



PARLIAMENT OF VICTORIA

Public Accounts and Estimates Committee

2021-22 and 2022-23 Financial and Performance Outcomes General Questionnaire

Department of Health

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Introduction – Financial and Performance Outcomes Questionnaire

The Committee's inquiry into the 2021-22 and 2022-23 Financial and Performance Outcomes examines:

- the Government's actual expenditure and revenue compared to the budgeted expenditure and revenue
- the actual performance outcomes against the targeted performance outcomes at a departmental/agency level
- other expenditure unforeseen at the time of preparing the 2021-22 and 2022-23 Budgets and outcomes achieved.

The inquiry aims to benefit the Parliament and the community by:

- promoting the accountability, transparency and integrity of the executive and the public sector
- encouraging the effective and efficient delivery of public services and assets.

This questionnaire seeks information on the departmental/agency financials for the 2021-22 and 2022-23 financial years, what was achieved during those years and how that compares to expectations.

Timeline and format

Responses to this questionnaire are due by **5.00pm on Friday 10 November 2023**.

Please email the completed questionnaire (in word and pdf) to paec@parliament.vic.gov.au

Please also email a signed copy.

Consistency with the budget papers

Wherever referring to an initiative/program/project that is referred to in the budget papers, please use the same name as is used in the budget papers. This ensures that the Committee can correlate the information provided by the department with the information in the budget papers.

Basis of consolidation

For departments, please use the same basis of consolidation as was used in the budget papers and in the budget portfolio outcomes statement in the department's annual report.

Guidance

Please contact the secretariat should you require guidance in relation to any questions:

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Section A: Output variances and program outcomes

Question 1 (all departments) Completed output initiatives from past budgets

For all initiatives that were completed in 2021-22 and 2022-23, please provide details of the expected outcomes for the community of the initiative and the actual outcomes achieved to date. Please use initiatives names as specified in *Budget Paper No. 3: Service Delivery* and link the initiative to the responsible output(s) and portfolio(s).

2021-22 Response

Initiative	Year and funding allocated		Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated				
Addressing Critical Demand in Melbourne's West – Stage 2 Werribee Mercy Hospital Expansion	2020-21	4.757	30 June 2022	<p>Funding is provided to undertake service and capital planning for the future expansion of the Werribee Mercy Hospital to address forecast demand in the growing western corridor.</p> <p>The planning will determine the capacity and range of services and linkages with the new Footscray Hospital and the planned new Melton Hospital.</p>	Funding has enabled completion of capital and service planning in Melbourne's West which will inform future government investment decisions.	Acute Health Services (Health)

First stage of the new Melton Hospital	2020-21	5.0	31 December 2021	<p>Funding is provided to purchase land and undertake detailed capital planning and early works for a new Melton Hospital.</p> <p>The Melton growth corridor is one of the fastest growing areas and funding will progress design of planning and early works for the new hospital so that it can meet the healthcare needs of the local community.</p>	<p>Funding has enabled completion of capital planning and early works for the New Melton Hospital, which received full funding in 2022-23 State Budget.</p>	Acute Health Services (Health)
Decriminalising public drunkenness	2021-22	0.343	30 June 2022	<p>Funding is provided to establish the foundations for a health-based response to public drunkenness, implementing the government's commitment to decriminalise public drunkenness.</p> <p>This includes funding to establish a proposal for a trial site program for a health-based response to public intoxication. Funding is also provided for Aboriginal cultural safety initiatives.</p>	<p>The department worked with service providers to establish a trial site program for a health-based response to public intoxication. The program has now concluded. This program was operated in the Local Government Areas (LGAs) of City of Yarra, Greater Dandenong, Greater Shepparton and Mount Alexander Shire.</p> <p>The trial site program has informed the design and implementation of the statewide response to public intoxication.</p>	Drug Treatment and Rehabilitation (Health)
Health and medical research for bone marrow biology	2018-19	2.080	30 June 2022	<p>A Centre of Research Excellence for bone marrow biology will be established in Melbourne to help accelerate the work of Maddie Riewoldt's Vision in finding a cure for bone marrow failure syndromes.</p>	<p>The Victorian Government provided \$2.1 million through the 2018-19 State Budget for 'Maddie's Vision' to establish the Centre of Excellence in Bone Marrow Biology.</p>	Public Health Development, Research and Support (Health)

Improving rural health outcomes	2020-21	2.312	30 June 2022	<p>Funding is provided to address disparities in health outcomes in rural areas, investing in preventing, treating and improving recovery from cardiac, stroke and cancer conditions.</p> <p>This includes increasing rural community testing and screening activities and bringing care for rural communities close to home and embedding access via telehealth to clinical trials and supportive care following diagnosis.</p>	<p>The BreastScreen Victoria Reading and Assessment Service in Shepparton is expected to open in early 2024. Infrastructure and workforce training are now complete.</p> <p>Delays are associated with securing a radiology provider and recruiting a qualified workforce.</p> <p><i>Safer Care Victoria has partnered with 17 health services to provide better access to evidence based cardiovascular care to over 7,000 Victorians living in regional and rural areas through four initiatives focusing on chest pain, atrial fibrillation, stroke, and heart attack hospital presentations.</i></p>	Non-Admitted Services (Health)
Clinical Technology Refresh Program	2021-22	18.000	30 June 2022	<p>Funding is provided to upgrade the network infrastructure needed to support and deliver patient-related services such as pathology, diagnostic imaging and patient management systems.</p> <p>This will improve delivery of information related to patient diagnostics and other clinical services and enhance cybersecurity.</p>	<p>At risk and aging technology infrastructure is upgraded, reducing the possibility of ICT hardware failure interrupting health service operations.</p>	Admitted Services (Health)

<p>Public health and local place-based delivery</p>	<p>2021-22</p>	<p>791.115</p>	<p>30 June 2022</p>	<p>Funding is provided to continue the core public health response to the COVID-19 pandemic, investing in capacity to respond to and manage any further spread and support continued easing of public health restrictions in Victoria.</p> <p>This will include continued operation of local public health units, wastewater surveillance and pathology capacity to prevent and protect communities from COVID-19.</p> <p>Funding is provided to continue critical COVID-19 prevention activities, health promotion and specialised response capability to support Victorians living in public housing, disability accommodation and other high-risk accommodation settings with shared facilities.</p>	<p>Responding to peak demand during the Delta and Omicron waves, the public health team was able to respond quickly and at significant scale.</p> <p>During the peak of the Omicron wave in January 2022, 1,110 state-wide outbreaks were managed by the public health team.</p> <p>98.5 per cent of new positive cases were contacted within 24 hours of the department being notified of an infection.</p> <p>53.7 per cent of those cases were streamed into an in-care pathway, 24.1 per cent were streamed into a self-care pathway.</p> <p>Over one (1) million positive cases were triaged through the COVID-19 Positive Pathways Program, with high-risk patients directed into a clinical care pathway. Low-risk patients were directed to a self-care pathway, keeping pressure off the health system and emergency wards.</p> <p>As at September 2023:</p> <ul style="list-style-type: none"> 94.9 per cent of people aged 12 years or older in Victoria had received two or more COVID-19 vaccination doses 	<p>Health Protection (Health)</p>
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					<ul style="list-style-type: none">• 57.4 per cent of people in Victoria have received three or more doses• 21.2 per cent of people in Victoria have received four or more doses.	
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<p>Meeting demand for hospital services</p>	<p>2021-22</p>	<p>467.500</p>	<p>30 June 2022</p>	<p>Funding is provided to support service delivery levels and performance in Victoria’s hospitals, including additional funding for elective surgery, more emergency department staff, additional highly specialised therapies, and to support new wards as they open.</p>	<p>Funding has been allocated fully and supports the achievement of activity targets in Budget Paper No.3.</p> <p>Associated performance outcomes against target are detailed in the Department 2021-22 Annual Report’.</p> <p>Two new highly specialised therapies were approved for public funding in 2021-22 financial year by the Commonwealth Government and were made available in selected Victorian public hospitals to eligible patients.</p> <p>To address the increasing demand for highly specialised therapies, two new centres to deliver the treatments were stood up at the Alfred Hospital and Royal Victorian Eye and Ear Hospital.</p> <p>By 30 June 2022, a total of fifty-three patients were treated at Peter MacCallum Cancer Centre, Royal Children’s Hospital, The Alfred Hospital and Royal Victorian Eye and Ear Hospital for paediatric and young adult acute lymphoblastic leukemia, diffuse B Cell lymphoma, inherited retinal disease, and paediatric neuroblastoma.</p>	<p>Admitted Services Emergency Services Non-Admitted Services (Health)</p>
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<p>Responding to community-based healthcare demand</p>	<p>2021-22</p>	<p>63.636</p>	<p>30 June 2022</p>	<p>Funding is provided to address the impacts of the COVID-19 pandemic on community-based health care. This includes catch-up care for dental services, cancer services and maternal and child health services to ensure clients who were unable to engage over the past 12 months receive the care they need. A proportion of these funds will be allocated to support catch-up care for Aboriginal Victorians. Increases in demand for Alcohol and Other Drugs (AOD) programs will be met by three new residential AOD treatment facilities, additional community-based counselling services and expanded forensic services. Funding is also provided to 12 women’s health promotion organisations across Victoria to support the workforce in the delivery of health promotion and prevention initiatives, including in relation to prevention of family violence, women’s mental health and sexual and reproductive health. This initiative will also establish three new women’s sexual and reproductive health hubs and expand the operating hours and scope of services at existing hubs.</p>	<p>Funding for Maternal and Child Health catch up care was fully expended to ensure clients who were unable to engage over the previous year received the care they need. Three new AOD residential treatment facilities were operationalised in January 2022, delivering 60 adult and 20 youth rehabilitation beds across three sites: Wangaratta, Corio and Traralgon. AOD Care and Recovery Coordination (CRC) and Youth Outreach services were expanded across all catchments statewide, responding to demand pressures exacerbated by the COVID-19 pandemic. Forensic demand funding was also allocated to the Australian Community Support Organisation (ACSO) to address significant wait times for assessment and treatment. In addition, funding was allocated to the forensic AOD brokerage pool for service providers to be able to access additional funding for delivery of supplementary services and supports for people involved with the criminal justice system.</p>	<p>Admitted Services Dental Services Drug Treatment and Rehabilitation Maternal and Child Health and Early Parenting Services (Health)</p>
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		<p>Funding is also provided to continue the Pathways program, which provides case management services to sex workers.</p> <p>Funding is provided to increase human papillomavirus (HPV) vaccination in vulnerable groups of adolescents, including those with a disability, and Aboriginal and Torres Strait Islander adolescents.</p> <p>This supports Victoria’s goal to eliminate cervical cancer as a public health problem in Victoria by 2030 and addressed a decrease in vaccination that occurred as a result of the pandemic.</p>	<p>Funding was provided directly to 13 health services across metropolitan and regional Victoria to support colonoscopy catch up activity.</p> <p>Funding for public dental services delivered a targeted approach to addressing waiting lists and provided additional services and treatment for Victorians who had delayed or deferred treatment during the pandemic.</p> <p>Three additional women’s sexual and reproductive health hub locations established.</p> <p>Funding for increasing HPV vaccination was provided to Cancer Council Victoria (CCV) and the Victorian Aboriginal Community Controlled Health Organisation (VACCHO).</p> <p>The CCV developed a suite of resources for adolescents, parents, schools, and health professionals to support vaccination of adolescents with a disability.</p> <p>The resources were based on research undertaken by the Murdoch Children’s Research Institute.</p> <p>VACCHO issued grants to eleven organisations, including ACCHOs and community health centres to provide targeted vaccination to</p>	
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					Aboriginal adolescents who had missed vaccination. They also updated HPV vaccination health promotion resources.	
Mental Health						
A mental health and wellbeing system with lived experience at the core	2021-22	7.600	30 June 2022	<p>Funding is provided to strengthen leadership of Victoria’s mental health and wellbeing system by people with lived experience of mental illness or psychological distress.</p> <p>A new non-government agency, residential service and website will be developed and led by people with lived experience, providing better access to information, treatment and support. Funding is also provided to expand the capacity of the Victorian Mental Illness Awareness Council, the peak advocacy organisation in Victoria for people with a lived experience of mental health problems or emotional distress.</p>	<p>Design of the Lived Experience Agency model has been undertaken in partnership with Victorian Mental Illness Awareness Council (VMIAC) and Self-Help Addiction Resource Centre (SHARC).</p> <p>Stage 1 of the mental health website was completed in late 2022, with further work to be undertaken in a Stage 2.</p> <p>Mind Australia has been allocated funding to complete the design of the Lived Experience Residential Service.</p> <p>Funding has been allocated to VMIAC to support agency expansion and infrastructure required to perform core expanded functions.</p>	Mental Health Community Support Services (Mental Health)

<p>Expanding statewide services to improve support for high and specialised needs</p>	<p>2021-22</p>	<p>4.133</p>	<p>30 June 2022</p>	<p>Funding is provided to redesign statewide mental health services to support Victoria’s new mental health and wellbeing system, and to provide an uplift in the capacity of community-based statewide service providers to relieve immediate community demand.</p> <p>Existing support for mental health consultation and liaison services will also continue.</p> <p>This initiative will also implement a service capability framework for mental health and wellbeing services.</p>	<p>An uplift to existing Consultation Liaison Psychiatry Services has been delivered across all Area Mental Health and Wellbeing Services.</p> <p>To assist with redesign of statewide mental health services, a report was commissioned by the department in 2022 to improve the definition and clarify the scope of specialist statewide services.</p> <p>Implementation of the findings from the report, including confirming the definition, scope and functions of statewide services as the sixth tier in the redesigned mental health and wellbeing system is underway.</p> <p>Funding has enabled service continuity and uplift at eight (8) existing specialist statewide services, including:</p> <ul style="list-style-type: none"> • sector capability development for the treatment of eating disorders at the Victorian Centre for Excellence in Eating Disorders • specialised support and care to consumers with mental health and physical or disability care needs at Mary Guthrie nursing home – a 30 bed mental health aged care facility 	<p>Mental Health Clinical Care (Mental Health)</p>
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			<ul style="list-style-type: none">• addressing long wait times for assessment and treatment of consumers with personality disorders and complex trauma at Spectrum• provision of support and mental health system navigation to consumers aged over 16 years of age with an intellectual disability or neurodivergence and mental illness at Victorian Dual Disability Service• system capability uplift to respond to the needs of diverse communities at Victorian Transcultural Mental Health• clinical treatment of 94 consumers with high complex needs, e.g., neurological disorders at the Neuropsychiatric Unit at Royal Melbourne Hospital• direct clinical care for 385 Aboriginal and Torres Strait Islander people at the Koori Statewide Inpatient Service.	
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Improving the quality and safety of services and promoting consumer rights	2021-22	0.310	30 June 2022	<p>Funding is provided to improve the quality and safety of acute mental health services, including through the establishment of a mental health improvement unit within Safer Care Victoria.</p> <p>This initiative will also commence work to eliminate the practices of seclusion and restraint through workforce education and training, and by embedding the Safewards model of care within all mental health, emergency, and general health units in public hospitals.</p>	<p>The Mental Health Improvement Program (MHIP) delivered the first large scale improvement initiative in December 2021 titled 'Safety for all in acute mental health inpatient units' to reduce seclusion and restraint.</p> <p>Eight (8) public mental health and wellbeing services (23 units in total) participated.</p> <p>The Safewards model underpins all MHIP reform initiatives as a basis for consumer partnership in reform.</p>	Mental Health Clinical Care (Mental Health)
Aboriginal Strong and Healthy	2021-22	1.987	30 June 2022	<p>Continued support is provided for maternal, child and family health services delivered in Aboriginal organisations.</p> <p>Funding is also provided for the Aboriginal Metropolitan Ice Partnership, which helps improve access to services for Aboriginal people affected by methamphetamine and other drugs.</p>	<p>Aboriginal Metropolitan Ice Partnerships (AMIP) were continued in order to deliver up to 400 episodes of care via seven organisations.</p> <p>Aboriginal Metropolitan Ice Partnerships maintain a partnership approach between mainstream and Aboriginal services in the delivery of Alcohol and Other Drugs Care and Recovery Coordination (CRC) and Counselling.</p>	Drug Prevention and Control (Mental Health)

Workforce readiness	2020-21	2.100	30 June 2022	<p>Funding is provided to begin to address workforce shortages in the mental health sector, to support future expansion of the workforce.</p> <p>This includes funding to increase the annual number of graduate nurses and postgraduate mental health nurse scholarships.</p>	<p>2020-21 Budget allocated \$5.5 million in 2020-21 and \$2.1 million in 2021-22.</p> <p>These funds were pooled to deliver 124 awarded scholarships, 80 graduate mental health nurses and 35 nurse educators who commenced in 2021.</p>	<p>Mental Health Clinical Care (Mental Health)</p>
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2022-23 Response

Initiative	Year and funding allocated		Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated				
Health						
Responding better to people's end of life choices	2019-20	72.000	30 June 2023	Support will be continued for Victorians requiring end of life care, including home based palliative care in rural and regional Victoria and regional palliative care consultancy. The 24-hour support line will also be continued, giving people access to expert advice and counselling.	17,792 episodes of community palliative care were supported in 2021-22, an increase of 14 per cent (n=2,185) on the previous year. In 2022-23 the level of activity was sustained with 17,630 episodes of care delivered in the community. The Palliative Care Advice Service had a 200 per cent increase in the volume of calls (n=556) from Victorians seeking information, advice and support on palliative care in 2021-22. In 2022-23 calls to the service (n=800) increased by 43 per cent.	Admitted Services (Health)
Boosting our healthcare workforce	2021-22	13.203	30 June 2023	Funding is provided to expand Victoria's healthcare workforce pipeline following significant disruption during the coronavirus (COVID-19) pandemic. This includes the delivery of 200 000 additional student placement days in the public health system and supporting clinicians to undertake training to build their professional skills and competence in student education and supervision.	Of the 200,000 additional student placements days, 146,585 have been delivered (73 per cent).	Acute Training and Development (Health)

<p>Supporting the community and health system through the COVID-19 pandemic</p>	<p>2022-23</p>	<p>133.420</p>	<p>30 June 2023</p>	<p>Funding is provided to continue support for patients in recovery from COVID-19 and support for the health system in continuing to address Victoria’s COVID-19 caseload, including:</p> <ul style="list-style-type: none"> * establishing and expanding Urgent Care Centres and expanding General Practitioner Respiratory Clinics * expanding and continuing the COVID Positive Pathways program * purchasing personal protective equipment (PPE) for health workers to enable them to work safely and effectively supporting health services to meet additional costs associated with COVID-19 * securing a larger critical care and paramedic workforce. 	<p>\$5.69 million was allocated to extend five (5) Urgent Care Centres (known as Priority Primary Care Centres) for six months noting all clinics were extended.</p> <p>\$26.090 million was allocated to extend 28 General Practice Respiratory Clinics for eight months – all clinics were extended.</p> <p>The COVID Positive Pathways program model underwent a final iteration that leveraged the systems, processes and infrastructure that had been developed over the preceding two (2) years to continue to identify, support and escalate individuals who most needed care to receive it.</p> <p>The funding enabled the uninterrupted supply of critical Personal Protective Equipment (PPE) and Covid related medical equipment throughout 2022-23, keeping Victoria’s healthcare workforce safe.</p> <p>The funding also enabled the department to maintain a 16-week emergency stockpile of essential personal protective equipment throughout 2022-23.</p> <p>This mitigated against global supply chain risks in the event of any surge in COVID-19 activity.</p>	<p>Admitted Services Community Health Care Emergency Services Non-Admitted Services (Health) Ambulance Emergency Services (Ambulance Services)</p>
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					<p>The department has now ceased central procurement of PPE, COVID-19 equipment, pharmaceuticals, and consumables, with health services being transitioned back to purchasing these items from their health service operational budgets.</p> <p>A larger critical care and paramedic workforce was secured in 2022-23 – Ambulance Victoria employed 358 new paramedics.</p> <p>To prepare staff for more critical care demand, training packages were launched which provided over 23,700 places for the intensive care unit, general nursing and aged care workforce on the clinical skills and infection control required to support COVID-19 patients and keep themselves safe.</p>	
Delivering critical cancer prevention and care: Supporting COVID-19 recovery and demand for essential cancer services	2022-23	6.301	30 June 2023	Additional funding is provided to meet increases in demand for cancer treatment following the easing of COVID-19 restrictions.	<p>Funding has supported increase in capacity to meet increase in demand following late diagnoses.</p> <p>Funding has supported the opening of new permanent BreastScreen Services in Pakenham, Hoppers Lane, Hamilton, Croydon and Heidelberg.</p> <p>This increased capacity has supported BreastScreen Victoria’s COVID-19 recovery and reduction in wait-times for appointments.</p>	Admitted Services Non-Admitted Services (Health)

