PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

2011-12 FINANCIAL AND PERFORMANCE OUTCOMES GENERAL QUESTIONNAIRE

DEPARTMENT OF HEALTH

SECTION A: **Output variations**

Question 1

Please provide copies of all of your department's/agency's annual plans, business plans, strategic plans, corporate plans or similar relating to 2011-12 (these are requested in accordance with Section 28(1) of the *Parliamentary Committees Act 2003*) unless they are online. If they are online, please specify the document name and web address:

Document	Web address:
The Department of Health has numerous plans consistent with priorities of Government as outlined in broader documents, e.g., *Victorian Health Priorities Framework 2012-22: Metropolitan Health Plan*. These are all available at: http://www.health.vic.gov.au/	

Question 2 (departments only)

In relation to the departmental outputs listed in the budget papers, please provide a detailed explanation for all instances where an output cost for 2011-12 varied from the initial target (**not** the revised estimate) by greater than ±10 per cent:

Output	Budget estimate for 2011-12 (2011-12 budget papers)	Actual expenditure 2011-12 (2011-12 annual report)	Explanation	Impact on the community of reduced/increased expenditure compared to budget
	($ million)	($ million)		
Seniors Programs and Participation	5.7	9.0	2011–12 Actual Outcome largely reflects additional funding received for Seniors Card, Seniors Festival and Seniors Community Programs.	New Seniors cardholder numbers grow by approximately three per cent (3%) per annum. Victorian Seniors Festival – Flood Affected Areas Tour: Additional festival concert tour program provided to 25 regional councils. Additional regional local governments are participating in the Improving Liveability for Older People (ILOP) program. These programs assist ageing populations in regional Victoria, increasing the quality of life, social participation, health and well-being of older people.
Public Health Development, Research and Support	8.8	10.3	2011-12 Actual Outcome largely reflects additional funding received for a Multi-Site Clinical Trials project.	Refer to 'Explanation' column (left).
Health Protection	207.0	231.6	2011-12 Actual Outcome largely reflects additional funding for the Essential Vaccines National Partnership.	Increase of immunisation services in Victoria.

Output	Budget estimate for 2011-12 (2011-12 budget papers)	Actual expenditure 2011-12 (2011-12 annual report)	Explanation	Impact on the community of reduced/increased expenditure compared to budget
	($ million)	($ million)		
Aged Care Assessment	44.6	49.8	2011–12 Actual Outcome reflects primarily additional funding for the Aged Care Assessment Services.	Increased Aged Care Assessment provided to ensure that older have access to services appropriate to meet their support needs.
Health Advancement	84.1	72.7	2011-12 Actual Outcome largely reflects funding to be carried forward to 2012-13 in relation to the Preventive Health National Partnership.	No impact as funding is carried forward in 2012-13.
Aged Support Services	130.2	95.5	2011–12 actual expenditure reflects updated valuation of the assets.	No impact.

Question 3 (departments only)

In relation to the following performance measures where there was a substantial difference between the 2011-12 expected outcome published in the 2012-13 budget papers (May 2012) and the actual outcome for 2011-12, please explain:

(a) why these figures vary (i.e. why was it not possible to provide a more accurate estimate in May 2012); and

(b) how the 2011-12 expected outcome was calculated.

Performance measure	2011-12 expected outcome (2012-13 budget papers)	Actual outcome for 2011-12 (2011-12 annual report)	Why do these figures vary?	How was the 2011-12 expected outcome calculated?
	($ million)[1]	($ million)		
Number of referrals made using secure electronic referral systems	100000.0	173864.0	The increase in number above expectation is attributed to the introduction of the ReferralNet secure messaging system (Source: *endnote b,* Annual Report 2011-12, p. 167).	This performance measure was first introduced in the 2011-12 State Budget. The 2011-12 expected outcome figure was calculated using data derived from previous referral reporting systems.
Inspections of cooling towers	1000.0	1470.0	The higher numbers of inspections to cooling towers are a result of consistent inspection efforts, coinciding with an increasing average number of cooling towers per site. (Source: monitoring to ensure a more accurate result (Source: *endnote b,* Annual Report, p. 171).	The expected outcome was based on previous years' records in the work management system.
Residential bed days	107310.0	155628.0	The over-performance is the result of agencies leaving courses of treatment open in the data collection. The issue has been raised with services for monitoring to ensure a more accurate result (Source: *endnote h*, Annual Report 2011-12, p. 174),	Bed days derivation = number of beds x number of annual days x 0.75.

[1] *The unit identified is not $m. The unit is identified within each performance measure itself, e.g., 'inspection of cooling towers' is actually the number of cooling towers inspected*

Performance measure	2011-12 expected outcome (2012-13 budget papers) ($ million)[1]	Actual outcome for 2011-12 (2011-12 annual report) ($ million)	Why do these figures vary?	How was the 2011-12 expected outcome calculated?
Inspections of radiation safety management licences	700.0	878.0	The higher than predicted numbers of inspections of radiation safety management licenses is a result of the continual focus on field work across multiple sectors (e.g., medical, veterinary, dental and industrial) which is an extremely positive result of a strategic objective of this area.	The expected outcome was based on previous years' records in the work management system and expected fluctuations in quarterly data.
Commenced courses of treatment: community-based drug treatment services	36145.0	44757.0	The result demonstrates that there are more community-based drug treatment services being provided to clients than targeted. Targets will be realigned as part of reform activities (Source: *endnote f*, Annual Report 2011-12, p. 174).	Maintenance of historical levels.
Better Health Channel visits	17000.0	20725.0	Visits to the Better Health Channel have increased due to reaching new consumers, increase in search referral traffic due to ongoing search engine optimisation improvements, as well as by engagement through social media (Source: Annual Report 2011-12, p.167).	2011-12 target based on historical use of Better Health Channel.
Seniors funded activities and programs: number approved	123.0	149.0	The new Cultural and Linguistically Diverse (CALD) Seniors grants program delivered a higher than estimated, number of individual grant recipients than forecast originally (Source: *endnote m*, Annual Report 2011-12, p. 166).	Based on an estimate of the number of grants to be allocated in 2011-12.
Agencies with an Integrated Health Promotion (IHP) plan that meets the stipulated requirements	80.0	96.0	Target was exceeded due to improved performance monitoring and quality improvement practices.	Historical estimate.

Note: The unit identified is not $m. The unit is identified within each performance measure itself, e.g., 'inspection of cooling towers' is actually the number of cooling towers inspected.

Performance measure	2011-12 expected outcome (2012-13 budget papers) ($ million)[1]	Actual outcome for 2011-12 (2011-12 annual report) ($ million)	Why do these figures vary?	How was the 2011-12 expected outcome calculated?
Percentage of new clients to existing clients	50.0	60.0	Actual performance is a positive result. (Source: *endnote I,* Annual Report 2011-12, p.174).	Calculated based on previous financial year and expected fluctuations.
Trained alcohol and drug workers	85.0	67.0	Figures as per 2009-10 Alcohol and Other Drugs (AOD) workforce census. The census provides the most up to date information on the status of training of the AOD workforce but is impacted by the annual turnover of the AOD workforce (Source: *endnote m*, Annual Report 2011-12, p. 174).	Calculated based on historic target.
Persons screened for prevention and early detection of health conditions - pulmonary tuberculosis (TB) screening	2500.0	1876.0	The lower result reflects a lower disease level and subsequently reduced demand. (Source: *endnote d*, Annual Report 2011-12, p. 171).	The expected outcome was based on previous years' records.
Percentage of residential rehabilitation courses of treatment greater than 65 days	40.0	29.8	Actual performance is a positive result (Source: *endnote j,* Annual Report 2011-12, p. 174).	Calculated based on previous financial year and expected fluctuations.
Note: The unit identified is not $m. The unit is identified within each performance measure itself, e.g., 'inspection of cooling towers' is actually the number of cooling towers inspected.				

