedings.

In 2022, Professor Nicholls was appointed President of The Cardiac Society of Australia and New Zealand.



Coming soon

The Victorian Heart Hospital

Australia's first standalone heart hospital and research facility, the landmark Victorian Heart Hospital is scheduled to open in 2022-23.

Operated by Monash Health and strategically located in the Monash University precinct, the hospital will be available to all Victorians in need of critical, potentially life-saving cardiac treatment.

The Victorian Heart Hospital will include a full range of ambulatory and inpatient cardiac care, including theatres, catheterisation laboratories and ambulatory services such as cardiac CT, cardiac MRI, echocardiography and specialist consultation, and will focus strongly on prevention, recovery and rehabilitation.

Professor Stephen Nicholls says the team will be a balance of senior established clinicians and researchers and early career professionals.

"We are going to embed research laboratories in the building so we will have biomedical scientists alongside clinicians," he said. "They will understand what they can't do today to come up with solutions for tomorrow. This will place Monash Health at the forefront of cardiology research."

Patient services

- 184 inpatient beds
- 16 cardiac ICU beds
- 10,500 interventional cardiac catheterisation procedures and 3,000 cardiac rhythm lab procedures
- 2,000 open heart surgery operations
- 108,000 cardiac consultations
- capacity for more than 28,000 cardiac emergency presentations
- core than 6,000 cardiac CT scans and 4,000 cardiac MRIs.

Increased comfort for patients and their families

- remove the need for 2,000 inter-hospital patient transfers each year
- avoid 21,000 bed moves each year through an innovative and universal bed model of cardiac care.

Director of Neurology and Stroke, Professor Henry Ma, and patient, Bernie Burke, discuss his participation in the Australian trial of a clot-busting agent.

Excellence in stroke research

Going into new territory

The outlook for Victorian stroke patients has improved dramatically in the past decade, thanks largely to our groundbreaking research that has been directly translated to patient care.

Stroke is a complex disease process, and its evaluation and management needs expert input from many fields. By working together, our researchers and clinical teams are treating patients more efficiently and with better outcomes.

Our stroke researchers are passionate about their work and their patients, and are involved in multiple studies and trials.

A key 2021 study led by the Director of Neurology and Stroke, Professor Henry Ma, looked at the effect of COVID-19 on the management pathway of transient ischemic attack – TIA or mini-strokes.

"Before COVID-19, if a patient was deemed suitable for TIA pathway management, they would usually get a carotid ultrasound done within 24 hours, as an outpatient. This would identify any significant carotid artery stenosis, which is a narrowing in the large arteries on each side of the neck," Professor Ma said. "However,

Professor Henry Ma led a study on the effect of COVID-19 on the management pathway of mini strokes.

during COVID-19, to avoid asking the patient to return the next day, we performed the CT scan during the initial emergency presentation. This provided an immediate assessment of the carotid artery, which could then guide treatment."

A Monash-led global review of COVID-19's impact on acute stroke care found that our adaptive practices were delivering TIA rapid access pathways at a pace that matched other world-leading hospitals and universities.

Monash Medical Centre emergency physician Dr Andy Lim said this research is pushing the frontiers of medicine.

"We are at a crossroads in stroke medicine, working closely with emergency stroke and neurology teams to work on large, minor and mini-stroke outcomes."

Until only a few years ago, 4.5 hours was the maximum time frame for thrombolysis (clot-busting) to be effective. However, our researchers are involved in trials that show this window could be extended to nine hours, and possibly much longer, by using computer imaging that identifies areas of dead tissue, potentially salvageable tissue, and undamaged tissue.

Professor Ma is excited by the rapid improvements in treatment, from clot-busting to clot retrieval and removal, and extending the treatment time window.

"We now see patients coming into hospital with very disabling strokes able to leave hospital within a few days, nearly completely recovered – all thanks to research," he said. "We support a research culture. We encourage all our junior medical staff, registrars and residents to conduct research to make an impact on the outcome of patients."

For Dr Lim, the role of a clinical researcher is unique.

"When you are in front of the patient giving them advice or explaining benefits and risks of a treatment or prescribing or administering a drug, it reflects the work of multiple teams … it is like standing on the shoulders of giants. And as a clinical researcher you can also bring insights, interpretations, and guidelines back to the laboratory and bridge the gap. It is a very special role that should be fostered to progress research."

Associate Professor Shaloo Singhal is proud to work at Monash Health.

"Because we see so many types of strokes our strength is that collectively we have a lot of experience within the department. We talk about our cases and it's wonderful to have that collegiate support and network to discuss our experiences and someone will say 'let's write a paper about this, let's talk about this,' and through that we can change practice around the world."

As a clinical researcher you can bring insights, interpretations, and guidelines back to the laboratory and bridge the gap. It is a very special role that should be fostered to progress research.

Dr Andy Lim,
Emergency Physician

The quick thinking of Bernie's wife, Sharyn, has seen him on the road to recovery after she recognised the signs of stroke.

Spotting early stroke symptoms puts Bernie on a trial to recovery

Sharyn Burke's quick thinking probably saved her husband's life.

"I noticed Bernie was very confused," said Sharyn. "He wasn't showing the typical signs of stroke, like facial drooping or slurred speech, but I knew something was wrong. When he started trying to put batteries into a computer mouse, I called Triple 0."

Bernie decided to humour

the paramedics when they arrived at his home.

"I really had no idea why an ambulance was there, and why the paramedic was talking to me," Bernie recalled. "My impression was that there was nothing much wrong with me, but I thought I'd humour them and go along to hospital."

On arrival at the Emergency Department at Monash Medical Centre, Bernie displayed acute onset of speech problems, facial droop and visual field defect associated with stroke.

"A stroke code was called, and he was assessed by the stroke team immediately," explained Professor Henry Ma, Director of Neurology and Stroke at Monash Health and Professor of Medicine at Monash University.

When imaging showed a clot in Bernie's brain, Sharyn gave permission for him to participate in the randomised TASTE trial. TASTE is an Australian trial comparing the standard clot-busting agent with a new medication that promises fewer side effects. It's open to patients who have presented within 4.5 hours of stroke onset with demonstrable salvageable tissue.

The TASTE trial received $3.9 million in funding through a National Health and Medical Research Council (NHMRC) grant. Bernie is one of 543 patients already recruited for the trial, which has a target of 832.

"The patient has made a remarkable recovery with resolution of the symptoms," Professor Ma said.

Bernie, a retired grandfather of five, says he now realises luck was on his side.

"My wife is very clever – she knew the signs and picked it up right away," he said. "I'm lucky that I got off so lightly. And my advice to anybody would definitely be to call an ambulance for any early symptoms of stroke."

We now see patients coming into hospital with very disabling strokes able to leave hospital within a few days, nearly completely recovered – all thanks to research.

Professor Henry Ma,
Director of Neurology and Stroke

Professor Henry Ma

Director of Neurology and Stroke at Monash Health and Professor of Medicine at Monash University

Professor Ma has headed Stroke and Neurology since 2017 after joining Monash Health in 2009 as a neurologist and Director of Physician Education. Professor Ma considers his greatest achievement to be transforming Monash Stroke into a statewide Endovascular Clot Retrieval Centre, with state-of-the-art stroke care provision. Professor Ma has been instrumental in setting up collaborative multicentre clinical trials and observational studies. He is the former co-chair of the Australian Stroke Trial Network and president of the Australasian Stroke Academy.

Professor Ma is Principal Coordinator of the multicentre trial of the clot-busting drug, tissue plasminogen activator: and EXTEND (extending the time window for stroke treatment) which was published in *New England Journal of Medicine* and led to a change in stroke guidelines in Europe and Australia.

In addition to stroke research activities, Professor Ma has been setting up the Department of Neurology as an academic unit with strength in epilepsy, movement disorders, neuroimmunology/multiple sclerosis, neurodegenerative medicine, behavioural neurology, neuro-ophthalmology, neuro-otology and neuro-oncology.

Professor Ma is chief investigator on an NHMRC-sponsored Phase 1 amnion stem cell trial in acute stroke (I-ACT). A Phase 2 trial of amnion cell therapy in acute stroke is in development. He is focused on heath services research and two major components of this will be the minor stroke pathway at Monash Health (which can benefit up to 40% of stroke patients) and improving uptake of antiplatelet therapy within 24 hours of acute ischaemic stroke.

Professor Ma is excited about new frontiers in neuroscience research that focus on machine learning, regenerative medicine, informatics and computer modelling.

Dr Liz Ahern with Clinical Trials Patient Lidia Kaminski.

Excellence in cancer research

Fresh ideas from bench to bedside and back

Medical oncologist and post-doctoral researcher Dr Liz Ahern is a perfect example of the Monash Health commitment to both clinical care and research – she spends half her week treating patients and the other half investigating immunotherapy in a laboratory.

In fact, the co-location of the clinical trials unit and laboratories in the Monash Health Translation Precinct in Clayton was one of the drawcards when Dr Ahern joined Monash Health two years ago.

"After my oncology training and full-time PhD in cancer and the immune system (in Queensland), I wanted to find somewhere that explicitly encourages clinicians to be active in research," she said. "I have found that at Monash Health, where we make the concept of bench to bedside and back again into a reality."

Dr Ahern leads the neuro-oncology research stream at Monash Health and cares for patients with a range of serious cancers, including cancer of the central nervous system and lung. She runs early-phase clinical trials with new treatments for all types of cancer, such as head and neck, bowel and melanoma. She is also a post-doctoral researcher in the Faculty of Medicine at Monash University studying cancer immunology.

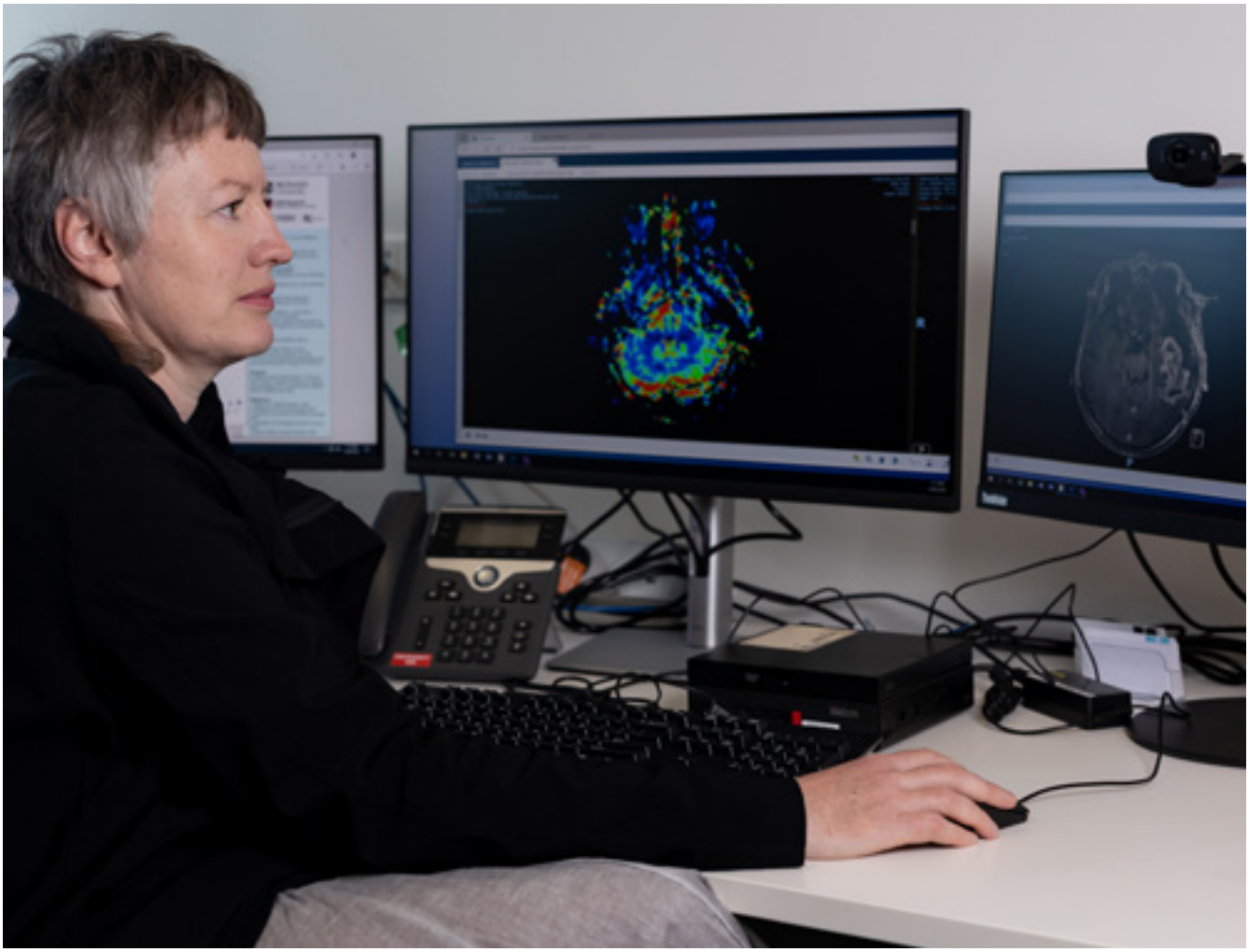
"Immunotherapy treatments are totally different to traditional treatments like chemotherapy and radiotherapy because they harness the power of our immune system to treat the cancer," she said.

"In cases such as melanoma, the new immune treatments have changed the outlook for many patients, transforming them from having advanced disease that was untreatable to being similar to a chronic condition that they can live with. I see patients getting these treatments not only living longer but living better, with fewer side effects."

"I work in a team with three other medical oncologists in the early phase trials unit, and a team of eight medical oncologists at Monash Health who do cancer research at Monash University. I also work with incredible nurse consultants and clinical trials coordinators who are very experienced and care deeply about the patient journey."

Dr Liz Ahern, Medical Oncologist and post-doctoral researcher.

Part of that journey in the past year involved investigating how Monash Health cancer patients responded



Dr Ahern said the co-location of the clinical trials unit and laboratories in the MHTP was one of the drawcards when she joined Monash Health.

to COVID-19 vaccinations. The Australian-first clinical trial, SerOzNET, funded by Cancer Australia, is helping to build global evidence about the safety and efficacy of the vaccines in people with cancer. It is based on a study protocol from the US National Cancer Institute Serological Sciences Network for COVID-19 (SeroNet).

"Essentially, our results showed that in most patients with cancer, at least three doses of COVID-19 vaccines work to create antibodies against COVID-19, which is great news as we were worried there might be a higher proportion who wouldn't benefit," Dr Ahern said. "Through this research, we hope to contribute to policy in the future about how many vaccines people with cancer should receive, and when is the best time for vaccination during treatment."

Dr Ahern helps supervise Dr Amy Body (medical oncologist, Monash Health) and Dr Amy Davies (medical oncology trainee, Monash Health) in their cancer research and PhD studies. Together, they walk the cancer road with their patients and their caregivers.

"When a patient is diagnosed with a brain or lung tumour or cancer, it is a very difficult time," she said. "We are regularly amazed at the strength and bravery of our patients, who are often keen to participate in our research projects, even though it might not help their own outcome. It's a very generous gift."

Dr Ahern feels fortunate to be at Monash Health at an exciting time in cancer research.

"I say to other clinicians and scientists, Monash Health is a place where there are always fresh ideas coming through and you will be supported in research. "

"And to patients, I say that we will continue to look for advances, and our vision is that they will have access to cutting-edge treatments that could have been developed in the labs from their own blood and tissue samples."

"It's exciting work, and we continue to look for advances and drive to find something new – that might be better treatments with fewer side effects, or it might be the holy grail of a cure. We will keep looking."

We are regularly amazed at the strength and bravery of our patients, who are often keen to participate in our research projects, even though it might not help their own outcome. It's a very generous gift.

Dr Liz Ahern,
Medical oncologist

Our researchers continue to look for better treatments with fewer side effects, along with the 'holy grail' of a cure.

Dr Peter Downie

Head of Paediatric Haematology-Oncology and Director of the Children's Cancer Centre, Monash Children's Hospital

Senior Lecturer, Department of Paediatrics, Monash University

Dr Peter Downie is the Head of the Children's Cancer Centre at Monash Children's Hospital, and a member of the leadership group for the Hudson Institute Paediatric Cancer Precision Medicine Program. His research focuses on brain cancers, bone cancers, and other solid tumours of childhood.

Dr Downie has made an outstanding contribution to paediatric cancer research and treatment during his four decades in medicine, including training and mentoring many paediatric oncology fellows who now hold senior consultant positions around the world.

As a Research Fellow at the University of Chicago, Peter investigated immune modulating therapy methods for childhood lymphoblastic leukaemia. On return to Melbourne, he was instrumental in establishing and developing the Leukaemia Research Fund from 1997 to 2017 at the Royal Children's Hospital Melbourne.

Dr Downie was formerly the Chair of the Australian Children's Haematology Oncology Group, and Medical Director of the Victorian Paediatric Integrated Cancer Service.

Dr Downie says Monash Health's robust children's cancer program includes expert researchers and clinicians who are sharing their findings across the world. He considers the cure rate for childhood leukaemia in his practising lifetime – from 70% to greater than 90% – to be the success story of the 20th century in cancer medicine.

Dr Downie's contribution extends well beyond his medical expertise and research. He is also an enthusiastic fundraiser, taking part in the annual Murray to Moyne Cycling Relay 21 times to raise funds for the Children's Cancer Foundation.

Isata Victoria Mandoh, one of 737 graduate nurses, midwives, and mental health registered nurses, who started their careers with Monash Health in 2021-22.

Attracting excellence – recruiting and recognising the world's best

Monash Health continues to attract world-leading academic and clinical experts to enshrine our position as a leading research health service of international standing

Some appointment and award highlights for 2021-22 include:

Professor Roland Bammer to the joint Monash Health/Monash University position of **Professor and Head of the Department of Imaging, at Monash University's School of Clinical Sciences and Deputy Director (Research & Education) Imaging, Monash Health.** Professor Bammer is internationally recognised and awarded, with a background in medicine, engineering and business. (See page 46 for profile.)

Professor Beverley Vollenhoven AM to **Professor and Carl Wood Chair of the Department of Obstetrics and Gynaecology, Monash University and Research Director, Women's and Newborn Program, Monash Health.** Professor Vollenhoven will lead the strategic development of research and translation and training innovation and drive engagement and mentoring in translational and clinical research.

Professor Megan Galbally to the joint Monash Health/Monash University position of **Director of the Centre for Women's and Children's Mental Health.** Professor Galbally will further the joint vision of developing women's and children's mental health as a clinical and academic strength.

Professor Beverley Vollenhoven AM, appointed as Professor and Carl Wood Chair of the Department of Obstetrics and Gynaecology

Dr Izaak Lim, Clinical Academic Psychiatrist (Child & Adolescent) is an infant and child psychiatrist who leads the Perinatal and Infant Mental Health Team at the Monash Early in Life Mental Health Service. Dr Lim is well placed to continue to build on the research program for child and adolescent psychiatry at Monash Health.

Dr Ruwanthi Seneviratne, Clinical Academic Psychiatrist (Adult) leads the Dandenong Emergency Psychiatric Service and Wellness and Recovery Centre (inpatient eating disorders unit). Dr Seneviratne's clinical interests include eating disorders and youth mental health. She is well placed to commence a strong program for research and teaching, and plans to complete a PhD in psychiatry.

Seven researchers from the School of Clinical Sciences at Monash Health were awarded prestigious NHMRC Investigator Grants in 2021, allowing their exceptional work to continue. The grantees were **Dr Atul Malhotra, Dr Rui Wang, Dr Douglas Blank, Professor Jake Shortt, Dr Kirsten Palmer, Professor Richard Kitching** and **Professor Helena Teede.**

Other clinical and academic researchers recognised this year included:

- Director of Infection Prevention and Epidemiology **Professor Rhonda Stuart** was named in the 2022 Institute of Public Administration Australia Victoria's Top 50 Public Sector Women list. Rhonda also received a Monash University Distinguished Alumni Award for her contributions and engagement in the treatment and prevention of infectious diseases

- Director of Rheumatology **Professor Eric Morand** was inducted into the Monash University Honour Roll in recognition of his achievements in improving clinical care and collaborative research breakthroughs in lupus, rheumatoid arthritis, and complex rheumatology cases

- Monash Heart Director **Professor Stephen Nicholls** was jointly awarded the 2021 Eric Susman Prize alongside Professor Flavia Cicuttini of The Alfred Hospital for their outstanding contribution to the knowledge of internal medicine. The award recognised Professor Nicholls' contribution to cardiology

- **Megan Clark** was named the Society of Hospital Pharmacists of Australia 2021 Early Career Pharmacist of the Year. The award celebrated Megan's commitment to advancing pharmacy services and her achievements in pharmacy, including developing national and international guidelines, and the development of the Newborn Emergency Medication Book

- Consultant endocrinologist **Dr Rebecca Goldstein** received the Premier's Award for Health Services Researcher. Rebecca is also a research fellow at the Monash Centre for Health Research and Implementation at Monash University. The award recognised Rebecca's research into the importance of maintaining a healthy lifestyle while pregnant

- Deputy Chief Nursing and Midwifery Information Officer **Janette Gogler** was named one of Telstra Health's 2021 Brilliant Women in Digital Health. Janette has been instrumental in adopting digital technologies to improve patient safety and clinical workflows for nurses and midwives

- Senior sonographer **Carolynne Cormack** was named Victorian Sonographer of the Year for achievements in publication and teaching, particularly for the innovative Point of Care Ultrasound Program

- **Dr Natalie Ngu** received a Young Investigator Bursary from The European Association for the Study of the Liver, for the potential translational impact of the LivR Well intervention.

Professor Roland Bammer

Deputy Director (Research and Education) Imaging at Monash Health

Professor and Head of the Department of Imaging at Monash University's School of Clinical Sciences

Professor Bammer is an internationally recognised scientist with a background in medicine, engineering, and business.

Before joining Monash Health in 2021, Professor Bammer worked for four years at the Royal Melbourne Hospital and University of Melbourne, with almost two decades of experience as Professor of Radiology at Stanford University prior to arriving in Australia.

With over 20 years' experience in leading complex multidisciplinary programs, his key research interests include:

- using innovative MR and CT techniques to assess abnormal haemodynamic, vascular, and biophysical features of cerebrovascular disease

- using advanced software algorithms to develop a better understanding of disease processes and to optimally guide therapies.

He is an expert in MR and CT image acquisition and reconstruction methods with more than 230 peer-reviewed top-tier publications, and over 35 patents, all currently licensed to multinational organisations or start-ups.

As a pioneer in AI, deep learning, and software development, Professor Bammer is also the Co-founder, Board Director and CTO of RapidAI, a global leader in neurovascular and vascular imaging software.