<p>Responding to community-based healthcare demand and delivering enhanced service responses</p>	<p>2022-23</p>	<p>6.5</p>	<p>30 June 2023</p>	<p>Funding is provided to strengthen community-based healthcare, by increasing the delivery of services for people who have deferred care, and supporting the integration of general practitioners into 20 registered community health services.</p> <p>In addition, funding will support the design of a new community-based model of care for people diagnosed with Type 2 diabetes, providing early intervention and care via community health services.</p>	<p>An additional 45,000 hours of community health services delivered.</p> <p>Services include counselling, allied health and nursing.</p> <p>Funding has supported the design of the Diabetes Connect model, a community health-led integrated care pathway for people with type 2 diabetes.</p> <p>The model will be piloted in 2023-24 and 2024-25, with funding from the Commonwealth Government as part of the Commonwealth’s Primary Care Pilots initiative.</p> <p>Funding was allocated to rural and regional community health services to support better access to primary health and implement sustainable General Practitioner models.</p> <p>Investment has supported mentoring relationships and sector wide learning network sessions.</p>	<p>Community Health Care (Health)</p>
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techMpox vaccination program	2022-23	19.800	30 June 2023	Funding is provided to continue the Mpox vaccination program, including the purchasing, storage and distribution of vaccines, and a targeted outbreak program to ensure the spread of Mpox is limited.	To enable time to procure 87,000 Mpox vaccines, \$17.26 million was carried over to 2023-24 financial year. It is anticipated the vaccine will arrive in the coming weeks. 15,989 Mpox vaccines have been delivered to date. A summer communications campaign is being planned to encourage vaccination uptake.	Health Protection (Health)
Mildura Base Hospital planning	2021-22	2.1	31 December 2022	Funding is provided to undertake service and capital planning to finalise the masterplan and business case for a future redevelopment of the Mildura Base Hospital.	Funding has enabled completion of capital and service planning including master plan, which will inform future government investment decisions.	Acute Health Services (Health)
A Health Catalyst: Activating the Arden and Parkville Precincts	2020-21	10.0	30 June 2023	Planning will commence to redevelop the Royal Melbourne Hospital and establish an additional site for the Royal Melbourne Hospital and potentially the Royal Women's Hospital to activate the government's vision to develop world-class health, research and education infrastructure at the Arden Renewal Precinct in North Melbourne.	Funding has enabled completion of planning for the Parkville/Arden Redevelopment project funded in 2022-23.	Acute Health Services (Health)

Mental Health						
<p>Designing a new statewide trauma service to better support people with lived experience of trauma</p>	<p>2021-22</p>	<p>1.712</p>	<p>30 June 2023</p>	<p>Funding is provided to design a new statewide trauma service to achieve the best possible mental health and wellbeing outcomes for people with lived experience of trauma.</p> <p>This includes community engagement, policy development and co-design of the service with stakeholders and Victorians with lived experience of trauma.</p>	<p>The funding supported a co-design process that was undertaken in 2021-22 with a wide range of stakeholders and people with lived experience of trauma on early design principles for the Statewide Trauma Service.</p> <p>This co-design process informed the procurement and appointment of the service’s lead organisation and consortium.</p> <p>Funding has also supported the consortium to undertake key design and planning work in 2022-23 which will result in a fully scoped operational plan.</p> <p>The Operational Plan is expected to be complete by June 2025.</p>	<p>Mental Health Clinical Care (Mental Health)</p>

<p>A new approach to information management to facilitate better information-sharing for consumers</p>	<p>2021-22</p>	<p>4.456</p>	<p>30 June 2022</p>	<p>Funding is provided to design a contemporary mental health and wellbeing information and communications technology system, including a review of data required for service delivery and systems administration.</p>	<p>Funding has enabled:</p> <ol style="list-style-type: none"> 1. completion of a data review of mental health collections. The Data review inputs support the technical specifications for the new client management system and electronic mental health record 2. ongoing development of the new contemporary information architecture for mental health 3. design and development of the baseline system, technical, user, reporting and legislative requirements for the new solution to enable the development of tender specifications for the electronic mental health record and health information exchange. <p>This included a review of new models of care; consumer pathways; stakeholder and user reviews.</p>	<p>Mental Health Clinical Care (Mental Health)</p>
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<p>Expanding statewide services to improve support for high and specialised needs</p>	<p>2021-22</p>	<p>10.800</p>	<p>30 June 2023</p>	<p>Funding is provided to redesign statewide mental health services to support Victoria’s new mental health and wellbeing system, and to provide an uplift in the capacity of community-based statewide service providers to relieve immediate community demand. Existing support for mental health consultation and liaison services will also continue.</p>	<p>An uplift to Consultation Liaison Psychiatry Services has been delivered across all Area Mental Health and Wellbeing Services. A capacity uplift was provided to statewide services including:</p> <ul style="list-style-type: none"> • Centre of Excellence in Eating Disorder • Spectrum Personality Disorder Service • Brain Disorders Unit at Austin Health • Victorian Dual Disability Service • Victorian Transcultural Mental Health • Neuropsychiatric Unit at Royal Melbourne Hospital • Psychiatric Intensive Care Services at Alfred Psychiatry • Koori Statewide Inpatient Service at St Vincent’s • Mood and Eating Disorders Unit at the Austin Hospital. 	<p>Mental Health Clinical Care (Mental Health)</p>
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<p>Mental health-led emergency responses for Victorians in crisis (Recommendation 10)</p>	<p>2021-22</p>	<p>7.515</p>	<p>30 June 2023</p>	<p>Funding is provided to commence work on establishing Ambulance Victoria as the lead responder to Triple Zero (000) calls concerning primarily mental illness or psychological distress, including program design and development.</p>	<p>Design work on a model commenced. Outcomes delivered included:</p> <ul style="list-style-type: none"> • current state data collection and analysis, including analysis of Triple Zero (000) calls • detailed project and implementation planning • establishment of project-wide governance mechanisms • workshopping with frontline police, paramedics and ESTA call-takers and dispatchers to establish critical service model design considerations • mapping current service models for emergency responses to mental health crises • mapping interdependencies between Recommendation 10 and other Royal Commission recommendations and system reforms • development of service design options for the future health-led model • development of design principles to support development of systems under the future health-led model. 	<p>Mental Health Clinical Care (Mental Health)</p>
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Responding to community-based healthcare demand – mainstream and forensic	2022-23	6.571	30 June 2023	Funding is provided for the purpose of addressing unmet demand for Alcohol and Other Drugs services, providing additional capacity to support people who may require AOD services in the community or be waiting longer for AOD residential services due to the COVID-19 pandemic.	Alcohol and Other Drugs Care and Recovery Coordination (CRC) and Youth Outreach services were expanded across all catchments statewide, responding to demand pressures exacerbated by the COVID-19 pandemic. Forensic demand funding was also allocated to the forensic AOD brokerage pool for service providers to be able to access additional funding for delivery of supplementary services and supports for people involved with the criminal justice system.	
Ageing						
Completion of Modernisation of Metropolitan Melbourne PSRACS Strategy	2022-23	0.800	30 June 2023	Funding is provided to design and plan a new 60-bed Public Sector Residential Aged Care Services facility, with 30 aged persons mental health (APMH) beds and a 30-bed specialist dementia unit at the Mornington Centre.	Funding has enabled completion of capital planning which will inform future government investment decisions.	Aged Support Services (Ageing)

Question 2 (all departments) 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 the department contributed to in 2021-22 and 2022-23.

- a) Using the format of the table below, please outline the five programs that delivered the most important outcomes in the community¹ achieved by the department in 2021-22 and 2022-23 including:
- i. The name of the program
 - ii. The relevant output(s) and portfolio(s) responsible for delivery of the program
 - iii. The program objectives
 - iv. The actual outcome achieved
 - v. The actions taken to deliver the actual outcome (i.e. the most important elements/essential parts that led the department to deliver the outcome).

2021-22 Response

Program	Output(s) and portfolio(s)	Program objectives	Description of actual outcome achieved	Description of the actions taken to deliver the actual outcome
1. COVID-19 vaccination program	(Health)	To help ensure all Victorians has access to a COVID-19 vaccine as soon as possible, and to reach a high vaccination rate.	Over six million vaccines were delivered through various state-run programs, leading to over 93 per cent of the eligible population having received at least two doses of COVID-19 vaccines ² .	The department established 166 state-run vaccination centres across Victoria. In partnership with primary care providers – General Practitioners and pharmacists – the program allowed Victorians to get vaccinated quickly and safely. Outreach and mobile vaccine teams brought vaccinations to community events, schools, places of worship, aged care settings, and other at-risk communities across the state. In particular, the department partnered with Aboriginal community-controlled organisations to close the gap between Indigenous and non-Indigenous vaccination rates ³ .

¹ 'Outcomes' are the impact of service delivery on the community rather than a description of the services delivered. The Committee considers that an outcome could be considered important for a variety of reasons, such as the amount of funding allocated to the program, the public interest in the service or goods being delivered or where particular actions taken by the Department delivered improved outcomes.

² Department of Health Annual Report 2021-22, p. 15

³ Department of Health Annual Report 2021-22, p. 16

<p>2.</p>	<p>Release of Victoria’s mental health and wellbeing workforce strategy</p>	<p>(Mental Health)</p>	<p>To implement Recommendation 57 of the Royal Commission into Victoria’s Mental Health System, through the four (4) priorities in the Mental Health and Wellbeing Workforce Strategy 2021-24:</p> <ul style="list-style-type: none"> • Building workforce supply. • Building workforce skills, knowledge and capabilities. • Supporting the safety, wellbeing and retention of the workforce. • Building system enablers for excellence. 	<p>\$372 million to be invested in the 2022-23 State Budget, building on the previous investment of \$51 million in 2020-21 and 2021-22 State Budgets⁴.</p>	<p>In December 2021, <i>Victoria’s mental health and wellbeing workforce strategy 2021–24</i> was launched by the Minister for Mental Health.</p> <p>The strategy sets out a coordinated approach to delivering and supporting a mental health workforce which is diverse and multidisciplinary; and, has the right skills.</p> <p>The \$372 million investment to implement the strategy will support the delivery of more than 1,500 new workers.</p> <p>This includes more than 400 nurses, more than 600 allied health clinicians, more than 300 psychologists, and more than 100 psychiatrists.</p> <p>These new workers will be trained as mental health clinicians through supported learning pathways which include supervision supports and structures⁵.</p> <p>As at 30 June 2023, a total of 2,100 equivalent full-time new early career roles have been commissioned across the sector to commence in 2023 to 2026.</p> <p>This includes roles across nursing, lived experience, medical, psychology, social work, occupational therapy, speech pathology, dietetics, exercise physiology, physiotherapy and clinical pharmacy disciplines, in both graduate and transition programs⁶.</p>
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⁴ Department of Health Annual Report 2021-22, p. 24

⁵ Department of Health Annual Report 2021-22, p. 24

⁶ Department of Health Annual Report 2022-23, p. 45

3.	Recruiting paramedics and buying ambulances	(Ambulance Services)	To recruit more paramedics and buy new ambulances, including new funding for 117 paramedics ⁷ .	650 paramedics recruited and 23 new ambulances delivered. An additional 27 referral service triage practitioners were also deployed.	To ensure Victorians get the care they need at the right time, a record 650 paramedics were recruited; and, 23 new ambulances delivered in 2021–22. An additional 27 referral service triage practitioners were also deployed. This is a group of nurses and paramedics who better connect Triple Zero (000) callers who do not require an emergency response with more appropriate and timely care. These initiatives have helped Ambulance Victoria expand its services to areas with high need, including in regional and rural Victoria ⁸ .
4.	Providing free dental check-ups for school students	Dental Services (Health)	For 49,000 children to participate in the Smiles 4 Miles oral health promotion program ⁹ .	51,000 children participated in the Smiles 4 Miles oral health promotion program ¹⁰ .	The department has been working with Dental Health Services Victoria and the Department of Education and Training to implement free dental examinations and treatment for government school students. The School Dental Program, Smile Squad, provides free annual oral health check-ups and follow-up care for all children attending government primary and secondary schools. The \$321.9 million initiative includes teeth cleaning, fluoride applications, fillings and any other non-cosmetic treatments to make sure Victorian kids have healthy teeth ¹¹ .

⁷ 2021-22 State Budget Paper 3, p. 62

⁸ Department of Health Annual Report 2021-22, p. 6

⁹ Department of Health Annual Report 2021-22, p. 54

¹⁰ Department of Health Annual Report 2021-22, p. 54

¹¹ Department of Health Annual Report 2021-22, p. 29

<p>5. Extra postgraduate nursing and midwifery places and funding for rural General Practitioner procedural positions</p>	<p>Acute Training and Development (Health)</p>	<p>To fund 954 postgraduate nursing and midwifery places, and to fill 15 rural generalist General Practitioner procedural positions¹².</p>	<p>1,167 postgraduate nursing and midwifery positions were filled, along with 37.3 rural generalist General Practitioner procedural positions¹³.</p>	<p>The overperformance in rural generalist General Practitioner procedural positions is due to a redesign of the Victorian Rural Generalist Program, which now funds additional procedural positions¹⁴.</p>
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¹² Department of Health Annual Report 2021-22, p. 44

¹³ Department of Health Annual Report 2021-22, p. 44

¹⁴ Department of Health Annual Report 2021-22, p. 44

2022-23 Response

Program	Output(s) and portfolio(s)	Program objectives	Description of actual outcome achieved	Description of the actions taken to deliver the actual outcome
1. Boosting our Healthcare Workforce	Health Workforce Training and Development (Health)	To increase the number of student clinical placement days in the public health system.	An additional 95,503 student clinical placement days in the public health system in 2022-23 ¹⁵ .	<p>The Boosting our Healthcare Workforce project provided an additional 95,503 student clinical placement days in the public health system, which helps build professional skills and competence in student education and supervision; and, supports recovery of normal services following disruption due to the COVID-19 pandemic.</p> <p>This work provides a sustainable and scalable platform for the development of a high-quality future health workforce for Victoria by subsidising costs incurred by health services, which makes it easier for Victorians to find and access professional skills and training development¹⁶.</p>
2. COVID Catch Up Plan, (as known as the) Surgery Recovery and Reform Program	Admitted Services (Health)	To reduce the planned surgery waiting list.	Reduction in the planned surgery waiting list of 16,410 patients between April 2022 and 30 June 2023 ¹⁷ .	<p>In 2022, the Victorian Government announced the 'COVID Catch Up Plan', also known as the Surgery Recovery and Reform Program, to increase planned surgical activity and reduce the surgical preparation list (also known as the waiting list).</p> <p>The Surgery Recovery and Reform Program is responsible for delivering initiatives across the state to ensure all Victorians can access timely planned surgery or non-surgical treatment when they need it, and experience safe and equitable outcomes now and into the future.</p>

¹⁵ Department of Health Annual Report 2022-23, p. 54

¹⁶ Department of Health Annual Report 2022-23, p. 41

¹⁷ Department of Health Annual Report 2022-23, p. 17

3.	Better at Home	Admitted Services (Health)	Provide care to patients in their own homes and virtually.	More than 400,00 bed days were delivered at home to 65,000 patients in 2022-23 – an increase of 18,000 patients each year since the program started ¹⁸ .	<p>The Better at Home initiative has continued to provide more care to patients in their own homes and virtually.</p> <p>In 2022-23, more than 400,000 bed days were delivered at home to 65,000 patients.</p> <p>This is an increase of 18,000 patients each year compared with before Better at Home started.</p> <p>Funding is provided to health service partnerships and health services to deliver a variety of clinical programs, including maternity services, paediatric care, care after surgery, cancer care and palliative care.</p> <p>The initiative also supports preventative healthcare and community care for patients¹⁹.</p>
4.	Delivery of the state's capital program	(Health Infrastructure)	To ensure the provision of healthcare is supported by modern health infrastructure.	Over \$1.24 billion of health infrastructure projects, including the Victorian Heart Hospital, Stage 2 of the Northern Hospital expansion, and a dedicated Cancer and Wellness Centre at Echuca, were completed and came into operation ²⁰ .	The department delivered projects to their funded scope and work continues to deliver the rest of the health infrastructure pipeline.

¹⁸ Department of Health Annual Report 2022-23, p. 24

¹⁹ Department of Health Annual Report 2022-23, p. 24

²⁰ Department of Health Annual Report 2022-23, p. 24

5.	Free Japanese encephalitis (JE) and Mpox (monkeypox) vaccines provided to Victorians at greater risk	Health Protection (Health)	<p>To mitigate the risk of a Japanese encephalitis outbreak following heavy rainfall and significant flooding across parts of Victoria.</p> <p>To mitigate the risk of an Mpox outbreak following a surge in the number of cases between July and August 2022.</p>	<p>Delivery of over 36,000 Japanese encephalitis vaccines (JEVs), and 13,500 Mpox vaccines.</p> <p>Outbreak of Mpox was controlled, and potential outbreak of Japanese encephalitis was prevented²¹.</p>	<p>The department provided Victorians at greater risk with free Japanese encephalitis (JE) and Mpox (monkeypox) vaccines as part of its response to the emergence of new vaccine-preventable diseases in Victoria.</p> <p>Over 36,000 JE vaccine doses and over 13,500 Mpox vaccine doses have been administered in Victoria following the introduction of these programs in 2022²².</p>
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²¹ Department of Health Annual Report 2022-23, pp. 14-15

²² Department of Health Annual Report 2022-23, pp. 14-15

b) Using the format of the table below, please outline the five least performing programs that did not deliver their planned outcomes in the community by the department in 2021-22 and 2022-23 including:

- i. The name of the program
- ii. The relevant output(s) and portfolio(s) responsible for delivery of the program
- iii. The program objectives
- iv. The actual outcome achieved
- v. Explanation for not achieving the planned outcome (including a description of what actions were taken to try and achieve the planned outcome).

2021-22 response

Program	Output(s) and portfolio(s)	Program objectives	Description of actual outcome achieved	Detailed explanation for not delivering the planned outcome
1. Number of patients admitted from the elective surgery waiting list	Admitted Services (Health)	That 208,800 patients be admitted ²³ .	146,687 patients were admitted ²⁴ .	The result is lower than target due primarily to the ongoing impact of the COVID-19 pandemic, including restrictions on performing elective surgery and capacity constraints throughout 2021 and 2022.
2. Emergency patient waiting times	Emergency Services (Health)	That 80 per cent of emergency patients are treated within clinically recommended 'time to treatment' ²⁵ .	Sixty-four (64) per cent of emergency patients treated within clinically recommended 'time to treatment' ²⁶ .	The outcome is lower than the target due primarily to higher ambulance demand, a higher proportion of complex patients, and heightened infection control practices during the COVID-19 pandemic.