Performance measure	2011-12 expected outcome (2012-13 budget papers) ($ million)[1]	Actual outcome for 2011-12 (2011-12 annual report) ($ million)	Why do these figures vary?	How was the 2011-12 expected outcome calculated?
Unplanned/unexpected readmission for paediatric tonsillectomy and adenoidectomy.[2]	2.2	1.5	The lower than expected number of readmissions reported is a positive result for this indicator. Activity (i.e., number of procedures) for this Diagnosis Related Groups (DRG) was consistent between 2010-11 and 2011-12.	This measure is based on the historical performance for nominated Diagnosis Related Groups for 2008-2010. The performance of this measure is subject to fluctuation due to the small number of cases involved.
Number of telephone, email and in person responses to queries and requests for information on alcohol and drug issues (through the Alcohol and Drug Foundation)	11000.0	6744.0	While a significant number of contacts are made to DrugInfo via phone there is a move away from interactional modes such as email or phone toward online contact (Source: *endnote c,* Annual Report 2011-12, p. 174).	New measure.
Intensive Care Unit central line associated bloodstream infections (CLABSI) per 1,000 device days	2.5	1.4	Considerable work has been undertaken in education and training on healthcare worker hand hygiene across Victorian hospitals; this will be contributing to the overall performance of this indicator. Actual result is positive.	The benchmark rate is a national nominated rate endorsed through ACSQHC.
Note: The unit identified is not $m. The unit is identified within each performance measure itself, e.g., 'inspection of cooling towers' is actually the number of cooling towers inspected.				

[2] *This is a new measure introduced by the Commonwealth to include tonsillectomy and adenoidectomy*

Performance measure	2011-12 expected outcome (2012-13 budget papers) ($ million)[1]	Actual outcome for 2011-12 (2011-12 annual report) ($ million)	Why do these figures vary?	How was the 2011-12 expected outcome calculated?
Staphylococcus aureus bacteraemias (SAB) infections per 10,000 patient days	2.0	1.0	The Victorian Government is focussed on building a sustainable infection prevention framework through: • providing support for hand hygiene education • establishing environmental cleaning standards and routine assessment of hospital cleanliness • identifying infection in a timely manner through the provision of rapid testing equipment for emergency departments • accessing guidance on antimicrobial prescribing. All of these initiatives contribute to minimising transmission of infective agents to patients and reducing the aggregate SAB rate for Victoria.	The benchmark rate is a national nominated rate endorsed through ACSQHC.
Department of Health-funded public health trainees achieving postgraduate qualifications	11.0	0.0	A new performance measure was developed for 2011-12 due to the funding of both doctoral and master-level study. There were no graduates in 2010-11 because the trainees funded previously were undertaking their doctorate degrees on a part-time basis, thus extending expected completion timelines. From 2012-13, this item will no longer be a performance measure (Source: *endnote k,* Annual Report 2011-12, p. 172).	

Note: The unit identified is not $m. The unit is identified within each performance measure itself, e.g., 'inspection of cooling towers' is actually the number of cooling towers inspected.

Question 4 (departments only)

Regarding the Department's performance measures in the budget papers:

(a) How did the Department's 2011-12 results influence departmental planning in 2012-13?

The department measures and monitors key performance measures as part of general business.

Annual performance results are reviewed as part of the budget planning process.

(b) Please detail all changes planned for 2012-13 as a consequence of actual results for any performance measures not meeting the targets in 2011-12.

Changes have been reflected in the now published 2012-13 budget. The government has increased transparency by introducing new measures in 2012-13, including for hand hygiene compliance and number of hours of respite and support services, amongst others.

Question 5 (departments only)

Please provide explanations for the results in the following outputs, where the cost performance and the non-cost performance measures have varied from targets in different directions.

Output	Issue	Explanation
Public Health Development, Research and Support	While two of the three non-cost performance measures for this output indicate significantly less activity in this area than expected, the total output cost was significantly above budget.	*Department of health funded public health training scholarships* Scholarships were offered but there was no uptake. From 2012-13 this is no longer a measure. *Department of health funded public health trainees achieving post graduate qualifications* This is a new target for 2011-12 due to funding of both doctoral and masters level students. There are no graduates yet because all students are part time and study for a doctoral degree this extending the completion timelines. From 2012-13 this is no longer a measure. 2011-12 Actual Outcome largely reflects additional funding for the Multi-Site Clinical Trials project; and, the impact of updated cost allocations within the output group (Source: *endnote I,* Annual Report 2011-12, p. 172).

Question 6 (Department of Treasury and Finance only)

This question does not apply to your department.

SECTION B: **Asset investment (departments only)**

Question 7

Please provide a detailed explanation in relation to why the TEI has changed for each of the following projects:

Project	TEI (2011-12 budget papers)	TEI (2012-13 budget papers)	Explanation
	($ million)	($ million)	
Monash Children's Hospital – land acquisition and planning (Clayton)	8.5	15.8	The TEI for this initiative includes $8.5m allocated in the 2011-12 Budget for land acquisition and planning and $7.3m allocated in the 2012-13 Budget for the continuation of planning and further development to deliver the next stage of the Government's election commitment. The Victorian Government announced on 23 November 2012 that it had committed the full funding required to build the Monash Children's Hospital.

Question 8

For each of the following asset investment projects, please provide:

(a) the total expenditure to 30 June 2012 (using actual figures, rather than the estimate in the budget papers);

(b) the actual expenditure in 2011-12;

(c) explanations for any variations greater than ±10 per cent between the actual expenditure and what was estimated in the Budget at the start of the year;

(d) details of any funding carried forward from 2011-12 to 2012-13;

(e) the completion date as estimated at 30 June 2011;

(f) the completion date as estimated at 30 June 2012; and

(g) an explanation for any changes to the estimated completion date between 2011 and 2012.

Project	Actual expenditure to 30/06/2012	Estimated expenditure in 2011-12 (2011-12 budget papers)	Actual expenditure in 2011-12	Explanation for any variations greater than ±10 per cent between estimated and actual expenditure	Funding carried over from 2011-12 to 2012-13	Estimated completion date as at 30/6/2011	Estimated completion date as at 30/6/2012	Explanation for any changes to the estimated completion date
	($ million)	($ million)	($ million)		($ million)			
Ambulance services – Whittlesea/ Kinglake service upgrade (Kinglake)	1.2	0.6	1.0	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		

Project	Actual expenditure to 30/06/2012 ($ million)	Estimated expenditure in 2011-12 (2011-12 budget papers) ($ million)	Actual expenditure in 2011-12 ($ million)	Explanation for any variations greater than ±10 per cent between estimated and actual expenditure	Funding carried over from 2011-12 to 2012-13 ($ million)	Estimated completion date as at 30/6/2011	Estimated completion date as at 30/6/2012	Explanation for any changes to the estimated completion date
Austin Health Community Care Unit (Heidelberg)	3.8	10.0	3.0	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Ballarat Base Hospital redevelopment (Ballarat)	19.2	12.0	7.2	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Ballarat Regional Integrated Cancer Centre (Ballarat)	35.2	35.5	31.0	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		

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Barwon Health Geelong Hospital masterplan (Geelong)	1.1	1.5	0.6	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Barwon Health: Expanding health service capacity – Geelong Hospital (Geelong)	2.6	11.7	2.3	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Bendigo Hospital redevelopment (Bendigo)	7.5	17.0	6.0	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		

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Bendigo Hospital Stage1 – enabling works (Bendigo)	43.7	23.2	20.6	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Box Hill Hospital redevelopment (Box Hill)	44.1	61.0	27.4	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
BreastScreen Victoria's (BSV) digital technology rollout (statewide)	5.7	6.1	1.7	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		

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Casey Hospital expansion – planning and development (Berwick)	0.3	0.250	0.3	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Charlton Hospital planning (Charlton)	0.5	0.9	0.5	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Coleraine Hospital redevelopment (Coleraine)	10.7	7.6	9.5	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		

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Dandenong Hospital emergency department redevelopment (Dandenong)	23.4	3.5	2.9	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Dandenong Hospital mental health redevelopment and expansion (Dandenong)	42.6	37.9	13.3	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Doutta Galla Kensington Community Health Centre – planning and development (Kensington)	0.4	0.6	0.0	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		

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Eating Disorder Day Program (Parkville)	0.4	0.4	0.4	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Echuca Hospital redevelopment (Echuca)	4.8	3.0	4.8	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Ensuring our hospitals are as clean and safe as possible – Equipment (statewide)	4.4	2.2	0.8	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		

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Expansion of Gippsland Cancer Centre (Traralgon)	3.9	5.0	0.3	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Frankston Hospital inpatient expansion (Frankston)	1.3	1.0	1.3	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Geelong Hospital – enhanced capacity works (Geelong)	22.3	14.7	9.1	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		

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Geelong Hospital upgrade – enabling and decanting works (Geelong)	5.0	1.9	5.0	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Geelong residential aged care – retention of surplus public land (metropolitan)	0	1.0	0	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Healesville Hospital upgrade (Healesville)	0	1.4	0	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		