Professor Bammer is now further enhancing the national and international reputation of Monash Health Imaging through innovation, research, and the demonstration of clinical excellence.

Knowing how to properly use and understand ultrasound can be life-saving

Carolynne Cormack, Senior sonographer

Victorian Sonographer of the Year, Carolynne Cormack, recognised for her work on the point-of-care ultrasound (POCUS) program.

Monash Health Foundation

The Monash Health Foundation galvanises community support for Monash Health

Thanks to our generous donors, we can support enhanced patient care by funding new technologies, research, education and training, and patient and family-centred care initiatives.

Highlights

Having pivoted to an online campaign in 2021, the Walk for Monash Children's Hospital this year celebrated its 10th birthday at Jells Park in Wheelers Hill with an in-person walk.

Sponsored by Hippo Blue and ASI, this year's walk raised $216,000 in support of Music and Child Life Therapy programs at Monash Children's Hospital.

We launched the Grateful Giving program, which enables patients to become active philanthropic supporters by giving a gift in gratitude of care they have received, and sharing their positive hospital experience. To date, more than 400 donations have been received from grateful patients and their families.

The Chain Reaction Challenge Foundation has been a long-term supporter of Monash Children's Hospital, and this year chose us as a major charity partner. Two Monash Children's senior doctors, Alice Stewart and Rob Roseby, joined the challenge, riding 1,000km through North Queensland, inspiring donations of $430,000 to purchase 16 resuscitaire devices, providing our birth suites, birthing theatres, and newborn services teams with vital equipment for life-saving care.

Community Appeals

In collaboration with Monash Newborn, the Monash Health Foundation delivered a new public campaign to raise funds for stem cell therapies for vulnerable preterm babies. This work includes preclinical studies and clinical trials using stem cells to assess how they might best be applied to protect babies against lung and brain complications. Through a direct mail appeal and select major gifts, more than $700,000 was raised.

In addition, we ran three direct marketing appeals to our broad community to fund other important initiatives which raised more than $157,000 from 974 donors.

Major Gifts

Major Gifts provide a significant funding base for Monash Health. Throughout the year, more than $6.6 million was raised in large-end contributions. Generous donors have helped fund new positions, vital equipment and special initiatives, including:

- a $1,600,000 donation that will help to establish wrap-around service for mothers and babies affected by alcohol, and for supporting healthy future pregnancies
- a $482,000 donation for the purchase of gene sequencing equipment as part of a precision medicine program for patients with cancer
- a gift of $300,000 for the purchase of critical equipment to enable more pre-term babies to receive therapies that enhance their quality of life as they grow
- a donation of $790,000 to fund two positions; a social worker and neuropsychologist
- a gift of $233,000 to fund a Child Life Therapist position

Gifts in wills

The generosity of people choosing to support Monash Health beyond their lifetime is a testament to the quality of care delivered to patients

Members of the community gathered in Jells Park for the 10th Walk for Monash Children's Hospital.

Monash Health Foundation facts and figures

$6.6m
raised in major gifts

1,130
employees participating in the iGive program

400
donations to the Grateful Giving program

10 years
of the Walk for Monash Children's Hospital

across the board. This year we received funding from 71 estates, including a bequest of $415,261 towards breast cancer research.

Community Fundraising and events

The past year was a challenging time for community and event fundraising, with limitations on gatherings and people's natural hesitation to be in large groups. However, there were many highlights and achievements. We cannot thank the community enough for their continued support throughout the year.

Bailey's Day had its most successful event in 18 years, raising over $330,000 in memory of Bailey Tessier who died of cancer at the age of two. Funds raised from this golf day and charity luncheon are used to train paediatric oncologists in Monash Children's Cancer Centre.

The Friends of Monash Health Committee, chaired by Dame Janet Spooner, held a dinner that raised more than $140,000 towards equipment for the new Paediatric Emergency Department.

Corporate Partnerships

We launched a new workplace giving program, giving local businesses a vehicle to encourage their employees to support a particular area of care at Monash Health, and to show their appreciation of frontline workers.

We received many in-kind donations, including over $52,000 worth of Chai Lords tea sachets from Tea Vision. Hundreds of meals donated by Melbourne for Life have been distributed across Monash Health's sites.

The Knit Studio, which donated thousands of dollars worth of personalised blankets for Monash Children's Hospital patients, also donated blankets for McCulloch House residents.

iGive

Many Monash Health employees extend their commitment to their community by generously making a fortnightly donation through their salary. Through the iGive program, 1,130 employees have collectively donated more than $142,000.

Thank you

Our thanks go to those who have raised funds in celebration of a special occasion or have given a gift in memory of a loved one.

Special thanks to our auxiliary members for their continued commitment and contributions.

To make a donation to the Monash Health Foundation, please call 03 9594 2700, visit www.monashhealthfoundation.org or contact us at foundation@monashhealth.org

> **...there were many highlights and achievements. We cannot thank the community enough for their continued support throughout the year.**

Ron Fairchild,
Director Monash Health Foundation

This year's Walk for Monash Children's Hospital raised funds for Music and Child Life Therapy programs.

Jessie McPherson Private Hospital

Jessie McPherson Private Hospital celebrated its 90th year of caring for Victorians in 2021. It is a not-for-profit tertiary private hospital and a fully-owned subsidiary of Monash Health.

The 115-bed tertiary private hospital is proud to have a team of highly skilled and dedicated employees, equipped with some of the best medical facilities in Victoria. Our specialist services include cardiology and cardiothoracic surgery, neurosciences, vascular, gastrosciences, general medicine and respiratory, maternity and neonatal services.

Throughout 2021 and 2022, Jessie McPherson Private Hospital has continued to support Monash Health and the state of Victoria with the COVID-19 pandemic response, and the ensuing surge of activity as restrictions have eased.

Our teams have navigated a multitude of changes and uncertainty over the past three years, working tirelessly to ensure patients are comfortable and exceptionally well cared for during times of heightened concern. We thank all our staff for standing strong with us.

In 2023, the Jessie McPherson Cardiac Care Unit will move to the new Victorian Heart Hospital. Plans are underway to expand the service offering in the remaining footprint, demonstrating our commitment to the continual improvement of our services.

Jessie McPherson Private Hospital strives to be a Centre of Excellence with highly trained staff and excellent facilities. Pandemic or not, the principles of care at Jessie remain the same. Expertise and excellence are always present and always assured.

Monash Heart Private (operated by Jessie McPherson Private Hospital)

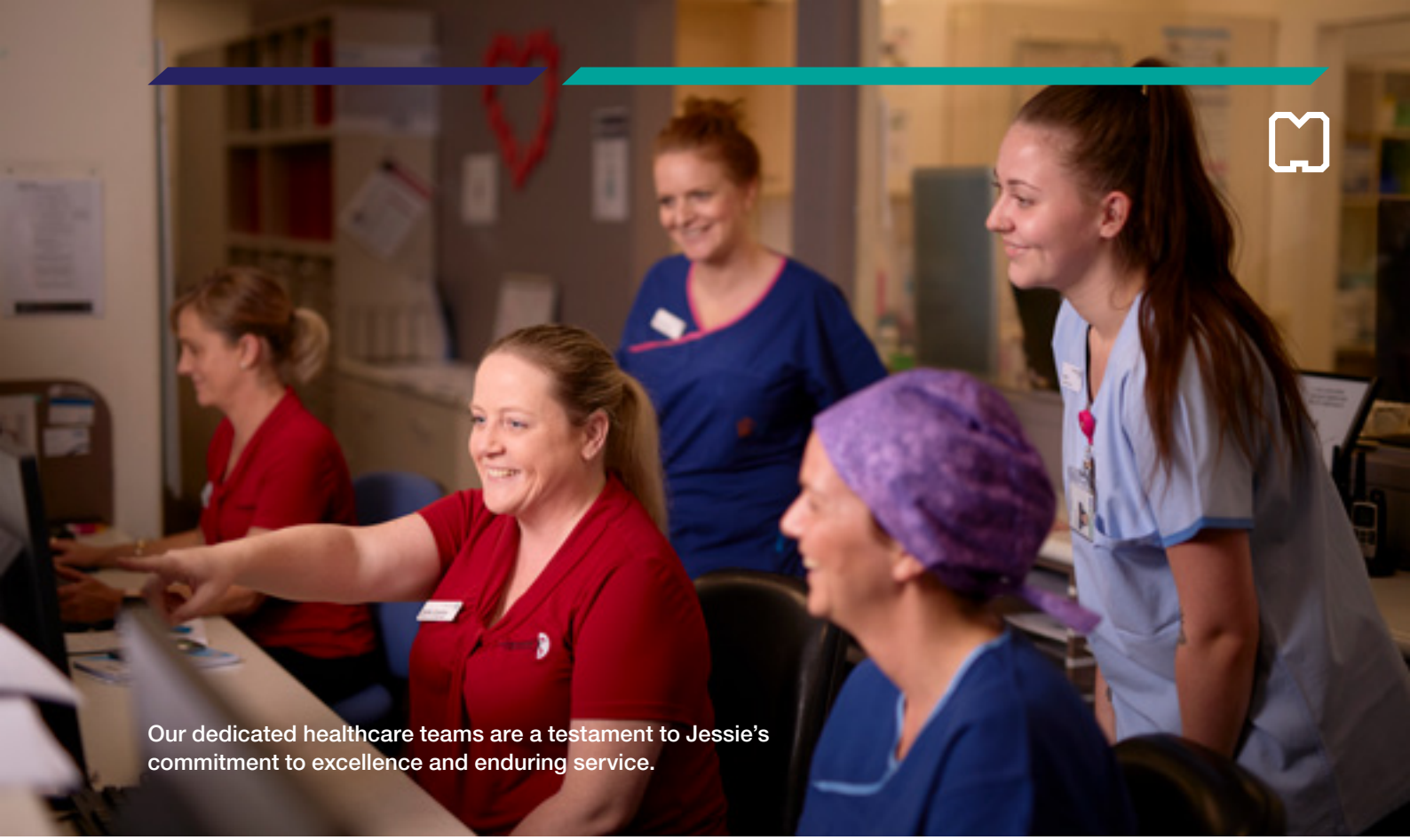
Jessie McPherson Private Hospital is proud to be the private health partner at the Victorian Heart Hospital, Australia's first dedicated cardiac hospital.

The Victorian Heart Hospital will include a full range of ambulatory and inpatient cardiac care, including cardiac theatres, cardiac catheterisation laboratories and ambulatory services such as cardiac CT, MRI, echocardiography and specialist consultation.

The comprehensive private hospital service, branded as Monash Heart Private (operated by Jessie McPherson Private Hospital), will include state-of-the-art consulting suites for private practice medical partners.

Located in Clayton and close to Jessie McPherson at Monash Medical Centre, the cardiac team in the Victorian Heart Hospital will

Expertise and excellence are always present and always assured.



Our dedicated healthcare teams are a testament to Jessie's commitment to excellence and enduring service.

Our teams have navigated a multitude of changes and uncertainty over the last three years, working tirelessly to ensure patients are comfortable and exceptionally well cared for.

Thinesh Chandraratne,
Chief Executive Officer

have ready access to world-leading expertise in obstetrics, nephrology, intensive care, and many other specialties. This proximity and shared networks will enable the best possible care for patients with other health care needs.

90 Years Strong in 2021

Wednesday 1 December 2021 marked 90 years since Jessie McPherson Private Hospital opened its doors.

In 1931 the Jessie McPherson Hospital functioned as the private section of the Queen Victoria Memorial Hospital, subsidising its parent institution.

In 1977, Jessie McPherson Hospital, amalgamated with the Queen Vic and McCulloch House, to become the Queen Victoria Medical Centre. The Queen Victoria name was dropped when the facility moved to Clayton in 1987, when it became Monash Medical Centre.

During our 90th year we celebrated:

The enduring legacy of the Queen Vic

Jessie McPherson Private Hospital is very proud to be part of the enduring legacy of the fondly remembered Queen Vic, with its distinctive spirit living on through the services we provide to our community.

Part of the Monash Health Family

Jessie McPherson Private Hospital is proud to be a charitable organisation operating for the benefit of Monash Health, so that the health service can further its goals in providing excellent care.

Dedicated Healthcare Professionals

Jessie McPherson Private Hospital has a highly functioning healthcare workforce, with an enviably high staff retention rate.

Our dedicated healthcare teams are a testament to Jessie's commitment to excellence and enduring service.

Hospital Accreditation

Jessie McPherson Private Hospital successfully completed its last assessment in July 2021 and was awarded three years accreditation by the Australian Council on Healthcare Standards (ACHS), with all standards met and nil recommendations. We strive to be 'accreditation ready every day' and are extremely proud of all our staff who work diligently to ensure the highest levels of safety and quality across all our operations.

Report of Operations

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 2022.

Dipak Sanghvi
Chair, Board of Directors
Melbourne

1 September 2022

About Monash Health

For more than 170 years, Monash Health and its predecessors have provided safe, high-quality healthcare for people at every life stage.

We work to support healthy communities, partnering with all levels of government, and with not-for-profit and local organisations to help individuals achieve their health goals.

At every step, we place our patients and consumers at the centre of what we do, striving to make our services responsive to the changing needs of our communities.

Today, we are proud to be recognised as a leading teaching and research health service of international standing. We will continue to embrace our role at the forefront of the Victorian health system, addressing community needs, advances in health science and technology, and supporting employee aspirations.

While maintaining the core of who we are, we continue to raise our expectations, pursuing excellence in care for those in need, excellence in teaching and research, and providing a place of opportunity and inclusion for those with whom we work.

Our commitment to our community and to each other sits at the heart of our strategic intent, purpose, and guiding principles.

Strategic intent

We are relentless in our pursuit of excellence.

Purpose

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

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.

Our care at a glance

3.24m
episodes of care
(2020-21: 3.46m)

273,938
hospital admissions
(2020-21: 276,096)

238,397
emergency presentations
(2020-21: 219,603)

66,992
ambulance arrivals
(2020-21: 67,814)

376,175
mental health episodes of care
(2020-21: 404,856)

43,751
surgical operations
(2020-21: 48,333)

1,270,525
outpatient services episodes of care
(2020-21: 1,534,391)

39,914
paediatric admissions
(2020-21: 35,128)

9,979
babies born
(2020-21: 10,118)

56m
pathology tests
(2020-21: 50.19m)

784,269
COVID-19 vaccinations
(2020-21: 135,000)

7,957
COVID-19 admissions
(2020-21: 166)

182,773
COVID-19 positive pathways patients
(2020-21: 287)

Who we are

Monash Health is Victoria's largest and most comprehensive health service.

With over 22,000 employees, we provide care to south-eastern metropolitan Melbourne and rural Victoria from over 40 locations, via telehealth, and in communities and homes.

Monash Health cares for people across the full lifespan, from pre-birth to end-of-life, providing integrated, comprehensive, and often highly complex care.

We improve people's health and experiences through:

- prevention and early intervention programs
- specialised surgical, diagnosis, treatment, and monitoring services, at primary, secondary, tertiary, and some quaternary-level care
- community and home-based treatment and rehabilitation
- a specialist referral role for many specialties serving greater Melbourne, Victoria, and interstate
- hospital and community-based mental health services
- comprehensive sub-acute and aged care programs
- palliative care
- research
- teaching the next generation of healthcare professionals through undergraduate, postgraduate, vocational, and specialist programs, simulation, and telehealth.

Our tertiary health services

Monash Health provides medical and surgical tertiary health services for babies, children, adolescents and adults across Victoria, with some services delivered nationally.

Several of our services are establishing themselves on the national and international stage through excellence in academia, clinical care, and patient experience:

- maternity and newborn
- cardiovascular
- cancer and blood disorders
- endovascular clot retrieval
- mental health

Our services include neurosurgery, cardiac care, and paediatric sleep medicine for regional and rural communities. We partner with regional and rural health services to provide care for their communities, including telehealth. We provide tertiary neonatal and maternity services, and the Neonatal Unit at Monash Children's Hospital is one of Australia's largest.

We are one of only two services in Australia that provides combined kidney and pancreas transplants, and one of only two centres in Victoria with an acute stroke unit that provides an endovascular clot retrieval service.

We are the dedicated statewide provider of thalassaemia care. In partnership with other tertiary health services, we provide statewide paediatric services in intensive care, cancer services, cardiac care, surgery, rehabilitation, sleep disorders, forensic medicine, and palliative care.

The breadth of Monash Health's services makes us the employer of choice for highly talented healthcare professionals, enabling us to provide the best possible care and experience for the community.

Registered Nurse Anita Shrees Pun provides the best of care at Monash Children's Hospital.

Our campuses

Our services at each site are constantly evolving to meet our community's changing needs and expectations. We adopt the latest advances in health science and technology to provide consistently safe and high-quality care.

Monash Medical Centre

Monash Medical Centre is a major tertiary, quaternary, teaching and research hospital providing a comprehensive range of specialist surgical, medical, allied health, mental health and palliative care services. In 2021, we expanded our emergency department – already one of the state's busiest – with dedicated paediatric emergency facilities. Co-located with Monash Children's Hospital, and with ready access to the state's largest Special Care Nursery and Neonatal Intensive Care Unit, Monash Medical Centre is uniquely placed to provide world-class maternity and newborn care for complex and high-risk pregnancies. Monash Medical Centre also remains the primary site for our world-renowned cardiovascular service, before it relocates to the nearby Victorian Heart Hospital (under construction, opening to patients in early 2023).

Monash Children's Hospital

Monash Children's Hospital is a major tertiary, teaching and research paediatric hospital, providing care for more than 100,000 children every year. Co-located alongside Monash Medical Centre, it provides more than 30 specialist services and programs, including Victoria's largest neonatal intensive care unit, paediatric intensive care, the Early in Life Mental Health Service, and services in forensic medicine, rehabilitation, surgery, oncology, allergy and palliative care. We provide paediatric services across three sites, including emergency and inpatient services at Casey and Dandenong Hospitals. Monash Children's Hospital At Home provides care for neonates and babies in their own home.

Monash Children's Hospital is the Victorian Referral Centre for many low-volume and highly complex cases. We uniquely link paediatric and adult services to create positive, safe, and high-quality transitions of care.

Casey Hospital

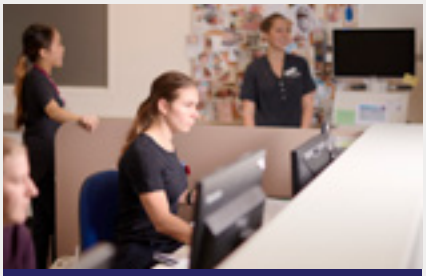
Casey Hospital is a major teaching and research hospital, serving one of the fastest-growing areas in Melbourne's south east. It provides emergency, general medical, mental health, rehabilitation, surgical, ambulatory and leading cardiovascular services, including the recently relocated cardiac care unit. We provide paediatrics, maternity and special care nursery services. Casey Hospital has grown to meet the needs of the local community, with expanded inpatient capacity and day procedure beds, an intensive care unit and more operating theatres. We will be doubling the emergency department's capacity with funding announced in the 2022 Victorian state budget. These facilities allow easier community access to higher acuity care. A Monash University Education Hub enables us to coordinate training and education for medical, nursing, midwifery and allied health students.

Cranbourne Integrated Care Centre

Cranbourne Integrated Care Centre is in the heart of Cranbourne, with services tailored to the local community. It provides same-day acute and sub-acute services, including surgery, renal dialysis, specialist consulting, ophthalmology, mental health, community health services and a community rehabilitation centre. By providing services such as dental care, psychology, podiatry, dietetics, physiotherapy, occupational therapy and other specialist services close to a major population centre, the Cranbourne Integrated Care Centre removes barriers to care and boosts primary and preventive health programs.

Dandenong Hospital

Dandenong Hospital is a major teaching and research hospital providing general and specialist services to Dandenong and surrounding communities. These services include an emergency department, general medical and surgical, intensive care, maternity care, special care nursery, paediatrics, outpatients, haemodialysis, and allied health services. Dandenong Hospital also provides specialist surgical services including orthopaedics, plastics, ear, nose and throat, vascular and facio-maxillary surgery, gynaecology, and general surgery. Specialty inpatient and outpatient mental health facilities are offered at Dandenong Hospital. It is a specialist referral centre for a wide rural and regional catchment.



Jessie McPherson Private Hospital

A private hospital co-located at Monash Medical Centre, Jessie McPherson Private Hospital offers specialist services for people in Melbourne, regional Victoria, interstate and overseas. Being located at Monash Medical Centre affords access to specialist services not offered in most other private hospitals, such as adult and paediatric intensive care units, a neonatal intensive care unit, and the full suite of pathology, pharmacy, and diagnostic imaging services. Further information on Jessie McPherson Private Hospital is available on page 50.

Kingston Centre

Kingston Centre is a large sub-acute facility specialising in high-quality rehabilitation and functional restoration, including the full range of allied health services for adults of all ages, transitional care and aged mental health. The centre provides specialist services for older people, including aged care assessment, cognitive dementia and memory services, a Falls and Balance Clinic, Pain Clinic, clinical gait analysis and continence service. Kingston Centre is at the forefront of research into movement and gait disorders, aged mental health and geriatric medicine.

Moorabbin Hospital

Moorabbin Hospital incorporates Monash Cancer Centre, one of Victoria's leading cancer treatment centres, and hosts the Southern Melbourne Integrated Cancer Service. Moorabbin Hospital has a longstanding partnership with the Peter MacCallum Cancer Centre, which delivers radiotherapy services at the site. Moorabbin Hospital provides specialist inpatient medical oncology care, extensive elective surgery and dialysis services. It has recently added a new general medicine inpatient ward, and is home to Victoria's first Patient Simulation Centre. The hospital plays a major role in the education and training of undergraduate and postgraduate medical students, nurses and allied health professionals. The hospital is a centre for research, and is a major contributor to cancer-related research.

Community Health Facilities

Monash Health's community program operates across 19 sites and supports our local communities to improve, maintain and manage health, independence and wellbeing. Our community health facilities focus on providing integrated, multidisciplinary care close to home. The aim is to support and prepare consumers to self-manage their health and health care. We support people of all ages through all stages of their care, delivering an integrated pathway from acute and sub-acute care to the community.

Mental Health Facilities

Monash Health operates a comprehensive, whole-of-life mental health and wellbeing service, including hospital inpatient units, community residential facilities, community care services and drug and alcohol services, across multiple hospital and community-based facilities. The Mental Health program comprises an Early in Life Mental Health Service (perinatal infant, child and adolescent), Young Persons Mental Health Service, Adult Mental Health Services, Aged Persons Mental Health Service, and Alcohol and Drug Services, along with a statewide service for eating disorders, and a gender dysphoria service.