²³ Department of Health Annual Report 2021-22, p. 40

²⁴ Department of Health Annual Report 2021-22, p. 40

²⁵ Department of Health Annual Report 2021-22, p. 43

²⁶ Department of Health Annual Report 2021-22, p. 43

3.	Ambulance patient transfer waiting times	Emergency Services (Ambulance Services)	That 90 per cent of ambulance patient transfers are within 40 minutes ²⁷ .	Sixty-three (63) per cent of ambulance patient transfer were within 40 minutes ²⁸ .	The outcome is lower than the target due primarily to higher ambulance demand, a higher proportion of complex patients, and heightened infection control practices during the COVID-19 pandemic.
4.	Public dental services, including non-urgent, priority and emergency treatments	Dental Services (Health)	That 376,150 persons receive treatment, plus 249,100 priority and emergency patients ²⁹ .	266,206 persons treated, plus 206,462 priority and emergency patients ³⁰ .	The outcome is lower than the target due primarily to the impact of COVID-19 on activities.
5.	Emergency patients admitted to a mental health bed within eight (8) hours	Mental Health Clinical Care (Mental Health)	That 80 per cent of mental health emergency patients are admitted to a mental health bed within eight (8) hours ³¹ .	51.3 per cent of mental health emergency patients admitted to a mental health bed within eight (8) hours ³² .	<p>This result is due to high demand and acuity of consumers presenting to emergency departments across the north-west and south-east metropolitan and Hume areas.</p> <p>At times, due to the pandemic, beds were closed because of COVID-19 safety measures, which resulted in increased pressure for throughput.</p> <p>The Royal Commission into Victoria’s Mental Health System Interim Report stated that the increase in mental health-related presentations outstrips both population growth and the growth in emergency departments generally.</p> <p>This issue is being addressed by the creation of 144 new acute public beds, as recommended by the Royal Commission, which are in the process of being delivered³³.</p>

²⁷ Department of Health Annual Report 2021-22, p. 43

²⁸ Department of Health Annual Report 2021-22, p. 43

²⁹ Department of Health Annual Report 2021-22, p. 54

³⁰ Department of Health Annual Report 2021-22, p. 54

³¹ Department of Health Annual Report 2021-22, p. 52

³² State Budget Papers 2023-24, p224

³³ Department of Health Annual Report 2022-23, p.25

2022-23 response

Program	Output(s) and portfolio(s)	Program objectives	Description of actual outcome achieved	Detailed explanation for not delivering the planned outcome
1. Semi-urgent (Category 2) elective surgery patients admitted within 90 days	Admitted Services (Health)	That 83 per cent of semi-urgent (Category 2) elective surgery patients are admitted within 90 days ³⁴ .	55.2 per cent of elective surgery patients admitted within 90 days ³⁵ .	The result is lower than the target due to workforce challenges, hospital pressures resulting from the COVID-19 pandemic and delays to capital projects that have been driven by the supply and procurement challenges that continue to impact the broader construction industry.
2. Number of patients admitted from the elective surgery waiting list	Admitted Services (Health)	That 230,100 patients are admitted from the elective surgery waiting list ³⁶ .	190,058 patients admitted from the elective surgery waiting list ³⁷ .	The result is lower than the target due to workforce challenges, hospital pressures resulting from the COVID-19 pandemic and delays to capital projects that have been driven by the supply and procurement challenges that continue to impact the broader construction industry. Nonetheless, 190,000 surgeries in a single year is approaching the most ever in one year.
3. Emergency patients treated within clinically recommended 'time to treatment'	Emergency Services (Ambulance Services)	That 80 per cent of emergency patients are treated within clinically recommended 'time to treatment' ³⁸ .	65.3 per cent of emergency patients treated within clinically recommended 'time to treatment' ³⁹ .	The result is lower than the target due to increased demand, patient complexity and supply constraints, which placing significant and sustained pressure on emergency departments. Workforce pressures and continued infection control measures to protect patients and staff continue to impact patient flow through hospital emergency departments and wards.

³⁴ Department of Health Annual Report 2022-23, p. 52

³⁵ Department of Health Annual Report 2022-23, p. 52

³⁶ Department of Health Annual Report 2022-23, p. 50

³⁷ Department of Health Annual Report 2022-23, p. 50

³⁸ Department of Health Annual Report 2022-23, p. 53

³⁹ Department of Health Annual Report 2022-23, p. 53

4. Proportion of emergency (Code 1) incidents responded to within 15 minutes – statewide	Ambulance Emergency Services (Ambulance Services)	That 85 per cent of emergency (Code 1) incidents are responded to within 15 minutes, statewide ⁴⁰ .	63 per cent of emergency (Code 1) incidents were responded to within 15 minutes, statewide ⁴¹ .	<p>The result is lower than the target due to record-breaking demand and workforce constraints, which have compounded capacity issues already in the system.</p> <p>Ambulance Victoria is deploying a range of strategies to optimise the availability of ambulance resources and stabilise performance.</p>
5. Mental Health Clinical Care – Emergency patients admitted to a mental health bed within eight (8) hours	Mental Health Clinical Care (Mental Health)	That 80 per cent of emergency patients are admitted to a mental health bed within eight (8) hours ⁴² .	39 per cent of emergency patients were admitted to a mental health bed within eight (8) hours ⁴³ .	<p>The result is lower than the target due to the demand for inpatient bed-based services continuing to exceed what the system can provide.</p> <p>People presenting with complex and high care-needs require intensive care beds.</p> <p>Without access to these beds people require treatment in the emergency department or general medical wards until a bed is available.</p> <p>Bed closures at some services also impacted the result.</p> <p>As at November 2023, construction of 136 of these new beds is complete. These new beds will help reduce the pressure on existing beds whilst services also balance demand and workforce shortages⁴⁴.</p>

⁴⁰ Department of Health Annual Report 2022-23, p. 57

⁴¹ Department of Health Annual Report 2022-23, p. 57

⁴² Department of Health Annual Report 2022-23, p. 62

⁴³ State Budget Papers 2023-24, p. 224

⁴⁴ <https://www.vhba.vic.gov.au/mental-health/hospital-based-care/mental-health-beds-expansion-project>

Question 3 (all departments) Treasurer's Advances and other budget supplementation

- a) Please identify all output(s) and portfolio(s) (and relate them to departmental programs) for which the department received additional funding after the initial Budget in 2021-22 and 2022-23.

For each output, please quantify the additional funding, indicate the source of the additional funding (e.g. Treasurer's Advance, unused prior years appropriations under s32 of the *Financial Management Act 1994* (Vic), supplementation through a Temporary Advance under section 35 of the FMA, or any possible sources of funding as listed in the Resource Management Framework (2023), (section 4, pg. 69) and explain why additional funding was required after funding was allocated in the Budget.

2021-22 response

Output(s) and portfolio(s)	Program	Program objectives	Funding allocated in 2021-22 Budget	Additional funding (\$ million)	Source of additional funding as per the Resource Management Framework	Funding utilised 2021-22	Reasons why additional funding was required
Admitted Services (Health)	Additional resources for health services	Funding is provided to support service delivery levels and performance in Victoria's hospitals.	0.0	110.0	Treasurer's Advance	110.0	Additional funding was required to support service delivery levels and performance in Victoria's hospitals.
Admitted Services (Health) Ambulance Emergency Services (Ambulance Services) Ambulance Non-emergency Services (Ambulance Services) Emergency Services (Health)	Addressing demand for hospital services	Funding is required to deliver improvements to Ambulance Victoria's operations.	0.0	323.3	Treasurer's Advance	323.3	Additional funding to support Ambulance and Offload Improvement and Emergency Department Performance Initiatives as well as commissioning New Hospital Capacity. This includes doubling the Victorian Virtual Emergency Department (VVED) capacity. Expanding eligibility criteria for the Virtual Emergency Department (VED). A new rostering pattern for advanced life support paramedic crews. Expanding Ambulance Victoria Offload teams. A new, near real-time data dashboard to give paramedics and healthcare workers a better overview of system capacity to assist them make local decisions that help balance demand across the system.

Admitted Services (Health)	Aikenhead Centre for Medical Discovery	Australia's first research and education centre for biomedical engineering. The Centre will bring together doctors, scientists and researchers to focus on chronic conditions such as arthritis, cancer, diabetes, cardiovascular disease and cutting-edge treatments and technologies including robotic hands, heart tissue engineering and spinal cord repair.	0.0	11.0	Treasurer's Advance	11.0	Funding required as a grant payment to St Vincent Hospital to deliver the new 11-storey biomedical engineering research centre. This funding is part of the \$60 million overall contribution from the state.
Health Protection (Health)	COVID-19 Capability and Response	Enhanced fast response team capability in Service Victoria to support COVID-19 Response.	0.0	1.0	Treasurer's Advance	1.0	Funding required to enhance Victoria's response for COVID-19.

<p>Admitted Services (Health)</p> <p>Ambulance Emergency Services (Ambulance Services)</p> <p>Community Health Care (Health)</p> <p>Health Protection (Health)</p> <p>Health Workforce Training and Development (Health)</p> <p>Non-Admitted Services (Health)</p> <p>Residential Aged Care (Ageing)</p> <p>Small Rural Services – Acute Health (Health)</p>	<p>COVID-19 health response</p>	<p>Funding is provided to continue Victoria’s response to the COVID-19 pandemic.</p>	<p>0.0</p>	<p>883.5</p>	<p>Treasurer’s Advance</p>	<p>883.5</p>	<p>Additional funding to continue Victoria’s response to the projected COVID-19 caseload.</p> <p>This includes funding for health services to respond to the projected COVID-19 caseload as Victoria reopens, including utilising private hospital capacity, increasing care in the home and enabling primary treatment pathways.</p> <p>Further support is provided to establish the Hospital Surge Support Allowance for public hospital and Ambulance Victoria employees who work patient-facing shifts.</p> <p>Funding is also provided to continue delivering COVID-19 vaccines to the community by establishing, equipping and staffing Victorian-run vaccination clinics throughout the state.</p>
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<p>Mental Health Clinical Care (Mental Health)</p>	<p>COVID-19 mental health and wellbeing response</p>	<p>Funding is provided to deliver a range of priority initiatives to help support the mental health and wellbeing of Victorians during the COVID-19 pandemic.</p> <p>This includes funding for 20 new pop-up community mental health services to provide additional wellbeing checks, counselling and targeted support for parents, families and priority cohorts including LGBTIQ+ communities and Aboriginal Victorians.</p> <p>Funding is also provided to increase the capacity of helplines and digital connections to support early interventions for vulnerable Victorians.</p>	<p>0.0</p>	<p>4.6</p>	<p>Treasurer's Advance</p>	<p>4.6</p>	<p>Additional funding to continue to meet the demand and increase capacity for support services for the COVID-19 mental health and wellbeing response.</p>
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Health Protection (Health)	Decriminalisation of sex work in Victoria	Funding to support the public health response to the decriminalisation of sex work in Victoria.	0.0	1.8	Treasurer's Advance	1.8	Funding to support the public health response and reforms to decriminalisation of sex work. Funding also provided to further develop a peer-led agency to embed the reforms within the sex worker community.
Drug Treatment and Rehabilitation (Health)	Decriminalising public drunkenness	Funding is provided to commence implementation of a health-based approach to public intoxication following the government's commitment to repeal the offence of public drunkenness. This will include expanding Aboriginal Community Controlled Services, providing a culturally safe service delivery response to both Aboriginal and non-Aboriginal people.	0.0	15.8	Treasurer's Advance	15.8	Additional funding to commence implementation of a health-based approach to public intoxication.

Admitted Services (Health)	Elective surgery catch-up plan	<p>Funding is provided to increase surgical activity across Victoria to record volumes, exceeding pre-pandemic levels by 25 per cent.</p> <p>Funding will provide 40,000 extra surgeries in year, building up to a total of 240,000 surgeries annually by 2024.</p>	0.0	20.0	Treasurer's Advance	20.0	Additional funding to increase surgical activity across Victoria's hospitals.
Admitted Services (Health)	Enabling a high-quality, efficient public pathology system	<p>Funding is provided to expand the purchase and installation of additional pathology equipment and extra staff in public pathology laboratories.</p> <p>Funding is also provided to consolidate existing public pathology laboratories into networks supported by new laboratory information systems.</p>	0.0	5.3	Treasurer's Advance	5.3	Additional funding to expand COVID-19 testing capacity and enable greater coordination and efficiency of pathology testing across Victoria, building on the reforms which supported COVID-19 testing.

<p>Admitted Services (Health)</p>	<p>Enabling care and meeting demand for hospital services</p>	<p>Funding is provided to deliver a range of priority initiatives to support the government’s public health response to the COVID-19 pandemic, including additional investment in public health capabilities to respond rapidly and effectively to the spread of COVID-19.</p>	<p>0.0</p>	<p>176.5</p>	<p>Treasurer’s Advance</p>	<p>176.5</p>	<p>Additional funding to support both the cost of meeting additional demands on the health system at the peak of recent increases in case numbers, and ongoing capacity that will be required to enable the safe easing of restrictions and management of any future spread of COVID-19.</p>
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<p>Admitted Services (Health)</p>	<p>Frankston Hospital Redevelopment</p>	<p>An 11-storey redevelopment that will deliver the following:</p> <ul style="list-style-type: none"> • 120 new hospital beds • two new operating theatres • 13 additional new emergency department beds • expansion of child and maternal health services – new maternity ward, obstetrics ward, women’s clinic, paediatric ward and special care nursery. <p>Two levels of the 11 storeys will be devoted entirely to mental health services.</p> <p>New oncology ward and oncology day clinic.</p> <p>Shared support, clinical offices and allied health.</p>	<p>0.0</p>	<p>10.0</p>	<p>Treasurer’s Advance</p>	<p>10.0</p>	<p>Additional funding for bid cost reimbursement for unsuccessful bidders.</p>
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Dental Services (Health)	Free dental care for government school students	Funding is provided to deliver additional specialist dental treatment to children referred by Smile Squad. This includes an uplift to specialist capacity, and the development of the public specialist workforce through overseas recruitment and training to upskill generalist dentists.	0.0	11.8	Treasurer's Advance	11.8	Additional funding to support specialist dental treatment to children referred by Smile Squad.
Health Protection (Health)	Immunising Victorians against COVID-19 – booster doses and five (5) to 11 year-olds	Funding is provided to deliver vaccines to the five (5) to 11 year-old cohort as part of the national coronavirus (COVID-19) vaccination program.	0.0	141.1	Treasurer's Advance	141.1	Additional funding required to vaccinate a sub-set of the population who became eligible in the final stages of the vaccination and testing strategy.
Health Protection (Health)	Improving outbreak responses to the COVID-19 Delta variant	Funding is provided to deliver a range of initiatives to support the government's public health response to the COVID-19 Delta variant.	0.0	172.9	Treasurer's Advance	172.9	Additional finding required to respond to the emerging emergency and assist the public to comply with Chief Health Officer direction/public health orders, such as mandatory test-and-isolate, and enhancements to the contact tracing system.

<p>Admitted Services (Health)</p>	<p>Modernising Victoria's health system through governance reform</p>	<p>Health services will be supported to formalise new shared governance arrangements that commenced as part of Victoria's COVID-19 pandemic response. These changes will continue to support the efficient coordination and collaboration of public and acute health services in response to the pandemic and help deliver better outcomes and more equitable access across Victoria.</p>	<p>0.0</p>	<p>7.9</p>	<p>Treasurer's Advance</p>	<p>7.9</p>	<p>Additional funding for Voluntary Amalgamation Program to support hospitals to formalise new shared governance arrangements.</p>
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<p>Mental Health Clinical Care (Mental Health)</p>	<p>New local services for adults and older adults in their communities</p>	<p>Funding is provided to establish new local adult and older adult mental health and wellbeing services for Victorians experiencing mild to moderate mental health challenges. Accessible and locally based, and will providing integrated mental health treatment, care and wellbeing supports delivered by a multidisciplinary team. An integrated alcohol and other drug services trial will be delivered in select sites to improve outcomes of people with a mental illness and substance misuse issues.</p>	<p>0.0</p>	<p>1.9</p>	<p>Treasurer's Advance</p>	<p>1.9</p>	<p>Additional funding required to establish new local adult and older adult mental health and wellbeing services for Victorians experiencing mild to moderate mental health challenges.</p>
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<p>Community Health Care (Health) Health Protection (Health)</p>	<p>Public health and local place-based delivery</p>	<p>Funding is provided to continue the core public health response to the COVID-19 pandemic, investing in capacity to respond to and manage any further spread and support continued easing of public health restrictions in Victoria. This included continued operation of local public health units, wastewater surveillance and pathology capacity to prevent and protect communities from COVID-19.</p> <p>Funding is provided to continue critical COVID-19 prevention activities, health promotion and specialised response capability to support Victorians living in public housing, disability accommodation and other high-risk accommodation settings with shared facilities.</p>	<p>0.0</p>	<p>571.5</p>	<p>Treasurer's Advance</p>	<p>571.5</p>	<p>Additional finding required to respond to the continuation of the COVID-19 pandemic response, including the vaccination and testing strategy, and to assist the public to comply with Chief Health Officer direction/public health orders, such as mandatory test-and-isolate, and enhancements to the contact tracing system.</p>
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<p>Health Protection (Health)</p>	<p>Rapid Antigen Tests</p>	<p>Funding is provided to purchase rapid antigen tests to support Victoria’s testing strategy, and provide tests to healthcare workers, school students, COVID-19 contacts and other critical public sector workforces.</p>	<p>0.0</p>	<p>395.0</p>	<p>Treasurer’s Advance</p>	<p>395.0</p>	<p>Additional funding required to enhance and diversify the government’s testing strategy and relieve pressure on the Polymerase Chain Reaction (PCR) network.</p>
<p>Admitted Services (Health)</p>	<p>Responding to community-based healthcare demand</p>	<p>Funding is provided to address the impacts of the COVID-19 pandemic on community-based healthcare. This includes catch-up care for dental services, cancer services and maternal and child health services to ensure clients who were unable to engage over the past 12 months receive the care they need.</p>	<p>0.0</p>	<p>1.7</p>	<p>Treasurer’s Advance</p>	<p>1.7</p>	<p>Additional funding required to address the impacts of the COVID-19 pandemic on community-based health care.</p>

Drug Treatment and Rehabilitation (Health)	Responding to drug-related harms	Funding to support the continued implementation of the medically supervised injecting room trial located in North Richmond.	0.0	3.6	Treasurer's Advance	3.6	Additional funding required for the continued implementation of the medically supervised injecting room trial including operating funding.
Admitted Services (Health)	Securing and maintaining a Personal Protective Equipment (PPE) stockpile	Funding to ensure Victoria's Personal Protective Equipment (PPE) stockpile was maintained to enable healthcare workers to continue to safely provide critical healthcare services. This included warehousing of PPE and repayment of stock drawn down from the National Medical Stockpile.	0.0	257.4	Treasurer's Advance	257.4	Additional funding required to maintain Victoria's Personal Protective Equipment (PPE) stockpile; and, enable healthcare workers to continue to safely provide critical healthcare services.

Community Health Care (Health)	Service delivery fund for Aboriginal Community Controlled Organisations and Aboriginal Community Controlled Health Organisations	Workforce funding for increased investment in Aboriginal health organisations to focus on the COVID-19 response and recovery and support communities through a broad range of health services, including the priority sectors under Closing the Gap.	0.0	4.2	Treasurer's Advance	4.2	Additional funding required for Aboriginal health organisations to focus on the COVID-19 response and recovery and support communities through a broad range of health services.
Community Health Care (Health)	Sunbury and Cobaw Community Health Hub expansion	Funding is provided to expand the community facilities and services at the Sunbury and Cobaw Community Health Hub which provides a range of health, wellbeing and community services for the local area.	0.0	0.5	Treasurer's Advance	0.5	Additional funding required to expand the community facilities and services at the Sunbury and Cobaw Community Health Hub.
Various outputs and portfolios	Supplementation for the hospital and charities fund	Administrative arrangements where payments to health services are paid through the Hospital and Charities Fund for special appropriations received from gaming revenues.	0.0	108.9	Treasurer's Advance	108.9	Additional funding required to cover lower than budgeted gaming revenue received under special appropriations.