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	($ million)	($ million)	($ million)		($ million)			
Health*SMART* shared information and communication technology (ICT) Operations (statewide)	23.0	6.7	9.7	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Improving ambulance service delivery – outer metropolitan Melbourne (metropolitan)	3.8	6.8	3.8	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Improving ambulance service delivery – regional and rural (Rural)	3.7	0.6	0	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		

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Improving hospital services – emergency department/elective surgery (statewide)	67.8	22.4	16.8	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Improving hospital services – sub-acute (statewide)	44.3	29.3	31.8	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Increasing critical care capacity (statewide)	1.1	1.8	1.1	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		

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Kerang District Health residential aged care redevelopment (Kerang)	1.6	0.5	1.6	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Kingston Centre redevelopment – Stage 2 (Cheltenham)	40.7	19.8	8.8	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Leongatha Hospital redevelopment – Stage 2 (Leongatha)	5.6	12.0	5.6	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		

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Maroondah Hospital expansion (Ringwood East)	1.9	0.8	1.1	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Maryborough District Health Service – medical imaging (Maryborough)	0.6	0.6	0.6	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Mental Health inpatient beds (Sunshine)	0.2	0.9	0.2	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		

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Mildura Base Hospital expansion (Mildura)	0.3	0.3	0.3	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Mobile Intensive Care Ambulance (MICA) single responder units (Rural)	0.6	0.5	0.6	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Monash Children's – acute and intensive care services expansion (Clayton)	9.0	6.3	3.0	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		

Project	Actual expenditure to 30/06/2012 ($ million)	Estimated expenditure in 2011-12 (2011-12 budget papers) ($ million)	Actual expenditure in 2011-12 ($ million)	Explanation for any variations greater than ±10 per cent between estimated and actual expenditure	Funding carried over from 2011-12 to 2012-13 ($ million)	Estimated completion date as at 30/6/2011	Estimated completion date as at 30/6/2012	Explanation for any changes to the estimated completion date
Monash Children's Hospital – land acquisition and planning (Clayton)	6.4	5.0	6.4	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
MonashLink Community Health Centre Oakleigh (Oakleigh)	2.5	0.5	0	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
MonashLink Community Health Service – Glen Waverley (Glen Waverley)	7.6	6.5	5.6	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		

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Motorcycle paramedic unit (Melbourne)	0	0.5	0	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
North Richmond Community Health Centre relocation (North Richmond)	22.5	7.4	6.4	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Northern Health catheterisation laboratory expansion (Epping)	8.1	6.2	2.8	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		

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Northern Hospital emergency department expansion (Epping)	0.4	2.5	0.4	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Olivia Newton-John Cancer and Wellness Centre – Stage 2A (Heidelberg)	34.7	24.0	21.4	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Olivia Newton-John Cancer and Wellness Centre – Stage 2B (Heidelberg)	8.1	3.8	8.1	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		

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Redevelopment of the Royal Victorian Eye and Ear Hospital – planning (East Melbourne)	1.4	1.2	0.6	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Rochester and Elmore District Health Service : Rochester Theatre and Hospital redevelopment (Rochester)	21.7	0.4	0.3	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Royal Children's Hospital (RCH) ICT investment (Parkville)	0	5.0	0	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		

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Royal Melbourne Hospital – Allied Health redevelopment (Parkville)	8.0	8.4	7.2	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Royal Talbot Rehabilitation Centre – Mellor Ward refurbishment (Heidelberg)	0.5	0.2	0.5	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Rural capital support (Rural)	5.0	5.0	5.0	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		

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Safety of women in care (statewide)	1.0	1.0	1.0	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Securing Our Health System – medical equipment replacement program (statewide)	33.5	35.0	33.5	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Securing Our Health System – statewide hospital infrastructure renewal program (statewide)	17.7	20.0	17.7	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		

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Statewide enhancements to regional cancer centres (statewide)	0	0.8	0	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Sunbury Day Hospital – stage 2 (Sunbury)	6.4	0.4	0	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Sunshine Hospital expansion and redevelopment – Stage 2 (Sunshine)	70.4	3.5	1.9	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		

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Sunshine Hospital expansion and redevelopment – Stage 3 (Sunshine)	69.5	66.4	47.3	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Upgrade and build ambulance stations (Rural)	1.7	2.0	1.7	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Victorian Comprehensive Cancer Centre (VCCC) (Parkville)	55.6	166.9	39.2	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		

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Warragul Hospital emergency department upgrade (Warragul)	0	0.5	0	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Warrnambool Hospital redevelopment – Stage 1B (Warrnambool)	70.1	10.5	1.4	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Warrnambool Hospital redevelopment – Stage 1C (Warrnambool)	23.4	18.8	21.6	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		

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Werribee Mercy Hospital expansion – Stage 1 (Werribee)	13.7	1.9	2.5	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		
Youth prevention and recovery care services (statewide)	6.5	4.6	3.7	Investments are funded based on their Total Estimated Investment (TEI) cost. As such, the budget for an investment is the final budget for that investment. Funding is not 'carried over' as might be seen in other projects or output funding, rather the cash flow is adjusted per milestone progress.		Project completion dates are closely monitored by individual Project Control Groups and Project Steering Committees independently of financial years.		

Question 9

(a) Please detail (in aggregate for each of the following categories) the expenditure of the Department (including any controlled entities)[3] on asset projects not listed in the 2011-12 Budget Paper No.4:

Category of projects	Expenditure in 2011-12 ($ million)
Projects with a TEI less than $250,000	Nil
Projects with a TEI greater than $250,000 but planned expenditure in 2011-12 under $75,000	Nil
Capital grants paid to other sectors of government	Nil
Other projects included in 'payments for non-financial assets' on the cash flow statement for the Department but not listed in Budget Paper No.4 for 2011-12	Nil

(b) If the total of expenditures listed in response to part (a) plus the total of actual expenditures for 2011-12 identified in Question 6 is not equal to the 'payments for non-financial assets' in the Department's budget portfolio outcomes statement in the annual report, please explain why:

Not Applicable

[3] *I.e., please provide this information for the department on the same basis of consolidation as is used in the budget papers*

Question 10

Please provide the total actual investment (i.e. how much the project actually cost) for each of the following asset projects which were completed in 2011-12 and explain any differences between that and the TEI published in the 2011-12 budget papers:

Project	TEI in the 2011-12 budget papers ($m)	Total actual investment ($m)	Explanation for any variations greater than ±10 per cent	Impact of any variations
Ambulance services – Whittlesea/ Kinglake service upgrade (Kinglake)	1.3	1.3	Not Applicable	-
Barwon Health Geelong Hospital masterplan (Geelong)	2.0	-	Not Applicable	-
BreastScreen Victoria's digital technology rollout (statewide)	10.0	-	Not Applicable	-
Charlton Hospital planning (Charlton)	1.0	1.0	Not Applicable	-
Dandenong Hospital emergency department redevelopment (Dandenong)	25.0	-	Not Applicable	-
Doutta Galla Kensington Community Health Centre – planning and development (Kensington)	1.0	-	Not Applicable	-
Eating Disorder Day Program (Parkville)	0.4	0.4	Not Applicable	-
Ensuring our hospitals are as clean and safe as possible – Equipment (statewide)	5.0	-	Not Applicable	-
Health*SMART* shared information and communication technology (ICT) Operations (statewide)	186.4	-	Health*SMART* was closed 30 June 2012.	-
Increasing critical care capacity	1.8	-	Not Applicable	-

Project	TEI in the 2011-12 budget papers ($m)	Total actual investment ($m)	Explanation for any variations greater than ±10 per cent	Impact of any variations
(statewide)				
Maryborough District Health Service – medical imaging (Maryborough)	0.6	0.6	Not Applicable	-
MonashLink Community Health Centre Oakleigh (Oakleigh)	2.5	2.5	Not Applicable	-
Northern Health catheterisation laboratory expansion (Epping)	8.1	8.1	Not Applicable	-
Redevelopment of the Royal Victorian Eye and Ear Hospital – planning (East Melbourne)	2.0	-	The Victorian Government announced on 22 November 2012 that it had committed the full funding required to build the RVEEH.	-
Rochester and Elmore District Health Service : Rochester Theatre and Hospital redevelopment (Rochester)	22.1	-	All works complete. Project is in financial completion/defects liability phase.	-
Securing Our Health System – medical equipment replacement program (statewide)	35.0	-	This is a capital grants program.	-
Securing Our Health System – statewide hospital infrastructure renewal program (statewide)	20.0	-	This is a capital grants program.	-
Sunbury Day Hospital – Stage 2 (Sunbury)	6.4	6.4	Not Applicable	-
Sunshine Hospital expansion and redevelopment – Stage 2 (Sunshine)	73.5	71.1	Not Applicable	Favourable tender outcome underspend redirected to Sunshine Hospital Critical Care

Project	TEI in the 2011-12 budget papers ($m)	Total actual investment ($m)	Explanation for any variations greater than ±10 per cent	Impact of any variations
				Services.
Warrnambool Hospital redevelopment – Stage 1B (Warrnambool)	70.1	70.1	Not Applicable	-
Werribee Mercy Hospital expansion – Stage 1 (Werribee)	14.0	-	All building works complete. Project is in final completion phase.	-

Question 11

Please detail the status of each of the following asset projects which are listed in the 2011-12 Budget Paper No.4 but do not appear in the 2012-13 Budget Paper No.4 as either an existing or completed project:

Project	Current status	Latest approved/final TEI	Construction completion date/estimated construction completion date (including the commissioning phase)	Why this was not listed in the 2012-13 Budget Paper No.4 as either existing or completed
Victorian Comprehensive Cancer Centre (Parkville)	In construction	$1 billion	2015 – Construction 2016 – Commissioning	As a public private partnership, the project was listed as 'in delivery' in 2012-13 Budget Paper No. 4 (Source: BP 4 2012-13, p. 7).