Aged Care Facilities

Monash Health provides residential aged care services across Melbourne's south east. Our facilities are spread across our catchment to support access for residents requiring specialist care. Our Kingston Centre site is co-located with aged persons mental health. Our aged care services focus on care for people with dementia and aged mental health needs, and provide specialist in-reach medical and mental health care. An expansion of aged care facilities at the Kingston Centre is currently in planning stages. This will include major upgrades, delivering a dementia-friendly environment that promotes independence and privacy for residents.

Our community

Monash Health is privileged to be integral to the communities we care for.

The people we care for in our primary catchment area are largely drawn from the Glen Eira, Kingston, Monash, Greater Dandenong, Casey, and Cardinia local government areas. The demographic characteristics of these rapidly evolving communities include:

High birth rates

The south east of our primary catchment area has a younger population and higher birth rates compared with the rest of Victoria.

Ageing populations

The north west of our primary catchment area has significantly higher rates of older persons than the Victorian average.

Diversity

A significant number of residents in our catchment are Aboriginal and/or Torres Strait Islander peoples.

More than 40% of residents were born overseas, and we have the largest refugee and migrant community in Victoria.

Inequity

Many of our communities experience some of the greatest socioeconomic disadvantage and highest rates of unemployment in Victoria.

More illness

There is a high prevalence of cancer, neurological conditions, chronic diseases – including diabetes, heart disease, and asthma – and risk factors such as obesity and high blood pressure.

The local government areas that comprise our secondary catchments are Bayside, Frankston, Knox, and the Mornington Peninsula.

Our tertiary catchment area includes Bass Coast, Baw Baw, East Gippsland, Latrobe, South Gippsland, and Wellington shires.

Some of our specialist services extend not only across Victoria but also Australia.

Reconciliation Week provided an opportunity to host a Welcome to Country and Smoking Ceremony at several of our major sites; an important demonstration of respect for Aboriginal people and their connection to Country.

Chair of the Monash Health Board, Mr Dipak Sanghvi, visits the team at Casey Hospital.

Our Board of Directors

Manner of Establishment

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 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*.

For a majority of the financial year 2021-22

The responsible Minister for Health was:
The Honourable Martin Foley MP
Minister for Health
Minister for Ambulance Services
Minister for Equality

The responsible Minister for Mental Health was:
The Honourable James Merlino MP

As of 27 June 2022

The responsible Minister for Health is:
The Honourable Mary-Anne Thomas MP
Minister for Health
Minister for Ambulance Services

The responsible Minister for Mental Health is:
The Honourable Gabrielle Williams MP

The function of the Board is to:

- monitor the performance of Monash Health
- appoint and determine the terms and conditions (including remuneration) of the Chief Executive
- monitor the management of Monash Health and performance of the Chief Executive of Monash Health
- develop statements of priorities and strategic plans for the operation of Monash Health and to monitor compliance
- develop financial and business plans, strategies and budgets to ensure the accountable and efficient provision of health services and the long-term financial viability of Monash Health
- ensure that Monash Health operates within its budget and that its systems accurately reflect its financial position and viability
- ensure effective and accountable systems are in place to monitor and improve the quality and effectiveness of health services provided by Monash Health
- ensure any problems identified with the quality or effectiveness of the health services provided are addressed in a timely manner and that Monash Health continuously strives to improve the quality of the health services it provides and to foster innovation
- develop arrangements with other agencies and health service providers to enable effective and efficient service delivery and continuity of care
- establish the organisational structure, including the management structure, of Monash Health
- ensure that the Minister and the Secretary are advised about significant board decisions and are informed in a timely manner of any issues of public concern or risks that affect or may affect Monash Health
- establish a Finance Committee, an Audit Committee and a Quality and Safety Committee.

Mr Dipak Sanghvi

BSc Pharm (UK), FAICD, FAIPM

- Chair of the Monash Health Board
- Chair of the Remuneration Committee
- Chair of the Aboriginal Health Strategic Partnership Committee
- Member of the Community Advisory Committee

Term of appointment:
December 2015 – current

Mr Dipak Sanghvi is a pharmacist and pharmacy owner in Victoria and is currently Chair of Member Benefits Australia Pty Ltd and Chair of Musculoskeletal Australia.

His previous positions include President of the Pharmacy Guild Victoria Branch 2006-2011, Chair of Gold Cross Products and Services Pty Ltd, Chair of Return of Unwanted Medicines, Board member of Guild Insurance and Superannuation and Meridian Lawyers, as well as several other board positions in the community and the pharmaceutical industry.

Ms Aurélia Balpe

MBA, GradDip Psych, GAICD, GradDip Demog, BEc

- Chair of the Primary Care and Population Health Advisory Committee
- Member of the Finance Committee

Term of appointment:
July 2018 – current

Ms Aurelia Balpe is an international humanitarian leader, sustainability consultant, and executive coach. She has undertaken field missions to more than 50 countries across Asia, the Pacific, the Americas, Africa and Europe.

Ms Balpe has had oversight of multinational programs in disaster risk management and disaster law, climate change adaptation, water and sanitation, and health. She has been a strategic advisor to governments, United Nations agencies, regional intergovernmental organisations and corporations on humanitarian action, development programming and coordination. In 2015 she was awarded the Vanuatu Red Cross medal for her contribution to humanitarian action.

Ms Balpe is a member of the Australian Red Cross Divisional Advisory Board and a lecturer on sustainability leadership at Monash University. She is trained in Gestalt therapy and currently completing her Honours in Psychology with Deakin University.

Mrs Jane Bell

BEc, LLB, LLM (Lond), FAICD

- Deputy Chair of the Monash Health Board
- Chair of the Audit Committee
- Member of the Remuneration Committee
- Director of Kitaya Holdings Pty Ltd*
- Member of the Audit Committee Kitaya Holdings Pty Ltd*

Term of appointment:
July 2018 – current

Mrs Jane Bell is a banking and finance lawyer and non-executive director with more than 30 years' experience in leading law firms, financial services and corporate treasury operations in Australia and overseas. Mrs Bell has served on 13 boards, including nine health and medical research boards. She is currently Director of Amplia Therapeutics Limited (ASX:ATX), Chair of the Melbourne Genomics Health Alliance Community Advisory Group, and is a Member of the Administrative Appeals Tribunal.

Mrs Bell is a former Chair of Melbourne Health (Royal Melbourne Hospital) and Biomedical Research Victoria, Deputy Chair of Westernport Water Corporation, Director of UCA Funds Management, WorkSafe Victoria, Hudson Institute of Medical Research, Monash Institute of Medical Research, Prince Henry's Institute of Medical Research, Queensland Institute of Medical Research Trust, Australian Red Cross (Qld) and Victorian Women's Housing Association.

*Kitaya Holdings Pty Ltd operates Jessie McPherson Private Hospital

Mr Tony Brain

BCom, CA, FAIST, GAICD

- Chair of the Finance Committee
- Member of the Audit Committee
- Member of the Remuneration Committee

Term of appointment:
July 2019 – 2022

Mr Tony Brain is a chartered accountant with over 30 years' experience in governance, assurance, finance and regulatory oversight. His executive leadership experience includes 12 years as Partner at Deloitte and nearly three years as Head of Risk Management at Australian Super.

He is currently a Council Member at Victoria University, Non-Executive Director at Futurity Investment Management Friendly Society, and Chair of the AMP Superannuation Trustee boards, and on various board committees for these organisations, including Chair of the Audit Committee at Futurity. He is also a member of various risk, finance and audit committees at the Alannah and Madeline Foundation, the Magistrates Court Victoria and Barwon Health. He is a current member of the Companies Auditors Disciplinary Board.

Ms Helen Brunt

BA (Hons), GAICD

- Member of the Audit Committee
- Member of the Finance Committee

Term of appointment:
July 2019 – current

Ms Helen Brunt is a senior governance and technology delivery executive with extensive local and international experience in digital technology and large-scale transformation in complex business environments, including Coles and Westpac.

Ms Brunt is skilled in developing strategies to leverage innovative technology to support business strategy and drive business benefit. Ms Brunt is passionate about diversity and using technology to transform customer and employee experience. She previously served as an associate board member for the VIC ICT for Women in IT and served as an elected Member Director of the Wesfarmers Super Trust Policy Committee.

Associate Professor Misty Jenkins

BSc (Hons), PhD, MAICD

- Member of the Quality Committee
- Member of the Aboriginal Health Strategic Partnership Committee

Term of appointment:
November 2016 – 2022

Associate Professor Misty Jenkins is a biomedical scientist and a laboratory head at WEHI (Walter and Eliza Hall Institute of Medical Research), where she researches cellular immunology and new immunotherapies for cancer. Associate Professor Jenkins leads the Immunotherapy program for the Brain Cancer Centre and has previously held postdoctoral positions at the Universities of Cambridge and Oxford, and The Peter MacCallum Cancer Centre in Melbourne.

She was awarded the L'Oreal for Women in Science Fellowship in 2013, was Tall Poppy of the Year in 2015, and was recognised in the Westpac/Australian Financial Review 100 Women of Influence in 2016. In addition to her research career, Associate Professor Jenkins brings experience in governance and co-chairs a Medical Research Future Fund expert advisory panel for the Australian government.

Dr Peter McDougall

MB, BS, FRACP, MBA, GAICD

- Member of the Quality Committee
- Member of the Primary Care and Population Health Advisory Committee

Term of appointment:
July 2020 – current

Dr Peter McDougall trained in paediatrics as a neonatologist at the Royal Children's Hospital Melbourne (RCH) and the Bristol Maternity Hospital, UK, before starting his consultant career in newborn medicine at Sydney's Royal North Shore Hospital.

Dr McDougall returned to the RCH in 1984. In 1998, after completing his MBA, he was appointed Director, Division of Medicine and Head of Neonatology at the RCH and was made Chief of Medicine in 2005. In 2010, he was appointed RCH Executive Director of Medical Services and Clinical Governance. With Associate Professor David Armstrong, Dr McDougall served as Co-clinical Lead of the Victorian Paediatric Clinical Network, Safer Care Victoria from 2014 to 2018. He was appointed Honorary Clinical Professor with the University of Melbourne Department of Paediatrics in 2015. Dr McDougall has had a long commitment to quality and safety in hospital services. He is currently a Senior Medical Advisor to the Consultative Council on Obstetric and Paediatric Mortality and Morbidity, Safer Care Victoria.

Ms Robyn McLeod

BA, BEd, GAICD

- Member of the Finance Committee
- Member of the Community Advisory Committee

Term of appointment:
July 2019 – 2022

Ms Robyn McLeod is a governance and public policy expert who currently serves on the boards of Melbourne Water and Clean TeQ Water, recently served on the Board of VicWater (until May 2022), and as a member of the governance working group of the board of Good Shepherd Australia and New Zealand.

Ms McLeod's previous positions include Director of the Australian Centre for Social Innovation, Independent Commissioner for Water Security in South Australia, National Director of Water for KPMG, Executive Director of Major Projects Water with the Department of Sustainability and Environment, Victoria and Chief of Staff to the Victorian Energy Resources and Ports Minister.

Emeritus Professor Hatem Salem AM

MB, ChB (Mosul, Iraq), FRACP, FRCPA, MRCP (UK) MD (Monash), LRCP, MRCS

- Chair of the Quality Committee
- Member of the Remuneration Committee

Term of appointment:
May 2017 – current

Professor Hatem Salem is an Emeritus Professor at Monash University. Prior to this, he was head of the Department of Clinical Haematology at Monash University and Head of Clinical Haematology at The Alfred. He served as President of the Asia Pacific Society of Thrombosis and Haemostasis and is a past president and Executive Director of the Australasian Society of Thrombosis and Haemostasis. Professor Salem is a senior Counsellor of the International Society of Thrombosis and Haemostasis.

In 2005, he received the Health Minister's Award for Outstanding Individual Achievement in the Victorian Government's Public Healthcare Awards, in recognition of his vision and ability to develop leading clinical and research programs. In 2010, Professor Salem was awarded a Member of the Order of Australia (AM) for service to medicine in the field of haematology as a clinician, educator and researcher and through the establishment of the Australian Centre for Blood Diseases.

Board Committees

The following committees support the functions of the Board of Directors

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 the following objectives are met:

- effective and accountable systems are in place to monitor and improve the quality and effectiveness of health services provided by Monash Health
- any problems identified with the quality or effectiveness of the health services provided are addressed in a timely manner
- Monash Health continuously strives to improve the quality of the health services it provides and to foster innovation.

Audit Committee

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

Remuneration Committee

The Remuneration Committee advises the Board on the organisation's remuneration policies and practices and provides oversight on succession planning for the Chief Executive and senior executive positions.

Finance Committee

The Finance Committee advises the Board on financial matters and assists in financial performance oversight.

Its focus is 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.

Community Advisory Committee

The Community Advisory Committee provides advice to the Board, from a community and consumer perspective, in relation to Monash Health's strategic priorities. In so doing, it advocates to the Board on behalf of the community, consumers, and carers; and provides advice on strategic matters relating to the whole of the health service.

Aboriginal Health Strategic Partnership Committee

Working in partnership with the Dandenong and District Aborigines Co-operative Limited, this committee ensures respectful and collaborative relationships with Aboriginal and Torres Strait Islander communities.

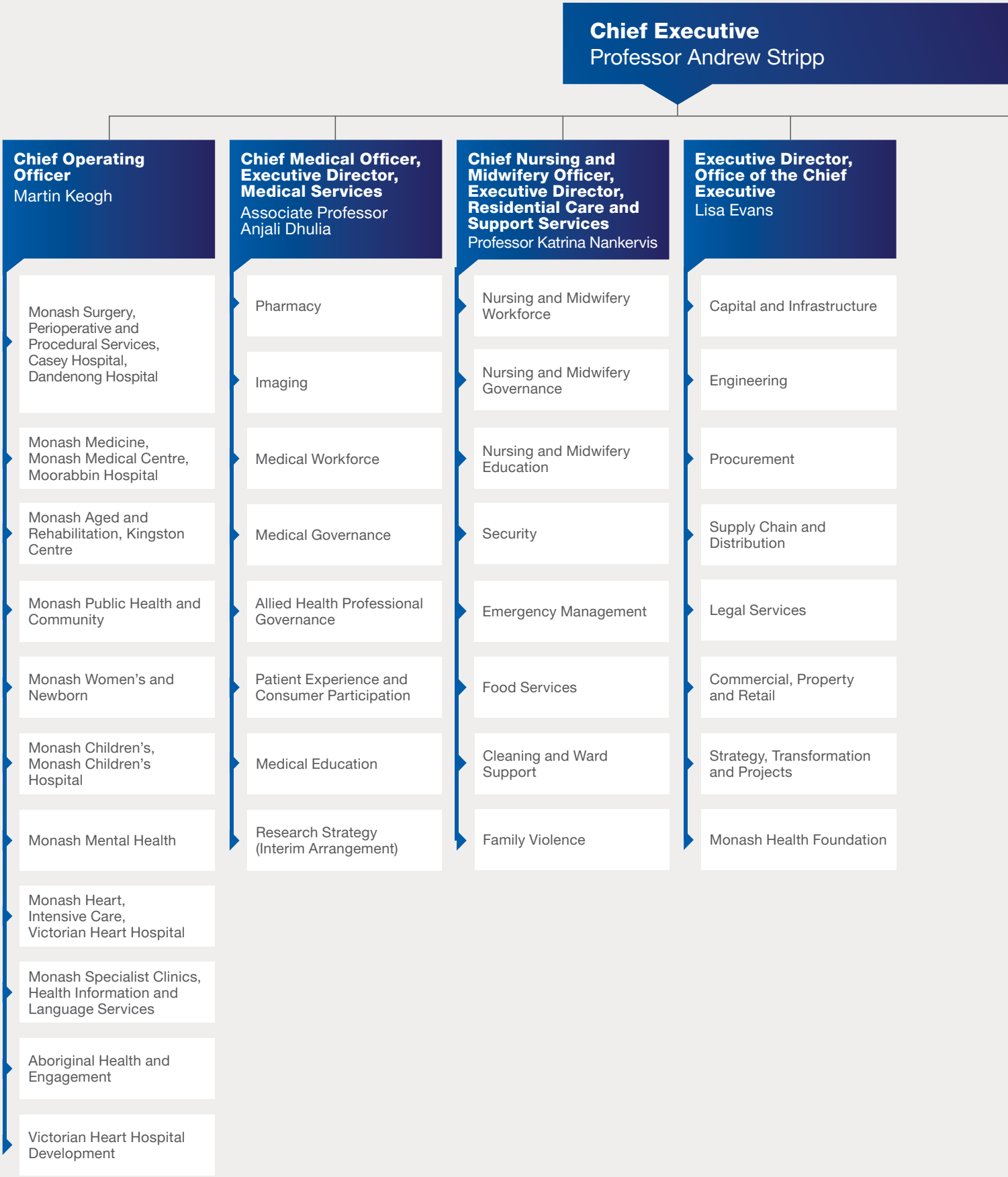
The committee oversees the implementation of the Monash Health Reconciliation and Cultural Safety Action Plans and Employment Plan, and identifies shared strategic opportunities and projects. It also monitors the Monash Health Aboriginal Health Data Report and relevant data from the Dandenong and District Aborigines Co-operative Limited.

Primary Care and Population Health Advisory Committee

This committee provides advice to the Board on primary care and population health to improve community health and wellbeing.

It focuses on the hospital-primary care interface, mental health and wellbeing, health promotion, population health, health independence programs, research, and education. It also focuses on vulnerable groups such as refugees, Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse communities.

Organisational Structure




Chief Financial Officer, Executive Director, Financial Services
Rachelle Anstey
Finance / Strategy
Financial Services
Business Support
Regulation
Shared Services
Executive Director, People and Culture
Karen Lowe
Employee Relations
Safety and Wellbeing
Employee and Manager Support
Learning and Development
Talent Acquisition
Pathology
Executive Director, Digital Health
Emilio Pozo
Information Technology Services
Electronic Medical Record and Clinical Informatics
Cybersecurity
Digital Training and Adoption
Digital Health Program Management Office
Executive Director, Quality and Safety
Professor Carlos Scheinkestel
Quality and Safety
Risk
Business Intelligence
Anti Microbial Stewardship
Executive Director, Communication and Engagement
Louise Kanis
Communication
Media
Government Relations
Social Media and Digital
Engagement

Our executive team

Professor Andrew Stripp

Chief Executive

Andrew has extensive experience in executive roles in a variety of hospitals and healthcare settings, and in the State Government's Department of Health and Human Services, as the Director for the State's mental health system, as Regional Director for Health, Housing and Community Services and as Director of Strategy. Prior to joining Monash Health, Andrew was the Deputy Chief Executive and Chief Operating Officer at Alfred Health.

Ms Rachelle Anstey

(Commenced November 2021)

Chief Financial Officer, Executive Director, Financial Services

Rachelle joined Monash Health in 2021 as Chief Financial Officer, with responsibility for procurement, logistics, internal audit, and financial services. She has a strong record of achievement and a wealth of experience across many industries and organisations, including public health.

An expert in continuous improvement, Rachelle focuses on improving reporting and decision-making for all levels of the organisation. Before joining Monash Health, Rachelle was Executive Director of Finance at Peninsula Health, providing critical insights and commercial guidance to support the organisation's strategic direction. Rachelle has also worked in senior finance roles for Alfred Health, Melbourne Water, and RACV, leading large teams to deliver successful financial, payroll, and revenue services alongside procurement and supply programs.

Associate Professor Anjali Dhulia

Chief Medical Officer, Executive Director, Medical Services

Anjali started her medical career in the Indian Army where she served for eight years. Anjali completed her postgraduate training in paediatrics and practised in paediatric intensive care before migrating to Australia. Anjali worked as a Fellow in Neonatology at the Women's and Children's Hospital in Adelaide, the Royal Women's and Royal Children's Hospital in Melbourne, and also with the Neonatal Emergency Transport Service (NETS). Anjali switched to a career in medical administration in 2008, completed a Royal Australasian College of Medical Administrators fellowship, and has worked in various medical management roles.

Her professional interests and expertise include medical workforce management, healthcare safety and quality, patient experience, and engagement and wellbeing of medical employees. Anjali has completed a Master of Public Health and a Master of Applied Positive Psychology. She has led the development and implementation of Monash Care (Mental Health and Wellbeing Strategy for Monash Doctors). Anjali previously led the Women in Medicine Program at Monash Health.

Ms Lisa Evans
(Commenced March 2022)
Executive Director,
Office of the Chief Executive

Lisa joined Monash Health in 2022 as Executive Director, Office of the Chief Executive, covering an extensive portfolio including Procurement and Engineering, Asset Management, Capital and Infrastructure, Legal, Monash Health Foundation, Strategy and Service Planning, and the Transformation Office. With a background in law, Lisa is an accomplished executive leader with demonstrated capability in enhancing the performance of cross-functional teams, leading people, and implementing change across a wide range of business disciplines.

Before joining Monash Health, Lisa was Chief Corporate Officer at COVID-19 Quarantine Victoria (CQV), establishing corporate functions for CQV, leading commercial negotiations, and establishing a risk and governance framework. Before working with CQV, Lisa spent 11 years with Australia Pacific Airports Corporation Ltd (Melbourne Airport), leading their corporate functions, including legal, human resources, safety, environment, sustainability, and corporate affairs.

Ms Louise Kanis
Executive Director,
Communication and Engagement

Louise joined Monash Health in February 2018. In a career spanning more than 20 years, Louise has headed corporate affairs for a major Melbourne transport consortium, established the communications and marketing function for a multinational financial services firm, driven the communications for a university undergoing major change and built her own agency servicing marquee external clients across a diverse range of industries.

Louise has served on Australian executive management groups, an international marketing and communications executive team, crisis management executive, as a director of a charitable foundation, and as the co-owner and director of her own company.

Mr Martin Keogh
Chief Operating Officer

Martin joined Monash Health as Chief Operating Officer after many years of clinical and management experience in a variety of roles within acute healthcare settings. This has enabled him to develop a broad knowledge, skill, and understanding of the contemporary drivers of health service performance and the need for continual organisational improvement.

Before joining Monash Health, Martin was acting Chief Operating Officer of Alfred Health. Before embarking on a career in management, Martin was a registered nurse, practising in emergency cardiology and specialising in intensive care nursing. He has a track record in identifying and implementing improvements to enhance patient safety, access, and importantly, enhancing patient experience. He has a strong interest in patient safety and quality of care initiatives, incorporating evidence-based practice.

Ms Karen Lowe

Executive Director,
People and Culture

Karen joined Monash Health as Executive Director, People and Culture in September 2016 with broad experience across chartered accounting, utilities, steel, professional services and banking.

Karen developed her passion for people through roles including shared services, finance, human resources, and general management.