Admitted Services (Health) (primarily)	Supporting the community and health system through the COVID-19 pandemic	Funding to support the cost of meeting additional demands on the health system at the peak of recent increases in case numbers, and ongoing capacity that will be required to enable the safe easing of restrictions and management of any future spread of COVID-19, including state procurement and supply chain reforms for the health sector.	0.0	739.0	Treasurer's Advance	739.0	<p>Additional funding required to meet additional demands on the health system at the peak of recent increases in COVID-19 case numbers including:</p> <ul style="list-style-type: none"> • establishing and expanding Urgent Care Centres and expanding General Practitioner Respiratory Clinics • expanding and continuing the COVID Positive Pathways program • purchasing Personal Protective Equipment (PPE) for health workers • securing a larger critical care and paramedic workforce.
Medical Research (Medical Research)	Medical Research: Generation Victoria	To support and deliver the Generation Victoria (GenV) initiative, which aims to improve community health by tracking and analysing the health outcomes of a cohort of Victorian children over time.	0.0	7.0	Treasurer's Advance	7.0	<p>Additional funding was required to support the delivery of the Generation Victoria (GenV) initiative, which aims to improve community health by tracking and analysing the health outcomes of a cohort of Victorian children over time.</p> <p><i>N.B. This initiative was delivered by Department of Jobs, Skills, Industry and Regions.</i></p> <p><i>The Medical Research program transferred to the Department of Health from 1 January 2023.</i></p>

Medical Research (Medical Research)	Australian Institute of Infectious Disease	To support the establishment of an Australian Institute of Infectious Diseases.	0.0	5.6	Treasurer's Advance	5.6	Additional funding was required for the National Infectious Disease Research Collaborative and the establishment of an Australian Institute of Infectious Diseases. <i>N.B. This initiative was delivered by Department of Jobs, Skills, Industry and Regions.</i> <i>The Medical Research program transferred to the Department of Health from 1 January 2023.</i>
Various outputs and portfolios	Provision of outputs carryover from 2020-21 into 2021-22	The carryover ensures the continued delivery of State and Commonwealth Government initiatives announced in previous budgets.	0.0	65.8	Section 32 of the FMA	65.8	Budget allocated in 2020-21 but requested for carryover into 2021-22. This was predominantly made up of COVID-19 PPE and Mental Health Royal Commission implementation for Acute Mental Health Beds.
Total 2021-22			0.0	4,058.6		4,058.6	

2022-23 response

Output(s) and portfolio(s)	Program	Program objectives	Funding allocated in 2022-23 Budget	Additional funding (\$ million)	Source of additional funding as per the Resource Management Framework	Funding utilised 2022-23	Reasons why additional funding was required
Admitted Services (Health) Small Rural Services – Acute Health (Health)	Additional resources provided to health services	Funding is provided to support service delivery levels and performance in Victoria's hospitals.	0.0	964.4	Treasurer's Advance	964.4	Additional funding required to support service delivery levels and performance in Victoria's hospitals.

<p>Admitted Services (Health)</p>	<p>Workforce attraction and retention strategy</p>	<p>Funding is provided as part of the Healthcare Worker Winter Retention and Surge Payment alongside other practical help like free meals – provided much needed support and helped to attract and retain critically important staff.</p> <p>The package offered payments of \$3,000 to all staff working in public hospitals and ambulance services – including nurses, midwives, doctors, allied health professionals, paramedics, ward clerks and patient services assistants.</p>	<p>0.0</p>	<p>370.5</p>	<p>Treasurer’s Advance</p>	<p>370.5</p>	<p>Additional funding required to support Victoria’s healthcare workforce and help attract and retain critically important staff.</p>
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<p>Admitted Services (Health) Emergency Services (Health) Ambulance Emergency Services (Ambulance Services)</p>	<p>Emergency response services</p>	<p>Funding to deliver improvements to Ambulance Victoria's operations, making sure patients are taken to hospital quickly, and freeing up our paramedics to get back on the road faster.</p>	<p>0.0</p>	<p>159.2</p>	<p>Treasurer's Advance</p>	<p>159.2</p>	<p>Additional funding is required to:</p> <ul style="list-style-type: none"> • double the Victorian Virtual Emergency Department capacity • expand eligibility criteria for the Virtual Emergency Department • support a new rostering pattern for advanced life-support paramedic crews • expand Ambulance Victoria Offload teams to a total of 14 major public hospitals • support a new, near real-time data dashboard to give paramedics and healthcare workers a better overview of system capacity to assist them make local decisions that help balance demand across the system.
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<p>Health Protection (Health)</p>	<p>COVID-19 Testing and vaccination services and engagement</p>	<p>Funding to support testing services, inclusive of regional testing, mobile/in reach testing and test processing, in conjunction with the continuation of mobile vaccination teams as well as supporting paediatric vaccinations for six-month to five-year-olds.</p> <p>The engagement program will continue to provide targeted support to Culturally and Linguistically Diverse (CALD), Aboriginal and Torres Strait Islander and disability communities to improve the uptake of vaccination, testing and other protective measures.</p>	<p>0.0</p>	<p>73.6</p>	<p>Treasurer's Advance</p>	<p>73.6</p>	<p>Targeted and tailored programs funded to ensure equitable access to testing and vaccination amongst priority populations and hard-to-reach cohorts, reduce mortality and harm, and protect vulnerable cohorts.</p>
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Admitted Services (Health)	Enabling care and meeting demand for hospital services	Funding to support service delivery and performance in Victoria's hospitals, including more emergency department staff, additional highly specialised therapies, and to support new wards.	0.0	71.8	Treasurer's Advance	71.8	Additional funding required to establish the Victorian Heart Hospital.
Admitted Services (Health)	Elective Surgery Catch Up Plan	Funding to increase surgical activity across Victoria to record volumes, exceeding pre-pandemic levels by 25 per cent. Funding for 40,000 extra surgeries in the next year, building up to a total of 240,000 surgeries annually by 2024.	0.0	64.2	Treasurer's Advance	64.2	Additional funding required to transform Bellbird Private Hospital and Frankston Private Hospital into a dedicated public planned surgery centre, helping Victorians to receive surgical care once fully operational. Together, once fully operational, the two facilities will deliver close to 15,000 surgeries each year.

<p>Admitted Services (Health)</p>	<p>Better at home: Hospital care in the home</p>	<p>Funding to continue the delivery of healthcare in the home through use of home-based and virtual care models where clinically appropriate and selected by patients. This includes funding to support sustained activity growth and maturation of new shared service models. This initiative will also fund the expansion of a pilot model between health services providing transitional care in home-like settings while patients await National Disability Insurance Scheme packages.</p>	<p>0.0</p>	<p>57.9</p>	<p>Treasurer's Advance</p>	<p>57.9</p>	<p>Additional funding required to support Victorian hospitals to continue the delivery of healthcare in the home through use of home-based and virtual care models.</p>
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Emergency Services (Health)	Support for primary care to protect our hospitals	Funding is provided to continue support for patients in recovery from COVID-19 by establishing Priority Primary Care Centres (PPCCs). As health services continue to face record levels of demand, the PPCCs are not only playing a crucial role in reducing wait times in emergency departments but also providing an alternative local health service for patients who might not be able to see their regular General Practitioner.	0.0	32.5	Treasurer's Advance	32.5	Additional funding required to deliver 15 Priority Primary Care Centres (PPCCs), giving Victorians a free alternative to visiting a busy emergency department (ED).
Medical Research (Medical Research)	Delivering the Australian Institute for Infectious Disease	To secure the development of a new Australian Institute of Infectious Disease in Victoria to lead the fight against future pandemics.	0.0	21.4	Treasurer's Advance	21.4	Additional funding was used for project management and planning of the facility, including the delivery of milestones. <i>N.B. Funding was originally allocated to the Department of Jobs, Skills, Industry and Regions, then transferred to the Department of Health in 2022-23 due to Machinery of Government changes.</i>

Medical Research (Medical Research)	Medical Research: Living Evidence	To develop 'living guidelines' in healthcare to support better patient outcomes for five of Australia's high-burden disease groups.	0.0	3.0	Treasurer's Advance	3.0	Additional funding was used for delivery of the program, including milestones under the Funding Agreement. <i>N. B. Funding was originally allocated to the Department of Jobs, Skills, Industry and Regions, then transferred to the Department of Health in 2022-23 due to Machinery of Government changes.</i>
Medical Research (Medical Research)	Brain Cancer Centre Investment	To develop a Brain Cancer Centre business case for the delivery of a globally unique Brain Perioperative Clinical Trial Program which will improve brain cancer diagnosis and prognosis.	0.0	8.2	Treasurer's Advance	8.2	Additional funding was used for the achievement of project development milestones. <i>N.B. Funding was originally allocated to the Department of Jobs, Skills, Industry and Regions, then transferred to the Department of Health in 2022-23 due to Machinery of Government changes.</i>

Admitted Services (Health)	Providing additional bed capacity through modular facilities	Funding to establish additional capacity at Werribee Mercy Hospital, Northern Hospital and Casey Hospital. This includes the establishment and staffing of modular units to alleviate demand on health service emergency departments by providing triage, assessment, respiratory clinic, and urgent care clinic functions.	0.0	21.8	Treasurer's Advance	21.8	Additional funding required to establish additional capacity at Werribee Mercy Hospital, Northern Hospital and Casey Hospital.
Community Health Care (Health)	Service delivery fund for Aboriginal Community Controlled Organisations and Aboriginal Community Controlled Health Organisations	Provided workforce funding for increased investment in Aboriginal health organisations to focus on COVID-19 response and recovery and support communities through a broad range of health services, including the priority sectors under Closing the Gap.	0.0	16.8	Treasurer's Advance	16.8	Additional funding required for Aboriginal health organisations to focus on COVID-19 response and recovery and support communities through a broad range of health services.

Health Protection (Health)	Free flu vaccinations for all Victorians	To maximise the influenza vaccination uptake across Victorian population and thereby improve health outcomes and reduce the burden on health systems from influenza infections.	0.0	15.1	Treasurer's Advance	15.1	Additional funding was required to vaccinate the Victorian population against the influenza which was on the rise and associated increase in hospitalisation.
Health Workforce Training and Development (Health) Non-Admitted Services (Health)	COVID-19 health response	Funding is provided to continue Victoria's response to the COVID-19 pandemic. This includes funding for health services to respond to the projected COVID-19 caseload as Victoria reopens.	0.0	15.0	Treasurer's Advance	15.0	Additional funding is required to support health services to increase care in the home and train and upskill the next generation of nurses and midwives. This includes enrolled nurse to registered nurse transition scholarships.
Various outputs and portfolios	Funding for community service organisations	Funding to community service organisations that deliver social services on behalf of the government to assist with cost pressures.	0.0	14.8	Treasurer's Advance	14.8	Additional funding required to assist cost pressures.

<p>Health Protection (Health) Non-Admitted Services (Health)</p>	<p>Victoria's Flood Recovery</p>	<p>To support communities in areas affected to minimise the risks flood waters can cause to human health affected by the Victorian floods.</p>	<p>0.0</p>	<p>14.2</p>	<p>Treasurer's Advance</p>	<p>14.2</p>	<p>The funding was requested to:</p> <ul style="list-style-type: none"> • prevent and control Japanese Encephalitis • provide advice on waste disposal • provide for septic tank repair and the safest way to clean up homes, health care facilities and businesses • boost resourcing in the worst-affected Local Public Health Units to keep communities safe and healthy and manage a concurrent COVID wave • deliver hospital staff to flood-affected areas for three months • provide locum pharmacists to support small local pharmacies • enable extra air ambulance transfers for patients and staff while roads were inaccessible • support the health of Aboriginal Victorian communities affected by the floods • ensure that flood-affected communities know what they need to do to stay safe following an inundation of floodwaters • connect multicultural communities with emergency services, helping diverse Victorians access the services.
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<p>Health Workforce Training and Development (Health)</p>	<p>Securing our nursing and midwifery workforce supply</p>	<p>Funding to support Victoria’s healthcare system with free university and specialist training for thousands of nurses and midwives.</p>	<p>0.0</p>	<p>11.0</p>	<p>Treasurer’s Advance</p>	<p>11.0</p>	<p>Additional funding was required to provide more than 10,000 students the cost of their nursing or midwifery undergraduate studies, while scholarships will be available for thousands more who complete postgraduate studies in areas of need including intensive care, cancer care, paediatrics and nurse practitioner specialities.</p>
<p>Mental Health Community Support Services (Mental Health)</p>	<p>Strengthening community-based services</p>	<p>Funding for a range of initiatives to deliver a mental health and wellbeing system that is reoriented towards community-based treatment, care and support. This included extension of the TelePROMPT program, connecting paramedics at the scene of a mental health crisis with a mental health clinician to provide care for people experiencing mental health emergencies.</p>	<p>0.0</p>	<p>10.0</p>	<p>Treasurer’s Advance</p>	<p>10.0</p>	<p>Additional funding was required to provide for a range of initiatives to deliver a mental health and wellbeing system that is reoriented towards community-based treatment, care and support.</p>

<p>Mental Health Clinical Care (Mental Health)</p>	<p>Reformed area services to better support the mental health and wellbeing of adults and older adults</p>	<p>Funding for the establishment of reformed adult and older adult area mental health and wellbeing services to replace current area mental health services.</p> <p>These services will have a greater capacity to treat, care and support adults and older adults experiencing severe and complex mental health and wellbeing challenges.</p> <p>A core function of these services will be to provide support to general practitioners and other primary and secondary care providers.</p> <p>This funding will also include pilots of integrated alcohol and other drugs treatment and wellbeing supports.</p>	<p>0.0</p>	<p>8.4</p>	<p>Treasurer's Advance</p>	<p>8.4</p>	<p>Additional funding required for the establishment of reformed adult and older adult area mental health and wellbeing services.</p>
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<p>Medical Research (Medical Research)</p>	<p>Medical Research: Generation Victoria</p>	<p>Funding to support the Murdoch Children’s Research Institute to deliver the Generation Victoria (GenV) initiative, which aims to improve community health by tracking and analysing the health outcomes of a cohort of Victorian children over time.</p> <p>Research enabled by GenV will provide an evidence base to inform government policy, strategies, interventions and investments across a range of policy areas, including health, education and early childhood development.</p>	<p>0.0</p>	<p>7.0</p>	<p>Treasurer’s Advance</p>	<p>7.0</p>	<p>Additional funding was used for delivery of the program, including milestones under the Funding Agreement.</p>
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<p>Health Workforce Training and Development (Health)</p>	<p>More support for our nurses and midwives</p>	<p>Funding to support more nurses and midwives in resuscitation bays, maternity night shifts, intensive care units, high dependency units, coronary care units and aged care residential in-reach facilities.</p> <p>New graduates encouraged to enter the public system through sign-on bonuses, and a trial of neonatal support nurses will be delivered to provide additional care on maternity wards.</p>	<p>0.0</p>	<p>6.8</p>	<p>Treasurer's Advance</p>	<p>6.8</p>	<p>Additional funding is required to support more nurses and midwives in Victoria's hospitals.</p>
<p>Health Protection (Health)</p>	<p>Equitable cancer care and prevention</p>	<p>Funding provided to deliver additional breast cancer screening across new and existing services and catch-up vaccination against the Human Papilloma Virus for young Victorians (HPV) to prevent and detect early common cancers affecting women.</p>	<p>0.0</p>	<p>6.3</p>	<p>Treasurer's Advance</p>	<p>6.3</p>	<p>Additional funding was to support critical initiatives in cancer prevention under the Victorian Cancer Plan 2020-24 including improving participation in the BreastScreen Program and eliminating cervical cancer.</p>

Health Workforce Training and Development (Health)	Information sharing and family violence risk assessment and management reform	Funding provided to progress reforms that are integral to reducing family violence and promoting child wellbeing and safety.	0.0	6.2	Treasurer's Advance	6.2	Additional funding is required to contribute to the Family Violence Information Sharing Scheme and Multi-Agency Risk Assessment Framework.
Drug Treatment and Rehabilitation (Health)	Supporting decriminalisation of public intoxication	Funding to establish a health-based response to public drunkenness, implementing the government's commitment to decriminalise public drunkenness. This funding extends public intoxication trials and provides continued reform planning and design work.	0.0	6.2	Treasurer's Advance	6.2	Additional funding is required to extend public intoxication trials and provides continued reform planning and design work.
Health Protection (Health)	Rapid Antigen Tests	Funding to purchase rapid antigen tests to support Victoria's testing strategy, and provide tests to healthcare workers, school students, COVID contacts and other critical public sector workforces.	0.0	6.1	Treasurer's Advance	6.1	Additional funding required to ensure schools remain open and learning continues, and workforces operating in high-risk industries can access fast and easy testing to ensure safe workplaces.

Medical Research (Medical Research)	Cumming Global Centre for Pandemic Therapeutics	Funding to contribute towards the Cumming Global Centre for Pandemic Therapeutics, which aims to advance Victoria's pandemic preparedness and fast-track the design and development of life-saving treatments.	0.0	6.0	Treasurer's Advance	6.0	Additional funding is required for key program establishment activities, including recruitment and governance arrangements.
Mental Health Clinical Care (Mental Health)	New legal foundations and supporting mental health consumers to exercise their rights	Funding for an opt-out non-legal advocacy service for clients subject to, or at risk of, compulsory treatment orders, and increase access to legal representation for clients who appear before the Mental Health Tribunal.	0.0	4.5	Treasurer's Advance	4.5	Additional funding is required for an opt-out non-legal advocacy service for clients subject to, or at risk of, compulsory treatment orders, and increase access to legal representation for clients who appear before the Mental Health Tribunal.

<p>Admitted Services (Health)</p>	<p>Enabling a high-quality, efficient public pathology system</p>	<p>Funding to expand COVID-19 testing capacity through the purchase and installation of additional pathology equipment and extra staff in public pathology laboratories. Funding is also provided to consolidate existing public pathology laboratories into networks supported by new laboratory information systems.</p>	<p>0.0</p>	<p>4.4</p>	<p>Treasurer's Advance</p>	<p>4.4</p>	<p>Additional funding is required to enable greater coordination and efficiency of pathology testing across Victoria, building on the reforms which supported COVID-19 testing.</p>
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Admitted Services (Health)	Modernising Victoria's health system	Health services supported to formalise new shared governance arrangements that commenced as part of Victoria's COVID-19 pandemic response. These changes will continue to support the efficient coordination and collaboration of public and acute health services in response to the pandemic and help deliver better outcomes and more equitable access across Victoria.	0.0	3.0	Treasurer's Advance	3.0	Additional funding required to support hospitals to formalise new shared governance arrangements.
Ambulance Non-emergency Services (Ambulance Services)	Additional funding for Ambulance services	Additional funding to respond to growing demand for ambulance services across Victoria and to respond to changing demand patterns following the COVID-19 pandemic.	0.0	2.6	Treasurer's Advance	2.6	Additional funding required to plan for the next tranche of ambulance station builds, including in regional growth areas such as Armstrong Creek and Marong.

Health Protection (Health)	Mpox vaccination program	Funding is provided for a two-dose immunisation scheme across Victoria against Mpox.	0.0	2.3	Treasurer's Advance	2.3	Additional funding was required for the purchase of Mpox vaccine and to support the rollout of the vaccination program through Local Public Health Units and sexual health clinics.
Drug Treatment and Rehabilitation (Health)	Alcohol and other drug treatment, support and harm reduction services	Funding to provide an enhanced outreach response service in North Richmond.	0.0	2.2	Treasurer's Advance	2.2	Additional funding required to establish an assertive outreach support service for clients who inject drugs in North Richmond.
Health Protection (Health)	Additional resources in Public Sector Residential Aged Care Facilities	Enhance infection prevention control measures to protect at-risk and vulnerable cohorts in shared accommodation.	0.0	1.4	Treasurer's Advance	1.4	Additional resources required to enhance capability uplift in risk assessment and infection prevention control measures.
Mental Health Clinical Care (Mental Health)	Promoting good mental health and wellbeing in all communities	Funding for suicide prevention initiatives as part of the Bilateral Agreement with the Commonwealth on Mental Health and Suicide Prevention.	0.0	1.2	Treasurer's Advance	1.2	Additional funding required for Victoria to meet obligations under the National Mental Health and Suicide Prevention Agreement (the Agreement). The Agreement supports improved mental health and suicide prevention outcomes for all people in Victoria through collaborative efforts to address gaps in the mental health and suicide prevention system.