Question 12

For each of your entity's public private partnership projects in 2011-12, please detail the entity's expenditure in 2011-12 in the following categories:

(a) the amount paid that was classified as 'finance charges on finance leases' and a description of what that money was for;

(b) the amount paid as 'operating lease payments' and a description of what that money was for; and

(c) any other expenses and a description of what that money was for.

Project	Finance charges on finance leases in 2011-12[4]		Operating lease payments in 2011-12		Any other expenses in 2011-12	
	($ million)	What that money covered	($ million)	What that money covered	($ million)	What that money covered
Casey Hospital	4.4	Cost of borrowing	Not applicable	Not applicable	Not Applicable	Not Applicable
Royal Women's Hospital	21.1	Cost of borrowing	Not applicable	Not applicable	Not Applicable	Not Applicable
Royal Children's Hospital	22.9	Cost of borrowing	Not applicable	Not applicable	2.7 7.3	Completion of Stage 1 and commencement Stage 2 works Facility Management and Lifecycle costs[5]

[4] *Finance Charges are as reported in the 2011-12 audited accounts*

[5] *Other expenses of $7.333m are as reported in the 2011-12 audited accounts*

Question 13

Please list each project funded by the Department (including controlled entities)[6] for which the funding is included in the 'net cash flows from investments in financial assets for policy purposes' in the general government sector cash flow statement, detailing for each:

(a) the estimated expenditure in 2011-12;

(b) the actual expenditure in 2011-12; and

(c) for any project completed in 2011-12, what policy purposes were achieved.

The Department of Health does not engage in investments of this nature for policy purposes.

Project	Estimated expenditure in 2011-12	Actual expenditure in 2011-12	What policy purposes were achieved (where applicable)

[6] *I.e., please provide this information on the same basis of consolidation as the budget papers*

SECTION C: **Revenue and revenue foregone**

Question 14

Please explain and detail the impact of any variances greater than ±10 per cent between the prior year's actual result and the actual result for 2011-12 for:

(a) each revenue/income category detailed in your operating statement; and

(b) the total revenue/income in your operating statement.

For departments, please provide data consolidated on the same basis as the budget portfolios outcomes statement in your annual reports.

Revenue category	2010-11 actual	2011-12 actual	Explanations for variances greater than ±10 per cent	Impact of variances
Output appropriations	10,147	10,510	Not Applicable.	Not Applicable.
Special appropriations	1,240	1,249	Not Applicable.	Not Applicable.
Interest	73	77	Not Applicable.	Not Applicable.
Sales of goods and services	1,454	1,628	The variance is mainly due to health sector growth in patient fees; sales of goods such as medical, dental and surgical supplies; diagnostic imaging (radiology); and, own source revenue.	Increased revenue for health services.
Grants	371	539	The variance reflects the growth in Commonwealth grants, including PBS and chemotherapy, to health agencies in addition to the contribution from the Department of Business and Innovation for the Olivia Newton-John Cancer Centre.	Increased revenue for health services.
Fair value of assets and services received free of charge or for nominal consideration	5	159	The variance is due mainly to insurance liability transfer and land transferred free of charge (Source: Annual Report, 2011-12, p. 131).	None.

Revenue category	2010-11 actual	2011-12 actual	Explanations for variances greater than ±10 per cent	Impact of variances
Other income	396	463	Factors contributing to the variance include a one-off contribution to the Royal Children's Hospital by the Murdoch Children's Research Institute, and the growth in grants and private donations received by health services, particularly research grants and clinical trial income from the private sector.	Additional revenue for health services.
Total Revenue	13,686	14,625	Not Applicable.	Not Applicable.

Question 15

Please explain and detail the impact of any variances greater than ±10 per cent between the initial budget (**not** the revised estimate) and the actual result for 2011-12 for:

(a) each revenue/income category detailed in your operating statement; and

(b) the total revenue/income in your operating statement.

For departments, please provide data consolidated on the same basis as the budget portfolios outcomes statement in your annual reports.

Revenue category	2011-12 Budget	2011-12 actual	Explanations for variances greater than ±10 per cent	Impact of variances
Output appropriations	10,590	10,510	Not Applicable.	Not Applicable.
Special appropriations	1,266	1,249	Not Applicable.	Not Applicable.
Interest	58	77	Variance relates primarily to increased health services interest income, as a result of investment holdings during 2011-12.	Additional revenue for health services.

Revenue category	2011-12 Budget	2011-12 actual	Explanations for variances greater than ±10 per cent	Impact of variances
Sales of goods and services	1,431	1,628	The variance reflects the growth of sales and services in the health sector, including: patient fees; sales of good, e.g., medical, dental and surgical supplies; diagnostic imaging (radiology); and, own source revenue.	Additional revenue for health services.
Grants	478	539	The variance reflects Commonwealth capital funding for the Monash Health and Research Precinct Translation Facilities which was paid directly to Southern Health in 2011-12. In addition, the variance reflects the grant from the Department of Business and Innovation for the Olivia Newton-John Cancer Centre, and additional funding allocated during the year.	Additional revenue to fund capital works.
Fair value of assets and services received free of charge or for nominal consideration	0	159	The variance is due mainly to insurance liability transfer and land transferred free of charge (Source: Annual Report, 2011-12, p. 131).	None.
Other income	352	463	Growth in grants and private donations received by health services, particularly research grants and clinical trial income from the private sector and higher than anticipated interstate patient revenue.	Additional revenue for health services.
Total Revenue	14,175	14,625	Not Applicable.	Not Applicable.

Question 16

Please provide an itemised schedule of any concessions and subsidies (revenue foregone) (see the Explanatory Memorandum for a definition of concessions and subsidies) provided by your organisation in 2011-12. For each item, please:

(a) describe the purpose of the concession/subsidy;

(b) explain any variations greater than ±10 per cent between the actual expenditure and the initial budget for the year;

(c) indicate the number of concessions/subsidies granted in each category; and

(d) explain whether the outcomes in the community[7] expected to be achieved by granting these concessions or providing these subsidies have been achieved.

Concession/ subsidy	Purpose	2011-12 Budget	2011-12 actual	Explanations for variances greater than ±10 per cent	Number of concessions/subsidies granted in 2011-12	Outcomes achieved
Ambulance		364	373	Not Applicable	Not available	Not available
Dental services and spectacles		138	110	Better information systems are now available which allow for a more accurate breakdown between concession cardholders and the general community. The percentage of general community use ahs increased.	Not available	
Community Health Programs		128	92	Better information systems are now available which allow for a more accurate breakdown between concession cardholders and the general community. The percentage of general community use ahs increased.	Not available	

[7] *'Outcomes' are the impact of service delivery on the community rather than a description of the services delivered*

Question 17 (Department of Treasury and Finance only)

This question does not apply to your department.

SECTION D: **Expenditure**

Question 18

Please explain and detail the impact of any variances greater than ±10 per cent between the prior year's actual result and the actual result for 2011-12 for:

(a) each expenditure category detailed in your operating statement; and

(b) the total expenditure in your operating statement.

For departments, please provide data consolidated on the same basis as the budget portfolios outcomes statement in your annual reports.