Karen's most recent role was Head of Human Resources – Branch Banking for NatWest, Royal Bank of Scotland and Ulster Bank, based in Scotland.

Professor Katrina Nankervis

Chief Nursing and Midwifery Officer, Executive Director, Residential Care and Support Services

After 20 years in Victoria's public health system, Katrina brings to Monash Health extensive experience in strategic workforce planning, clinical practice and education.

A Registered Nurse, Katrina has a Master of Nursing Science, and a keen interest in healthcare policy dating back to her days as an undergraduate student of politics and economics at The University of Melbourne.

Katrina has worked in the public, private, government, and higher education sectors.

She is a passionate advocate for the exemplary delivery of fundamental care and is focused on enhancing outcomes and experience for employees and consumers.

Mr Emilio Pozo

Executive Director,
Digital Health

Emilio joined Monash Health in October 2016 with extensive experience in complex digital transformations. He delivers innovative, efficient, and safer models of care by integrating information and transforming data into usable knowledge. These insights have the potential to deliver true Population Health initiatives and usher in an era of research, as well as cost-effective therapies and treatments that can be managed in the community. Emilio ensures that solutions comply with and facilitate the state and national agenda for eHealth.

He has more than 20 years of experience in Information Technology, and he has excelled in consulting, management and executive roles spanning various industries.

Professor Carlos Scheinkestel

Executive Director,
Quality and Safety

Carlos drives and supports the organisation in delivering reliably safe, high-quality care that consistently meets or exceeds best practice standards and expectations.

Carlos's track record includes leading a large and complex department to achieve international recognition as a centre of excellence in patient outcomes, research and education, winning four Victorian Public Healthcare awards, the Australian HR Institute (AHRI) Wayne Cascio Award for organisational change and development, an Australian Business Award for Service Excellence, an Australian Mobile and App Design Award, The Best of the Best International Nutrition Competition four times, and an Extracorporeal Life Support Organization (ELSO) Centre of Excellence twice.

Carlos is an Adjunct Clinical Professor with Monash University and recently completed a Specialist Certificate in Executive Leadership at Melbourne Business School. He has served on government committees and has numerous publications. Carlos received a National Health and Medical Research Council (NHMRC) research grant, and presents nationally and internationally.

Registered Midwife, Emma Bell, welcomes Jibreel Rehman, one of 9,979 babies born at Monash Health in 2021-22.

Registered Nurse Jessica Pipe and Clinical Nurse Educator Soumya Paul work with the electronic medical record at Casey Hospital.

Our workforce

We have a diverse workforce of 22,000 people who come from over 100 countries.

As an equal opportunity employer, Monash Health is committed to a fair and non-discriminatory workplace that maximises talent, potential and contribution of all employees.

We act with fairness, dignity and empathy for each other and for our consumers.

We are committed to the development of our people by providing a wide range of professional development activities to build leadership and management capability.

We value honesty, openness and taking responsibility for our performance. We recognise innovation, quality and professionalism.

Through our employee recognition program, we find ways to acknowledge and celebrate the great work and extraordinary examples of kindness, respectful behaviours, and excellence demonstrated by individuals and teams.

We support our teams with an extensive wellbeing program (see page 8 for more details).

Hospital labour category	June current month FTE*		Average Monthly FTE**	
	2021	2022	2021	2022
Nursing and Midwifery	6,194	6,314	5,849	6,180
Administration and Clerical	2,089	2,197	1,964	2,267
Medical Support	1,483	1,526	1,389	1,534
Hotel and Allied Services	1,231	1,337	1,230	1,268
Medical Officers	219	223	219	220
Hospital Medical Officers	1,293	1,365	1,254	1,322
Sessional Clinicians	469	506	436	485
Ancillary Staff (Allied Health)	1,148	1,222	1,122	1,157
Total	**14,126**	**14,690**	**13,464**	**14,433**

*Full time equivalent (FTE) employees at Monash Health and Jessie McPherson Private Hospital as at 30 June 2022.
**Average monthly FTE for financial year.

Occupational Health and Safety

We are committed to providing a healthy and safe environment for all employees, volunteers, patients, visitors, suppliers, and contractors. We will implement measures to manage hazards and risks aimed at preventing injuries and illness in all our workplaces.

We are committed to fulfilling and implementing our Occupational Health and Safety Strategy 2018-2023. We do this by:

- promoting and developing safety leaders through stakeholder engagement, organisation-wide consultation, updating training resources, monthly safety themes, and continuous improvement of procedures, guidance materials, and tools
- prioritising manager-led injury management, supporting employees to remain at work after an injury or assisting them to return as soon as possible
- reviewing, updating, and making available improved processes and systems that monitor safety performance across the business
- providing clear safety requirements for senior and department managers with performance targets
- learning from incidents through robust incident investigation, with early intervention and support for injured employees to return to work
- regularly reviewing our risk profile with continuous improvement in risk management programs to prevent injury.

In 2021-22 the Lost Time Injury Frequency Rate (LTIFR) decreased by 20.77%. 89% of employees completed Managing Challenging Behaviours Training and 98% of employees have completed the Introduction to Occupational Health and Safety Training.

We continue to work collaboratively to care for the physical and psychological health, safety and overall wellbeing of our people.

Occupational Health and Safety statistics	2021-22	2020-21	2019-20
Reported hazards/incidents per 100 FTE	26.93	32.44	29.08
'Lost time' standard claims per 100 FTE	1.75	2.04	1.53
Average cost per claim	$88,325	$53,762	$53,952

Occupational Violence statistics	2021-22
WorkCover-accepted claims with an occupational violence cause per 100 FTE	0.18
Accepted WorkCover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	1.25
Reported occupational violence incidents	1,404
Reported occupational violence incidents per 100 FTE	9.5
Occupational violence incidents resulting in an employee injury, illness or condition	87%

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 the course of a planned or unplanned Code Grey, the incident must be included.

Accepted WorkCover claims
Accepted WorkCover claims that were lodged in 2021-22.

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.

Clinical Governance Report

Excellence is our standard

Our Clinical Governance Framework outlines the structure, processes, leadership and culture, and the outcomes we monitor, to ensure we provide accountable, safe, effective, efficient patient-centered care, underpinned by continuous improvement. The framework is aligned to the Victorian Clinical Governance Framework (June 2017) and the National Model Clinical Governance Framework (Australian Commission on Safety and Quality in Healthcare, December 2017).

Clinical governance permeates the entire organisation, to all employees at all levels, to ensure continuous improvement in patient care, patient and employee safety, and patient and employee experience. Key quality indicators are available on dashboards customised for each ward, unit and program to enable employees to easily see performance and understand their role in continuous improvement. Performance against these indicators is tracked through multidisciplinary Ward Governance committees and reported monthly to the Monash Health Executive and Board. Programs present their quality and safety report to the Board's Quality Committee annually. In an improvement over the last 12 months, unit heads now present to the Quality Committee, to provide Board members with the opportunity to hear directly from practising clinicians.

Environmental Sustainability Report

Monash Health aims to engage, educate and empower our employees to create an environmentally sustainable workplace and demonstrate this across our six sustainability themes:

1. Environmental citizenship and governance
2. Green procurement
3. Waste management
4. Sustainable transport
5. Sustainable buildings
6. Energy efficiency and emissions

Environmental performance data is gathered from the following sources:

- utilities data (energy and water) from the EDEN Suite, managed by the Victorian Health Building Authority
- waste data from our waste contractor (Cleanaway)
- recycling scheme data from our individual contractors, including ACE (on behalf of Baxter), Upparel (uniforms), ODIN e-waste (single-use metals & e-waste)
- medical gases data from Monash Health Pharmacy
- patient transport data from National Patient Transport Pty Ltd
- fleet and other transport data from Monash Health Procurement
- normalisers from the Victorian Health Building Authority.

Monash Health is currently developing an Environmental Sustainability Action Plan with targets that will drive our efforts to achieve our sustainability goals and continue to build and operate a more sustainable health service.

Emissions

Total CO2e (carbon dioxide equivalent) emissions have reduced again this year, although scope 1 emissions (gas, fleet, etc.) have increased. Scope 2 emissions (electricity) showed a significant drop of more than 10,000 tonnes of CO2e. Emissions per unit of floor space have continued to fall over the past three years due to ongoing investment in energy-saving initiatives across the business, including energy-efficient plant upgrades, LED light replacements, chiller reconfiguration, and variable speed drives added to hot water pumps.

Total greenhouse gas emissions (tonnes CO2e)	2019-20	2020-21	2021-22
Scope 1	12,665	13,149	19,147
Scope 2	65,641	64,299	57,773
Total	**78,307**	**77,449**	**76,919**

Normalised greenhouse gas emissions (tonnes CO2e)	2019-20	2020-21	2021-22
Emissions per unit of floor space (kgCO2e/m2)	264	252	251.0355
Emissions per unit of separations (kgCO2e/separations)	314	291	291.9449
Emissions per unit of bed day Length of Stay (LOS) + aged care Occupied Bed Days (OBD) (kgCO2e/OBD)	98	92	93.2310

Other emissions

Monash Health ceased using desflurane (a general anaesthetic) from April 2022. However, total greenhouse gas emissions have more than doubled. The 20-year global warming potential (GWP) values for converting to equivalent tonnes of CO2e were: sevoflurane 349, isoflurane 1401, and desflurane 3714.

Volatile Anaesthetic Gas Use (kg x GWP / 1000)	2019-20	2020-21	2021-22
Desflurane (tonnes CO2e)	91.44	82.8	41.2
Isoflurane (tonnes CO2e)	7.1	17.7	55.2
Sevoflurane (tonnes CO2e)	671.2	674.6	1,551.3
Total (tonnes CO2e)	**769.74**	**775.1**	**1,647.7**
Kilograms CO2e per patient treated	0.59	0.56	0.51

Stationary Energy

Monash Health's cogeneration plant at Dandenong Hospital was decommissioned this year, resulting in a significant drop in energy use from this source. We have now included data for diesel oil in our stationary energy portfolio, which supplies our back-up generators.

Total stationary energy purchased by energy type (GJ: Gigajoule)	2019-20	2020-21	2021-22
Cogen electricity	16,014	12,544	4,628
Diesel oil in buildings	N/A	57	20
Electricity	210,933	212,046	219,195
Natural gas	226,982	229,255	350,416
Steam	66,620	59,462	16,331
Total	**520,551**	**513,366**	**590,590**

Normalised stationary energy consumption	2019-20	2020-21	2021-22
Energy per unit of floor space (GJ/m2)	1.75	1.67	1.9275
Energy per unit of separations (GJ/separations)	2.09	1.93	2.2416
Energy per unit of bed day (LOS + aged care OBD) (GJ/OBD)	0.65	0.61	0.7158

Water

All water consumption is from potable sources with no Class A recycled water or reclaimed water reported to be used.

Total water consumption by type kilolitre (kL)	2019-20	2020-21	2021-22
Class A recycled water	0	0	0
Potable water	485,364	458,536	448,631
Reclaimed water	0	0	0

Normalised water consumption (potable + class A)	2019-20	2020-21	2021-22
Water per unit of floor space (kL/m2)	1.64	1.49	1.4642
Water per unit of separations (kL/separations)	1.95	1.73	1.7028
Water per unit of bed day (LOS + aged care OBD) (kL/OBD)	0.61	0.55	0.5438

Waste and recycling

Total waste to landfill increased this financial year, and total waste recycled decreased. Organics are now being collected from Clayton and Dandenong for processing into compost and reducing our GHG emissions from landfill.

Waste	2019-20	2020-21	2021-22
Total waste generated (kg clinical waste + kg general waste + recycling waste)	5,196,029	6,004,785	5,876,636
Total waste to landfill generated (kg clinical waste + kg general waste)	3,734,725	4,565,106	4,624,426
Total waste incinerated (kg anatomical, kg cytotoxic, kg pharmaceutical)	77,932	99,509	91,924
Total waste recycled (kg paper and cardboard, kg commingled)	1,377,120	1,270,873	1,118,213
PVC recycling (kg)	1,675	711	61
Single use metal surgical instruments (kg)	1,556	1,540	1,802
Kimguard recycling (kg)	6,443	4,475	1,867
Batteries (kg)	1,569	1,033	2,242
E-waste (kg)	15,778	11	19,934
Food organics (kg)	N/A	N/A	16,128
Uniforms (kg)	N/A	N/A	39
Total waste to landfill per patient treated (kg)	**2.9**	**3.3**	**4.1**

Paper (kg)	2021-22
White paper recycling	30,485
Cardboard and paper recycling	281,351
Confidential paper	152,058

Transport

There are currently 315 Fleet vehicles in total: 138 are hybrid, 8 are diesel vehicles and the rest are petrol. This is an increase in low-emission vehicles from last year, to 43% of our stock.

Corporate transport	2019-20	2020-21	2021-22
Reported vehicle kilometres	N/A	N/A	167,000
Low or zero-emission vehicles	N/A	109	138

Patient transport	2019-20	2020-21	2021-22
Reported vehicle kilometres	N/A	N/A	438,002

Normalisers	2019-20	2020-21	2021-22
Area M2	296,408	306,408	306,408
Aged Care Occupied bed days (OBD)	82,165	79,943	75,311
ED Departures	264,659	283,327	238,405
Full time equivalent (FTE)	12,224	13,223	13,734
Length of stay (LOS)	716,466	753,948	749,729
Occupied bed days (OBD)	798,631	833,891	825,040
Per patient treated (PPT)	1,312,348	1,382,458	1,326,917
Separations	249,058	265,240	263,472

Financial information

Summary

Operating result	2022 $'000	2021 $'000	2020 $'000	2019 $'000	2018 $'000
Total revenue	2,987,215	2,719,204	2,295,881	2,066,252	1,882,075
Total expenses	2,843,798	2,536,334	2,258,195	2,046,513	1,877,401
Net result from transactions	**143,417**	**182,870**	**37,687**	**19,740**	**4,674**
Total other economic flows	21,444	37,561	-11,094	-24,820	-4,659
Net result	**164,861**	**220,431**	**25,782**	**-5,080**	**15**
Total assets	3,132,046	2,751,337	2,754,032	2,252,249	1,818,761
Total liabilities	1,074,353	864,156	1,119,049	677,135	589,603
Net assets/Total equity	**2,057,693**	**1,887,181**	**1,634,980**	**1,575,113**	**1,229,158**

There are no significant changes or any subsequent events to balance date.

Reconciliation between the Net result from transactions

	2022 $'000	2021 $'000	2020 $'000	2019 $'000	2018 $'000
Net operating result*	**218**	**-135**	**325**	**-10,719**	**-48**
Capital and specific items					
Capital purpose income	321,004	346,230	183,255	127,422	101,699
Specific expenses	-583	-5,107	-1,049	-5,328	-372
COVID-19 State supply arrangements – products received free of charge	47,173	28,295	3,280	-	-
COVID-19 State supply items consumed	-47,173	-28,295	-3,280	-	-
Assets provided free of charge	0	0	0	0	0
Assets received free of charge	2,376	14,680	259	0	0
Expenditure for capital purpose	-23,696	-20,636	-14,428	-10,094	-11,349
Depreciation and amortisation	-146,647	-142,604	-118,846	-73,129	-77,310
Impairment of non-financial assets	0	0	0	0	0
Bad and doubtful debt expense	-2,152	-2,384	-3,845	-3,618	-2,729
Finance costs – other	-7,103	-7,175	-7,984	-4,794	-5,217
Net result from transactions	**143,417**	**182,870**	**37,687**	**19,739**	**4,674**

Net result before capital and specific items, i.e. the result against which the health service is monitored in the Statement of Priorities.

Consultancies information

Details of Information and Communication Technology

Total ICT expenditure incurred during 2021-22 is $94.7 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)
$77,618	$17,093	$1,182	$15,911

Consultancy engagement summary

	2022	2021	2020	2019	2018
Consultants' cost ($)	3,023,206	2,863,496	8,591,096	3,251,980	1,587,973
Total number of consultants	114	122	102	121	51

2021-22 Disclosure of Consultancy Expenditure

Details of consultancies (under $10,000)

In 2021-22, there were 76 consultancies where the total fees payable to the consultants were less than $10,000. The total expenditure incurred during 2021-22 in relation to these consultancies is $130,052 (excluding GST).

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

In 2021-22, there were 38 consultancies where the total fees payable to the consultants were $10,000 or greater. The total expenditure incurred during 2021-22 in relation to these consultancies is $2,893,154 (excluding GST). Details of these consultancies are listed below.

Consultancies Details

Consultant	Purpose of Consultancy	Start date	End date	Total approved project fee ($'000)	Expenditure 2021-2022 ($'000)
Royce Communications Pty Ltd	Communication Consulting	1/07/21	30/06/22	453	453
Ernst & Young	Internal Audit and FBT Services	1/07/21	30/06/22	399	399
Harcourt Aged Care Advisors Pty Ltd	Aged Care Consultancy	1/07/21	30/06/22	337	337
The Trustee for the G & S Barwell Family Trust	Information Technology Consulting	1/07/21	30/06/22	142	142
The Trustee for Professional Recruitment Australia Unit Trust	Information Technology Consulting	1/07/21	30/06/22	125	125
Engage Squared Pty Ltd	Information Technology Consulting	1/07/21	30/06/22	104	104
Paxton Consulting Pty Ltd	Consultancy for Improvement in Financial Viability	1/07/21	30/06/22	92	92
Hendry Group	Asset Management Consulting	1/07/21	30/06/22	84	84
Tomica Pty Ltd	Consultancy for Organisational Growth and Development	1/07/21	30/06/22	78	78

Consultancies Details continued

Consultant	Purpose of Consultancy	Start date	End date	Total approved project fee ($'000)	Expenditure 2021-2022 ($'000)
JRJ Rehabilitation Pty Ltd	Consultancy for Organisational Growth and Development	1/07/21	30/06/22	77	77
The Source Management Consultants Pty Ltd	Consultancy for Organisational Growth and Development	1/07/21	30/06/22	75	75
Ashurst Australia	Workforce Consulting	1/07/21	30/06/22	70	70
Deloitte Consulting Pty Limited	Workforce Consulting	1/07/21	30/06/22	69	69
The Trustee For NTC Architects Trust	Asset Management Consulting	1/07/21	30/06/22	69	69
Solve Logistics Pty Limited	Consultancy for Safety and Operational processes assessment	1/07/21	30/06/22	68	68
Bay Communications	Communication Consulting	1/07/21	30/06/22	66	66
Lineaire Projects Pty Ltd	Consultancy for Organisational Growth and Development	1/07/21	30/06/22	55	55
Open Advisory Pty Ltd	Consultancy for Organisational Growth and Development	1/07/21	30/06/22	47	47
Bodycare Health and Wellbeing Pty Ltd	Consultancy for Organisational Growth and Development	1/07/21	30/06/22	40	40
Nation Partners Pty Ltd	Environmental Sustainability Consulting	1/07/21	30/06/22	39	39
Russell Kennedy Solicitors	Asset Management Consulting	1/07/21	30/06/22	33	33
Zuuse Pty Ltd	Information Technology Consulting	1/07/21	30/06/22	32	32
Capgemini Australia Pty Ltd	Information Technology Consulting	1/07/21	30/06/22	31	31
Beacon Archives Pty Ltd	Asset Management Consulting	1/07/21	30/06/22	31	31
Waterman AHW (Vic) Pty Ltd	Asset Management Consulting	1/07/21	30/06/22	28	28
Kinnect Training Pty Ltd	Consultancy for Organisational Growth and Development	1/07/21	30/06/22	28	28
Health at Work Pty Ltd	Consultancy for Organisational Growth and Development	1/07/21	30/06/22	25	25
Betterwork	Consultancy for Organisational Growth and Development	1/07/21	30/06/22	25	25
Unify Solutions Pty Limited	Information Technology Consulting	1/07/21	30/06/22	22	22
Power Solutions Dtd Pty Ltd	Information Technology Consulting	1/07/21	30/06/22	22	22
Karen Hermann Workplace Consulting	Workplace Consultancy	1/07/21	30/06/22	21	21
BGI Benchmark Group International Pty Ltd	Financial Tax Consulting	1/07/21	30/06/22	21	21
The Trustee for Endpoint Focus Trust	Information Technology Consulting	1/07/21	30/06/22	20	20
WorldCC Pty Ltd	Consultancy for Organisational Growth and Development	1/07/21	30/06/22	19	19
Stopline Pty Ltd	Workplace Consultancy	1/07/21	30/06/22	14	14
Jacinta Cubis	Consultancy for Customer Engagement	1/07/21	30/06/22	12	12
Innovative Physiotherapy Services Pty Ltd	Consultancy for Organisational Growth and Development	1/07/21	30/06/22	11	11
Live Life Foods Pty Ltd	Aged Care Consultancy	1/07/21	30/06/22	10	10

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. Contact details of our FOI team are: foi@monashhealth.org.

Summary of requests received under the Act from 1 July 2021 to 30 June 2022

- Total number of requests received: 2,101
- Number of requests transferred to another agency: 0

Outcomes of Requests Received in the Period 1 July 2021 to 30 June 2022:

- Access granted in full: 1,750
- Access granted in part: 168
- Access denied in full: 0
- Other (no documents found): 0
- Other (not proceeded with): 82
- Not yet finalised: 101
- Exemptions cited: 261

Clause:

- s.30(1) was used in request(s): 38
- s.32(1) was used in request(s): 104
- s.33(1) was used in request(s): 1
- s.33(4) was used in request(s): 2
- s.35(1)(b) was used in request(s): 75
- s.38 was used in request(s): 30
- Other: 11

Outcomes of Requests Outstanding from 2020-21

Total number of requests outstanding: 166

- Access granted in full: 145
- Access granted in part: 15
- Access denied in full: 4
- Other (no documents): 2

Freedom of Information fees and charges

- Application fees collected: $96,285.12
- Application fees waived: $120
- Copy charges collected: $90,565.85
- Copy charges waived: $2,543.30

Initial decision-makers

- Hayley Capiron (Release of Information Manager)
- Frances Rogers (FOI Decision Maker)
- Jodie Thompson (Health Information Manager)
- Maija Dimits (Health Information Manager)
- Carrie Harris (Health Information Manager)

Building Act 1993

Monash Health sites and facilities are managed through site inspections, risk assessments and audits. We have contracts in place 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. Fire audits and risk assessments are undertaken by consultant fire engineers 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-yearly fire safety audit of Monash Health's 12 bed-based facilities was completed in 2018. The next audit will be undertaken and completed in 2023.

Essential safety measures maintenance

Contracts are in place to maintain all Essential Safety Measures (ESM) at sites owned by Monash Health. Audits are performed at these sites by building surveyors to ensure compliance with ESM Maintenance regulations. Action plans to rectify defects identified during the audits are currently in place. In accordance 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 provides confirmation 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.