Mental Health Clinical Care (Mental Health)	Supporting the mental health and wellbeing of people in contact with the criminal and youth justice systems	Funding to expand the Custodial Forensic Youth Mental Health Service. To provide consistent appropriately specialised treatment, care and support to children and young people in contact with, or at risk of coming into contact with, the youth justice system.	0.0	0.8	Treasurer's Advance	0.8	Funding required for additional hours for specialist mental health assessment and treatment interventions to be provided for young people in custody. Additional resources also provided for mental health support services in the justice system and preliminary policy and service design focused on future service delivery.
Admitted Services (Health)	Centre for Victorian Data Linkage (CVDL)	Funding to support the government's Early Intervention Investment Framework through increased data integration capability.	0.0	0.6	Treasurer's Advance	0.6	Additional funding was required to strengthen the Centre for Victorian Data Linkage's capacity, including acquiring additional priority Victorian and Commonwealth datasets for linkage, developing additional metadata and documentation to assist users and developing an interactive user repository.

Maternal and Child Health and Early Parenting Services (Health)	Maternal and Child Health (MCH) workforce support package	Funding for additional Maternal and Child Health Workforce Support Grants, which are offered annually to support clinical placements, graduate placements and clinical educator preceptor programs across Local Government Areas (LGAs) as strategies to build capacity in Victorian MCH services.	0.0	0.5	Treasurer's Advance	0.5	Additional funding required to strengthen Maternal and Child Health and Early Parenting Centres recruitment and promotion outcomes.
Mental Health Clinical Care (Mental Health)	Supporting the mental health and wellbeing of rural and regional Victorians	Funding is provided to incentivise mental health workers to find employment in rural and regional areas.	0.0	0.3	Treasurer's Advance	0.3	Additional funding provided for the commencement to run two trials of digital mental healthcare service delivery to operate in rural and regional areas.
Admitted Services (Health)	Elective Surgery Catch Up Plan	Funding to increase surgical activity across Victoria to record volumes, exceeding pre-pandemic levels by 25 per cent. Funding will provide 40,000 extra surgeries in the next year, building up to a total of 240,000 surgeries annually by 2024.	0.0	107.6	Section 35 of the FMA	107.6	Additional funding required to provide surgical care for public patients in private hospitals.

Admitted Services (Health)	Additional resources provided to health services	Funding to support service delivery levels and performance in Victoria's hospitals.	0.0	100.9	Section 35 of the FMA	100.9	Additional funding to support service delivery levels and performance in Victoria's hospitals.
Admitted Services (Health)	Supporting the community health system through the COVID-19 pandemic	Funding to support the cost of meeting additional demands on the health system at the peak of increases in case numbers, and ongoing capacity that will be required to enable the safe easing of restrictions and management of any future spread of COVID-19, including state procurement and supply chain reforms for the health sector.	0.0	95.9	Section 35 of the FMA	95.9	Additional funding required to continue support for the health system in continuing to address Victoria's COVID-19 caseload, including purchasing Personal Protective Equipment (PPE) for health workers to enable them to work safely and effectively supporting health services to meet additional costs associated with COVID-19.

<p>Admitted Services (Health)</p>	<p>More support for our nurses and midwives</p>	<p>Funding is provided to support more nurses and midwives in resuscitation bays, maternity night shifts, intensive care units, high dependency units, coronary care units and aged care residential in-reach facilities.</p> <p>New graduates will be encouraged to enter the public system through sign-on bonuses, and a trial of neonatal support nurses will be delivered to provide additional care on maternity wards.</p>	<p>0.0</p>	<p>71.6</p>	<p>Section 35 of the FMA</p>	<p>71.6</p>	<p>Additional funding is required for the nurses and midwives in Victoria's hospitals.</p>
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Admitted Services (Health)	Securing and maintaining a Personal Protective Equipment (PPE) stockpile	Funding to ensure Victoria's Personal Protective Equipment (PPE) stockpile is maintained to enable healthcare workers to continue to safely provide critical healthcare services. This included warehousing of PPE and repayment of stock drawn down from the National Medical Stockpile.	0.0	23.2	Section 35 of the FMA	23.2	Additional funding required to continue to maintain Victoria's Personal Protective Equipment (PPE) stockpile and enable healthcare workers to continue to safely provide critical healthcare services.
Various outputs and portfolios	Provision of outputs carryover from 2021-22 into 2022-23	The carryover ensures the continued delivery of State and Commonwealth Government initiatives announced in previous budgets.	0.0	43.7	Section 32 of the FMA	43.7	Budget allocated in 2021-22 but carried over into 2022-23. This was predominantly made up of funding for Boosting our healthcare workforce, publicly led fertility care services, essential vaccines, comprehensive palliative care services and organ and tissue donation.
Total 2022-23			0.0	2,465.10		2,465.10	

b) Please provide the details of the outcomes achieved from each of these programs.

2021-22 response

Output(s) and portfolio(s)	Program	Outcomes achieved
Admitted Services (Health)	Additional resources for health services	The funding supported service delivery levels and performance in Victoria's hospitals, including maintain the capability and capacity of health services, additional funding for elective surgery, and more emergency department staff.
Admitted Services (Health) Ambulance Emergency Services (Ambulance Services) Ambulance Non-emergency Services (Ambulance Services) Emergency Services (Health)	Addressing demand for hospital services	<p>This funding supported a suite of new, enhanced or expanded initiatives to improve access to emergency healthcare from triple zero call to arrival at emergency departments.</p> <p>These initiatives are helping to avoid unnecessary ambulance dispatches and transports to emergency departments, improve emergency ambulance resource availability, and better match supply to demand (both pre-hospital and at hospital).</p> <p>A total of 30 emergency departments are now providing near real-time data on emergency department waiting times, with additional health services targeted to participate.</p> <p>Ambulance Victoria Offload teams were established at 14 major hospitals across the state to response to surging demand during COVID-19.</p> <p>Ambulance Victoria paramedics statewide are now supported by the Victorian Virtual Emergency Department (VVED) and can refer appropriate patients directly to the VVED.</p> <p>Around 77 per cent of those patients seen by VVED do not require transport to an emergency department, reducing pressure on the acute system, and reducing unnecessary ambulance transports.</p>
Admitted Services (Health)	Aikenhead Centre for Medical Discovery	The funding was provided to St Vincent's hospital for the new 11-storey biomedical engineering research centre.
Health Protection (Health)	COVID-19 Capability and Response	Enhancements to Service Victoria products to support public compliance with Chief Health Officer directions and public health orders.

<p>Admitted Services (Health) Ambulance Emergency Services (Ambulance Services) Community Health Care (Health) Health Protection (Health) Health Workforce Training and Development (Health) Non-Admitted Services (Health) Residential Aged Care (Ageing) Small Rural Services – Acute Health (Health)</p>	<p>COVID-19 health response</p>	<p>Funding to support the health system has been provided to hospitals. This funding has contributed to Victoria’s response to the COVID-19 pandemic and continues to prepare the sector for further outbreaks in the future.</p>
<p>Mental Health Clinical Care (Mental Health)</p>	<p>COVID-19 mental health and wellbeing response</p>	<p>Funding delivered a range of priority initiatives to help support the mental health and wellbeing of Victorian’s during the COVID-19 pandemic. The package included funding for new pop-up community Mental Health services, counselling and targeted support for parents, families and priority cohorts, funding for helplines and digital connections, as well as support for eating disorders integrated care and a local network of headspace centres to help ease increased demand.</p>
<p>Health Protection (Health)</p>	<p>Decriminalisation of sex work in Victoria</p>	<p>Funding support peer-led agency to deliver supports in line with sex work reforms including peer education, policy development and health promotion activities. Funding supported the development of various materials and resources to support the sector in the decriminalisation of sex work and the public health response.</p>

Drug Treatment and Rehabilitation (Health)	Decriminalising public drunkenness	Establishment of four trial sites and planning activities for the implementation of a statewide health-based model for public intoxication.
Admitted Services (Health)	Elective surgery catch-up plan	The funding supported increased Planned Surgery Activity through collaborative partnerships between Public and Private Health Services as part of the Governments COVID Catch-Up Plan.
Admitted Services (Health)	Enabling a high-quality, efficient public pathology system	This funding has been used to progress the reform of public pathology services and agreed the model for the formation of independent entities, including endorsement from the Minister, industrial groups and health services with work to form entities continuing.
Admitted Services (Health)	Enabling care and meeting demand for hospital services	The funding supported Victorian hospitals with the cost of meeting additional demands on the health system at the peak of recent increases in COVID-19 case numbers.
Admitted Services (Health)	Frankston Hospital Redevelopment	Funding was used to meet contractual obligation as part of the tendering process including the reimbursement of bid cost to unsuccessful bidders.
Dental Services (Health)	Free dental care for government school students	The funding enabled the establishment of a management team at Dental Health Service Victoria to oversee the Specialised Services Strategy, development of model of care, setting up partnerships with private specialists to provide services to children referred through Smile Squad, and provision of specialist care to Smile Squad children through the Royal Dental Hospital Melbourne.
Health Protection (Health)	Immunising Victorians against COVID-19 – booster doses and five (5) to 11 year-olds	Targeted programs to reach younger cohorts in final stages of vaccine rollout.
Health Protection (Health)	Improving outbreak responses to the COVID-19 Delta variant	Technical enhancements and innovations made to contact tracing processes, such as Electronic Laboratory Referral (ELR), Test Tracker, Digital Registration Registry (DVR) check-in, and significant automation of Short Message/Messaging Service (SMS) notifications.

Admitted Services (Health)	Modernising Victoria's health system through governance reform	<p>Funding provided a detailed implementation plan with a clear board-led governance structure, to guide the process of voluntary amalgamations and continuing through the post amalgamation transition period.</p> <p>The purpose of the implementation plan is to successfully transition the new health service on the pathway to achieve the intended benefits of amalgamation.</p> <p>Funding supported the transition of Ballarat Health Services, Edenhope and District Memorial Hospital, Stawell Regional Health and Wimmera Health Care Group into Grampians Health as well as the amalgamation of Castlemaine Health and Castlemaine Community Health.</p>
Mental Health Clinical Care (Mental Health)	New local services for adults and older adults in their communities	Funding was provided for the first tranche of six Local Mental Health and Wellbeing Services for commissioning and commencement of service delivery with operational service delivery funding to flow.
Community Health Care (Health) Health Protection (Health)	Public health and local place-based delivery	Funding provided for the continued responsiveness to the COVID-19 pandemic, including case, contact and outbreak management; infection prevention, control and advice; and, the COVID-19 vaccination program.
Health Protection (Health)	Rapid Antigen Tests (RATs)	<p>Targeted edibility for Rapid Antigen Tests (RATs) allowed for priority populations and workforces to have access to fast and easy test results.</p> <p>This enabled key workforces to return to work and for priority sectors to remain open.</p>
Admitted Services (Health)	Responding to community-based healthcare demand	Funding supported additional catch-up care for deferred cancer diagnoses and screening.
Drug Treatment and Rehabilitation (Health)	Responding to drug-related harms	<p>The enhanced outreach service commenced in 2021 and remains operational following further funding allocations.</p> <p>Delivered by co-health, the service supports people who use alcohol and other drugs in the Melbourne Central Business District.</p>

Admitted Services (Health)	Securing and maintaining a Personal Protective Equipment (PPE) stockpile	<p>Victorian healthcare workers were able to access appropriate Personal Protective Equipment (PPE) in a timely manner.</p> <p>This included maintaining a stockpile of critical PPE to help mitigate the risk of further supply chain issues or shortages.</p> <p>There was a 16-week stockpile for some items and eight weeks for others.</p> <p>The State Supply Chain procures and distributes a range of PPE including N95/P2 respirators, surgical facemasks, eye protection, face shields, isolation gowns and other items to sector-wide to public health services.</p>
Community Health Care (Health)	Service delivery fund for Aboriginal Community Controlled Organisations and Aboriginal Community Controlled Health Organisations.	Funding supported increased investment in Aboriginal health organisations workforce to focus on COVID-19 response and recovery to support communities through a broad range of health services priorities, including the priority sectors under Closing the Gap.
Community Health Care (Health)	Sunbury and Cobaw Community Health Hub expansion	Funding supported the development of a service and capital plan for the Sunbury and Cobaw Community Hub expansion.
Various outputs and portfolios	Supplementation for the hospital and charities fund	Additional funding required to cover lower than budgeted gaming revenue received under special appropriations.

Admitted Services (Health) (primarily)	Supporting the community and health system through the COVID-19 pandemic	<p>The funding supported eight (8) new General Practitioner Respiratory Clinics established and operations funded for initial three (3) months, five (5) new Priority Primary Care Centres were established and operations funded initially for three (3) months.</p> <p>The funding also supported health services to respond to the increase in demand due to the COVID-19 caseload as well as support to expand the critical care and paramedic workforce.</p> <p>In addition, COVID Positive Pathways Program provided clinical care, monitoring, and support to Victorians diagnosed with COVID-19, by assessing need and diverting patients to one of four pathways of care as appropriate to the severity of illness self-reported by individual patients.</p> <p>Eight (8) Health Service Partnerships (HSPs) were commissioned to deliver the program within their corresponding catchment across the whole of Victoria.</p> <p>As part of a program transition to a community-based model, metropolitan HSPs sub-contracted a lead community health service (CHS) to become the central point of care and contact for COVID Positive Pathways Program participants.</p> <p>COVID Positive Pathways Program teams provided clinical and social care to enrolled patients to support them to stay safe and well at home with COVID-19.</p> <p>Clinicians assessed the status of COVID Positive Pathways Program patients via remote monitoring and skilled telephonic clinical triage; and, when anti-viral therapies became available, facilitated early access to these medications to reduce risk of severe disease and hospitalisation.</p>
Medical Research (Medical Research)	Medical Research: Generation Victoria	<p>Funding supported commencement of program recruitment activities and other contractual deliverables.</p> <p>GenV conducted face-to-face recruitment across Victorian birthing services for a period of two years, recruiting over 111,000 participants.</p>
Medical Research (Medical Research)	Australian Institute of Infectious Disease	<p>Funding used by the state and provided to The University of Melbourne to support the planning and development of the Australian Institute for Infectious Disease.</p> <p>This includes establishment of governance committees, development of key documents (including the detailed business case with cost plan and schedule), and appointment of consultants (including architects and engineers).</p>
Various outputs and portfolios	Provision of outputs carryover from 2020-21 into 2021-22	Outcomes achieved predominantly made up of COVID-19 personal protective equipment and Mental Health Royal Commission implementation for Acute Mental Health Beds.

2022-23 response

Output(s) and portfolio(s)	Program	Outcomes achieved
Admitted Services (Health) Small Rural Services – Acute Health (Health)	Additional resources provided to health services	The funding supported service delivery levels and performance in Victoria’s hospitals, including maintain the capability and capacity of health services, additional funding for elective surgery, and more emergency department staff.
Admitted Services (Health)	Workforce attraction and retention strategy	Hospitals provided healthcare workers with a \$3,000 payment for staff employed between 1 July to 30 September 2022 as well as \$13 million to support free meals and snacks prioritised for night shift workers and those working double shifts from 1 July 2022-31 January 2023.
Admitted Services (Health) Emergency Services (Health) Ambulance Emergency Services (Ambulance Services)	Emergency response services	<p>This funding has supported a suite of new, enhanced or expanded initiatives to improve access to emergency healthcare from triple zero call to arrival at emergency departments.</p> <p>These initiatives are helping to avoid unnecessary ambulance dispatches and transports to emergency departments, improve emergency ambulance resource availability, and better match supply to demand (both pre-hospital and at hospital).</p> <p>A total of 30 emergency departments are now providing near real-time data on emergency department waiting times, with additional health services targeted to participate.</p> <p>Ambulance Victoria Offload teams were established at 14 major hospitals across the state to response to surging demand during COVID-19.</p> <p>Ambulance Victoria paramedics statewide are now supported by the Victorian Virtual Emergency Department (VVED) and can refer appropriate patients directly to the VVED.</p> <p>Around 77 per cent of those patients seen by VVED do not require transport to an emergency department, reducing pressure on the acute system, and reducing unnecessary ambulance transports.</p> <p>In 2022-23 the VVED cared for 99,000 patients including adults and children, and 70 per cent of those patients did not require transport to, or care at an emergency department.</p>

Health Protection (Health)	COVID-19 Testing and vaccination services and engagement	<p>During the emergency response to COVID-19, the Victorian Government funded additional testing and vaccination services to meet increased demand and ensure people at-risk of serious harm received priority access to initial doses.</p> <p>Thanks to an intensive and coordinated response, the Victorian community achieved widespread vaccine immunity.</p> <ul style="list-style-type: none"> • 94.9 per cent of people aged 12 years or older in Victoria have received two or more doses. • 57.4 per cent of people in Victoria have received three or more doses. • 21.2 per cent of people in Victoria have received four or more doses. <p>The Department of Health closed state-run vaccination sites in December 2022.</p>
Admitted Services (Health)	Enabling care and meeting demand for hospital services	The funding supported the operations of the newly established Victorian Heart Hospital.
Admitted Services (Health)	Elective Surgery Catch Up Plan	<p>This funding has supported the department to transform Bellbird and Frankston Private Hospital into a dedicated public planned surgery centre.</p> <p>The Bellbird Centre (now called Blackburn Public Surgical Centre) is operated by Eastern Health and consist of four (4) operating theatres, a ten-bed day procedure unit, 43 inpatient beds and offer a range of services including gynaecology and general surgery.</p> <p>The new Frankston Public Surgical centre has the ability to perform around 9,000 elective surgeries and endoscopies every year, increasing Peninsula Health's surgical services for the Frankston and Mornington Peninsula community.</p>
Admitted Services (Health)	Better at home: Hospital care in the home	<p>More than 45 health services are delivering in-home and virtual care programs through <i>Better at Home</i>, covering a wide range of specialities and treatments that meet the specific needs of their communities.</p> <p>The funding allowed for the expansion of the program so thousands of patients across Victoria can benefit from the flexibility of in-home and virtual care.</p>
Emergency Services (Health)	Support for primary care to protect our hospitals	This funding has supported the establishment of 20 new Priority Primary Care Centres (PPCCs) and operations funded for six (6) months initially.
Medical Research (Medical Research)	Delivering the Australian Institute for Infectious Disease	<p>Funding used by the state and provided to The University of Melbourne to support delivery of the Australian Institute for Infectious Disease.</p> <p>This includes progressing concept design, risk management and land acquisition.</p>

Medical Research (Medical Research)	Medical Research: Living Evidence	The funding enabled progress on Living Evidence program and milestones, including the successful launch at Cochrane Australia/Monash University evidence support hub; the development of evidence-based living guidelines for patients and their clinicians with ongoing system maintenance and support; and, boosted Victoria's global health technology profile – generated national and international attention.
Medical Research (Medical Research)	Brain Cancer Centre Investment	The funding enabled commencement of recruitment for the first Brain-POP clinical trial and review of the eligibility and recruitment strategy to ensure all possible patient inclusion is captured. The committee reviewed and accepted the second clinical trial, which will begin administrative setup shortly, then look to start recruiting patients by the end of this year.
Admitted Services (Health)	Providing additional bed capacity through modular facilities	Funding established an additional 12 beds to open and fully operate at Monash Health, Northern Health and Mercy Hospital.
Community Health Care (Health)	Service delivery fund for Aboriginal Community Controlled Organisations and Aboriginal Community Controlled Health Organisations	Funding supported increased investment in strengthening Aboriginal health organisations workforce to support communities through a broad range of health services priorities, including the priority sectors under Closing the Gap.
Health Protection (Health)	Free flu vaccinations for all Victorians	The program administered 448,947 influenza vaccines and 1,692 workforce grants were issued.
Health Workforce Training and Development (Health) Non-Admitted Services (Health)	COVID-19 health response	Funding allowed Home-based care for both COVID-19 and non-COVID-19 patients to be expanded to free up acute bed capacity within metropolitan public health services.
Various outputs and portfolios	Funding for community service organisations	Funding supplementation provided to over 300 Community Service Organisations.