Expenditure category	2010-11 actual	2011-12 actual	Explanations for variances greater than ±10 per cent	Impact of variances
Employee benefits	7,168	7,574	Not Applicable.	Not Applicable.
Depreciation and amortisation	707	701	Not Applicable.	Not Applicable.
Interest expense	35	57	The variance reflects interest payments relating to Public Private Partnerships.	Additional revenue for health services.
Grants and other transfers	175	179	Not Applicable.	Not Applicable.
Capital asset charge	627	701	Due to growth in asset value.	Not Applicable. Accounting entry only.
Other operating expenses	4,802	5,005	Not Applicable.	Not Applicable.
Total Expenses	13,513	14,218	Not Applicable.	Not Applicable.

Question 19

Please explain and detail the impact of any variances greater than ±10 per cent between the initial budget (not the revised budget) and the actual result for 2011-12 for:

(a) each expenditure category detail in your operating statement; and

(b) the total expenditure in your operating statement.

For departments, please provide data consolidated on the same basis as the budget portfolios outcomes statement in your annual reports.

Expenditure category	2011-12 Budget	2011-12 actual	Explanations for variances greater than ±10 per cent	Impact of variances
Employee benefits	7,136	7,574	Not Applicable.	Not Applicable.
Depreciation and amortisation	823	701	Decreased depreciation in alignment with actual health services depreciation in 2011-12.	None.
Interest expense	41	57	The variance reflects interest payments relating to Public Private Partnerships.	Additional revenue for health services.
Grants and other transfers	166	179	Not Applicable.	Not Applicable.
Capital asset charge	701	701	Not Applicable.	Not Applicable.
Other operating expenses	5,216	5,005	Not Applicable.	Not Applicable.
Total Expenses	14,085	14,218	Not Applicable.	Not Applicable.

Question 20 (departments only)

The 2011-12 budget papers indicate that $184.2 million of output funding allocated for expenditure in 2011-12 by previous budgets was 'reprioritised or adjusted'. This is in addition to any savings or efficiencies resulting from savings measures. For the Department (including all controlled entities),[8] please indicate:

(a) what areas of expenditure (including projects and programs if appropriate) the funding was reprioritised/adjusted from (i.e. what the funding was initially provided for);

(b) for each area of expenditure (or project or program), how much funding was reprioritised; and

(c) the impact on those areas of the reprioritisation/adjustment.

As outlined previously in the government's response to the Committee's *Report on the 2011-12 Budget Estimates, Part Three*, departments are funded on a global basis in the annual appropriation acts and ministers have the ability to reprioritise funding within their portfolio department.

Reprioritisation decisions were funded through the department's internal budget allocation process, which included the identification of general efficiencies that could be found in corporate and back of house areas, with minimal impact on service delivery.

Area of expenditure originally funded	Value of funding reprioritised/adjusted ($ million)	Impact of reprioritisation/adjustment of funding

[8] *I.e. please provide this information for the Department on the same basis of consolidation as is used in the budget papers*

Question 21

Please provide details of any evaluations of grants programs that were conducted by your department/agency in 2011-12, including any findings about:

(a) the outcomes in the community[9] achieved by the programs; or

(b) the effectiveness of grants at achieving planned outcomes compared to other modes of service delivery.

Grant program – ALL branches	Evaluation conducted	Outcomes achieved	Effectiveness as a mode of service delivery
Victorian Seniors Festival Active Living Grants Program	Reports and acquittals from 79 Victorian councils.	Number of events supported by grants program: 1,055. Attendance at funded events: 71,820.	Very effective in ensuring access to festival events for seniors across Victoria.

Evaluations conducted by Victorian Auditor-General's Office (VAGO) during the periods 2009-10 and 2010-11 of Health grants programs include the Victorian Seniors Festival Active Living Grants Program.

Other evaluation of grants programs were undertaken internally by the government. These were for the purpose of Cabinet.

Nevertheless, the outcomes for the community for the Department of Health grants are obvious in the grants themselves. For example, provision of grants for targeted events such as this, facilitated an event appropriate for the seniors' community.

Furthermore, most departmental grants are provided to agencies where the department has an existing service agreement. In these cases, the grant is joined to the service performance to ensure the outcome of the grant is attained, is monitored and reviewed regularly at a service agreement level.

[9] *'Outcomes' are the impact of service delivery on the community rather than a description of the services delivered*

Question 22 (departments only)

(a) Please provide the following details about the realisation of efficiency and savings targets in 2011-12. In providing savings targets, please provide the cumulative target rather than the change in savings from one year to the next (i.e. provide the target on the same basis as in the budget papers). Please provide figures for the Department including its controlled entities.[10]

Initiative	Total value of efficiencies/savings expected to be realised in 2011-12 from that initiative	Actual value of efficiencies/savings achieved from that initiative	Explanation for any variations greater than ±10 per cent
General efficiencies (2009-10 Budget)	$46.0m[11]	$46.0m	Not Applicable
Government election commitment savings (2011-12 Budget)	$77.4m	$77.4m	Not Applicable
Measures to offset the GST reduction (2011-12 Budget)	$37.9m	$37.9m	Not Applicable
Maintain a sustainable public service (2011-12 Budget Update)*	This was a whole of government saving and should be directed to DTF for detail.	This was a whole of government saving and should be directed to DTF for detail.	Not Applicable
Other – Commonwealth mid year revisions to National Healthcare SPP	$0	$39.7m	Unprecedented Commonwealth mid-year revision of national SPP, based on flawed population data. This decision was made retrospectively in the Commonwealth's 2012-13 mid-year update (MYEFO).

* In contrast to the other savings initiatives, the Budget Update indicated that, in the first year, it expected this initiative to have an increased cost rather than make a saving. Please clearly indicate whether the target and actual for your department for this initiative is an increased cost or a saving.

(b) If any savings targets differ from what was initially indicated in the budget papers, please provide details.

In December 2009, the Secretary, Department of Treasury and Finance, wrote to the Department of Health indicating a further savings allocation requirement from the 2009-10 Budget of $55 million in 2010-11, $108 million in 2011-12 and $161 million in 2012-13 would be levied. These savings were not separately disclosed in the 2009-10

[10] *I.e., please provide this information for the department on the same basis of consolidation as is used in the budget papers*

[11] *The savings target was allocated to the Department of Human Services. The figure in the table represents the proportionate share to the Department of Health.*

or 2010-11 State Budget papers against the Health portfolio.

Due to the Commonwealth's unprecedented revision of the National Healthcare Specific Purpose Payment (SPP), funding for 2011-12 was unexpectedly reduced retrospectively. The saving applied during the remainder of 2012-13 as a sum total of both the 2011-12 retrospective savings and the 2012-13 reduction resulted in a total of $107 million reduction during 2012-13. This escalates over time and equates to $475 million over the forward estimates (until 2015-16).

The basis of the Commonwealth's revision is disputed by all States. The Commonwealth Government's decision to reduce health funding is based on a flawed calculation that assumes the Victorian population fell in 2011 by 11,111 persons. In direct contrast, the Australian Statistician reported that the Victorian population grew by 1.4 percent or 75,400 persons in 2011.

Question 23 (departments only)

(a) Please outline the Department's expenditure in 2009-10, 2010-11 and 2011-12 and the savings targets for 2010-11 and 2011-12 for these areas targeted in the Government's election commitment savings. In providing savings targets, please provide the cumulative target rather than the change in savings from one year to the next (i.e. provide the target on the same basis as in the budget papers). Please provide figures for the Department including its controlled entities.[12]

Category	Actual expenditure			2010-11 savings target	2011-12 savings target	Explanation for any category that does not change between 2010-11 and 2011-12 in line with the savings target
	2009-10	2010-11	2011-12			
	($ million)	($ million)	($ million)	($ million)	($ million)	
Ministerial staff		Not Applicable	Not Applicable			No savings applied to Health for this category.
Media and marketing positions		7.2	6.9			
Consultants		2.4	2.6			
Government advertising		8.6	3.8			
Political opinion polling		Not Applicable	Not Applicable	Not Applicable	Not Applicable	No savings applied to Health for this category.
External legal advice		1.3	2.8			
Senior public service travel		1.1	1.1			

[12] *I.e., please provide this information for the department on the same basis of consolidation as is used in the budget papers*

Category	Actual expenditure			2010-11 savings target	2011-12 savings target	Explanation for any category that does not change between 2010-11 and 2011-12 in line with the savings target
	2009-10	2010-11	2011-12			
	($ million)	($ million)	($ million)	($ million)	($ million)	
Government office floor space		Not Applicable	Not Applicable	Not Applicable	Not Applicable	No savings applied to Health for this category.
Supplies and consumables		128.5	121.6			
Savings from shared services		31.7	24.7			
Head office staff		159.5	150.9			
Total		**340.3**	**314.6**	**38.1**[13]	**77.2**[14]	

[13] *The savings targets were portfolio targets which were distributed between the portfolios of the Department of Health.*

[14] *The savings targets were portfolio targets which were distributed between the portfolios of the Department of Health.*

(b) If details are not available for any of these categories, please advise:

(i) why details are not available; and

Due to the Machinery of Government changes in 2009-10 that established the Department of Health as a separate entity in late 2009, actual expenditure details for 2009-10 are not available.