Protected Disclosure Act 2012

Monash Health has a procedure for protected disclosures and matters of this nature are referred to the Independent Broad-based Anti-Corruption Commission. Policies and procedures are available in the 'Patient & Visitors/Compliments, complaints and comments' section of the Monash Health website and on our intranet.

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.

Carers Recognition Act 2012

Monash Health is committed to partnering with and empowering our consumers, their families and carers. Everyone in the organisation has an impact on how these groups experience Monash Health. We understand that they need to play an active role in their own health care and in helping us improve the quality and safety of our services. We take all practicable measures to ensure our employees and agents reflect these care relationship principles in developing, providing or evaluating support and assistance for persons 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. Partnering with Consumers education is provided for managers and leaders. We recognise carers' individual needs and include them in their care planning. We acknowledge that care and support needs change over time, and we are responsive in modifying services to meet care needs. There are no disclosures required under the *Carers Recognition Act 2012*.

DataVic Access Policy

Consistent with the DataVic Access Policy issued by the Victorian Government in 2012, Monash Health data sets are available on the DataVic website in 2021-22. The information in this Annual Report will also be available at www.data.vic.gov.au in an electronic readable format.

Local Jobs First-Victorian Industry Participation Policy

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.

Local Jobs First-Victorian Industry Participation Policy

Project Type	Number of Projects	Estimated Value	VIPP/LIDP Plan Required	Completed	In Progress
Standard >$3m	13	169M	Yes	9	4
Strategic >$50m	1	700M	Yes	0	1

Gender Equality Act 2020

Monash Health undertook an evidence-based approach in developing our Gender Equality Action Plan 2022-2025 to promote and enhance gender equality in the workplace. The plan builds on Monash Health's existing Equity and Inclusion Strategy while also meeting the requirements of the *Gender Equality Act 2020*.

The plan was co-designed and co-created through organisation-wide and external stakeholder engagement sessions from March to September 2021. Following this consultation, objectives and actions have been tailored to specific cohorts and occupational groups. A gender equality lead has been appointed to oversee the plan's implementation.

In December 2021 we submitted our gender pay gap analysis to the Commission for Gender Equality in the Public Sector. There was no evidence of a gender pay gap across the general workforce (noting that 99% of our employees are paid under an enterprise agreement). The gap analysis confirmed that, in some management cohorts, there were groups (Medical Program Director and Director) with a gender pay gap, with males being paid at higher rates. We will work to continue to close the gap in these areas by open and transparent recruitment and promotion, identifying and supporting female talent into leadership roles, and normalising attitudes towards family-friendly employment arrangements.

We refreshed the Gender Equality Committee with new nominations from executives and improved the gender balance on the committee.

A Women in Leadership Course in May 2022 will be followed by another scheduled for October 2022. We have collaborated with Monash Partners and Monash Centre for Health Research and Implementation as a Lead partner in the NHMRC-funded Advancing Women in Healthcare Leadership project, to further inform and support our gender equality plan.

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. Car parking fees and concession benefits can be viewed at https://monashhealth.org/patients-visitors/visitor-car-parking/

Additional information available on request

Details of the items below have been retained by the health service and are available to the relevant ministers, members of parliament and the public on request (subject to Freedom of Information requirements, if applicable):

- declarations of pecuniary interests have been duly completed by all relevant officers

- details of shares held by senior officers as nominees or held beneficially
- 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 Health Service
- details of any major external reviews carried out on the Health Service
- details of major research and development activities undertaken by the Health Service that are not otherwise covered either in the report of operations or in a document that contains the financial statements and report of operations
- 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 Health Service to develop community awareness of the Health Service 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 Health Service and details of time lost through industrial accidents and disputes, which are not otherwise detailed in the report of operations
- a list of major committees sponsored by the Health Service, the purposes of each committee, and the extent to which those purposes have been achieved.

Members of the Food Services Team at Casey Hospital, Sabrina Matthews and Fairley Wijesinghe, preparing for the lunch service.

Attestations

Financial Management Compliance attestation

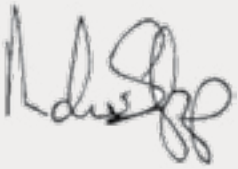
I, Dipak Sanghvi, on behalf of the Monash Health Board, certify that Monash Health has no Material Compliance Deficiency with respect to the applicable Standing Directions under the *Financial Management Act 1994* and Instructions.

Dipak Sanghvi
Responsible Officer
Monash Health

01 September 2022

Data Integrity

I, Andrew Stripp, 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.

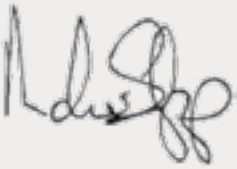


Andrew Stripp
Accountable Officer
Monash Health

01 September 2022

Conflict of Interest

I, Andrew Stripp, 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 standing agenda item for declaration and documenting at each executive and board meeting.

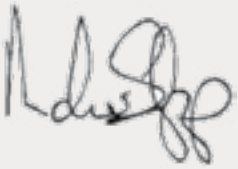


Andrew Stripp
Accountable Officer
Monash Health

01 September 2022

Integrity, fraud and corruption

I, Andrew Stripp, 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.



Andrew Stripp
Accountable Officer
Monash Health

01 September 2022

Part of the team at Monash Children's Hospital, Tayn Martindale, Acting ANUM and Ann Quan, Registered Undergraduate Student of Nursing (RUSON).

Reporting of outcomes from Statement of Priorities 2021-22

Part A

Immediate and Ongoing Priorities	Comment
COVID-19 Readiness and Response Maintain a robust COVID-19 readiness and response, working with the Department of Health to rapidly respond to outbreaks, if and when they occur. Which includes: • providing testing to your community and staff where necessary and if required • preparing to participate in, and assist with, the implementation of the COVID-19 vaccine immunisation program rollout, ensuring the local community's confidence in the program	**Achieved** Monash Health's South East Public Health Unit (SEPHU) led the State vaccination response in the south east of Melbourne. As part of this response, Monash Health: • coordinated public health services, community health, private providers, LGAs and others to operate ~25 static clinics and six mobile-capable services that have delivered hundreds of 'pop-up' clinics • administered more than 780,000 vaccinations at Monash Health sites, and more than 1.22 million doses total in conjunction with other partners • operated the 1st and 5th - busiest sites in Victoria by total vaccinations (Sandown and Cranbourne) • continually pursued efficiencies to reach up to 100 vaccinations / day / vaccinator and utilisation of alternative vaccinator workforces.
Local Public Health Unit As a service hosting a Local Public Health Unit (LPHU) work collaboratively with the Department of Health, other LPHUs, community and primary care providers and local government partners to evolve and deliver a fully integrated and high performing public health network.	**Achieved** Monash Health's South East Public Health Unit led a major COVID-19 case, contact and outbreak management response in the south east of Melbourne, with Monash Health driving the following key activities: • coordinated public health services across community health, social work, community engagement, private providers and others to disrupt and prevent the spread of COVID-19 in the largest Victorian public health unit catchment • provided an adaptive public health response to over 30% of all COVID-19 cases, exposure sites and linked cases in Victoria • provided oversight of over 570,000 cases and 5,800 exposure sites in the catchment.
Emergency Department Drive improvements in access to emergency services by reducing emergency department four-hour wait times, improving ambulance to health service handover times, and implementing strategies to reduce bed-blockage to enable improved whole of hospital system flow.	**In progress** • record Emergency Department presentations and acuity, workflow complexity due to COVID-19, and inpatient bed block have resulted in challenging emergency access performance across our hospital sites

Immediate and Ongoing Priorities	Comment
	• 4.2% year-on-year presentation growth at Casey Hospital • 14.4% year-on-year presentation growth at Monash Medical Centre, Clayton • 5.8% year-on-year presentation growth at Dandenong Hospital • successful completion of the Clayton Emergency Department redevelopment project has provided a modern, fit-for-purpose environment for our adult and paediatric patients. We continue to expand our cubicle capacity aligned with our ongoing workforce recruitment campaign • we have refreshed our access improvement work program which has provided an opportunity to fundamentally rethink the way we deliver care, while learning from our COVID-19 experiences; this work program continues to have a strong focus on emergency access improvement and includes emergency department diversion and prevention initiatives.
Health Partnership – Lead and engage Lead and engage all members of our Health Service Partnership to build a culture of collaboration, forge consensus in decision-making, ensure that any initiatives are clearly defined and agreed by members, and account to the department for planning and reporting requirements on behalf of the collective membership	**Achieved – Pandemic response** • facilitated relationships between public and private hospitals across south-east Melbourne during COVID-19 peaks which resulted in hundreds of public patients transferred directly or indirectly for care in private hospitals, allowing public hospitals to manage the majority of COVID-19 positive inpatients • facilitated development of streaming hospital arrangements in south-east Melbourne, including bringing private hospitals into this arrangement as both Tier 1 and Tier 2 hospitals. **Achieved – COVID Positive Pathways Program** • oversaw delivery of COVID Positive Pathways in south-east Melbourne using a partnership approach that involved Community Health Services and Health Services delivering care to hundreds of thousands of patients • provided program development support to COVID Positive Pathways to build working relationships with community and primary health to reduce demand on acute hospital workforces • co-chaired, facilitated, and attended Residential Aged Care Facility (RACF) Outbreak Management Team (OMT) meetings, to assist in the control of COVID-19 outbreaks in RACFs in partnership with Monash Health's South East Public Health Unit and with partner health services. **Achieved – Emergency Access – Virtual Emergency Department (VED)** • rapidly stood up a new service with health services to improve clinical decision-making support for Ambulance Victoria crews. **In progress** • work has commenced on expanding the VED to additional key cohorts of providers and patients.

Immediate and Ongoing Priorities	Comment
	In progress – Alfred/Monash Shared Pathology Project • central project management in place. A project team has been recruited to commence a review of a shared pathology service model, to establish a new shared pathology service • work is underway on how the entity can conduct its business and what it needs to function: service delivery model; clinical and operational governance frameworks; corporate supports, and policies and procedures. **Achieved – Partnership Governance** • clearly defined governance approval processes exist. These include the Governing Council, consisting of CEOs from Alfred Health, Monash Health, Peninsula Health and South Eastern Melbourne Public Health Network.
Delayed care Engage with your community to address the needs of patients, especially our vulnerable Victorians whose care has been delayed due to the pandemic and provide the necessary "catch-up" care to support them to get back on track. Work collaboratively with your Health Service Partnership to: • implement the Better at Home initiative to enhance in-home and virtual models of patient care when it is safe, appropriate and consistent with patient preference • improve elective surgery performance and ensure that patients who have waited longer than clinically recommended for treatment have their needs addressed as a priority.	**In Progress** • expanded and enhanced Adult Hospital in the Home services with new patient cohorts and an Early COVID-19 Therapies service for immuno-compromised patients, leveraging funding from the Better at Home initiative • doubled the Residential in Reach service providing medical and nursing support for acutely unwell residents in aged care and disability group homes, and facilitating smooth transition to and from hospital • established a 20-bed Geriatric Evaluation and Management (GEM) at Home service operating from the Kingston Centre • leveraged the COVID Positive Care Pathways service with the Community Assessment and Response Team delivering care to vulnerable patients requiring follow-up care under the Better at Home and Health Independence Programs • piloted a seven-day-a-week chronic disease Nurse Practitioner role at the Monash Medical Centre Clayton Emergency Department to support the Virtual ED pilot, case find non-emergency presentations, and link these clients into community-based care as part of the Better at Home initiative • restarted Elective Surgery across all Monash Health surgical sites, working with our private hospital partners to maintain access for priority category one and two patients. We then gradually increased long wait category two and three patients over the year.
Mental Health Address critical mental health demand pressures and support the implementation of mental health system reforms to embed integrated mental health and suicide prevention pathways for people with, or at risk of mental illness or suicide through a whole-of-system approach as an active participant in your health service partnership and through your partnerships engagement with Regional Mental Health and Wellbeing Boards.	**Achieved** • established and operationalised the Child and Adolescent (0-17 years), Youth and Adult (18 + years) Hospital Outreach Post-suicidal Engagement (HoPE) Services for Clayton, Dandenong and Casey areas • established Rapid Response psycho-social and wellbeing mental health teams (social workers/mental health nurses/lived experience workers) at both Dandenong and Casey Emergency Departments

Immediate and Ongoing Priorities	Comment
	• collaboratively established the Emergency Department Mental Health and Alcohol and Drug Crisis Hub with Monash Medical Centre • the Mental Health Program proactively engaged a Transformation Team via a new Clinical Director role to ensure partnership engagement with the Regional Mental Health and Wellbeing boards and smooth transition and implementation of Mental Health Royal Commission recommendations.
Embed the Aboriginal and Torres Strait Islander Cultural Safety Framework Embed the Aboriginal and Torres Strait Islander Cultural Safety Framework into your organisation and build a continuous quality improvement approach to improving cultural safety, underpinned by Aboriginal self-determination, to ensure delivery of culturally safe care to Aboriginal patients and families, and to provide culturally safe workplaces for Aboriginal employees.	**In Progress** • the Aboriginal Strategic Partnership Advisory Committee approved the Cultural Safety Plan 2021-22 • designed a Cultural Safety Indicators Business Intelligence dashboard to increase visibility, transparency and influence prioritisation of resources and care • introduced a Ward Clerk Scorecard with daily target for clerks to ensure each patient is asked if they identify as an Aboriginal and/or Torres Strait Islander, and record this in our systems. This contributed to an increase in the percentage of patients identifying • Point of Care Audits and Patient Experience surveys include a question on whether patients were asked about identification • expanded the Aboriginal Hospital Liaison Service from five to seven days a week • streamlined referrals to the Aboriginal Health Liaison service by introducing a central phone number and automation of referrals from the Electronic Medical Record System • drafted an Aboriginal Consultation Framework for implementation in 2022-23 • redesign of the Aboriginal Healing Garden at Monash Medical Centre Clayton commenced, with input from Aboriginal employees, patients and carers • recognised key cultural events and days, including Closing the Gap Day, National Sorry Day, National Reconciliation Week and NAIDOC Week.

Part B: Key 2021-22 Performance Priorities

High-quality and safe care

	Target	Result
Infection prevention and control		
Compliance with the Hand Hygiene Australia program	>=85%	85%
Percentage of healthcare workers immunised for influenza	>=92%	62%
Patient experience		
Victorian Healthcare Experience Survey – percentage of positive patient experience responses	>=95%	88%
Percentage of mental health consumers reporting 'very good' or 'excellent' experience of care within the past three months	>=80%	47%
Percentage of mental health consumers reporting they 'usually' or 'always' felt safe using this service	>=90%	83%
Healthcare associated infections (HAIs)		
Rate of patients with surgical site infection	No outliers	Met
Rate of patients with ICU central line-associated bloodstream infection (CLABSI)	Nil	Not achieved
Rate of patients with SAB per 10,000 occupied bed days	<=1	0.83
Unplanned readmissions		
Unplanned readmissions to any hospital following a hip replacement	<=6%	3%
Mental Health		
Percentage of closed community cases re-referred within six months: CAMHS, adults and aged persons	<=25%	28%
Rate of seclusion events relating to a child and adolescent acute mental health admission per 1,000 occupied bed days	<=10	9
Rate of seclusion events relating to an adult acute mental health admission per 1,000 occupied bed days	<=10	6
Rate of seclusion events relating to an aged acute mental health admission per 1,000 occupied bed days	<=5	0
Percentage of child and adolescent acute mental health inpatients who have a post-discharge follow-up within seven days	>=88%	88%
Percentage of adult acute mental health inpatients who have a post-discharge follow-up within seven days	>=88%	100%
Percentage of aged acute mental health inpatients who have a post-discharge follow-up within seven days	>=88%	95%
Percentage of child and adolescent acute mental health inpatients who have a post-discharge follow-up within 28 days of discharge	<22%	14%
Percentage of adult acute mental health inpatients who have a post-discharge follow-up within 28 days of discharge	<14%	12%
Percentage of aged acute mental health inpatients who have a post-discharge follow-up within 28 days of discharge	<14%	4%
Maternity and newborn **Baby's wellbeing at birth (APGAR Score)**		
Casey Hospital	<=1.4%	1.8%

Dandenong Hospital	<=1.4%	1.4%
Monash Medical Centre	<=1.4%	1.5%
Severe fetal growth restriction born at 40 or more weeks gestation (FGR rate)		
Casey Hospital	<=28.6%	25.5%
Dandenong Hospital	<=28.6%	36.4%
Monash Medical Centre	<=28.6%	5.5%
Proportion of urgent maternity patients referred for obstetric care to a level 4, 5 or 6 maternity service who were booked for a specialist clinic appointment within 30 days of accepted referral		
Casey Hospital	100%	N/A*
Dandenong Hospital	100%	100%
Monash Medical Centre	100%	98%
Continuing Care		
Functional independence gain from an episode of rehabilitation admission to discharge relative to length of stay	>=0.645	0.62

* No urgent maternity patients were referred to Casey Hospital for obstetric care during the reporting period.

Strong governance, leadership and culture

	Target	Result
People Matter survey – percentage of staff with an overall positive response to safety culture survey questions	62%	72%

Timely access to care

	Target	Result
Emergency Care		
Emergency – Casey Hospital		
Percentage of ambulance patients transferred within 40 minutes	>=90%	57%
Percentage of Triage Category 1 emergency patients seen immediately	100%	100%
Percentage of Triage Categories 1-5 emergency patients seen within clinically recommended times	>=80%	43%
Percentage of emergency patients with length of stay less than four hours	>=81%	55%
Number of patients with a length of stay in the emergency department greater than 24 hours	0	135
Emergency – Dandenong Hospital		
Percentage of ambulance patients transferred within 40 minutes	>=90%	67%
Percentage of Triage Category 1 emergency patients seen immediately	100%	100%
Percentage of Triage Categories 1-5 emergency patients seen within clinically recommended times	>=80%	54%
Percentage of emergency patients with length of stay less than four hours	>=81%	49%
Number of patients with a length of stay in the emergency department greater than 24 hours	0	123
Emergency – Monash Medical Centre		
Percentage of ambulance patients transferred within 40 minutes	>=90%	44%
Percentage of Triage Category 1 emergency patients seen immediately	100%	100%
Percentage of Triage Categories 1-5 emergency patients seen within clinically recommended times	>=80%	38%

Percentage of emergency patients with length of stay less than four hours	>=81%	45%
Number of patients with a length of stay in the emergency department greater than 24 hours	0	204
Elective Surgery		
Number of patients on the elective surgery waiting list (end of June 2022)	15,100	14,933
Number of patients admitted from the elective surgery waiting list	21,600	21,228
Percentage of Urgency Category 1 elective patients admitted within 30 days	100%	100%
Percentage of Urgency Category 1, 2 and 3 elective patients admitted within clinically recommended timeframes	>=94%	77%
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	47%
Number of Hospital Initiated Postponements per 100 scheduled admissions	<=7%	7%
Specialist clinics		
Percentage of urgent patients referred by a GP or external specialist who attended a first appointment within 30 days	>=100%	47%
Percentage of routine patients referred by GP or external specialist who attended a first appointment within 365 days	>=90%	88%

Effective Financial Management

	Target	Result
Finance		
Operating Result ($m)	$0.00	$0.22
Average number of days to paying trade creditors	<60 days	55 days
Average number of days to receiving patient fee debtors	<60 days	32 days
Adjusted Current Asset Ratio	>=0.7 or >3% improvement from health service base target	1.0
Actual number of days available cash, measured on the last day of each month	>=14 days	46.8 days
Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June	Variance ≤ $250,000	not achieved

Part C: Activity and Funding

Consolidated Activity Funding

	2021-22 Activity Achievement
Acute admitted, subacute admitted, emergency services, non-admitted NWAU	242,170

Acute Admitted

	2021-22 Activity Achievement
National Bowel Cancer Screening Program NWAU	2
Acute admitted DVA	586
Acute admitted TAC	482

Acute Non-Admitted

	2021-22 Activity Achievement
Genetic services	277
Home Enteral Nutrition NWAU	316
Home Renal Dialysis NWAU	2,195
Radiotherapy – Other	153
Total perinatal nutrition NWAU	617

Subacute and Non-Acute Admitted & Non-admitted

	2021-22 Activity Achievement
Subacute – DVA	71.1
Transition Care – Bed days	13,317
Transition Care – Home Days	10,894

Aged Care

	2021-22 Activity Achievement
Residential Aged Care	20,424
HACC - Service Time Hours	20,051

Mental Health (Occupied Bed days) and Drug Services

	2021-22 Activity Achievement
Mental Health Ambulatory	207,008
Mental Health Inpatient - Available bed days	52,956
Mental Health Inpatient - Secure Unit	13,315
Mental Health Residential	42,140
Mental Health Subacute	11,892
Mental Health Drug services	2,535

Primary Health

	2021-22 Activity Achievement
Community Health/Primary Care Program	71,142
Community Health Other	1,349

Other

	2021-22 Activity Achievement
NFC-Pancreas Transplants	11

Anabela Govinde Ramji, part of our Support Services team who work diligently to ensure a safe, clean, and hygienic environment for our employees, visitors and patients.

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.

Charter and Purpose

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In April, we celebrated five years since the first patients moved into Monash Children's Hospital. General Manager, Kym Forrest, and Director Clinical Operations, Trish Dito, joined with patients, parents and employees to celebrate.

Financial Statements

2021-2022

Contents

How this report is structured

Monash Health has presented its audited general purpose financial statements for the financial year ended 30 June 2022 in the following structure to provide users with the information about Monash Health's stewardship of resources entrusted to it.

Financial Year ended 30 June 2022

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 2022 and the financial position of the consolidated entity at 30 June 2022.

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 01 September 2022.

Dipak Sanghvi
Chair, Board of Directors

Melbourne
01 September 2022

Andrew Stripp
Chief Executive
Accountable Officer

Melbourne
01 September 2022

Rachelle Anstey
Chief Financial Officer
Chief Finance and Accounting Officer

Melbourne
01 September 2022

Chief Financial Officer's Summary

The 2021-2022 financial year continued to be substantially impacted by the COVID-19 global pandemic as the state moved in and out of lockdowns that affected 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 2021-2022 Monash Health achieved a surplus result of $0.22 million compared with the reported surplus result of $0.06 million in 2020-2021. In addition to the usual health funding provided by the Department of Health, funding was provided for the impact of COVID-19 on Monash Health for the 2021-2022 year.

Monash Health's 'Comprehensive Result', which includes capital and specific items, was a surplus of $170.5 million in 2021–2022 compared to a surplus of $252.7 million in 2020-2021. Included in the 2021-2022 'Comprehensive Result' was increased capital funding from the Department of Health for the Victorian Heart Hospital of $186.3 million compared to $200.2 million in 2020-2021 and a net gain arising from the revaluation of the long service liability of $21.2 million compared to a net gain of $36.7 million in 2020-2021.