Health Protection (Health) Non-Admitted Services (Health)	Victoria's Flood Recovery	<ul style="list-style-type: none"> • Vector borne disease control with additional vaccines purchased and administered. • Rapid deployment of additional health service staff to flood affected areas. • Deployment of locum pharmacists to support pharmacies in flood affected areas. • Transport for workforce and patients in flood affected areas. • Rapid deployment of additional health workforce to support Aboriginal Community Controlled Health Organisations (ACCHOs). • Delivery of targeted health information for impacted communities. • Delivery of a capacity building project for priority communities in flood affected areas.
Health Workforce Training and Development (Health)	Securing our nursing and midwifery workforce supply	More than 3,200 scholarships were allocated to eligible enrolled nurses, registered nurses and midwives to support completion of re-entry/refresher programs or new qualifications. Funding was also provided to public health services to support delivery of over 250 graduate, postgraduate or nurse practitioner positions.
Mental Health Community Support Services (Mental Health)	Strengthening community-based services	Funding provided a range of initiatives to deliver community-based treatment, care and support including integrated treatment care and support for people with mental illness and substance use or addiction, extension of the TelePROMPT program, in-person group-based parenting sessions delivered in regional Infant, Child and Youth area mental health services, enhanced eating disorder care and support services.
Clinical Care (Mental Health)	Reformed area services to better support the mental health and wellbeing of adults and older adults	Funding provided to establish and expand reformed adult and older adult area mental health and wellbeing services providing greater capacity to treat, care and support adults and older adults with complex mental health needs and trial the delivery of integrated alcohol and other drugs treatment and wellbeing supports.
Medical Research (Medical Research)	Medical Research: Generation Victoria	Funding supported continuation of program recruitment activities and other contractual deliverables. Generation Victoria conducted face-to-face recruitment across Victorian birthing services for a period of two (2) years, recruiting over 111,000 participants.
Health Workforce Training and Development (Health)	More support for our nurses and midwives	In 2022-23, 2,607 graduates (90 per cent of eligible graduates) were provided the first sign on bonus payment. The remaining eligible graduates can participate in future funding rounds. Other programs will commence in 2023-24.

Health Protection (Health)	Equitable cancer care and prevention	Funding proportion for 2022-23 provided for the expansion of BreastScreen Victoria capacity via the scale up of screening and assessment services.
Health Workforce Training and Development (Health)	Information sharing and family violence risk assessment and management reform	Dedicated project funding was provided to a range of health organisations for the creation of practice guidance, training courses, webinars, and information sessions. This included funding to support the Strengthening Hospital Responses to Family Violence initiative. The funding was also used to employ a team within the Department of Health to support health organisations to implement the reforms.
Drug Treatment and Rehabilitation (Health)	Supporting decriminalisation of public intoxication	Trial site operations, Department of Health staffing and technical consultancy costs to support the implementation, oversight and evaluation of trial sites and the development of a statewide model, including specialist Aboriginal co-design and evaluation resources, resourcing and technical support for the development of intake and referral pathways.
Health Protection (Health)	Rapid Antigen Tests (RATs)	Rapid antigen testing in the community relieved significant pressure on the state-run Polymerase Chain Reaction (PCR) network. Self-administered and self-reported testing allowed for greater access and equity in the testing strategy. The wide provision of rapid antigen tests (RATs) also allowed the state to progressively close state-run PCR testing sites and allow healthcare workers to return to their hospitals, services, and settings.
Medical Research (Medical Research)	Cumming Global Centre for Pandemic Therapeutics	Funding was used for the establishment of governance arrangements and commencement of recruitment for key leadership positions.
Mental Health Clinical Care (Mental Health)	New legal foundations and supporting mental health consumers to exercise their rights	Funding was provided to establish opt-out, non-legal advocacy services for clients subject to, or at risk of, compulsory treatment orders, and increase access to legal representation for clients who appear before the Mental Health Tribunal.
Admitted Services (Health)	Enabling a high-quality, efficient public pathology system	This funding has been used to progress the reform of public pathology services and agreed the model for the formation of independent entities, including endorsement from the Minister, industrial groups and health services with work to form entities continuing.

Admitted Services (Health)	Modernising Victoria's health system	<p>Funding provided a detailed implementation plan with a clear board led governance structure to guide the process of voluntary amalgamations and continuing through the post amalgamation transition period.</p> <p>The purpose of the implementation plan is to successfully transition the new health service on the pathway to achieve the intended benefits of amalgamation.</p> <p>Funding supported the transition of Ballarat Health Services, Edenhope and District Memorial Hospital, Stawell Regional Health and Wimmera Health Care Group into Grampians Health as well as the amalgamation of Castlemaine Health and Castlemaine Community Health.</p>
Ambulance Non-emergency Services (Ambulance Services)	Additional funding for Ambulance services	The funding was used to plan for the next tranche of ambulance station builds, including in regional growth areas such as Armstrong Creek and Marong.
Health Protection (Health)	Mpox vaccination program	Mpox vaccinations were available to Victorians at Local Public Health Units, sexual health centres and a number of outreach locations across all of Victoria.
Drug Treatment and Rehabilitation (Health)	Alcohol and other drug treatment, support and harm reduction services	The enhanced outreach service in North Richmond commenced after a commissioning process. The service engages people who are not using the Medically Supervised Injecting Room (MSIR) and supports the community to address the challenges caused by the drug market.
Health Protection (Health)	Additional resources in Public Sector Residential Aged Care Facilities	Capability uplift programs to enhance risk assessment and infection prevention control measures.
Mental Health Clinical Care (Mental Health)	Promoting good mental health and wellbeing in all communities	<p>Funding provided for a range of initiatives to promote and develop connections to reduce social isolation with the establishment of social inclusion action groups in local government areas.</p> <p>Funding was also provided targeting suicide preventions and response programs and place-based programs through mental health and wellbeing services.</p>
Mental Health Clinical Care (Mental Health)	Supporting the mental health and wellbeing of people in contact with the criminal and youth justice systems	Funding was provided to expand the Custodial Forensic Youth Mental Health Service for specialist forensic youth mental health programs and establish a Specialist Behaviour Response Team supporting area mental health services and ensure consumers receive highly specialised care responses.
Admitted Services (Health)	Centre for Victorian Data Linkage	Staff were recruited to the key roles, a work program was developed, and all aspects of the work program were progressed, noting that this is a four-year work program.

Maternal and Child Health (MCH) and Early Parenting Services (Health)	Maternal and child health workforce support package	An Early Parenting Centre (EPC) recruitment and attraction campaign was developed and delivered to support recruitment of multidisciplinary staff to the first five (5) new EPCs and two (2) upgraded EPCs becoming operational from October 2023 to March 2024. Additionally, annual Maternal and Child Health (MCH) workforce grants were strengthened to enable local recruitment and attraction campaigns to boost the MCH workforce pipeline into the future.
Mental Health Clinical Care (Mental Health)	Supporting the mental health and wellbeing of rural and regional Victorians	Funding provided for the establishment of the Rural and Regional Workforce Incentive Scheme to attract and retain specialist workforce in rural and regional areas, along with the trial of two (2) new digital service delivery initiatives to meet the needs of local communities.
Admitted Services (Health)	Elective Surgery Catch Up Plan	The funding supported increased Planned Surgery Activity through collaborative partnerships between Public and Private Health Services as part of the government's COVID Catch-Up Plan.
Admitted Services (Health)	Additional resources provided to health services	The funding supported health services to meet the cost of additional demands on the health system due to impacts of COVID-19.
Admitted Services (Health)	Supporting the community health system through the COVID-19 pandemic	Victorian healthcare workers were able to access appropriate Personal Protective Equipment (PPE) in a timely manner. This included maintaining a stockpile of critical PPE to help mitigate the risk of further supply chain issues or shortages.
Admitted Services (Health)	More support for our nurses and midwives	Funding supported health services to cover costs associated with the new nurses and midwives.
Admitted Services (Health)	Securing and maintaining a Personal Protective Equipment (PPE) stockpile	Victorian healthcare workers were able to access appropriate Personal Protective Equipment (PPE) in a timely manner. This includes maintaining a stockpile of critical PPE to help mitigate the risk of further supply chain issues or shortages. There was a 16-week stockpile for some items and eight (8) weeks for others. The State Supply Chain procures and distributes a range of PPE including N95/P2 respirators, surgical facemasks, eye protection, face shields, isolation gowns and other items to sector-wide to public health services.

Various outputs and portfolios	Provision of outputs carryover from 2021-22 into 2022-23	Outcomes achieved were predominantly for Boosting Healthcare workforce for student placements; increased publicly-led, fertility care; essential vaccine catch-up activities were required due to impact of COVID-19; and, additional funding enabling organ donation activities at hospitals.
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Question 4 (all departments) Central contingencies

The Resource Management Framework (2022 section 4.5 pg. 88) provides guidance on how departments access funding from central contingencies.

Please provide information regarding funding received from central contingency in 2021-22 and 2022-23 including the output and portfolio or Government decision related to the funding, the amount of funding received, the amount of funding utilised, funding received through previous budgets for the same purpose and why funding from contingency was required.

As detailed in the Resource Management Framework, central contingencies are provisioned as Treasurer's Advances, with expenditure reported as Treasurer's Advances (by department) in the State's Annual Financial Report (Tables 8.2.13 in 2021-22 and 2022-23), in addition to funding required for urgent and unforeseen expenditure.

2021-22 response

Output(s) and portfolio(s) or Government decision associated	Funding received	Funding utilised 2021-22	Funding received in previous budget/s for same purpose. Please specify which budget	Reasons why funding was required
Addressing demand for hospital services	323.3	323.3	Multiple previous budgets included additional funding to improve ambulance services and performance.	<p>Additional funding to support Ambulance and Offload Improvement and Emergency Department Performance Initiatives as well as commissioning New Hospital Capacity. This includes doubling the Victorian Virtual Emergency Department (VVED) capacity. Expanding eligibility criteria for the Virtual Emergency Department (VED).</p> <p>A new rostering pattern for advanced life support paramedic crews.</p> <p>Expanding Ambulance Victoria Offload teams.</p> <p>A new, near real-time data dashboard to give paramedics and healthcare workers a better overview of system capacity to assist them make local decisions that help balance demand across the system.</p>
Elective surgery catch-up plan	20.0	20.0	Funded in various past budget, most recent being 2018-19 State Budget.	Funding required to increase surgical activity across Victoria's hospitals.
Decriminalising public drunkenness	15.8	15.8	2020-21 State Budget.	Funding to commence implementation of a health-based approach to public intoxication.

Free dental care for government school students	11.8	11.8	2019-20 State Budget.	Funding required to support specialist dental treatment to children referred by Smile Squad.
Aikenhead Centre for Medical Discovery	11.0	11.0	2019-20 State Budget: a component of the <i>Protecting Victoria's leadership in health and medical research</i> initiative.	Funding required for the new 11-storey biomedical engineering research centre to be constructed on the site of St Vincent's Hospital.
Modernising Victoria's health system through governance reform	7.9	7.9	No previous budget provided.	Funding to support hospitals to formalise new shared governance arrangements.
Service delivery fund for Aboriginal Community Controlled Organisations and Aboriginal Community Controlled Health Organisations	4.2	4.2	No previous budget provided.	Funding required for Aboriginal health organisations to focus on COVID-19 response and recovery and support communities through a broad range of health services.
Responding to drug-related harms	3.6	3.6	2019-20 State Budget and 2020-21 State Budget.	Funding required for the continued implementation of the supervised injecting room trial including operating funding.
Enabling a high-quality, efficient public pathology system	2.3	2.3	No previous budget provided.	Funding to require to reform, expand and modernise Victoria's public pathology system.
New local services for adults and older adults in their communities	1.9	1.9	No previous budget provided.	Funding required to establish new local adult and older adult mental health and wellbeing services for Victorians experiencing mild to moderate mental health challenges.
Supporting the mental health and wellbeing of rural and regional Victorians	1.0	1.0	No previous budget provided.	Funding provided to incentivise mental health workers to find employment in rural and regional areas.
Sunbury and Cobaw Community Health Hub expansion	0.5	0.5	No previous budget provided.	Funding required to expand the community facilities and services at the Sunbury and Cobaw Community Health Hub.

Public health and local place-based delivery	571.5	571.5	No previous budget provided.	Funding provided to leverage COVID-19 learnings and investments to rebuild an enduring, resilient, and sustainable public health system for Victoria. This included the vaccination and testing strategy, and to assist the public to comply with Chief Health Officer (CHO) direction/public health orders, such as mandatory test-and-isolate, and enhancements to the contact tracing system.
COVID-19 health response	415.3	415.3	2020-21 State Budget.	Funding provided to continue the government's response to the COVID-19 pandemic. This includes funding for health services to respond to the projected COVID-19 caseload as Victoria reopens, including utilising private hospital capacity, increasing care in the home and enabling primary treatment pathways. Further support is provided to establish the Hospital Surge Support Allowance for public hospital and Ambulance Victoria employees who work patient-facing shifts. Funding is also provided to continue delivering COVID-19 vaccines to the community by establishing, equipping and staffing Victorian-run vaccination clinics throughout the state.
Supporting the community and health system through the COVID-19 pandemic	278.1	278.1	No previous budget provided.	Funding required to meet additional demands on the health system at the peak of recent increases in COVID-19 case numbers, including patient transport.
Rapid Antigen Tests	190.6	190.6	No previous budget provided.	Funding provided for the procurement, supply, and distribution of Whole of Victorian Government rapid antigen tests.
Immunising Victorians against COVID-19 – booster doses and five (5)- to 11-year-olds	141.1	141.1	No previous budget provided.	Funding provided for the rollout of third/booster doses and delivery of paediatric doses of COVID-19 vaccine for Victorians aged five (5)-11 years to be administered via a parent present model.

Generation Victoria (Medical Research)	7.0	7.0	2016-17 State Budget and 2019-20 State Budget	Funding provided for state-wide recruitment activities for the GenV initiative. This includes face-to-face recruitment activity within all Victorian birthing services for a two-year period.
Australian Institute of Infectious Disease (Medical Research)	5.6	5.6	2020-21 Budget	Funding used by the State and provided to The University of Melbourne to support the planning and development of the Australian Institute for Infectious Disease. This includes establishment of governance committees, development of key documents, and appointment of consultants (including architects and engineers).
Improving outbreak responses to the COVID-19 Delta variant	72.9	72.9	No previous budget provided.	Funding provided for the government's response to the Delta variant to mitigate operational risks associated with planning, resource mobilisation, commercial certainty, and workforce retention.
Total 2021-22	2,085.3	2,085.3		

2022-23 response

Output(s) and portfolio(s) or Government decision associated	Funding received	Funding utilised 2021-22	Funding received in previous budget/s for same purpose. Please specify which budget	Reasons why funding was required
Additional resources provided to health services	226.1	226.1	Most previous budgets included additional funding to support Victoria's hospitals meet increased demand.	Funding required to support service delivery and performance in Victoria's hospitals.
Elective Surgery Catch Up Plan	171.7	171.7	Funded in various past budgets. The most recent being the 2018-19 State Budget and 2021-22 State Budget.	Funding required to transform Bellbird Private Hospital and Frankston Private Hospital into a dedicated public planned surgery centre, helping Victorians to receive surgical care once fully operational. Together, once fully operational, the two facilities will deliver close to 15,000 surgeries each year.
COVID-19 testing and vaccination services and engagement	73.6	73.6	2021-22 State Budget.	Funding provided for the scaled down testing, vaccination services and engagement.
Enabling care and meeting demand for hospital services	71.8	71.8	No previous operating budget provided. Capital funding provided in previous budgets.	Funding required to establish the Victorian Heart Hospital.
Better at Home: Hospital care in the home	57.9	57.9	2020-21 State Budget.	Funding required to support Victorian Hospitals to continue the delivery of healthcare in the home through use of home-based and virtual care models.
Emergency response services	39.1	39.1	No previous budget provided.	Funding is required to support Ambulance Victoria workers to meet demand surge and assist them make local decisions that help balance demand across the system.
Providing additional bed capacity through modular facilities	21.8	21.8	No previous budget provided.	Funding required to establish additional capacity at Werribee Mercy Hospital, Northern Hospital and Casey Hospital.

Delivering the Australian Institute for Infectious Disease	21.4	21.4	2020-21 State Budget and 2021-22 State Budget.	<p>Funding used by the state and provided to The University of Melbourne to support development of the Australian Institute for Infectious Disease.</p> <p>This includes progressing concept design, risk management and land acquisition.</p> <p>Funding was transferred from the Department of Jobs, Services, Industry and Regions to the Department of Health in the 2022-23 Machinery of Government changes.</p>
Workforce attraction and retention strategy	17.1	17.1	No previous budget provided.	Funding required to support Victoria's healthcare workforce and help attract and retain critically important staff, funding payments of \$3,000 to all staff working in public hospitals and ambulance services.
Service delivery fund for Aboriginal Community Controlled Organisations and Aboriginal Community Controlled Health Organisations	16.8	16.8	No previous budget provided.	Funding required for Aboriginal health organisations to focus on COVID-19 response and recovery and support communities through a broad range of health services.
Free flu vaccinations for all Victorians	15.1	15.1	No previous budget provided.	Funding provided for free influenza vaccinations to all Victorians aged six-months and over between 1 June 2022 and 30 June 2022.
COVID-19 health response	15.0	15.0	2020-21 State Budget.	<p>Funding provided to continue Victoria's response to the COVID-19 pandemic.</p> <p>This includes funding for health services to respond to the projected COVID-19 caseload as Victoria reopens.</p> <p>Additional funding required to support health services to increase care in the home and train and upskill the next generation of nurses and midwives.</p> <p>This includes enrolled nurse to registered nurse transition scholarships.</p>
Strengthening community-based services	10.0	10.0	No previous budget provided.	Funding provided for a range of initiatives to deliver a mental health and wellbeing system that is reoriented towards community-based treatment, care and support.

Medical Research: Generation Victoria and Living Evidence	8.5	8.5	Generation V: 2016-17 State Budget. 2019-20 State Budget and 2020-21 State Budget. Living Evidence: No previous budget provided.	Generation V: Funding was provided for statewide recruitment activities for the GenV initiative. This includes face-to-face recruitment activity within all Victorian birthing services for a two-year period. Living Evidence: Funding provided to the Australian Living Evidence Consortium to develop Living Guidelines for five high burden diseases, those being strokes, diabetes, heart, disease, kidney and musculoskeletal conditions. Funding was transferred from the Department of Jobs, Skills, Industry and Regions to the Department of Health in the 2022-23 Machinery of Government changes.
Reformed area services to better support the mental health and wellbeing of adults and older adults	8.4	8.4	2020-21 State Budget.	Funding required for the establishment of reformed adult and older adult area mental health and wellbeing services.
Information sharing and family violence risk assessment and management reform	6.2	6.2	2021-22 State Budget.	Funding required to contribute to the Family Violence Information Sharing Scheme and Multi-Agency Risk Assessment Framework.
Supporting decriminalisation of public intoxication	6.2	6.2	2020-21 State Budget and 2021-22 State Budget.	Funding required to extend public intoxication trials and provides continued reform planning and design work.
Rapid Antigen Tests	6.1	6.1	2021-22 State Budget.	Funding provided for the distribution of Whole of Victorian Government rapid antigen tests.
Cumming Global Centre for Pandemic Therapeutics	6.0	6.0	No previous budget provided.	Funding required for key program establishment activities, including recruitment and governance arrangements.
Equitable cancer care and prevention	5.4	5.4	2020-21 State Budget and 2021-22 State Budget.	Funding required to support rising demand for breast cancer screening and catchup vaccination against the Human Papilloma Virus.
New legal foundations and supporting mental health consumers to exercise their rights	4.5	4.5	2021-22 State Budget.	Funding required for an opt-out non-legal advocacy service for clients subject to, or at risk of, compulsory treatment orders, and increase access to legal representation for clients who appear before the Mental Health Tribunal.