(ii) what measures the Department has in place to monitor its achievement of the Government's election commitment savings targets.

The department monitors financial performance through monthly reporting to ensure actual expenditure accords with budget.

Question 24

Please detail all measures introduced to increase efficiency in 2011-12, including the cost of introducing each measure and the estimated savings as a result of the measure in 2011-12.

Efficiency measure	Cost of introduction	Estimated savings as a result
Election commitments	Nil	$77.4 million (BP3 2011-12, p. 112)
GST offset	Nil	$37.9 million (BP3 2011-12, p. 112)
Maintain a sustainable public service (2011-12 Budget update)	Funded through DTF mechanisms.	DTF to advise

Question 25

Please detail any changes to your department's/agency's service delivery as a result of savings initiatives released since the change of government, e.g. changes to the timing and scope of specific programs or discontinued programs.

The Victorian Government has increased health system funding by $1.3 billion (net) since the change of government. This has delivered increased services.

SECTION E: Public sector workforce

Question 26[15]

Please detail the total full-time equivalent number of staff in your department/agency as at 30 June 2011 and 30 June 2012 in each of the following bands of levels, and explain the changes from one year to the next:

Level	Total FTE (30 June 2011)	Total FTE (30 June 2012)	Explanation for changes
VPS Grades 1-3	212.0	195.3	Attrition and non-renewal of fixed term contracts
VPS Grade 4	271.4	235.6	Attrition and non-renewal of fixed term contracts
VPS Grades 5-6 and STS	974.4	911.4	Attrition and non-renewal of fixed term contracts
EO	43.0	43.0	Not Applicable
Total of all staff (including non-VPS grades)	**1,571.6**	**1,460.2**	**Reduction achieved through attrition and non-renewal of fixed term contracts**

Question 27

In the tables below, please detail the salary costs for 2011-12, broken down by ongoing, fixed-term and casual and explain any variations greater than 10 per cent between the years for each category.

Employment category	Gross salary 2010-11 ($ million)	Gross salary 2011-12 ($ million)	Explanation for any variations greater than ±10 per cent
Ongoing	141.2	142.0	Not Applicable
Fixed-term	31.2	21.9	Attrition and non-renewal of fixed term contracts
Casual	1.6	2.3	Increased activity by casual/sessional appointees to various Statutory Boards
Total	**174.0**	**166.2**	**Not Applicable**

[15] *The Sustainable Government Initiative, announced on 15 December 2011, will affect workforce number in out-years and these figures should be read in that context.*

Question 28

Please detail the impact on your department's/agency's expenditure of any EBAs agreed in 2011-12 and how any additional costs were funded.

EBA	Impact in 2011-12 ($ million)	How the impact was funded
Nurses and Midwives (Victorian Public Sector) (Single Interest Employers) Enterprise Agreement 2012-2016	The 2011-12 expenditure on employee benefits was $7399.0m. This incorporates applicable EBA decisions for 2011-12. Employee expenditure is part of the overall price paid for services. (Source: BP5 2012-13, p. 93).	EBAs are funded by DFM and productivity improvements.

Question 29

Please provide the following details about staff number changes in 2011-12. Under 'Pre-SGI', please show staff changes that would have been made during the year via the various methods prior to the release of the Sustainable Government Initiative (SGI) in December 2011. Under 'Post-SGI', please show how the SGI altered the targets under 'Pre-SGI'. That is, the addition of the two cells will show the total target for the year.

(Please include VPS and fixed-term staff, and provide all data as FTE):

	Target for 2011-12		Actual for 2011-12	Reason for any variation between target and actual	Impact of reduction or increase in staff numbers on services delivery
	Pre SGI	Post SGI			
Total change in staff numbers (please indicate + for increase and – for decrease)	No target set for 2011-12. SGI requires a reduction of 200 FTE [16] (from 15 December 2011) by end December 2013.	No target set for 2011-12. SGI requires a reduction of 200 FTE [17] (from 15 December 2011) by end December 2013.	-111.4	-	-
Change in the number of head office staff* (please indicate + for increase and – for decrease)	No target set.	No target set.	-111.4	-	-
Change in the number of front-line staff* (please indicate + for increase and – for decrease)	The number of doctors has increased to 8,599 and the number of nursing staff has increased to 34,568. No reduction has occurred in front line staff; the government has increased numbers.				

[16] *This is not front-line staff.*

[17] *This is not front-line staff.*

	Target for 2011-12		Actual for 2011-12	Reason for any variation between target and actual	Impact of reduction or increase in staff numbers on services delivery
	Pre SGI	Post SGI			
Number of staff reduced through resignation and retirement	No target set.	No target set.	-128.7	-	-
Number of staff reduced through non-renewal of contracts	No target set.	No target set.	-134.1	-	-
Number of staff reduced through VDPs	No target set.	No target set.	0	-	-
Number of staff reduced through TSPs	No target set.	No target set.	The figure is low and as such is not disclosed in order to preserve confidentiality (consistent with the approach suggested by the Committee in Question 32).	-	-
Number of staff reduced through other means	No target set.	No target set.	0	-	-
Costs associated with staff reductions (e.g., VDP and redundancies pay-outs)	No target set.	No target set.	$145,129.05	-	-

Note: 'SGI' refers to the Sustainable Government Initiative of December 2011.

* Please indicate how you have defined 'head office staff' and 'front-line staff'.

No reductions have occurred in front line staff.

Question 30

(c) For what roles within your organisation were contractors or contract staff used in 2011-12 (refer to Explanatory Memorandum for definition of contractors)?

Contractors or contract staff were primarily engaged in the following areas:

- The Office of the Chief Information Officer, which oversees health information technology in order to advance the state's e-health capacity in concert with national initiatives, while developing longer term strategy and programs for the Victorian health system
- Web services, which is responsible for web architecture and development within the department
- Capital Projects and Service Planning, which is responsible for health service planning, development and delivery of building projects, and building-related policy and standards
- Specialist and professional services

(d) Please itemise the services delivered by contractors or contract staff in 2011-12:

Service category	Number of contractors/contract staff	Value of services ($)[18]
Information Technology (including web services)	67	7,652,551
Capital Projects	48	7,575,144
Specialist and professional services	289	10,792,197

(e) For each specific contractor or contract staff paid in excess of $100,000 per annum that has been engaged by your organisation during 2011-12, please supply the following details:

Supplier	Purpose	Value of services ($)[19]	Number of contractors/contract staff (FTE) employed for longer than 12 months	Reasons why a VPS employee or equivalent could not undertake the work
Dargle Consulting	Transaction Manager – Major Projects	489,659	1.0	Technical skills not available in VPS and/or cannot compete with industry rates
Clicks IT Recruitment	Strategic Advisor	160,996	0	Technical skills not available in VPS and/or cannot compete with industry rates
Clicks IT Recruitment	Senior Data Officer	162,676	1.0	Technical skills not available in VPS and/or cannot compete with industry rates

[18] *Actual Expenditure for 2011-12 excluding GST*

[19] *Commitment for length of contract excluding GST (N.B., contract and commitments span various lengths with the majority over multiple years.)*