Total revenue from operations for the 2021-2022 financial year was $2,663.8 million which is an increase of $305.3 million or 13% compared with the previous year. The 13% increase in funding was largely due to increased COVID-19 and vaccination activity within the health service.

Monash Health's total cash held as at 30 June 2022 was $504.3 million compared with $294.2 million as at 30 June 2021. The reason for the increase in cash holding was mainly attributable to the balance provided by the Department of Health at 30 June 2022 of $120.7 million compared to $15.6 million at 30 June 2021 for the purchase and supply of COVID-19 products to Victorian health services across the state.

Rachelle Anstey
Chief Financial Officer
Chief Finance and Accounting Officer

Melbourne
01 September 2022

Independent Auditor's Report

Independent Auditor's Report

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 2022 • 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 significant accounting policies • 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 2022 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 and fair presentation 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.
Other Information	My opinion on the financial report does not cover the Other Information and accordingly, I do not express any form of assurance conclusion on the Other Information. However, in connection with my audit of the financial report, my responsibility is to read the Other Information and in doing so, consider whether it is materially inconsistent with the financial report or the knowledge I obtained during the audit, or otherwise appears to be materially misstated. If, based on the work I have performed, I conclude there is a material misstatement of the Other Information, I am required to report that fact. I have nothing to report in this regard.

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

For the Financial Year Ended 30 June 2022

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
6 September 2022

Dominika Ryan
as delegate for the Auditor-General of Victoria

Comprehensive Operating Statement

For the Financial Year Ended 30 June 2022

Income from transactions	Note	Consolidated 2022 $'000	Consolidated 2021 $'000
Operating activities	2.1	2,986,010	2,718,144
Non-operating activities	2.1	1,205	1,060
Total income from transactions		**2,987,215**	**2,719,204**
Expenses from transactions			
Employee expenses	3.1	-2,050,726	-1,838,372
Supplies and consumables	3.1	-409,165	-353,148
Finance costs	3.1	-7,103	-7,175
PPP operating expenses	3.1	-12,447	-11,083
Other operating expenses	3.1	-203,732	-166,908
Other non-operating expenses	3.1	-13,978	-17,044
Depreciation and amortisation	3.1, 4.4	-146,647	-142,604
Total expenses from transactions		**-2,843,798**	**-2,536,334**
Net result from transactions - net operating balance		**143,417**	**182,870**
Other economic flows included in net result			
Net gain (loss) arising from revaluation of long service liability	3.4	21,213	36,689
Gains (losses) from other economic flows	3.4	230	872
Total other economic flows included in net result		**21,444**	**37,561**
Net result for the year		**164,861**	**220,431**
Other comprehensive income			
Items that will not be reclassified to net result			
Changes in property, plant and equipment revaluation surplus	4.2	5,651	32,256
Total other comprehensive income		**5,651**	**32,256**
Comprehensive result for the year		**170,512**	**252,687**

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

Balance sheet

As at 30 June 2022

Current assets	Note	Consolidated 2022 $'000	Consolidated 2021 $'000
Cash and cash equivalents	6.2	504,354	294,226
Receivables	5.1	67,312	48,740
Inventories	5.2	25,107	25,694
Other financial assets		11,078	6,025
Total current assets		**607,851**	**374,685**
Non-current assets			
Receivables	5.1	161,599	138,905
Investments using the equity method	8.8	4,517	4,443
Property, plant and equipment	4.1(a)	2,289,159	2,158,932
Intangible assets	4.3	68,921	74,372
Total non-current assets		**2,524,196**	**2,376,652**
Total assets		**3,132,047**	**2,751,337**
Current liabilities			
Payables	5.3	334,113	217,749
Borrowings	6.1	13,577	13,155
Provisions	3.2	449,649	409,164
Other liabilities	5.4	82,927	20,699
Total current liabilities		**880,266**	**660,767**
Non-current liabilities			
Borrowings	6.1	115,237	120,374
Provisions	3.2	78,850	83,015
Total non-current liabilities		**194,087**	**203,389**
Total liabilities		**1,074,353**	**864,156**
Net assets		**2,057,694**	**1,887,181**
Equity			
Property, plant and equipment revaluation surplus	4.2	1,089,134	1,083,482
Restricted specific purpose surplus		41,177	34,467
Contributed capital		413,064	413,064
Accumulated surpluses		514,319	356,168
Total equity		**2,057,694**	**1,887,181**

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

Statement of Changes in Equity

For the Financial Year Ended 30 June 2022

Consolidated	Note	Property, Plant and Equipment Revaluation Surplus $'000	Restricted Specific Purpose Surplus $'000	Contributed Capital $'000	Accumulated Surpluses/ (Deficits) $'000	Total $'000
Balance at 30 June 2020		**1,051,227**	**26,412**	**413,064**	**143,791**	**1,634,494**
Net result for the year		-	-	-	220,431	220,431
Other comprehensive income for the year	4.2	32,256	-	-	-	32,256
Transfer (from)/to accumulated surpluses		-	8,055	-	-8,055	-
Contributed capital		-	-	-	-	-
Balance at 30 June 2021		**1,083,483**	**34,467**	**413,064**	**356,168**	**1,887,181**
Net result for the year		-	-	-	164,861	164,861
Other comprehensive income for the year	4.2	5,651	-	-	-	5,651
Transfer (from)/to accumulated surpluses		-	6,710	-	-6,710	-
Contributed capital		-	-	-	-	-
Balance at 30 June 2022		**1,089,134**	**41,177**	**413,064**	**514,319**	**2,057,694**

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

Cash Flow Statement

For the Financial Year Ended 30 June 2022

Cash flows from operating activities	Note	Consolidated 2022 $'000	Consolidated 2021 $'000
Operating grants from government - State		3,430,990	2,131,133
Operating grants from government - Commonwealth		131,167	133,147
Capital grants from government		49,743	49,674
Commercial activities, patient and hospital fees received		207,688	200,363
Donations and bequests received		1,641	1,161
GST received from (paid to) ATO		143,298	98,563
Interest and investment income received		1,205	1,060
Other receipts		92,805	128,461
Total receipts		**4,058,537**	**2,743,562**
Employee expenses paid		-2,015,889	-1,792,937
Payments for supplies and consumables		-1,554,001	-849,586
Finance costs		-2,444	-2,513
Cash outflow for leases		-4,648	-4,874
Other payments		-212,833	-178,941
Total payments		**-3,789,815**	**-2,828,851**
Net cash flows from operating activities	8.1	**268,722**	**-85,289**
Cash flows from investing activities			
Purchase of intangible assets, property, plant and equipment		-54,843	-64,830
Net cash flows used in investing activities		**-54,843**	**-64,830**
Cash flows from financing activities			
DH cash advance/(repayment)		-	-52,240
Repayment of borrowings		-3,608	-4,701
Receipt of accommodation deposits		3,401	3,825
Repayment of accommodation deposits		-3,544	-3,598
Net cash flows used in financing activities		**-3,751**	**-56,713**
Net increase/(decrease) in cash and cash equivalents held		**210,128**	**-206,833**
Cash and cash equivalents at beginning of year		294,226	501,059
Cash and cash equivalents at end of year	6.2	**504,354**	**294,226**

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

Notes to the Financial Statements

For the Financial Year Ended 30 June 2022

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 2022. 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 01 September 2022.

Note 1.2 Impact of COVID-19 pandemic

In March 2020 a state of emergency was declared in Victoria due to the global coronavirus pandemic, known as COVID-19. On 2 August 2020 a state of disaster was added with both operating concurrently. The state of disaster in Victoria concluded on 28 October 2020 and the state of emergency concluded on 15 December 2021.

The COVID-19 pandemic has created economic uncertainty. Actual economic events and conditions in the future may be materially different from those estimated by the health service at the reporting date. Management recognises that it is difficult to reliably estimate with certainty, the potential impact of the pandemic after the reporting date on the health service, its operations, its future results and financial position.

In response to the ongoing COVID-19 pandemic, Monash Health has:

- continued to apply restrictions on non-essential visitors
- continued utilisation of telehealth services
- reduced visitor hours
- deferred elective surgery and reducing activity
- transferred inpatients to private health facilities
- performed COVID-19 testing
- operated vaccine clinics
- continued infection control practices
- continued work from home arrangements where appropriate.

In addition, Monash Health entered an agreement with the Department of Health (DH) to act as an agent for DH in paying, warehousing, and distributing products and equipment for Victorian public health services and other entities during the COVID-19 pandemic. Refer to note 2.1 for how we accounted for this arrangement.

The material financial impacts of the pandemic are disclosed at:

- Note 2: Funding delivery of our services
- Note 3: The cost of delivering services.

Note 1.3 Abbreviations and terminology used in the financial statements

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

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

Note 1.4 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 entities are set out in Note 8.7.

The parent entity is 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 taken into account.

Monash Health consolidate 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 1.5 Key accounting estimates and judgements

Management make estimates and judgements when preparing the financial statements.

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

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

The accounting policies, significant management judgements and estimates used and any changes thereto, are identified at the beginning of each section where applicable and are disclosed in further detail throughout the accounting policies.

Note 1.6 Accounting standards issued but not yet effective

Monash Health has undertaken an assessment of accounting standards and interpretations issued by the AASB that are not yet mandatorily applicable, and the adoption of these standards are not expected to have a material impact.

Note 1.7 Goods and Services Tax (GST)

Income, expenses and assets are recognised net of the amount of associated GST, unless 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 receivable or payable. 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. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the ATO, are presented as operating cash flow.

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

Note 1.8 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

Revenue recognised to fund the delivery of our services increased during the financial year which was partially attributable to the COVID-19 Coronavirus pandemic.

Activity based funding decreased as the level of activity agreed in the Statement of Priorities couldn't be delivered due to reductions in the number of patients being treated at various times throughout the financial year.

This was offset by additional funding provided by the DH to compensate for reductions in revenue and to cover certain direct and indirect COVID-19 related costs, including:

- increased staffing costs to service the vaccination hubs and contact tracing unit
- pathology testing costs due to COVID-19 tests
- ongoing personal protective equipment costs.

Funding provided included:

- COVID-19 grants to fund the incremental impacts of COVID-19, including vaccination costs
- state repurpose grants to fund the shortfall from activity based funding agreed in the Statement of Priorities
- sustainability funding for operational costs
- additional elective surgery funding for the elective surgery blitz coming out of earlier COVID-19 lockdowns
- Local Public Health Unit (LPHU) funding for the LPHU program costs including contact tracing and case management
- Better @ home funding to help support patient care in the home
- mental health capacity funding for expanded patient capacity.

For the year ended 30 June 2022, the COVID-19 pandemic has impacted Monash Health's ability to satisfy its performance obligations contained within grant agreements which were initially classified as contracts with customers due to the presence of enforceable sufficiently specific performance obligations. Monash Health were advised by the funding bodies there would be no obligation to return funds to each relevant funding body where performance obligations had not been met.

This resulted in approximately $235m being recognised as income for the year ended 30 June 2022 (2021: $80m) which would have otherwise been recognised as a contract liability in the Balance Sheet until subsequent years when underlying performance obligations were fulfilled. The impact of contract modifications obtained for Monash Health's most material revenue streams, where applicable, is disclosed within this note.

Key judgements and estimates

This section contains the following key judgements and estimates:

Key judgements and estimates	Description
Identifying performance obligations	Monash Health applies significant 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 criteria 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 criteria is not met, funding is recognised immediately in the net result from operations.
Determining timing of revenue recognition	Monash Health applies significant 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 significant 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.

Note 2.1: Revenue and income from Transactions

	Consolidated 2022 $'000	Consolidated 2021 $'000
Government grants (State) - operating	1,496,635	1,407,098
Government grants (Commonwealth) - operating	124,498	126,022
Patient and resident fees	37,458	43,326
Private practice fees	9,662	9,650
Commercial activities[i]	172,485	146,431
Total revenue from operating activities	**1,840,737**	**1,732,527**
Government grants (State) - operating	718,510	540,701
Government grants (Commonwealth) - operating	6,669	7,125
Government grants (State) - capital	276,098	308,176
Other capital purpose income	39,557	32,730
Capital donations	5,349	5,325
Assets received free of charge	49,549	42,975
Other revenue from operating activities	49,541	48,586
Total income from operating activities	**1,145,273**	**985,617**
Total revenue and income from operating activities	**2,986,010**	**2,718,144**

Income from other sources

Other interest	1,205	1,060
Total income from non-operating activities	**1,205**	**1,060**
Total revenue and income from transactions	**2,987,215**	**2,719,204**

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

How we recognise revenue and income from transactions

Government 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 satisfied its performance obligations, at the time or over time 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, in accordance with AASB 1058 *Income for not-for-profit entities*, 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 Weighted Inlier Equivalent Separation (WIES) casemix	The performance obligations for ABF are the number and mix of patients admitted to hospital (defined as 'casemix') in accordance with the levels of activity agreed to, with the DH in the annual Statement of Priorities. Revenue is recognised at a point in time, which is when a patient is discharged, in accordance with the WIES activity when an episode of care for an admitted patient is completed. WIES was superseded by NWAU from 1 July 2021, for acute, sub-acute and state-wide (which includes specified grants, state-wide services and teaching and training). Services not transitioning at this time include mental health.
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 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

The performance obligations related to Private Practice Fees are the providing of Medical procedures and services. These performance obligations have been selected as they align with the terms and conditions agreed with the private provider. Revenue is recognised at the time the services are provided and include recoupments from the private practice for the use of hospital facilities.

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 surplus such as the specific restricted purpose surplus.

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.

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

	2022 $'000	2021 $'000
Personal Protective Equipment received free of charge under State supply arrangements	48,289	42,975
Other assets received free of charge	1,260	-
Total fair value of assets and services received free of charge or for nominal consideration	**49,549**	**42,975**

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

Personal protective equipment
In order to meet the State of Victoria's health system supply needs during the COVID-19 pandemic, the purchasing of essential personal protective equipment (PPE) and other essential plant and equipment was centralised. Generally, the State Supply Arrangement stipulates that Health Purchasing Victoria (trading as HealthShare Victoria) sources, secures and agrees terms for the purchase of PPE. The purchases are funded by the Department of Health, while Monash Health takes delivery and distributes an allocation of the products to health services. Monash Health receives these resources free of charge and recognises them as income. Significant judgement has been applied by Monash Health to conclude that the PPE inventory held by Monash Health is held by Monash Health as an agent for the Department of Health.

Contributions
Monash Health may receive assets for nil or nominal consideration to further its objectives. The assets are recognised at their fair value when Monash Health obtains control over the asset, irrespective of whether restrictions or conditions are imposed over the use of the contributions.

On initial recognition of the asset, Monash Health recognises related amounts being contributions by owners, lease liabilities, financial instruments, provisions and revenue or contract liabilities arising from a contract with a customer. Monash Health recognises income immediately in the profit or loss as the difference between the initial fair value of the asset and the related amounts.

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

Voluntary Services
Contributions by volunteers, in the form of services, are only recognised when fair value can be reliably measured, and the services would have been purchased if they had not been donated.

Monash Health greatly values the services contributed by volunteers, but it does not depend on volunteers to deliver its services, and these services would not have been acquired if they had not been donated.

Non-cash contributions from the Department of Health
The Department of Health makes some payments on behalf of Monash Health as follows:

Supplier	Description
Department of Health	Department of Health covers the cash payments for major capital projects such as the Victorian Heart Hospital.
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 recorded.

Structure

- 3.1 Expenses from Transactions
- 3.2 Employee benefits in the Balance Sheet
- 3.3 Superannuation
- 3.4 Other Economic Flows

Expenses incurred to deliver our services increased during the financial year which was partially attributable to the COVID-19 coronavirus pandemic. Additional costs were incurred to:

- establish facilities within Monash Health for the treatment of suspected and admitted COVID-19 patients resulting in an increase in employee costs and additional equipment purchases
- continue COVID-19 safe practices throughout Monash Health including increased cleaning, increased security and consumption of personal protective equipment
- assist with COVID-19 case management, contact tracing and outbreak management contributing to an increase in employee costs
- continue vaccination clinics to administer vaccines to staff and the community resulting in an increase in employee costs and additional equipment purchased
- continue COVID-19 testing facilities for staff and the community, resulting in an increase in employee costs and consumables
- continue work from home arrangements resulting in increased ICT infrastructure costs and additional equipment purchases.

Key judgements and estimates

This section contains the following key judgements and estimates:

Key judgements and estimates	Description
Classifying employee benefit liabilities	Monash Health applies significant 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 significant 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 anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by 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

	Consolidated 2022 $'000	Consolidated 2021 $'000
Salaries and wages	1,768,173	1,600,131
On-costs	224,554	188,742
WorkCover premium	21,800	25,565
Agency expenses	36,199	23,935
Total employee expenses	**2,050,726**	**1,838,372**
Drug supplies	124,649	119,224
Medical and surgical supplies (including prostheses)	200,212	166,651
Diagnostic and radiology supplies	35,711	24,901
Other supplies and consumables	48,593	42,372
Total supplies and consumables	**409,165**	**353,148**
Finance costs	2,444	2,513
Finance costs - PPP arrangements	4,660	4,662
Total finance costs	**7,103**	**7,175**
Public Private Partnership operating expenses	12,447	11,083
Total PPP operating expenses	**12,447**	**11,083**
Fuel, light, power and water	25,569	22,219
Repairs and maintenance	23,697	22,537
Medical indemnity insurance	30,488	28,566
Expenses related to short term leases	51	650
Expenses related to leases of low value assets	10,814	9,170
Other administrative expenses	113,113	83,767
Total other operating expenses	**203,732**	**166,908**
Total operating expense	**2,683,173**	**2,376,687**
Depreciation and amortisation (refer note 4.4)	146,647	142,604
Total depreciation and amortisation	**146,647**	**142,604**
Expenditure for capital purposes	11,243	9,553
Bad and doubtful debt expense	2,152	2,384
Specific expense	583	5,107
Total other non-operating expenses	**13,978**	**17,044**
Total non-operating expense	**160,625**	**159,648**
Total expenses from transactions	**2,843,798**	**2,536,334**

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
- WorkCover premium.

Supplies and consumables
Supplies and consumables - supplies and services costs which 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 as grants in determining the operating result for the year by recording them as revenue and also recording the related 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: Employee benefits in the balance sheet

Current Provisions	Consolidated 2022 $'000	Consolidated 2021 $'000
Employee benefits		
Accrued Days Off		
Unconditional and expected to be settled wholly within 12 months [i]	7,065	6,024
Annual Leave		
Unconditional and expected to be settled wholly within 12 months [i]	139,421	125,226
Unconditional and expected to be settled wholly after 12 months [ii]	23,141	21,232
Long Service Leave		
Unconditional and expected to be settled wholly within 12 months [i]	27,354	24,803
Unconditional and expected to be settled wholly after 12 months [ii]	204,285	192,025
	401,266	**369,311**

Provisions related to employee benefit on-costs		
Unconditional and expected to be settled within 12 months [i]	18,528	16,491
Unconditional and expected to be settled after 12 months [ii]	29,855	23,362
	48,382	**39,853**
Total current provisions	**449,649**	**409,164**

Non-current provisions

Conditional Long Service Leave[ii]	69,499	74,822
Provisions related to employee benefit on-costs	9,351	8,193
Total non-current provisions	**78,850**	**83,015**

Total provisions	**528,498**	**492,180**

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

(a) Employee Benefits and Related On-Costs

Current Employee Benefits and Related On-Costs	Consolidated 2022 $'000	Consolidated 2021 $'000
Unconditional Long Service Leave entitlements	262,140	240,571
Annual Leave entitlements	180,444	162,569
Accrued Days Off	7,065	6,024
Non-current Employee Benefits and Related On-Costs		
Conditional Long Service Leave entitlements	78,850	83,015
Total Employee Benefits and Related On-Costs	**528,498**	**492,180**

(b) Movement in On-Costs Provision

	Consolidated 2022 $'000	Consolidated 2021 $'000
Balance at start of year	**39,853**	**36,839**
Additional provisions recognised	9,098	8,333
Unwinding of discount and effect of changes in the discount rate	-624	305
Reduction due to transfer out	55	-5,624
Balance at end of year	**48,382**	**39,853**

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 as an expense during the period the services are delivered.

Provisions
Provisions are recognised when Monash Health has a present obligation, the future sacrifice of economic benefits is probable, and the amount of the provision can be measured reliably.

The amount recognised as a liability is the best estimate of the consideration required to settle the present obligation at reporting date, taking into account the risks and uncertainties surrounding the obligation.

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 settlements of these liabilities.

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

- nominal value – if 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 (LSL)
The liability for long service leave 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 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 $16m in 2022 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).

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 3.3: Superannuation

	Paid Contribution for the Year		Contribution Outstanding at Year End	
Defined benefit plans[i]	**Consolidated 2022 $'000**	**Consolidated 2021 $'000**	**Consolidated 2022 $'000**	**Consolidated 2021 $'000**
State superannuation fund	422	478	15	33
First State Super	2,375	2,520	386	362
Unisuper	12	12	1	-
Defined contribution plans				
First State Super	61,296	57,468	10,541	9,076
Hesta	67,974	58,780	11,606	9,538
VicSuper and Other	27,837	18,891	5,572	3,458
Total	**159,916**	**138,149**	**28,121**	**22,467**

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

The 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 Department of Treasury and Finance 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

In relation to defined contribution (i.e. accumulation) superannuation plans, the associated expense 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 3.4: Other Economic Flows

	Consolidated 2022 $'000	Consolidated 2021 $'000
Net gain/(loss) on disposal of property, plant and equipment	157	675
Total net gain/(loss) on non-financial assets	**157**	**675**
Share of net profits of associates	74	197
Total share of other economic flows from joint operations	**74**	**197**
Net gain/(loss) arising from revaluation of long service liability	21,213	36,689
Total other losses from other economic flows	**21,213**	**36,689**
Total other losses from economic flows	**21,444**	**37,561**

How we recognise other economic flows

Other economic flows are changes in the volume or value of an asset or liability that do not result from transactions. Other gains/(losses) from other economic flows include the gains or losses from the revaluation of the present value of the Long Service Leave liability due to changes in the bond interest rates, and 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 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 Property, plant and equipment
- 4.2 Revaluation surplus
- 4.3 Intangible assets
- 4.4 Depreciation and amortisation
- 4.5 Impairment of assets

Assets used to support the delivery of our services during the financial year were not materially impacted by the COVID-19 coronavirus pandemic.