Enabling a high-quality, efficient public pathology system	4.4	4.4	2021-22 State Budget.	Funding required to enable greater coordination and efficiency of pathology testing across Victoria, building on the reforms which supported COVID-19 testing.
Brain Cancer Centre Investment	4.1	4.1	No previous budget provided.	Funding required for the establishment of a Brain Perioperative Clinical Trial Program (Brain-POP), which will strengthen Victoria's position as a leader in cancer research and enhance brain cancer treatment options. Funding transferred from the Department of Jobs, Skills, Industry and Regions to the Department of Health in the 2022-23 Machinery of Government changes.
Additional funding for Ambulance services	2.6	2.6	Additional funding to meet demand for ambulance services has been provided in multiple budgets.	Funding required to plan for ambulance station builds in regional growth areas, such as Armstrong Creek and Marong.
Additional resources in Public Sector Residential Aged Care Facilities	1.4	1.4	No previous budget provided.	Funding required to enhance capability uplift in risk assessment and infection prevention control measures.
Promoting good mental health and wellbeing in all communities	1.2	1.2	No previous budget provided.	Funding required for Victoria to meet obligations under the National Mental Health and Suicide Prevention Agreement. This Agreement supports improved mental health and suicide prevention outcomes for all people in Victoria through collaborative efforts to address gaps in the mental health and suicide prevention system.
Supporting the mental health and wellbeing of people in contact with the criminal and youth justice systems	0.8	0.8	2020-21 State Budget.	Funding required for additional hours for specialist mental health assessment and treatment interventions to be provided for young people in custody. Additional resources will also be provided for mental health support services in the justice system and preliminary policy and service design focused on future service delivery.

Centre for Victorian Data Linkage	0.6	0.6	No previous budget provided.	Funding required to strengthen the Centre for Victorian Data Linkage's capacity. This included acquiring additional priority Victorian and Commonwealth datasets for linkage, developing additional metadata and documentation to assist users and developing an interactive user repository.
Supporting the mental health and wellbeing of rural and regional Victorians	0.3	0.3	No previous budget provided.	Funding provided for the commencement to run two trials of digital mental healthcare service delivery to operate in rural and regional areas.
Total 2022-23	824.1	824.1		

Question 5 (Department of Health only) 2021–22 and 2022–23 Budget funding allocation and performance

The 2021–22 Budget allocated \$3.7 billion to the line-item *Meeting demand for hospital services*. The 2022-23 Budget allocated \$2.3 billion to the line item *Enabling care and meeting demand for hospital services*.

- a) Please provide a detailed breakdown of the actual amount spent in 2021-22 and 2022-23. Please provide an explanation for any variances of $\pm 5\%$ based on budgeted vs actuals by output.

2021-22 Response – Meeting demand for hospital services

A detailed breakdown of the line-item *Meeting demand for hospital services* is not feasible as expenditure is not captured at the initiative level, as it comprises a range of services across multiple existing outputs. *Meeting demand for hospital services* supplements existing funding across the following outputs in the 2021-22 State Budget:

1. Admitted services – total output funding of \$12.9 billion
2. Emergency services – total output funding of \$838 million
3. Non-admitted services – total output funding of \$2.2 billion
4. Small rural services – total output funding of \$431.5 million⁴⁵.

The outputs themselves cover multiple line-items. For example, admitted services covers more than 20 line-items, including *Meeting demand for hospital services*, *Public fertility care services for Victoria*, and *Responding to community-based healthcare demand*, amongst others. This means that the \$12.9 billion of funding for *admitted services* in 2021-22 cannot be assigned strictly to *Meeting demand for hospital services*.

Additionally, *Meeting demand for hospital services* does not relate to a single tangible program, so expenditure cannot be determined in this way.

Output	2021-22 budget \$ million	2021-25 five-year budget \$ million	2021-22 actual \$ million	Variance (%)	Explanation for variance	Outcomes delivered
Meeting demand for hospital services	1,401.9	3,685.4	n/a ⁴⁶	n/a	Expenditure is not captured at initiative level as it relates to multiple services delivered, therefore variance cannot be provided.	
Admitted Services	n/a	2,947.1	n/a	n/a	Expenditure is not captured at initiative level as it relates to multiple services delivered, therefore variance cannot be provided.	Funding has been provided for health services to manage the delivery of hospital services as the Victorian Health System emerges from COVID-19-related impacts. This has maintaining support service delivery levels and performance in Victoria's hospitals, including additional funding for elective surgery, more emergency department staff, additional highly-specialised therapies, and to support new wards as they opened.
Emergency Services	n/a	249.3	n/a	n/a		
Non-Admitted Services	n/a	480.0	n/a	n/a		
Small Rural Services	n/a	9.0	n/a	n/a		
Total	\$1,401.9	\$3,685.4	n/a	n/a		

⁴⁵ 2022-23 Budget Paper No. 3, p. 220

⁴⁶ n/a as expenditure is not captured at this initiative level.

2022-23 Response – Enabling care and meeting demand for hospital services

A detailed breakdown of the line-item *Enabling care and meeting demand for hospital services* is not possible, as expenditure is not captured at the initiative level, as it comprises a range of services across multiple outputs. *Enabling care and meeting demand for hospital* supplements existing funding across the following outputs in the 2022-23 State Budget:

1. Admitted services – total output funding of \$14.1 billion
2. Non-admitted services – total output funding of \$2.2 billion
3. Emergency services – total output funding of \$882.0 million
4. Health workforce training and development – total output funding of \$439.9 million
5. Health protection – total output funding of \$446.2 million⁴⁷

The outputs themselves are covered by multiple line-items. For example, admitted services are covered by over 10 line-items, such as *Enabling care and meeting demand for hospital services*, *A safe and engaged workforce*, and *Better at home*. This means that the \$14.1 billion of expenditure for *admitted services* in 2021-22 cannot be categorised strictly as *Enabling care and meeting demand for hospital services*.

Additionally, *Enabling care and meeting demand for hospital services* does not relate to a single tangible program, so expenditure cannot be determined in this way.

⁴⁷ 2023-24 Budget Paper No. 3, p. 220

Output	2022-23 budget \$ million	2022-26 five-year budget \$ million	2022-23 actual \$ million	Variance (%)	Explanation for variance	Outcomes delivered
Enabling care and meeting demand for hospital services	353.0	2,334.9	n/a ⁴⁸	n/a	Expenditure is not captured at initiative level as it relates to multiple services delivered, therefore variance cannot be provided.	
Admitted Services	n/a	1,969.8	n/a	n/a	Expenditure is not captured at initiative level as it relates to multiple services delivered, therefore variance cannot be provided.	Funding has been provided for health services to respond in the post-COVID-19 period including the provision of more emergency department staff, additional highly specialised therapies, and to support new wards. Funding was also provided to expand the newborn screening program, medicinal cannabis compassionate access scheme for children, and robot assisted surgery.
Non-Admitted Services	n/a	282.2	n/a	n/a		
Emergency Services	n/a	83.8	n/a	n/a		
Health Workforce Training and Development	n/a	1.7	n/a	n/a		
Public Health Development, Research and Support	n/a	3.3	n/a	n/a		
Health Protection	n/a	4.1	n/a	n/a		
Total	353.0	\$2,344.9	n/a	n/a		

⁴⁸ n/a as there is no discrete expenditure for this item

b) To gain an understanding of Victoria's health care system and performance, please provide the data for the following variables, including an explanation for the increase or decrease compared to the previous year's data.

Category	Closest available performance measure	As at 30 June 2020 ⁴⁹	As at 30 June 2021 ⁵⁰	As at 30 June 2022 ⁵¹	As at 30 June 2023 ⁵²	Variance between 2021 and 2022 Explanation for the variance between 30 June 2021 and 2022	Variance between 2022 and 2023 Explanation for the variance between 30 June 2022 and 2023
Number of patients treated in emergency departments	Emergency presentations	2.006 million	1.773 million	1.856 million	1.899 million	Emergency department activity is demand driven. The 2021-22 actual is lower than the 2021-22 target primarily due to the impact of the COVID-19 pandemic	Emergency department activity is demand driven. The 2021-22 actual is lower than the 2021-22 target primarily due to the impact of the COVID-19 pandemic
Number of hospital beds total						N.B. This information is not available publicly	N.B. This information is not available publicly
Number of intensive care unit beds total						N.B. This information is not available publicly	N.B. This information is not available publicly
Average time spent in waiting rooms – emergency departments	Emergency patients treated within clinically recommended time to treatment	73.4%	68.0%	64.0%	65.3%	Emergency department activity is demand driven. The 2021-22 actual is lower than the 2021-22 target primarily due to the impact of the COVID-19 pandemic.	Emergency department activity is demand driven. The 2021-22 actual is lower than the 2021-22 target primarily due to the impact of the COVID-19 pandemic.

⁴⁹ Annual Report 2019-20, pp. 81-106

⁵⁰ Annual Report 2021-21, pp. 51-67

⁵¹ Annual Report 2021-22, pp. 40-58

⁵² Annual Report 2022-23, pp. 50-68

Number of patients waiting for treatment – elective surgery	Number of patients on the waiting list for Category 1, 2, and 3 elective surgery ⁵³	55,806	66,320	85,999	71,322*	Performance against targets in 2021-22 was impacted by several COVID-19 waves, the state-sanctioned Code Brown (January 2022) and associated pauses to planned surgery that restricted activity to Category 1 and 2a. Category 3 and non-urgent Category 2 surgeries were periodically paused throughout 2021 and 2022 based on local operational decisions. Combined with associated furloughed workforce, COVID-19 caseload, and resumption of outpatient clinics, these factors led to a significant increase in the number of patients waiting for care, peaking in late 2021-22.	Performance against targets in 2022-23 was impacted by high emergency demand, ongoing staff shortages because of the COVID-19 pandemic, and fluctuating levels of COVID-19 cases throughout the year. These factors combined reduced the volume of activity we hoped to deliver during this period.
Number of emergency department staff (FTE)						N.B. This information is not available publicly	N.B. This information is not available publicly

* Victorian Health Services Performance figure for 30 June 2023 as at 16 October 2023

⁵³ Victoria Agency for Health Information, <https://vahi.vic.gov.au/elective-surgery/patients-waiting-treatment>

Question 6 (Department of Families, Fairness and Housing only) Victorian Contribution to National Disability Insurance Scheme

a) The 2021-22 Budget allocated \$1.7 billion to the Victorian Contribution to National Disability Insurance Scheme (NDIS) and the 2022-23 Budget allocated \$2.7 billion in payments on behalf of the state to National Disability Insurance Agency.⁵⁴ In relation to outcomes achieved in the 2021-22 and 2022-23 years, please provide the following information on disability services and support in Victoria.

Department of Families, Fairness and Housing	30 June 2021	30 June 2022	30 June 2023
Number of people with disability in Victoria			
Number of NDIS participants			
Number of NDIS participants - identified as culturally and linguistically diverse			
Number of clients transitioned to NDIS			
Participant satisfaction with services received			
Average wait time to access NDIS package			
Disability workforce - number of workers			
An update on NDIS Workforce and Skills Plan			

b) What mechanisms did the Victorian Government have in place to ensure Victorians with disability and the Victorian community received value for money and quality services in exchange for the amounts paid to the NDIS in 2021-22 and 2022-23?

c) In 2021-22 and 2022-23 what disability services did the Victorian Government provide?

⁵⁴ Department of Treasury and Finance, *Budget Paper No. 2: 2021–22 Strategy and Outlook*, Melbourne, 2022, p. 201; Department of Treasury and Finance, *Budget Paper No. 5: 2022–23 Statement of Finances*, Melbourne, 2023, p. 96

d) Please outline the three most significant disability services/programs provided by the Victorian Government in 2021-22 and 2022-23, including amount expended, funding source and outcomes achieved for people with disability.

2021-22 response

Service/program	Amount expended in 2021-22	Funding source	Outcomes achieved for people with disability

2022-23 response

Service/program	Amount expended in 2022-23	Funding source	Outcomes achieved for people with disability

Section B: Asset investment

Question 7 (all departments) Capital expenditure variances, completion date and scope changes – existing projects

Please provide details of all capital asset programs where:

- there was a variance between TEI at announcement compared to the revised TEI as at 30 June 2022 and 30 June 2023 of equal to or greater than $\pm 5\%$ and an explanation for the variance
- the estimated completion date at announcement is different to the completion date as at 30 June 2022 and 30 June 2023 and an explanation for the change
- the scope of the project at announcement is different to the scope of the project as at 30 June 2022 and 30 June 2023.

30 June 2022 response

Capital expenditure

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Total actual expenditure spent from announcement to 30 June 2022 (\$ million)	TEI at announcement (\$ million)	Revised TEI as at 30 June 2022 (\$ million)	Variance between TEI at announcement compared to Revised TEI as at 30 June 2022 Budget ($\pm 5\%$) explanation
Ballarat Health Services expansion and redevelopment and the new Central Energy Plant (Ballarat)	Health Infrastructure	2.010	461.100	541.600	The project was announced at \$461.6 million in the 2018-19 State Budget. The TEI was increased by \$80 million in 2021-22 due to a funding reallocation from the <i>Guaranteeing Future Energy Supply</i> initiative for a new Central Energy Plant as additional scope.

Building a better hospital for Melbourne's inner west (Footscray)	Health Infrastructure	488.180	1495.000	1998.605	<p>The project was announced at \$1.495 billion in the 2019-20 State Budget.</p> <p>The TEI component of the total project cost increased by \$503.605 million in the 2022-23 State Budget to \$1.999 billion because this project is being delivered as a Public Private Partnership (PPP).</p> <p>Public Private Partnerships are procured inclusive of 25 years of operational and lifecycle costs including the requirement for capital upgrades across the tenure of a PPP concession.</p> <p>There is no additional cost to the taxpayer over the whole project term.</p> <p>The increased TEI also includes \$72 million for an education and research space for Victoria University (VU), and for a pedestrian footbridge connecting the hospital to VU's Footscray Park campus. This additional cost is fully funded by VU.</p>
Building a bigger and better Latrobe Regional Hospital (Traralgon)	Health Infrastructure	45.200	7.000	217.000	<p>The original TEI of \$7.0 million was announced in the 2019-20 State Budget to undertake planning only.</p> <p>The TEI increased to \$217.00 million in the 2020-21 State Budget when construction funding was approved, to expand Latrobe Regional Hospital, under the <i>Latrobe Regional Hospital redevelopment – Stage 3A</i> initiative.</p>

Building a world class hospital for Frankston families (Frankston)	Health Infrastructure	90.620	6.000	1118.084	<p>The original TEI of \$6.0 million was announced in the 2019-20 State Budget to undertake planning only.</p> <p>The TEI increased to \$562.0 million in the 2020-21 State Budget when the project was funded for construction.</p> <p>The TEI increased by \$43.260 million to \$605.26 million in the 2021-22 State Budget to fund additional scope to include a mental health and Alcohol and Other Drugs hub, new paediatric emergency department zone, and multi-deck carpark additions.</p> <p>The TEI component of the total project cost increased by \$512.824 million in the 2022-23 State Budget to \$1.118 billion because this project is being delivered as a Public Private Partnership (PPP).</p> <p>Public Private Partnerships are procured inclusive of 25 years of operational and lifecycle costs including the requirement for capital upgrades across the tenure of a PPP concession.</p> <p>There is no additional cost to the taxpayer over the whole project term.</p>
Building a world class hospital in Maryborough (Maryborough)	Health Infrastructure	2.270	5.200	100.000	<p>The original TEI of \$5.2 million announced in the 2020-21 State Budget was for planning only.</p> <p>The TEI increased by \$94.8 million when the project was funded for construction in the 2021-22 State Budget.</p>
Building emergency departments kids and families can count on (statewide)	Health Infrastructure	2.840	102.400	63.517	<p>The project was announced at \$102.4 million in the 2021-22 State Budget.</p> <p>The TEI was decreased by \$38.883 million in the 2022-23 State Budget to \$63.517 to recognise funding contributions to two projects, as the paediatric zones are being delivered as part of broader redevelopments:</p> <ul style="list-style-type: none"> • <i>Building a world class hospital for Frankston families</i> • <i>Emergency Departments Expansion Program (Casey Hospital and Werribee Mercy Hospital).</i>

Forensic Mental Health Bed-based Services Expansion	Mental Health	29.850	40.000	31.000	<p>The project was announced at \$40 million in the 2017-18 State Budget for priority refurbishment, enabling works and capital planning ahead of the full-scale redevelopment of the Thomas Embling Hospital, as part of its response to the Royal Commission into Victoria's Mental Health System.</p> <p>The TEI was decreased by \$9 million in the 2021-22 State Budget when government approved reallocation to the major works program under the <i>Expanding and Improving bed-based forensic mental health services – Thomas Embling Hospital</i> initiative.</p>
Goulburn Valley Health redevelopment – planning and development (Shepparton)	Health Infrastructure	208.450	1.000	229.349	<p>The original TEI of \$1 million was announced in the 2015-16 State Budget to undertake planning only, with additional funding of \$168.525 million allocated for the construction of the project in the 2016-17 State Budget.</p> <p>In the 2018-19 State Budget, the TEI increased by \$1.709 million for additional paediatric beds, bringing the total TEI to \$171.234 million.</p> <p>In the 2021-22 State Budget, government committed a further \$58.115 million, bringing the approved TEI to \$229.349 million, for additional scope to:</p> <ul style="list-style-type: none"> • complete deferred refurbishment works. • increase medical imaging. • fit out a fourth new operating theatre and upgrade existing buildings for compliance.
Guaranteeing Future Energy Supply	Health Infrastructure	17.190	160.000	80.000	<p>The project was announced at \$160.0 million in the 2020-21 State Budget.</p> <p>In the 2021-22 State Budget, \$80.0 million was reallocated to the Ballarat Health Services expansion and redevelopment to cover the cost associated with adding the new Central Energy Plant into the scope of works.</p>

Metropolitan Health Infrastructure Fund	Health Infrastructure	40.92	200.00	187.00	<p>The grants program was announced at \$200.0 million in the 2020-21 State Budget.</p> <p>The TEI decreased by \$13.0 million in the 2022-23 State Budget due to a reallocation of funds to the Victorian Heart Hospital project.</p>
Monash Medical Centre – Expansion and Upgrades (Clayton)	Health Infrastructure	68.530	63.200	76.300	<p>The project was announced at \$63.2 million in the 2017-18 State Budget.</p> <p>The TEI increases supported expanded scope to include structural futureproofing to enable future development on the site, and an updated model of care requiring a larger building footprint, and mental health and alcohol and other drugs hub.</p>
More hospital and aged care beds for Melbourne’s East (Angliss Hospital Expansion Stage 2) (Upper Ferntree Gully)	Health Infrastructure	0.480	103.420	112.000	<p>Planning for the project was announced at \$4.556 million in the 2019-20 State Budget under the <i>Planning for the Angliss Hospital expansion (Upper Ferntree Gully)</i> initiative.</p> <p>An additional \$98.864 million was provided in the 2021-22 State Budget to construct the expansion under the <i>More hospital and aged care beds for Melbourne’s East (Angliss Hospital Expansion Stage 2)</i> initiative.</p> <p>The TEI increased by a further \$8.580 million in the 2022-23 State Budget due to market conditions and COVID-19 impacts.</p>