Supplier	Purpose	Value of services ($)[19]	Number of contractors/contract staff (FTE) employed for longer than 12 months	Reasons why a VPS employee or equivalent could not undertake the work
Clicks IT Recruitment	Lead Data Warehouse Consultant	171,249	0	Technical skills not available in VPS and/or cannot compete with industry rates
Clicks IT Recruitment	Data & Technical Support	180,134	1.0	Technical skills not available in VPS and/or cannot compete with industry rates
Clicks IT Recruitment	IT Business Analyst	194,523	1.0	Technical skills not available in VPS and/or cannot compete with industry rates
Clicks IT Recruitment	Web Program Implementation Manager	256,150	1.0	Technical skills not available in VPS and/or cannot compete with industry rates
Clicks IT Recruitment	Information Security Program Manager	446,232	1.0	Technical skills not available in VPS and/or cannot compete with industry rates
Clicks IT Recruitment	Operations Manager	479,564	1.0	Technical skills not available in VPS and/or cannot compete with industry rates
Clicks Recruit (Australia) Pty Ltd	Project Coordinator	129,611	0	Technical skills not available in VPS and/or cannot compete with industry rates
Clicks Recruit (Australia) Pty Ltd	Senior Web Designer	203,816	1.0	Technical skills not available in VPS and/or cannot compete with industry rates
Clicks Recruit (Australia) Pty Ltd	Change Manager/Analyst	246,066	1.0	Technical skills not available in VPS and/or cannot compete with industry rates
Clicks Recruit (Australia) Pty Ltd	Senior Web Developer	265,565	1.0	Technical skills not available in VPS and/or cannot compete with industry rates
Clicks Recruit (Australia) Pty Ltd	Web Developer	320,495	1.0	Technical skills not available in VPS and/or cannot compete with industry rates
Clicks Recruit (Australia) Pty Ltd	Infrastructure Manager	367,470	1.0	Technical skills not available in VPS and/or cannot compete with industry rates
Clicks Recruit (Australia) Pty Ltd	Deployment Manager	435,663	1.0	Technical skills not available in VPS and/or cannot compete with industry rates
Dynamic Equilibrium Pty Ltd	Application Development Implementation	130,000	1.0	Technical skills not available in VPS and/or cannot compete with industry rates

Supplier	Purpose	Value of services ($)[19]	Number of contractors/contract staff (FTE) employed for longer than 12 months	Reasons why a VPS employee or equivalent could not undertake the work
Dynamic Equilibrium Pty Ltd	Architecture, analysis and management services	252,000	1.0	Technical skills not available in VPS and/or cannot compete with industry rates
Hays Specialist Recruitment Pty Ltd	Project Budget Officer	103,662	1.0	Technical skills not available in VPS and/or cannot compete with industry rates
Hays Specialist Recruitment Pty Ltd	IM/IT Manager	113,018	1.0	Technical skills not available in VPS and/or cannot compete with industry rates
Hays Specialist Recruitment Pty Ltd	Project Director	138,000	1.0	Technical skills not available in VPS and/or cannot compete with industry rates
Hays Specialist Recruitment Pty Ltd	Content Specialist/Health Editor	199,680	1.0	Technical skills not available in VPS and/or cannot compete with industry rates
Hays Specialist Recruitment Pty Ltd	Millenium Technical Specialist	224,223	0	Technical skills not available in VPS and/or cannot compete with industry rates
Hays Specialist Recruitment Pty Ltd	Project Manager	260,000	1.0	Technical skills not available in VPS and/or cannot compete with industry rates
Hays Specialist Recruitment Pty Ltd	Agency Implementation Manager	264,882	1.0	Technical skills not available in VPS and/or cannot compete with industry rates
Hays Specialist Recruitment Pty Ltd	Program Director	657,800	1.0	Technical skills not available in VPS and/or cannot compete with industry rates
Hudson Global Resources Aust Pty Ltd	Costing Development Manager	243,241	1.0	Technical skills not available in VPS and/or cannot compete with industry rates
Hudson Global Resources Aust Pty Ltd	SQL Server Analyst	420,645	1.0	Technical skills not available in VPS and/or cannot compete with industry rates
MKM Health	Data Reporting Compliance	128,526	0	Technical skills not available in VPS and/or cannot compete with industry rates
Randstad Pty Ltd	Cerner Command Language Coder	177,994	0	Technical skills not available in VPS and/or cannot compete with industry rates

Question 31

(a) For what roles within your organisation were consultants used in 2011-12 (refer to Explanatory Memorandum for definition of consultants)?

The department utilises consultants to support key departmental projects where specialist skills and expertise are required, in order to supplement the existing skill base. This was particularly evident in the areas of review, evaluation, analysis and advice for specific time-limited tasks.

(b) Please itemise the services delivered by consultants in 2011-12:

Service category	Number of consultants	Value of services ($)
Review//Evaluation	7	1,329,885
Advice /Analysis	6	526,888

(c) For each specific consultant paid in excess of $100,000 per annum that has been engaged by your organisation during 2011-12, please supply the following details:

Supplier	Purpose	Value of services ($)	Number of consultants (FTE) employed for longer than 12 months	Reasons why a VPS employee or equivalent could not undertake the work
Ernst & Young	To undertake a review of the structure of the Department of Health	753,000	Nil	An independent review by a specialist in organisational structure required; skill set not available within department.
Ipsos Social Research Institute	Evaluation of National Consumer experience of care tools and recommendations on scope of fit for purpose instrument	205,350	Nil	Specialist skills required to undertake this project not available within the department's resources.
Ingham Institute of Applied Medical Research	A review of the cancer service system in Victoria.	132,000	Nil	An independent review was required to be conducted by consultants with particular expertise in the field of cancer; not available within the department's resources.
KPMG	Goulburn Valley Health Service (GVH) and Financial Review.	158,334	Nil	This review required extensive and specialist experience; not available within the department's resources.
Aspex Consulting Pty Ltd	Evaluation of the Strengthening Medical Specialist Training Program	131,057	Nil	An independent review was imperative to ensure the integrity of the program.

Supplier	Purpose	Value of services ($)	Number of consultants (FTE) employed for longer than 12 months	Reasons why a VPS employee or equivalent could not undertake the work
J Krassie & Associates	Review of Metropolitan Hospitals Food Services	119,560	Nil	Specialist knowledge and expertise required for this project not available within the department.
Aspex Consulting Pty Ltd	Review of clinical placement funding in the Dental Health Program	109,367	Nil	Skills required for this review cannot be resourced within the department.

Notes:

1. Actual Expenditure for 2011-12 excluding GST
2. Commitment for length of contract excluding GST

Question 32

Please complete the following tables showing number of executive staff and total value of bonuses paid in the 2011-12 performance periods:

Executive category	Number of staff (FTE)			Total value of bonuses paid ($)
	Eligible for a performance bonus	Not awarded bonus payment	Awarded bonus payment	
Secretary or CEO, EO1 – Deputy[(a)]	47	12	35	66,567.98
EO2[(a)]				156,136.66
EO3				172,841.86
Other Executives	0	0	0	0
Other staff	9	6	3	14,715

Note (a): Combine categories to preserve confidentiality where necessary

Question 33

In the following table, please show for your organisation the actual range of bonuses paid in 2011-12 (expressed as a percentage of total remuneration).

Rating	Proportion of total remuneration package actually paid (expressed as a range from x% to y%)
Exceptional	9%
Superior	3%-8%
Competent	0%
Improvement required	0%

The above format is based on the Executive Employment Handbook. If your organisation adopted another approach for awarding bonuses, please provide details.

Not Applicable

Question 34

Please detail the number of executives who received increases in their remuneration in 2011-12, breaking that information down according to what proportion of their salary the increase was, and explaining the reasons for executives' salaries increasing in each bracket.

Increase in base remuneration	Number of executives receiving increases in their base rate of remuneration of this amount	Reasons for these increases
0-3 per cent	37	Payment of the 2011 annual executive remuneration review guideline rate increase
3-5 per cent	0	
5-10 per cent	0	
10-15 per cent	0	
greater than 15 per cent	2	Promotion to a role in a higher EO level

Question 35 (Department of Treasury and Finance only)

This question does not apply to your department.

SECTION F: Program outcomes

Outcomes reflect the impact on the community of the goods and services provided by a department. The questions in this section all relate to the outcomes that your department/agency contributed to in 2011-12.

Question 36

(a) Using the format of the table below, please outline the five most important outcomes in the community[20] achieved by your organisation's programs/activities in 2011-12 (where your organisation has been the key player) including:

(i) what was planned;

(ii) what was achieved;

(iii) quantitative or qualitative data to demonstrate this achievement;

(iv) any other Victorian public sector organisations or agencies from other jurisdictions that have worked across organisational boundaries to contribute to this outcome; and

(v) the relationship of these outcomes to any government strategies or goals.