Key judgements and estimates

This section contains the following key judgements and estimates:

Key judgements and estimates	Description
Estimating useful life and residual value of property, plant and equipment	Monash Health assigns an estimated useful life to each item of property, plant and equipment, whilst also estimating the residual value of the asset, if any, at the end of the useful life. This is used to calculate depreciation of the asset. The health service reviews the useful life, residual value 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 significant 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 in technological, market, economic or legal environment which adversely impacts the way the health service uses an asset • if an asset is obsolete or damaged • if the asset has become idle or if there are plans to discontinue or dispose of the asset before the end of its useful life • if the performance of the asset is or will be worse than initially expected. Where an impairment trigger exists, the health services applies significant judgement and estimate to determine the recoverable amount of the asset.

Note 4.1: Property, plant and equipment

(a): Gross carrying amount and accumulated depreciation

Land	Consolidated 2022 $'000	Consolidated 2021 $'000
- Land at fair value	297,713	290,803
Total land	**297,713**	**290,803**
Buildings		
- Buildings at fair value	1,378,274	1,354,242
Less accumulated depreciation	-234,128	-154,713
Sub-total buildings at fair value	**1,144,145**	**1,199,529**
Building work in progress at cost	459,584	277,954
Total buildings	**1,603,729**	**1,477,483**
Plant and equipment		
- Plant and equipment at fair value	81,599	74,503
Less accumulated depreciation	-45,949	-39,571
Sub-total plant and equipment	**35,650**	**34,932**
Motor vehicles		
- Motor vehicles at fair value	1,559	1,588
Less accumulated depreciation	-1,559	-1,588
Sub-total motor vehicles	**-**	**-**
Medical equipment		
- Medical equipment at fair value	241,337	227,882
Less accumulated depreciation	-139,116	-125,724
Sub-total medical equipment	**102,220**	**102,158**
Computers and communication equipment		
- Computers and communication equipment at fair value	38,938	34,888
Less accumulated depreciation	-30,150	-24,018
Sub-total computers and communication equipment	**8,788**	**10,869**
Furniture and fittings		
- Furniture and fittings at fair value	71,913	62,731
Less accumulated depreciation	-19,123	-12,462
Sub-total furniture and fittings	**52,790**	**50,270**
Cultural assets		
- Cultural assets at fair value	2,792	2,792
Sub-total cultural assets	**2,792**	**2,792**

Gross carrying amount and accumulated depreciation (continued)	Consolidated 2022 $'000	Consolidated 2021 $'000
Assets under construction at cost	**894**	**456**
Land - ROU at fair value	5,472	5,472
Less accumulated depreciation	-458	-301
Sub-total: ROU land at fair value	**5,014**	**5,171**
PPP - ROU buildings at fair value	159,533	159,533
Less accumulated depreciation	-21,840	-14,567
Sub-total: PPP - ROU buildings at fair value	**137,693**	**144,966**
PPP - ROU improvements at valuation	893	893
Less accumulated depreciation	-893	-839
Sub-total: PPP - ROU improvements at valuation	**-**	**54**
Buildings - ROU at fair value	49,241	42,080
Less accumulated depreciation	-12,419	-7,960
Sub-total: - ROU buildings at fair value	**36,822**	**34,120**
Leasehold improvements ROU at fair value	1,381	1,381
Less accumulated depreciation	-69	-35
Sub-total: - ROU leasehold improvements at fair value	**1,312**	**1,347**
Plant, equipment, motor vehicles, medical equipment ROU at fair value	15,915	14,311
Less accumulated depreciation	-12,174	-10,801
Sub-total: - ROU plant, equipment, motor vehicles, medical equipment at fair value	**3,741**	**3,510**
Total Right-of-Use Assets	**184,582**	**189,168**
Total Property, Plant and Equipment	**2,289,159**	**2,158,932**

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 (excluding right-of-use assets) are initially measured at cost. Where an asset is acquired for no or nominal cost, being far below the fair value of the asset, the deemed cost is its fair value at the date of acquisition. Assets transferred as part of an amalgamation/machinery of government change are transferred at their carrying amounts.

The cost of constructed non-financial physical assets includes the cost of all materials used in construction 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.

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

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

An independent valuation of Monash Health's property, plant and equipment was last performed by the VGV on 30 June 2019.

The managerial assessment performed as at 30 June 2022 indicated a cumulative movement of 5.9% (2021 3.8%) for buildings since the last revaluation. As such, a managerial revaluation adjustment was not required for buildings.

The managerial assessment performed at 30 June 2022 indicated a cumulative movement greater than 40% for land since the last independent revaluation. As such, an interim independent valuation was required as at 30 June 2022 and an adjustment of $5.7m was recorded. Refer to note 7.4 for further disclosures around fair value determination.

The valuations, which comply with Australian Valuation Standards, were determined by reference to the amount for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction.

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

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

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

The revaluation 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

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

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

Right-of-use assets and their respective lease terms include:

Class of right-of-use asset	Lease term
Leased land	30 to 39 years
Leased buildings	1 to 35 years
Leased plant, equipment, furniture, fittings and vehicles	1 to 5 years

Presentation of right-of-use assets

Monash Health presents right-of-use assets as 'property, plant and equipment'.

Initial recognition

When a contract contains or is a lease, a right-of-use asset and corresponding lease liability is recognised. The definition and recognition criteria of a lease is disclosed at Note 6.1. 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 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. 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.

Also included in Right of Use Buildings at Fair Value is the Casey Hospital Expansion Project which was completed during the year ended 30 June 2020. The project is funded as a Public Private Partnership under a Project arrangement between the State of Victoria and Plenary Health Pty Ltd.

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 4.1 (b): Property, Plant and Equipment – Reconciliations of the carrying amounts of each class of asset

Consolidated	Land $'000	Buildings $'000	Plant & Equipment $'000	Medical Equipment $'000	Computers & Comm Equipment $'000	Furniture & Fittings $'000	Cultural Assets $'000	Right-of-Use Assets $'000	Assets Under Construction $'000	Total $'000
Balance at 1 July 2020	**258,548**	**1,339,186**	**32,175**	**74,728**	**6,313**	**40,642**	**2,793**	**195,810**	**3,644**	**1,953,838**
Additions	-	237,353	5,988	38,212	8,239	6,906	-	5,874	481	303,052
Disposals	-	-	-31	-77	-	-2	-	-	-	-110
Revaluation increments/ (decrements)	32,256	-	-	-	-	-	-	-	-	32,256
Net transfers between classes	-	-20,695	3,164	3,510	890	9,264	-	1,047	-3,668	-6,487
Depreciation (refer note 4.4)	-	-78,361	-6,364	-14,217	-4,572	-6,538	-	-13,563	-1	-123,616
Balance at 30 June 2021	**290,803**	**1,477,483**	**34,932**	**102,158**	**10,869**	**50,270**	**2,793**	**189,168**	**456**	**2,158,932**
Additions	1,260	213,414	4,543	16,036	3,311	6,779	-	9,032	749	255,122
Disposals	-	-	-27	-134	-	-4	-	-187	-	-353
Revaluation increments/ (decrements)	5,651	-	-	-	-	-	-	-	-	5,651
Net transfers between classes	-	-7,752	2,727	534	892	2,413	-	-	-310	-1,497
Depreciation (refer note 4.4)	-	-79,415	-6,524	-16,375	-6,284	-6,667	-	-13,432	-	-128,697
Balance at 30 June 2022	**297,713**	**1,603,729**	**35,650**	**102,220**	**8,788**	**52,790**	**2,793**	**184,582**	**894**	**2,289,159**

Note 4.2: Revaluation Surplus

Property, Plant and Equipment Revaluation Surplus		Consolidated 2022 $'000	Consolidated 2021 $'000
Balance at the beginning of the reporting period		**1,083,482**	**1,051,226**
Revaluation increment			
- Land	4.1 (b)	5,651	32,256
Balance at the end of the reporting period		**1,089,133**	**1,083,482**
Represented by:			
- Land		238,766	233,115
- Buildings		778,924	778,924
- Leased building		70,678	70,678
- Cultural assets		447	447
- Motor vehicles		317	317
		1,089,133	**1,083,482**

Note 4.3: Intangible Assets

Note 4.3 (a) Intangible assets – Gross carrying amount and accumulated amortisation	Consolidated 2022 $'000	Consolidated 2021 $'000
Intangible produced assets - software	124,394	122,142
Less accumulated amortisation	-75,483	-57,529
Intangible work in progress at cost	20,011	9,759
Total intangible assets	**68,921**	**74,372**

Note 4.3 (b): Intangible assets – Reconciliation of carrying amounts

Consolidated	Total $'000
Balance at 1 July 2020	**83,709**
Additions	3,164
Net transfers between classes	6,487
Amortisation (note 4.4)	-18,988
Balance at 30 June 2021	**74,372**
Additions	11,007
Net transfers between classes	1,497
Amortisation (note 4.4)	-17,954
Balance at 30 June 2022	**68,922**

How we recognise intangible assets

Intangible assets represent identifiable non-monetary assets without physical substance such as computer software. Intangible assets, including purchased intangible assets, are initially recognised at cost.

An internally generated intangible asset arising from development (or from the development phase of an internal project) is also recognised at cost if, and only if, all of the following are demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use or sale
- an intention to complete the intangible asset and use or sell it
- the ability to use or sell the intangible asset
- the intangible asset will generate probable future economic benefits
- the availability of adequate technical, financial and other resources to complete the development and to use or sell the intangible asset, and
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Expenditure on research activities is recognised as an expense in the period on which it is incurred.

Subsequent measurement

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

Note 4.4: Depreciation and amortisation

Depreciation	Consolidated 2022 $'000	Consolidated 2021 $'000
Buildings	79,415	78,361
Plant and equipment	6,524	6,364
Medical equipment	16,374	14,217
Computers and communication equipment	6,281	4,572
Furniture and fittings	6,667	6,538
Right of use assets:		
- land	157	301
- buildings	4,668	4,382
- PPP buildings	7,273	7,273
- plant, equipment and vehicles	1,334	1,605
Total Depreciation	**128,693**	**123,615**
Amortisation		
Intangible Assets	17,954	18,988
Total Amortisation	**17,954**	**18,988**
Total Depreciation and Amortisation	**146,647**	**142,604**

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.

How we recognise amortisation

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

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

	2022	2021
Buildings		
- Structure shell building fabric	45 to 70 years	45 to 70 years
- Site engineering services and central plant	22 to 30 years	22 to 30 years
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 fitting	10 years	10 years
Motor vehicles	4 years	4 years
Right of use buildings	2 to 55 years	2 to 55 years
Right of use land	30 to 40 years	30 to 40 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 4.5: 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 2022 (2021: 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 and contract assets
- 5.2 Inventories
- 5.3 Payables and contract liabilities
- 5.4 Other liabilities

Other assets and liabilities used to support the delivery of our services during the financial year were not materially impacted by the COVID-19 coronavirus pandemic.

Key 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 significant 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 significant 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 (a): Receivables and Contract Assets

Current

		Consolidated 2022 $'000	Consolidated 2021 $'000
Contractual			
Inter hospital debtors		3,902	4,329
Trade debtors		12,537	9,320
Patient fees		13,739	13,640
Contract assets AASB15	5.1 (c)	28,796	19,770
Amounts receivable from governments and agencies		5,883	1,171
Less allowance for doubtful debts			
Trade debtors	7.2 (a)	-1,287	-750
Patient Fees	7.2 (a)	-3,423	-3,476
		60,148	**44,003**
Statutory			
GST receivable		7,164	4,737
		7,164	**4,737**
Total current receivables		**67,312**	**48,740**

Non-current

Contractual			
Long Service Leave - Department of Health		161,599	138,904
		161,599	**138,905**
Total non-current receivables		**161,599**	**138,905**
Total Receivables[i]		**228,911**	**187,645**

i. Financial assets classified as receivables and contract assets (Note 7.1 (a)).

Total receivable and contract assets		228,911	187,645
Provision for impairment		4,709	4,225
Contract assets		-28,796	-19,770
GST receivable		-7,164	-4,737
Total financial assets	**7.1 (a)**	**197,660**	**167,363**

As at 30 June 2022, Monash Health has contract assets of $28.8m (2021: $19.8m). There is no expected credit losses from these contract assets.

Note 5.1 (b): Movement in the Allowance for impairment losses of contractual receivables

	Consolidated 2022 $'000	Consolidated 2021 $'000
Balance at beginning of year	**4,226**	**4,326**
Reversal of provision of receivables written off during the year as uncollectable	-1,673	-2,485
Increase in provision recognised in the net result	2,157	2,385
Balance at end of year	**4,709**	**4,226**

How we recognise receivables

Receivables consist of:

- Contractual receivables, which mostly includes debtors in relation to goods and services. These receivables are classified as financial instruments and categorised as financial assets at amortised costs. 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, which mostly includes amounts owing from the Victorian Government and 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 nominal amounts due and are due for settlement within 30 days from the date of recognition.

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

Monash Health is not exposed to any significant credit risk exposure to any single counterparty or any group of counterparties having similar characteristics. Trade receivables consist of a large number of customers in various geographical areas. Based on historical information about customer default rates, management consider the credit quality of trade receivables that are not past due or impaired to be good.

Impairment losses of contractual receivables

Refer to Note 7.2 (a) Contractual receivables at amortised costs for Monash Health's contractual impairment losses.

Note 5.1 (c): Contract assets

	Consolidated 2022 $'000	Consolidated 2021 $'000
Opening Balance	19,770	20,110
Add: additional costs that are incurred that are recoverable from the customer	219,605	199,407
Less: transfer to trade receivable or cash at bank	-210,579	-199,747
Total contract assets	**28,796**	**19,770**
Represented by:		
Current contract assets	**28,796**	**19,770**

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, at this time an invoice is issued. Contract assets are expected to be recovered early in the 2022/23 financial year.

Note 5.2: Inventories

	Consolidated 2022 $'000	Consolidated 2021 $'000
Medical and surgical consumables	7,452	7,649
Pharmacy supplies	9,992	10,000
Pathology supplies	3,960	4,816
General stores	3,703	3,229
Total inventories at cost	**25,107**	**25,694**

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 acquired at no cost or for nominal consideration are measured at current replacement cost at the date of acquisition.

Note 5.3: Payables and Contract Liabilities

		Consolidated 2022 $'000	Consolidated 2021 $'000
Current			
Contractual			
Trade creditors		13,688	5,737
Accrued salaries and wages		82,601	73,495
Accrued expenses		117,696	69,892
Deferred capital grant revenue	5.3 (a)	884	85
Contract liabilities - income received in advance	5.3 (b)	107,614	59,819
Other		11,630	8,721
Total payables[i]		**334,113**	**217,749**

i. Financial liabilities classified as payables and contract liabilities (note 7.1 (a)).

Total payables and contract liabilties		334,113	217,749
Deferred capital grant revenue		-884	-85
Contract liabilities - income received in advance		-107,614	-59,819
Total financial liabilities		**225,615**	**157,844**

How we recognise payables and contract liabilities

Payables consist of:

- Contractual payables 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 that 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.

Payables include $50.9m for goods received that remain unpaid as at 30 June 2022 (2021: $8.2m) relating to the state health product supply (refer Note 6.2).

The normal credit terms for accounts payable are usually Nett 60 days. However, in 2022 and 2021, Monash Health operated on shortened supplier terms of 5 to 10 days for all invoices as part of the Victorian State government COVID-19 Economic Survival and Jobs Package measures.

Note 5.3 (a): Deferred Capital Grant Revenue

	Consolidated 2022 $'000	Consolidated 2021 $'000
Opening balance of deferred grant income	85	7,421
Grant consideration for capital works received during the year	278,013	315,520
Grant revenue for capital works recognised consistent with the capital works undertaken during the year	-277,214	-322,856
Closing balance of deferred grant consideration received for capital works	**884**	**85**

How we recognise deferred capital grant revenue

Grant consideration was received from DH and other government departments to acquire buildings, plant and equipment, furniture and fittings, computer equipment and software and medical equipment. Grant revenue is recognised progressively as the asset is constructed, since this is the time when Monash Health satisfies its obligations under the transfer by controlling the asset as and when it is constructed. The progressive percentage costs incurred is used to recognise income because this most closely reflects the progress to completion as costs are incurred as the works are done (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 revenue for capital works by 31 December 2022.

Note 5.3 (b): Contract Liabilities

	Consolidated 2022 $'000	Consolidated 2021 $'000
Opening balance of contract liabilities	**59,819**	**45,957**
Add: payments received for performance obligations not yet fulfilled	219,604	199,407
Add: grant consideration for sufficiently specific performance obligations received during the year	1,668,929	1,546,822
Less: revenue recognised in the reporting period for the completion of a performance obligation	-219,604	-199,407
Less: grant revenue for sufficiently specific performance obligations works recognised consistent with the performance obligations met during the year	-1,621,133	-1,532,960
Total contract liabilities	**107,614**	**59,819**
Represented by:		
Current contract liabilities	107,614	59,819

How we recognise contract liabilities

Contract liabilities include consideration received in advance from customers and the State Government. We have a higher balance of Government revenue received in advance due to delayed activities from operational impacts of COVID-19.

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 7.1(b) for the ageing analysis of payables.

Note 5.4: Other Liabilities

	Consolidated 2022 $'000	Consolidated 2021 $'000
Current		
Monies held in trust		
- Patient monies	197	226
- Refundable Accommodation deposits	12,928	13,045
- Government COVID-19 Victorian health services product funds	69,802	7,429
Total monies held in trust	**82,927**	**20,699**
Represented by:		
Cash assets	82,927	20,699
Total	**82,927**	**20,699**

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*.

Government COVID-19 Victorian health service product funds

As at 30 June 2022 Monash Health has recorded a liability of $69.8m (2021: $7.4m) for amounts received from DH but unspent in acquiring health services products on their behalf (refer Note 6.2).

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
- 6.4 Non-cash financing and investing activities

Our finance and borrowing arrangements were not materially impacted by the COVID-19 pandemic.

Key judgements and estimates

This section contains the following key judgements and estimates:

Key judgements and estimates	Description
Determining if a contract is or contains a lease	Monash Health applies significant 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.

Key judgements and estimates (continued)	Description (continued)
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

	Consolidated 2022 $'000	Consolidated 2021 $'000
Current		
– Public private partnership (PPP) related lease liabilities	4,337	4,081
– Non PPP related lease liabilities	5,035	5,195
– TCV loan[i]	1,500	1,413
– Advances from government	1,063	1,000
– Other financial liability	1,641	1,465
Total current borrowings	**13,577**	**13,155**
Non-current		
– Public private partnership (PPP) related lease liabilities	34,553	38,891
– Non PPP related lease liabilities	39,476	35,878
– TCV loan[i]	20,510	22,010
– Advances from government	4,611	5,867
– Other financial liability	16,087	17,729
Total non-current borrowings	**115,237**	**120,374**
Total borrowings	**128,814**	**133,528**

i. During the year ended 30 June 2010 Monash Health entered into a loan agreement with the Treasury Corporation of Victoria 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 the Treasury Corporation of Victoria 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.

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. The measurement basis subsequent to initial recognition depends on whether Monash Health has categorised its liability as either 'financial liabilities designated at fair value through profit or loss', or financial liabilities at 'amortised cost'.

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.

Lease Liabilities

Repayments in relation to leases are payable as follows:

	Consolidated 2022 $'000	Consolidated 2021 $'000
Total undiscounted lease liabilities	102,060	103,736
Less unexpired finance expenses	-18,658	-19,692
Net lease liabilities	**83,402**	**84,044**
Casey Hospital Public Private Partnership lease		
Repayments in relation to leases are payable as follows:		
Not later than one year	6,592	6,592
Later than one year but not later than five years	26,370	26,370
Later than five years	15,382	21,975
Minimum future lease liability	**48,345**	**54,937**
Less unexpired finance expenses	-9,454	-11,966
Present value of lease liability	**38,891**	**42,972**
Other lease liabilities payable		
Not later than one year	6,249	6,264
Later than one year but not later than five years	17,045	16,270
Later than five years	30,421	26,265
Minimum future lease liability	**53,715**	**48,799**
Less unexpired finance expenses	-9,204	-7,726
Present value of lease liability	**44,511**	**41,072**
Total minimum future lease liability	**102,060**	**103,736**
Less unexpired finance expenses	-18,658	-19,692
Total present value of lease liability	**83,402**	**84,044**
Included in the financial statements as:		
Current borrowings lease liabilities	9,372	9,276
Non-current borrowing lease liabilities	74,029	74,768
	83,402	**84,044**

The interest rate implicit in the lease is 4.3% (2021: 4.4%).

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	29 to 38 years
Leased buildings	1 to 34 years
Leased plant, equipment, furniture, fittings and vehicles	1 to 3 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

Separation of lease and non-lease components

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

Initial measurement

The lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease if that rate is readily determinable or Monash Health's incremental borrowing rate. Our lease liabilities, including PPP, have been discounted by rates of between 0% and 5.7%.

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.

Lease Liability – 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 any 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 a peppercorn or concessionary lease arrangement.

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

Description of leased asset	Our dependence on lease	Nature and terms of lease
DH Land	Monash Health's dependence on these two leases is considered high as we have buildings on them which have long useful lives.	Lease terms are 40 years. Lease payments are between $12 and $104 p.a.

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 Health). 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 Health under the Project Agreement for the life of that agreement, a period of up to 25 years.

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

Such PPP's are not accounted for as a Service Concession Arrangement within the scope of AASB 1059 *Service Concession Arrangements: Grantors* as the public service criterion is 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
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

	Consolidated 2022 $'000	Consolidated 2021 $'000
Cash and cash equivalents		
Cash on hand (excluding monies held in trust)	75	73
Cash at bank - CBS (excluding monies held in trust)	370,395	264,993
Cash at bank - CBS (monies held in trust)	133,884	29,160
Total cash and cash equivalents	**504,354**	**294,226**

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.

Monash Health entered into an agreement with the DH to act as an agent for the department in paying for, warehousing, and distributing products and equipment for Victorian public health services and other entities during the COVID-19 pandemic. These items are distributed at cost, and Monash Health receives no commission on the transactions. As Monash Health would only record the amount of any fee or commission to which it expects to be entitled in exchange for arranging these distributions, and as this amount is zero, there was no impact on the Comprehensive Operating Statement from this relationship.

As at 30 June 2022 the cash assets balance includes funds held on behalf of DH of $120.7m (2021: $15.6m). Liabilities of $120.7m (2021: $15.6m) have also been recognised comprising payables of $50.9m (2021: $8.2m) for goods received that remain unpaid (refer Note 5.3) and other liabilities of $69.8m (2021: $7.4m) for amounts received from DH but unspent in acquiring goods on their behalf as at year-end (refer Note 5.4).

For the year ended 30 June 2022 Monash Health received funding of $1,172m (2021: $176m) and made payments of $1,151m including GST (2021: $420m) acting as agent for DH.