Planned outcome to be achieved	Description of actual outcome achieved	Quantitative or qualitative data to demonstrate outcome	Other agencies involved	Relationship to major government strategy
1. Release of the Rural and Regional Health Plan	The 'Rural and Regional Health Plan' was launched by the Minister on 16 December 2011. It sets out key directions for Victoria's rural and regional health system.	The 'Rural and Regional Health Plan', and the 'Rural and Regional Health Plan Technical Paper' containing key statistical information are both available at: http://www.health.vic.gov.au/healthplan2022	Five major public consultations were held across regional Victoria (over 300 participants) with health care providers and consumer representatives. A series of select consultations were also held with statewide health	The foundation for the directions in the Rural and Regional Health Plan is the government's 'Victorian Health Priorities Framework 2012-2022', which identifies outcomes to be achieved by the Victorian health system and provides principles for

[20] *'Outcomes' are the impact of service delivery on the community rather than a description of the services delivered*

Planned outcome to be achieved	Description of actual outcome achieved	Quantitative or qualitative data to demonstrate outcome	Other agencies involved	Relationship to major government strategy
			providers, peak industry, and health condition and consumer representative organisations. A Ministerial Advisory Committee, chaired by the Hon. Rob Knowles AO, provided advice and input into the suite of health planning documents, including the 'Rural and Regional Health Plan'. The content of the 'Rural and Regional Health Plan' has been endorsed by Cabinet.	decision-making.
2. Establishment of the Health Innovation and Reform Council (HIRC)	The HIRC was launched formally by the Minister on 11 May 2012. The HIRC is an independent advisory body established in line with the provisions set out in the Health Services Amendment (Health Innovation and Reform Council) Act 2011. The HIRC Chair is the Hon. Rob Knowles AO.	Background information on HIRC is available at: http://www.health.vic.gov.au/hirc Release of HIRC advice regarding hospital readmissions and telehealth is anticipated in early 2013.	The membership of the HIRC has been endorsed by Cabinet. The HIRC has formed Working Groups comprising experts from various sectors to provide initial advice on select topics.	At the request of the Minister for Health, the HIRC will provide independent advice to the Minister and the Secretary, Department of Health on the effective and efficient delivery and management of quality health services and the continuing reform of the public health system, including implementation of the government's 'Victorian Health Priorities Framework 2012-2022'.

Planned outcome to be achieved	Description of actual outcome achieved	Quantitative or qualitative data to demonstrate outcome	Other agencies involved	Relationship to major government strategy
3. *Koolin Balit* - strategic directions for Aboriginal health 2012–2022 launched May 2012 Is a plan to make a significant and measurable impact on improving the length and quality of the lives of Aboriginal Victorians in an integrated, whole-of-life-framework based around a set of key priorities and enablers.	The release of The Health and Wellbeing of Aboriginal Victorians: Victorian Population Health Survey 2008 Supplementary report was based on an increased Aboriginal sample size. Continued successful implementation of the Victorian Closing the Health Gap plan statewide, regionally and locally. Implementation of new strategic directions for the Aboriginal Health Promotion and Chronic Care Partnership and Improving Care for Aboriginal and Torres Strait Islander Patients programs. Hospitals reporting quarterly on Aboriginal health – included in the Statement of Priorities guidelines for hospitals. Aboriginal Quitline counsellors employed at Quit Victoria, leading to an increased number of Aboriginal client referrals. Seven clinical engagement projects were funded to improve health outcomes and patient experience. The Spectacle Subsidy Scheme increased the number of people accessing eye health services and using spectacles.	Not yet available	Quit Victoria Australian College of Optometry Community Health Services Victorian Aboriginal Community Controlled Health Organisation	Victorian Indigenous Affairs Framework Victorian Health Priorities Framework

Planned outcome to be achieved	Description of actual outcome achieved	Quantitative or qualitative data to demonstrate outcome	Other agencies involved	Relationship to major government strategy
4. Participation for Culturally and Linguistically Diverse (CALD) Seniors	A strategy for marketing social inclusion activities for CALD older people. A grants program to increase the capacity of community organisations responding to CALD older people's interests. Increased capacity, re: Seniors Information Victoria to provide more culturally and linguistically appropriate information and raise Information for CALD carers responds to their particular needs. Assistance for CALD communities in rural and regional areas to connect to appropriate accommodation and local health services.	$250,000 funding to 44 community organisations	Ethic Communities Council of Victoria	Election Commitment Victorian Health Priorities Framework
5. Strengthening the mental health service system	New investment allocated in 2011–12 will fund 115 new or redeveloped mental health beds, together with a new coordination system. Community-based mental health services will be expanded to treat an additional 800 people.	New initiative Increased need in the community for mental health services.	Community-based mental health services	Mental Health reform
6. Eating disorder program	The government allocated $400,000 in 2011–12 to enable an intensive eating disorder day program at The Royal Children's Hospital.	New initiative This program aims to better support young Victorians with an eating disorder, most of whom are girls and young women.	Royal Children's Hospital	Mental Health reform

Planned outcome to be achieved	Description of actual outcome achieved	Quantitative or qualitative data to demonstrate outcome	Other agencies involved	Relationship to major government strategy
7. Youth Prevention and Recovery Care (Y-PARC)	The first youth prevention and recovery care (Y-PARC) service opened in Frankston.	New initiative Y-PARC responds to the particular needs of young people aged 16–25 years. It provides short-term, 24-hour intensive support as an alternative to inpatient hospital care, or as transitional care between hospital and intensive community support. Y-PARC focuses on helping young people maintain positive and supportive social, family, educational and vocational connections with their local community.	Broad range of mental health services	Mental Health reform

(b) Please also identify any significant program outcomes that were planned but not achieved in 2011-12 and the underlying reasons.

Outcome not achieved	Explanation
NIL	Not applicable

Question 37

For the following initiatives that were due to be completed in 2011-12, please provide details of the outcomes expected to be achieved in the community[21] and the outcomes actually achieved to date. Please quantify outcomes where possible.

Initiative	Source	Actual date of completion (month and year)	Expected outcomes	Actual outcomes
Ambulance Service Strategy	BP3 2008-09, p.309		Project initiated by the former government. The expected outcomes were outlined in BP3 2008-09.	The Auditor General in 2010 reported on the former government's performance on Ambulance. See: 'Access to Ambulance Services', tabled in Parliament 6 October 2010.
Health*SMART* shared information and communication technology (ICT) Operations (statewide)	BP4 2011-12, p.30	The Health*SMART* project was closed on 30 June 2012.	Project initiated by the former government. The expected outcomes were outlined in BP3 2011-12.	The Ombudsman's 'Own motion investigation into ICT-enabled projects' (November 2011), reported on the former government's performance.
Maintaining Health System Performance	BP3 2008-09, p.309	30 June 2012.	Project initiated by the former government. The expected outcomes were outlined in BP3 2008-09.	In 2011-12, the number of patients treated was 1,589,000. Source: Total Separations – All Hospitals, Annual Report 2011-12, p. 157.
Victoria's Cancer Action Plan (VCAP) 2008-2011: Innovation in Care – Saving Lives	BP3 2008-09, p.309	30 June 2012.	Project initiated by the former government. The expected outcomes were outlined in BP3 2008-09.	The former government did not fund all areas of this program recurrently, which now occurs.

[21] *'Outcomes' are the impact of service delivery on the community rather than a description of the services delivered*

SECTION G: Previous recommendations

Question 38 (departments only)

For each recommendation in the Committee's *Report on the 2009-10 and 2010-11 Financial and Performance Outcomes* that relates to an area relevant to your department or one of its portfolio agencies, please indicate:

(a) whether or not the action specified in the recommendation has been implemented;

(b) if so, how it has been implemented and what publicly available information (if any) demonstrates the implementation of the recommendation; and

(c) if not, why not.

The government tabled a Whole-of-Victorian-Government response in both Houses of Parliament on 19 October 2012. The Committee is referred to that document.

Implementation of those recommendations made by the Committee and supported by the government is proceeding and departments will be in a position to respond once that process has concluded.

No.	Recommendation	Has the action specified in the recommendation been implemented?	If yes:		If no:
			How has it been implemented?	What publicly available information, if any, shows the implementation?	Why not?
1	In future years, departments provide timely responses to the Committee's questionnaires, with answers that are informative and without modifications to the question.				
21	All departments which transition to shared services ensure that they set up appropriate mechanisms to capture and report the savings that result from the transition.				

No.	Recommendation	Has the action specified in the recommendation been implemented?	If yes:		If no:
			How has it been implemented?	What publicly available information, if any, shows the implementation?	Why not?
30	Where departments have performance measures that are based on project milestones, they calculate results based on the original milestones for the project, and not milestones that have been subsequently altered to reflect changes.				
31	Departments review quality performance measures that are solely based on compliance with legislation, to identify whether more challenging service levels might be set as targets.				
33	Departments review their performance measures to determine whether providing results at the 50th and 90th percentiles would convey a more comprehensive understanding of departmental performance to stakeholders.				
34	Departments review those performance measures which solely indicate whether or not a task was performed and, where meaningful, replace them with measures of the timeliness or quality of the task's performance.				