Note 6.3: Commitments for expenditure

	Consolidated 2022 $'000	Consolidated 2021 $'000
Capital expenditure commitments		
Less than one year	7,574	8,299
Longer than one year but not longer than five years	634	6,490
Total capital expenditure commitments	**8,208**	**14,788**
Operating expenditure commitments		
Less than one year	60,437	63,334
Longer than one year but not longer than five years	97,255	86,417
Five years or more	12,449	7,842
Total operating expenditure commitments	**170,141**	**157,593**
Non-cancellable short-term and low value lease commitments		
Less than one year	5,188	4,622
Longer than one year but not longer than five years	8,142	9,505
Total non-cancellable lease commitments	**13,330**	**14,126**
Public private partnership commitments (commissioned)		
Less than one year	25,722	25,139
Longer than one year but not longer than five years	135,824	130,311
Five years or more	76,910	108,145
Total public private partnership commitments	**238,457**	**263,596**
Total commitments for expenditure (inclusive of GST)	**430,136**	**450,103**
Less GST recoverable from the Australian Tax Office	-39,103	-40,918
Total commitments for expenditure (exclusive of GST)	**391,033**	**409,185**

Note: the present values of the minimum lease payments for commissioned PPPs are recognised on the Balance Sheet (not disclosed as commitments).

Future lease payments are recognised on the Balance Sheet, refer to Note 6.1 Borrowings.

How we disclose our commitments

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

Commitments

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

Short term and low value leases

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.

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, the Department of Health 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.

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 Fair Value Determination
- 7.4 Contingent assets and contingent liabilities

Key judgements and estimates

This section contains the following key 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 and specialised buildings are also measured using this approach although they are 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.

Key judgements and estimates (continued)	Description
	Subsequently, Monash Health applies significant 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		Financial Assets at Amortised Cost	Financial Liabilities at Amortised Cost	Total
2022		**$'000**	**$'000**	**$'000**
Contractual financial assets				
Cash and cash equivalents	6.2	504,354	-	504,354
Receivables:				
– Trade debtors	5.1	12,537	-	12,537
– Other receivables	5.1	23,524	-	23,524
– Long Service Leave - Department of Health	5.1	161,599	-	161,599
Total financial assets[i]		**702,014**	**-**	**702,014**
Financial liabilities				
Payables and contract liabilties		-	225,615	225,615
Borrowings	6.1	-	128,814	128,814
Other financial liabilities:	5.4			
– Accommodation bonds		-	12,928	12,928
– Government COVID-19 Victorian Health Services Product funds		-	69,802	69,802
– Other		-	197	197
Total financial liabilties[i]		**-**	**437,357**	**437,357**

As at 30 June 2022 Monash Health has recorded an 'other liability' of $69.8m (2021: $7m) for amounts received from DH but unspent in acquiring health services products on their behalf (refer Note 6.2).

Consolidated		Financial Assets at Amortised Cost	Financial Liabilities at Amortised Cost	Total
2021		**$'000**	**$'000**	**$'000**
Contractual financial assets				
Cash and cash equivalents	6.2	294,226	-	294,226
Receivables:				
– Trade debtors	5.1	9,320	-	9,320
– Other receivables	5.1	19,139	-	19,139
– Long Service Leave - Department of Health	5.1	138,905	-	138,905
Total financial assets[i]		**461,589**	**-**	**461,589**
Financial liabilities				
Payables and contract liabilties		-	157,380	157,380
Borrowings	6.1	-	133,528	133,528
Other financial liabilities:	5.4			
– Accommodation bonds		-	13,045	13,045
– Government COVID-19 Victorian Health Services Product funds		-	7,429	7,429
– Other		-	226	226
Total financial liabilties[i]		**-**	**311,608**	**311,608**

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

How we categorise financial instruments

Categories of financial assets

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

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

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

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

Financial assets at amortised cost

Financial assets are measured at amortised 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).

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, financial liability and equity instrument 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.

Monash Health uses different methods to measure and manage the different risks to which it is exposed. 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 associated with patient and other debtors.

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, however it is mostly cash and deposits which are mainly cash at bank. Monash Health complies with the Victorian Government's Central Banking

System (CBS) requirement.

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.

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

Except as otherwise detailed in the following table, the carrying amount of contractual financial assets recorded in the financial statements, net of any allowances for losses, represents 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 2021-22.

Impairment of financial assets under AASB 9 *Financial Instruments*

Monash Health records the allowance for expected credit loss for the relevant financial instruments in accordance with AASB 9 *Financial Instruments* 'Expected Credit Loss' approach. Subject to AASB 9 impairment assessment include Monash Health's contractual receivables and statutory receivables, equity instruments are not subject to impairment under AASB 9. Other financial assets mandatorily measured or designated at fair value through net result are not subject to impairment assessment under AASB 9. While cash and cash equivalents are also subject to the impairment requirements of AASB 9, the identified impairment loss was immaterial.

Credit loss allowance is classified as other economic flows in the net result. Contractual receivables are written off when there is no reasonable expectation of recovery and impairment losses are classified as a transaction expense. Subsequent recoveries of amounts previously written off are credited against the same line item.

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:

30 June 2022	Note	Current	Less than 1 month	1–3 months	3 months –1 year	1–5 years	Total
Expected loss rate		**2.2%**	**6.9%**	**16.3%**	**20.6%**	**0.0%**	**7.3%**
Gross carrying amount of contractual receivables	5.1	44,001	3,638	2,132	15,167	-	64,938
Loss allowance		**-982**	**-251**	**-348**	**-3,128**	**-**	**-4,709**

30 June 2021							
Expected loss rate		**3.0%**	**5.5%**	**12.7%**	**30.3%**	**0.0%**	**8.7%**
Gross carrying amount of contractual receivables	5.1	32,664	4,572	2,755	8,720	-	48,710
Loss allowance		**-982**	**-251**	**-348**	**-2,644**	**-**	**-4,226**

Statutory receivables and debt investments at amortised cost

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 taking into account 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 face of the balance sheet and the amounts related to financial guarantees. The health service manages its liquidity risk by:

- support provided from the Department of Health (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.

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 analysis of Financial Liabilities as at 30 June

				Maturity Dates				
	Note	Carrying Amount	Nominal Amount	Less than 1 month	1-3 months	3 months - 1 Year	1-5 years	Over 5 years
2022		**$'000**	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**
Financial liabilities								
At amortised cost:								
Payables	5.3	225,615	225,615	214,469	1,454	3,877	5,815	-
Borrowings	6.1	128,814	128,814	1,500	3,825	8,252	53,039	62,198
Other financial liabilities[i]								
– Accommodation deposits	5.4	12,928	12,928	-	582	12,346	-	-
– Government COVID-19 deposit	5.4	69,802	69,802	69,802	-	-	-	-
– Other	5.4	197	197	197	-	-	-	-
Total financial liabilities		**437,357**	**437,357**	**285,969**	**5,861**	**24,474**	**58,854**	**62,198**
2021								
Financial liabilities								
At amortised cost:								
Payables	5.3	157,844	157,844	149,487	1,090	2,907	4,361	-
Borrowings	6.1	133,528	133,528	1,491	3,705	7,958	50,418	69,956
Other financial liabilities[i]								
– Accommodation deposits	5.4	13,045	13,045	-	587	12,458	-	-
– Government COVID-19 deposit		7,429	7,429	7,429	-	-	-	-
– Other	5.4	226	226	226	-	-	-	-
Total financial liabilities		**312,072**	**312,072**	**158,633**	**5,383**	**23,323**	**54,779**	**69,956**

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

Note 7.3: Fair value determination

How we measure fair value

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

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 7.3 (a): Fair value determination of non-financial physical assets

		Fair value measurement at end of reporting period using:		
Balance at 30 June 2022	**Consolidated Carrying Amount $'000**	**Level 1 [i] $'000**	**Level 2 [i] $'000**	**Level 3 [i] $'000**
Land at fair value				
– Non-specialised land	15,892	-	15,892	-
– Specialised land	281,822	-	-	281,822
Total land at fair value	**297,714**	**-**	**15,892**	**281,822**
Buildings at fair value				
– Non-specialised buildings	2,903	-	2,903	-
– Specialised buildings	1,141,242	-	-	1,141,242
Total buildings at fair value	**1,144,145**	**-**	**2,903**	**1,141,242**
Plant and equipment at fair value	35,650	-	-	35,650
Medical equipment at fair value	102,220	-	-	102,220
Computers and communication equipment at fair value	8,788	-	-	8,788
Furniture and fittings at fair value	52,790	-	-	52,790
Cultural assets at fair value	2,793	-	2,793	-
Total other property, plant and equipment	**1,644,099**	**-**	**21,588**	**1,622,511**

i. Classified in accordance with the fair value hierarchy. There have been no transfers between levels during the current or previous years.

Balance at 30 June 2021	Consolidated Carrying Amount $'000	Fair value measurement at end of reporting period using: Level 1 [i] $'000	Level 2 [i] $'000	Level 3 [i] $'000
Land at fair value				
- Non-specialised land	16,579	-	16,579	-
- Specialised land	274,224	-	-	274,224
Total land at fair value	**290,803**	**-**	**16,579**	**274,224**
Buildings at fair value				
- Non-specialised buildings	2,468	-	2,468	-
- Specialised buildings	1,197,062	-	-	1,038,240
Total buildings at fair value	**1,199,529**	**-**	**2,468**	**1,038,240**
Plant and equipment at fair value	34,932	-	-	34,932
Medical equipment at fair value	102,157	-	-	102,157
Computers and communication equipment at fair value	10,870	-	-	10,870
Furniture and fittings at fair value	50,269	-	-	50,269
Cultural assets at fair value	2,793	-	2,793	-
Total other property, plant and equipment	**1,532,531**	**-**	**21,839**	**1,510,692**

i. Classified in accordance with the fair value hierarchy. There have been no transfers between levels during the current or previous years.

How we measure fair value of non-financial physical assets

The fair value measurement of non-financial physical assets takes into account 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 take into account 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.

In accordance with AASB 13 *Fair Value Measurement* paragraph 29, 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 taken into account until it is virtually certain that any restrictions will no longer apply. Therefore, unless otherwise disclosed, the current use of these non-financial physical assets will be their highest and best 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 2019 for buildings and 30 June 2022 for land.

Specialised land and specialised buildings

Specialised land includes Crown Land which is measured at fair value with regard to the property's highest and best use after due consideration is made for any legal or physical restrictions imposed on the asset, public announcements or commitments made in relation to the intended use of the asset. Theoretical opportunities that may be available in relation to the assets are not taken into account until it is virtually certain that any restrictions will no longer apply. Therefore, unless otherwise disclosed, the current use of these non-financial physical assets will be their highest and best use.

During the reporting period, 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 their fair value.

The market approach is also used for specialised land and specialised buildings 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 is a reflection of 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 takes into account 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 valuation was performed using the market approach adjusted for CSO. The effective date of the valuation is 30 June 2019 for buildings and 30 June 2022 for land.

Furniture, fittings, plant and equipment

Furniture, fittings, plant and equipment (including medical equipment, computers and communication equipment) are held at fair value (current replacement 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 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 2022.

Reconciliation of Level 3 Fair Value Measurement

	Land	Buildings	Plant & Equipment	Medical Equipment	Computer & Comm Equipment	Furniture & Fittings
Consolidated	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**
Balance at 30 June 2020	**243,833**	**1,241,198**	**32,175**	**74,727**	**6,313**	**40,641**
Additions/(disposals)	-	34,006	9,121	41,646	9,129	16,167
Gains/(losses) recognised in net result:						
– Depreciation and amortisation	-	-78,143	-6,364	-14,217	-4,572	-6,538
Reclassification in/(out) Level 3:						
– Revaluation	30,392	-	-	-	-	-
Balance at 30 June 2021	**274,224**	**1,197,062**	**34,932**	**102,156**	**10,871**	**50,270**
Additions/(disposals)	-	24,032	7,242	16,436	4,203	9,187
– Depreciation and amortisation	-	-79,851	-6,524	-16,375	-6,284	-6,667
Reclassification on valuation	-	-	-	-	-	-
Reclassification in/(out) Level 3:						
– Revaluation	7,598	-	-	-	-	-
Balance at 30 June 2022	**281,821**	**1,141,242**	**35,650**	**102,218**	**8,789**	**52,790**

Fair value determination of Level 3 fair value measurement

Asset class	Likely valuation approach	Significant inputs (Level 3 only)[a]
Non-specialised land	Market approach	Not applicable
Specialised land	Market approach	Community Service Obligations adjustments [a]
Non-specialised buildings	Market approach	Not applicable
Specialised buildings	Current replacement cost approach	- Cost per square metre - Useful life
Vehicles	Current replacement cost approach	- Cost per unit - Useful life
Plant and equipment	Current replacement cost approach	- Cost per unit - Useful life
Medical equipment	Current replacement cost approach	- Cost per unit - Useful life
Computers and communication equipment	Current replacement cost approach	- Cost per unit - Useful life
Furniture and fittings	Current replacement cost approach	- Cost per unit - Useful life
Cultural assets	Market approach	Not applicable

(a) A Community Service Obligation (CSO) of 20% was applied to Monash Health's specialised land. Classified in accordance with the fair value hierarchy.

Note 7.4: 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 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 are aware of a legal dispute from past events that may result in a possible obligation to Monash Health. The possible obligation may arise from a class action on behalf of junior doctors in Victoria who allege they were denied pay for overtime hours worked.

It is not practical at this time to disclose a potential financial effect, if any.

Note 8: Other disclosures

This section includes additional material disclosures required by accounting standards or otherwise, for the understanding of this financial report.

Structure

- 8.1 Reconciliation of Net Result for the Year to Net Cash Flow from Operating Activities
- 8.2 Responsible Persons Disclosures
- 8.3 Remuneration of Executives
- 8.4 Related Parties
- 8.5 Remuneration of Auditors
- 8.6 Events Occurring after the Balance Sheet Date
- 8.7 Controlled Entities
- 8.8 Investments accounted for using the Equity Method
- 8.9 Equity
- 8.10 Economic Dependency

Our other disclosures were not materially impacted by the COVID-19 pandemic and its impact on our economy and the health of our community.

Note 8.1: Reconciliation of net result for the year to net cash inflow/(outflow) from operating activities

	Note	Consolidated 2022 $'000	Consolidated 2021 $'000
Net result for the year		**164,861**	**220,431**
Non-cash movements:			
Depreciation and amortisation	4.3	146,647	142,604
Provision for doubtful debts	5.1(a)	484	-100
Share of net results in associates	3.4	-74	-197
Revaluation of Long Service Leave provision		-21,213	-36,689
Net movement in lease liability and borrowings		-5,546	-5,148
Government non-cash funding		-206,658	-238,290
Discount (interest)/expense on loan		-256	237
Movements included in investing and financing activities			
Net (gain)/loss from sale of plant and equipment		-157	-675
Movements in assets and liabilities:			
For the financial year ended 30 June 2022			
(Increase)/decrease in receivables		-41,750	-6,481
(Increase)/decrease in other assets		-5,052	-1,352
Increase/(decrease) in payables		68,349	-36,545
Increase/(decrease) in other liabilities		110,967	-180,711
Increase/(decrease) in provisions		57,532	58,363
(Increase)/decrease in inventories		587	-738
Net cash inflow/(outflow) from operating activities		**268,722**	**-85,289**

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	Name	Period
Minister for Health	The Hon. Mary-Anne Thomas MP	27 June 2022 to 30 June 2022
Minister for Ambulance Services	The Hon. Mary-Anne Thomas MP	27 June 2022 to 30 June 2022
Minister for Mental Health	The Hon. Gabrielle William MP	27 June 2022 to 30 June 2022
Minister for Disability, Ageing and Carers	The Hon. Colin Brooks MP	27 June 2022 to 30 June 2022
Former Minister for Health	The Hon. Martin Foley MP	1 July 2021 to 27 June 2022
Former Minister for Ambulance Services	The Hon. Martin Foley MP	1 July 2021 to 27 June 2022
Former Minister for Mental Health	The Hon. James Merlino MP	1 July 2021 to 27 June 2022
Former Minister for Disability, Ageing and Carers	The Hon. Luke Donnellan MP	1 July 2021 to 11 October 2021
Former Minister for Disability, Ageing and Carers	The Hon. James Merlino MP	11 October 2021 to 6 December 2021
Former Minister for Disability, Ageing and Carers	The Hon. Anthony Carbines MP	6 December 2021 to 27 June 2022

Governing Boards	
Mr Dipak Sanghvi	01/07/2021 - 30/06/2022
Ms Aurélia Balpe	01/07/2021 - 30/06/2022
Emeritus Professor Hatem Salem AM	01/07/2021 - 30/06/2022
Ms Helen Brunt	01/07/2021 - 30/06/2022
Mrs Jane Bell	01/07/2021 - 30/06/2022
Associate Professor Misty Jenkins	01/07/2021 - 30/06/2022
Dr Peter McDougall	01/07/2021 - 30/06/2022
Ms Robyn McLeod	01/07/2021 - 30/06/2022
Mr Tony Brain	01/07/2021 - 30/06/2022

Accountable Officers	
Professor Andrew Stripp (Chief Executive)	01/07/2021 - 30/06/2022

Remuneration of Responsible Persons

The number of Responsible Persons are shown in their relevant income bands. Kitaya Holding Pty Ltd is Monash Health's controlled entity. Amounts relating to Kitaya Holding Pty Ltd's Governing Board Members and Accountable Officer are disclosed in its financial statements. Amounts relating to Responsible Ministers are reported within the State's Annual Financial Report.

Remuneration of Responsible Persons

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

Income Band	Consolidated 2022 No.	Consolidated 2021 No.
$50,000 - $59,999	-	8
$60,000 - $69,999	8	-
$100,000 - $109,999	-	1
$110,000 - $119,999	1	-
$540,000 - $549,999	-	1
$560,000 - $569,999	1	-
Total Numbers	**10**	**10**

	2022 $'000	2021 $'000
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	**$1,173**	**$1,112**

Note 8.3: Remuneration of Executives

The number of executive officers, other than Ministers and Accountable Officers, 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 2022 $'000	Consolidated 2021 $'000
Short-term benefits	3,089	3,012
Post-employment benefits	94	69
Other long-term benefits	269	254
Total remuneration[i]	**3,452**	**3,335**

Total number of executives	**12**	**9**
Total annualised employee equivalent[ii]	**9**	**9**

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 2021-22 year (2020-21: 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
- cabinet ministers (where applicable) and their close family members
- controlled Entity – Kitaya Holdings Pty Ltd, and
- all hospitals 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 entities, directly or indirectly. The Board of Directors and the Chief Executive of Monash Health are deemed to be KMPs.

Key management personnel of Monash Health

The Board of Directors and the 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 Professor Hatem Salem	Board Member
Ms Helen Brunt	Board Member
Mrs Jane Bell	Board Member
Associate Professor Misty Jenkins	Board Member
Dr Peter McDougall	Board Member
Ms Robyn McLeod	Board Member
Mr Tony Brain	Board Member
Professor Andrew Stripp	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 State's Annual Financial Report.

Compensation - KMPs	Consolidated 2022 $'000	Consolidated 2021 $'000
Short-term employee benefits[i]	1,071	1,008
Post-employment benefits	91	79
Other long-term benefits	11	25
Total[ii]	**1,173**	**1,112**

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.

Significant Transactions with Government Related Entities

Monash Health received funding from the Department of Health (DH) of $2,225m (2021: $1,985m) and indirect contributions of $25.6m (2021: $14.7m). Monash Health also received further funds from the DH of $1,172m (2021: $176m) to act as an agent for the DH in paying, warehousing and distributing products for Victorian health services and other entities during the COVID-19 pandemic. As at 30 June 2022 Monash Health have recorded a current liability of $69.8m (2021: $7.4m) 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 2022, the total amount due to DH in relation to this loan was $5.7m (2021: $6.9m).

Monash Health has two loan agreements with Treasury Corporation of Victoria (TCV) for $19.6m and $13.3m with amounts borrowed repayable over 22 and 20 years respectively. At 30 June 2022, the total amount due to TCV in relation to these loans was $22.0m (2020: $23.4m)

Expenses incurred by Monash Health in delivering services and outputs are in accordance with Health Purchasing 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 transactions 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 Victorian Government Procurement Board requirements.

Outside transactions undertaken on arm's length terms and in the ordinary course of carrying out Monash Health's functions and activities, there were no related party transactions that involved key management personnel, their close family members and 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 2022 (2021: nil).

There were no related party transactions required to be disclosed for the Monash Health Board of Directors and the Chief Executive in 2022.

Related party transactions required to be disclosed for Kitaya Holding Pty Ltd's Board of Directors in 2022 are disclosed in its financial statements.

Controlled Entities Related Party Transactions

Kitaya Holdings Pty Ltd

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

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

Mr Stuart Donaldson was Chief Financial Officer of Monash Health and a member of the Kitaya Holdings Pty Ltd Board up to his resignation on 23 November 2021. The Monash Health Board re-appointed Mr Stuart Donaldson as a director of Kitaya Holdings Pty Ltd again on 4 February 2022.

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:

	2022 $'000	2021 $'000
Rental income received from its controlled entity	1,200	1,200
Contracted goods and services provided to its controlled entity	18,405	18,306
Amount owing to controlled entity at balance date	11,942	12,369

8.5 Remuneration of auditors

	Consolidated 2022 $'000	Consolidated 2021 $'000
Victorian Auditor-General's Office		
Audit of the financial statements	297	297
Total remuneration of auditors	**297**	**297**

Note 8.6: Events occurring after the Balance Sheet date

There are no events occurring after the Balance Sheet date.

Note 8.7: Controlled entities

Monash Health's interest in the controlled operations 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%

Monash Health's interest in revenues and expenses resulting from this is detailed below:

Controlled Entities Contribution to the Consolidated Results

Net result for the year	2022 $'000	2021 $'000
Kitaya Holdings Pty Ltd	-1,631	-541

Contingent liabilities and capital commitments

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

Note 8.8: Investments accounted for using the equity method

Name of Entity	Principal Activity	Country of Incorporation	Ownership Interest 2022 %	Ownership Interest 2021 %	Fair Value 2022 $'000	Fair Value 2021 $'000
Associates						
Monash Health Research Precinct Pty Ltd [(a)(b)]	Property Investment	Australia	20.33	20.33	4,517	4,443

(a) As at 30 June 2022, 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 2022.

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.

Specific restricted purpose reserves

The specific restricted purpose reserve is established 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 received.

Note 8.10: Economic dependency

Monash Health is dependent on the continued financial support of the State Government and in particular, the Department of Health.

The Department of Health has provided confirmation that it will continue to provide Monash Health adequate cash flow support to meet its current and future obligations as and when they fall due for a period up to 31 October 2023. On that basis, the financial statements have been prepared on a going concern basis.

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