Reforming clinical mental health services (Melbourne)	Mental Health	15.840	48.100	34.741	<p>The project was announced at \$48.1 million in the 2018-19 State Budget.</p> <p>The TEI was reduced by \$8.1 million in the 2019-20 State Budget due to approved reprioritisation of funding. These funds were provided to the <i>Monash Medical Centre – Expansion and Upgrades</i> project to include the mental health and alcohol and drug crisis hub as part of the broader expansion.</p> <p>In the 2022-23 State Budget, the TEI was reduced by a further \$5.259 million due to funds being redirected to the <i>Building a world class hospital for Frankston families</i> initiative to incorporate delivery of the mental health and alcohol and other drugs hub within the broader hospital redevelopment.</p>
Relocation of Barwon Health clinical facilities (Geelong)	Health Infrastructure	1.68	20.00	8.50	<p>The project was announced at \$20.0 million in the 2019-20 State Budget.</p> <p>The TEI decreased by \$11.5 million in the 2022-23 State Budget due to expenditure being reclassified as operating instead of capital in line with accounting standards.</p>

Royal Victorian Eye and Ear Hospital Redevelopment (Melbourne)	Health Infrastructure	280.380	2.000	317.807	<p>The original TEI of \$2.0 million in the 2012-13 State Budget was for planning only, with an additional \$163.0 million allocated for the construction of the project in the 2015-16 State Budget bringing the TEI to \$165 million.</p> <p>In the 2016-17 State Budget, the approved TEI increased to \$201 million, comprising an additional \$21.4 million from government and \$10 million from the health service.</p> <p>The health service also funded separately \$4.6 million for the addition of a new education centre.</p> <p>Further additional joint funding was provided in the 2019-20 State Budget to bring the TEI to \$274.557 million.</p> <p>Both increases in TEI were due to the inherent risk in the project and significant latent conditions, which included the removal of hazardous materials not accurately quantified at the time of the business case.</p> <p>The TEI increased to \$306.707 million in the 2021-22 State Budget and again to \$317.807 million in the 2022-23 State Budget to cover cost increases associated with removal of hazardous materials.</p> <p>The project is nearing completion with a certificate of practical completion to be issued as soon as the occupancy permit is finalised.</p>
Ten new community hospitals to give patients the best care (statewide)	Health Infrastructure	96.840	2.000	675.000	<p>The project was announced at \$2.0 million for planning and development in the 2019-20 State Budget.</p> <p>In the 2020-21 State Budget, a further \$66.147 million announced in addition to \$51.353 million from the Infrastructure Planning and Acceleration Fund to commence land acquisition, with a further \$555.5 million allocated in the 2021-22 State Budget for construction.</p>

Victorian Heart Hospital (Clayton)	Health Infrastructure	237.670	15.000	577.000	<p>This project received \$15 million in the 2015-16 State Budget for planning and development activities (under the <i>Victorian Heart Hospital – planning and early works</i> initiative).</p> <p>This project received \$15 million in the 2015-16 State Budget for planning and development activities (under the <i>Victorian Heart Hospital – planning and early works</i> initiative).</p> <p>Additional funding of \$135 million was provided in the 2016-17 State Budget (under the <i>Victorian Heart Hospital</i> initiative) to enable planning and design works to proceed, bringing government’s contribution to \$150 million.</p> <p>The TEI in the 2018-19 State Budget was \$543 million to fully fund construction once scope was determined and contributions from other partners were confirmed. This included a \$65 million contribution from Monash University.</p> <p>A further \$21 million increase was funded by Monash University, following their request to change the previously masterplanned location of the hospital loading dock facility, bringing the TEI to \$564 million in the 2019-20 State Budget.</p> <p>The TEI subsequently increased to \$577 million following a \$13 million reallocation from the Metropolitan Health Infrastructure Fund in the 2022-23 State Budget to fund additional scope to deliver a helipad.</p>
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Completion date

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Estimated completion date at announcement	Revised completion date as at 30 June 2022	Explanation
A Proudly Multicultural Victoria	Ageing	Quarter 4 2020-21	Quarter 4 2022-23	The estimated completion date was revised in 2021-22 due to COVID-19 restrictions impacting access to potential sites to undertake due diligence.
Austin Hospital Central Sterile Services Department (Heidelberg)	Health Infrastructure	Quarter 4 2021-22	Quarter 4 2022-23	<p>Delivery of grants programs are led by health services. Completion dates are often required to be adjusted on the advice of health services, reflecting health services working through design, scope and cost alignment of proposals, and then implementation n within a live operating environment. During the COVID-19 period, the delivery of health services took precedence over capital works, often requiring a pause in either procurement or delivery of the project.</p> <p>The impact of the pandemic on resource availability and supply chains has also been a factor in delaying projects.</p>
Ballarat Health Services expansion and redevelopment and the new Central Energy Plant (Ballarat)	Health Infrastructure	Quarter 4 2025-26	Quarter 2 2028-29	<p>The completion date was extended due to the additional scope and amended sequence of work.</p> <p>The completion date was updated in 2020-21, with the addition of the central energy plant to the scope.</p> <p>The revised Budget Paper No.4 completion date reflects the inclusion of a 12-month defect and liability period following the completion of construction, which is on track to occur by December 2027 (in line with the publicly announced date).</p>

Building a better hospital for Melbourne's inner west (Footscray)	Health Infrastructure	Quarter 4 2024-25	Quarter 1 2025-26	<p>The New Footscray Hospital project is being delivered as a Public Private Partnership (PPP).</p> <p>The completion date of Quarter 4, 2024-25 in the 2019-20 Budget Paper No.4 was indicative only, and was updated post-Contract and Financial close, to reflect the scheduled completion date of Quarter 1, 2025-26 (September 2025) in Plenary Health's program.</p> <p>Notwithstanding this change, the scheduled opening date remains consistent with government's election commitment of the New Footscray Hospital opening in 2025.</p>
Building a world class hospital for Frankston families (Frankston)	Health Infrastructure	Quarter 4 2019-20	Quarter 3 2025-26	<p>The completion date announced originally was for the completion of the business case and project development activities.</p> <p>The project was funded for construction works in the 2020-21 State Budget with an estimated completion date of Quarter 4, 2024-25.</p> <p>The project is being delivered as a PPP and the completion date has since been revised due to the addition, at contract close (April 2022), of additional scope (mental health and alcohol and other drugs hub, emergency department paediatric zone; and a new multi-level car park facility) and whole-of-life benefits to the project.</p> <p>The revised estimated completion date reflects the completion of main works by the end of 2025.</p>

Engineering infrastructure replacement program 2017-18 (statewide)	Health Infrastructure	Quarter 4 2017-18	Quarter 4 2022-23	<p>Delivery of grants programs are led by health services. Completion dates are often required to be adjusted on the advice of health services, which enables health services to work through design, scope and cost alignment of proposals, and then implementation within a live operating environment.</p> <p>During the COVID-19 period, the delivery of health services took precedence over capital works, often requiring a pause in either procurement or delivery of the project.</p> <p>The impact of the pandemic on resource availability and supply chains has also been a factor in delaying projects.</p>
Engineering infrastructure replacement program (statewide) 2018-19	Health Infrastructure	Quarter 4 2018-19	Quarter 4 2022-23	
Engineering infrastructure and medical equipment replacement program 2019-20 (statewide)	Health Infrastructure	Quarter 4 2019-20	Quarter 4 2023-24	
Engineering infrastructure and medical equipment replacement program 2020-21 (statewide)	Health Infrastructure	Quarter 4 2020-21	Quarter 4 2023-24	
Engineering infrastructure and medical equipment replacement program 2021-22 (statewide)	Health Infrastructure	Quarter 4 2021-22	Quarter 4 2023-24	
Forensic Mental Health Bed-based Services Expansion	Mental Health	Quarter 4 2019-20	Quarter 4 2022-23	Completion date revised in line with a revised project schedule to allow for enabling works ahead of the full-scale redevelopment of the Thomas Embling Hospital, as part of the response to the Royal Commission into Victoria's Mental Health System.
Goulburn Valley Health redevelopment (Shepparton)	Health Infrastructure	Quarter 4 2020-21	Quarter 4 2022-23	The completion date was revised to account for the inclusion of refurbishment and compliance works due to additional scope to include 24-hour emergency imaging services, a radiology facility and new operating theatre and resequencing of works to maintain capacity and clinical segregation to respond to COVID-19.

Health service violence prevention fund	Health Infrastructure	Quarter 4 2018-19	Quarter 4 2021-22	<p>Delivery of grants programs are led by health services. Completion dates are often required to be adjusted on the advice of health services, which enables health services to work through design, scope and cost alignment of proposals, and then implementation within a live operating environment.</p> <p>During the COVID-19 period, the delivery of health services took precedence over capital works, often requiring a pause in either procurement or delivery of the project.</p> <p>The impact of the pandemic on resource availability and supply chains has also been a factor in delaying projects.</p>
Improving Energy Efficiency in Public Hospitals (Melbourne)	Health Infrastructure	Quarter 4 2022-23	Quarter 4 2023-24	The completion date was revised in the 2022-23 State Budget because of the impacts of COVID-19.
Medical equipment replacement program – includes 2017-18 and 2018- 19 (statewide)	Health Infrastructure	Quarter 4 2017-18 and 2018-19	Quarter 4 2022-23	<p>Delivery of grants programs are led by health services. Completion dates are often required to be adjusted on the advice of health services, which enables health services to work through design, scope and cost alignment of proposals, and then implementation within a live operating environment.</p> <p>During the COVID-19 period, the delivery of health services took precedence over capital works, often requiring a pause in either procurement or delivery of the project.</p> <p>The impact of the pandemic on resource availability and supply chains has also been a factor in delaying projects.</p>
Meeting ambulance response times (statewide)	Ambulance Services	Quarter 4 2018-19	Quarter 4 2022-23	<p>Completion date was revised as program is experiencing issues relating to remediation at specific sites.</p> <p>The estimated completion date was revised in 2022-23 to due to challenges in securing suitable sites for ambulance stations.</p>

Mental Health and Alcohol and Drug Facilities Renewal 2018-19 (statewide)	Mental Health	Quarter 4 2018-19	Quarter 4 2022-23	Delivery of grants programs are led by health services. Completion dates are often required to be adjusted on the advice of health services, which enables health services to work through design, scope and cost alignment of proposals, and then implementation within a live operating environment.
Mental Health and Alcohol and Drug Facilities Renewal 2020-21 (statewide)	Mental Health	Quarter 4 2022-23	Quarter 4 2023-24	
Metropolitan Health Infrastructure Fund (metropolitan various)	Health Infrastructure	Quarter 4 2022-23	Quarter 4 2023-24	During the COVID-19 period, the delivery of health services took precedence over capital works, often requiring a pause in either procurement or delivery of the project. The impact of the pandemic on resource availability and supply chains has also been a factor in delaying projects.
Monash Medical Centre – Expansion and Upgrades (Clayton)	Health Infrastructure	Quarter 4 2021-22	Quarter 4 2022-23	Completion date revised due to additional scope to include clinical mental health services (including mental health and alcohol and other drugs crisis hub).
Northern Hospital Inpatient Expansion – Stage 2 (Epping)	Health Infrastructure	Quarter 4 2020-21	Quarter 2 2022-23	Northern Tower project was completed early and under budget. The Victorian Government approved utilisation of the remaining budget for additional scope including fit out of a shelled pandemic ward. Completion date was adjusted to account for the additional scope works.
Publicly-led fertility care services for Victoria (statewide)	Health Infrastructure	Quarter 4 2021-22	Quarter 4 2022-23	The completion date has been extended due to challenges in locating a suitable site for the Monash facility. A site at the Monash Medical Centre campus has now been identified and the project has moved into design phase.

Regional Health Infrastructure Fund (regional various)	Health Infrastructure	Quarter 4 2019-20	Quarter 4 2023-24	<p>Delivery of grants programs are led by health services. Completion dates are often required to be adjusted on the advice of health services, which enables health services to work through design, scope and cost alignment of proposals, and then implementation within a live operating environment.</p> <p>During the COVID-19 period, the delivery of health services took precedence over capital works, often requiring a pause in either procurement or delivery of the project.</p> <p>The impact of the pandemic on resource availability and supply chains has also been a factor in delaying projects.</p>
Regional Health Infrastructure Fund 2019-20 (regional various)	Health Infrastructure	Quarter 4 2020-21	Quarter 4 2023-24	
Regional Health Infrastructure Fund 2021-22 (regional various)	Health Infrastructure	Quarter 4 2021-22	Quarter 4 2022-23	
Royal Children's Hospital Expansion (Parkville)	Health Infrastructure	Quarter 4 2021-22	Quarter 4 2023-24	<p>The completion date was revised in the 2021-22 State Budget due to delays arising from COVID-19.</p>
Royal Victorian Eye and Ear Hospital Redevelopment (Melbourne)	Health Infrastructure	Quarter 2 2017-18	Quarter 4 2021-22	<p>The estimated completion was updated to reflect the delays to the program due to the latent conditions and extended refurbish timelines.</p> <p>Further factors included escalating complex hazardous material waste costs adding to project completion time.</p> <p>The project is nearing completion with a certificate of practical completion to be issued as soon as the occupancy permit is finalised.</p>

Rural residential aged care facilities renewal 2019-20 (regional various)	Ageing	Quarter 4 2019-20	Quarter 4 2023-24	Delivery of grants programs are led by health services. Completion dates are often required to be adjusted on the advice of health services, which enables health services to work through design, scope and cost alignment of proposals, and then implementation within a live operating environment.
Rural residential aged care facilities renewal 2020-21 (regional various)	Ageing	Quarter 4 2021-22	Quarter 4 2023-24	During the COVID-19 period, the delivery of health services took precedence over capital works, often requiring a pause in either procurement or delivery of the project. The impact of the pandemic on resource availability and supply chains has also been a factor in delaying projects.
Statewide Child and Family Mental Health Intensive Treatment Centre (statewide)	Mental Health	Quarter 4 2019-20	Quarter 2 2022-23	Completion date was revised due to COVID-19 impacts leading to resource and supply challenges and delays with service connections and regulatory approvals. The significant risk profile of the service cohort was a factor in revising the construction completion date, with the supply, installation and testing of anti-ligature fittings and fixtures a key driver.
Sunshine Hospital Emergency Department (St Albans)	Health Infrastructure	Quarter 4 2021-22	Quarter 1 2022-23	The completion date was revised in the 2022-23 State Budget to align with the project's delivery as a separable portion of the Joan Kirner Women's and Children's Hospital project.
The New Footscray Hospital planning and critical infrastructure (Footscray) Previously <i>Footscray hospital – planning and critical infrastructure</i>	Health Infrastructure	Quarter 4 2019-20	Quarter 4 2023-24	Funding to preserve operations of the old Footscray Hospital to 2025. Estimated completion date revised when opening date of the New Footscray Hospital was confirmed.
Women's Prevention and Recovery Care (PARC) Service (metropolitan)	Mental Health	Quarter 4 2019-20	Quarter 4 2022-23	Estimated completion date was revised due to tender delays. This project achieved practical completion in September 2022.

Scope

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Scope at announcement	Details of scope change(s) and date(s) scope changes occurred
Ballarat Health Services expansion and redevelopment and the new Central Energy Plant (Ballarat)	Health Infrastructure	<p>The redevelopment will deliver a new emergency department, a women and children's hub, state-of-the art theatre suite and an extra 100 additional inpatient and short stay beds.</p> <p>A new and expanded critical care floor will bring together operating theatres, procedure rooms, an expanded intensive care unit, endoscopy suites and consulting rooms.</p>	<p>In the 2021-22 State Budget, government approved increased scope to construct a new Central Energy Plant to be bundled with the existing project for procurement/delivery.</p>
Building a world class hospital for Frankston families (Frankston)	Health Infrastructure	<p>Planning will commence on the redevelopment of Frankston Hospital that will provide new hospital beds, operating theatres, expanded child and maternal health services, a new oncology ward, oncology day clinic and areas dedicated to mental health services</p>	<p>Additional scope approved in the 2021-22 State Budget, includes mental health and Alcohol and Other Drugs hub, new paediatric emergency department zone, and multi-deck carpark additions.</p> <p>Final scope as announced following Contract Close in April 2022 included the above plus an all-new suite of 15 fully fitted-out operating theatres and support spaces, shell spaces for future expansion; a new hospital kitchen, new mortuary, expanded loading docks and a new rooftop helipad; a new childcare centre and community centre; additional sustainability enhancements including an all-electric energy solution for the new facility that supports the States Net Zero by 2050 target; and a new pedestrian crossing on Yuillie Street and traffic lights at the main Hastings Road intersection.</p>

Building a better hospital for Melbourne's inner west (Footscray)	Health Infrastructure	The new Footscray Hospital will provide 504 beds, acute and specialist facilities, clinical support spaces, and teaching, training, and research spaces.	It was announced in the 2022-23 State Budget that the new Footscray Hospital will replace the existing hospital with a capacity of 608 Points of Care (508 beds), an increase from the original of 504 beds.
Building emergency departments kids and families can count on (statewide)	Health Infrastructure	The original scope of the initiative comprised building paediatric emergency zones at Casey, Maroondah, Geelong, Northern and Frankston Hospitals (Budget Paper No. 4, 2021-22, p. 6)	Project scope originally included five sites. The Casey and Frankston emergency departments are to be incorporated into the <i>Building a world class hospital for Frankston families</i> and the <i>Emergency Departments Expansion Program (Casey Hospital and Werribee Mercy Hospital)</i> initiatives. This is reflected in a reduced TEI.
Goulburn Valley Health redevelopment – planning and development (Shepparton)	Health Infrastructure	The government will progress planning for the proposed redevelopment of the Goulburn Valley Health, Shepparton campus to address population growth demand.	Scope was increased in 2018-19 to include additional paediatric beds. Further increased scope was approved in the 2020-21 State Budget, including 24-hour emergency imaging services, a radiology facility and new operating theatre.
Guaranteeing Future Energy Supply	Health Infrastructure	The original scope of the project was to ensure cogeneration plant can continue to provide reliable energy supply at The Alfred, Royal Melbourne Hospital and University Hospital Geelong and ensure Victorian hospitals have sufficient capacity and reliable backup energy supply in the event of a power failure in the electricity grid. Emergency diesel generators will be installed at health facilities across the state to maintain backup energy supply.	Project scope was reduced when \$80.0 million was reallocated to the <i>Ballarat Health Services expansion and redevelopment</i> to cover the cost associated with adding the new Central Energy Plant into the scope of works.

Monash Medical Centre – Expansion and Upgrades (Clayton)	Health Infrastructure	<p>The Monash Medical Centre emergency department will be refurbished and expanded, to include exclusive areas for children, adults and patients.</p> <p>The expansion will mean more adult and paediatric beds and will give doctors and nurses the modern facilities they need to deliver the highest quality emergency care, more quickly.</p> <p>The redevelopment will also improve access for ambulances arriving at emergency, meaning patients will get the vital care they need faster, and address traffic and congestion concerns making it safer and more efficient.</p>	<p>Scope increased to include additional mental health and alcohol and other drugs crisis hub, when \$8.1 million funding was reprioritised from <i>Reforming Clinical Mental Health Services</i> initiative in 2019-20.</p> <p>In the 2021-22 State Budget, the scope was increased to include structural futureproofing and an updated model of care requiring a larger building footprint.</p>
Northern Hospital Inpatient Expansion – Stage 2 (Epping)	Health Infrastructure	<p>The current inpatient tower block at the Northern Hospital will be expanded to seven storeys to provide 96 new inpatient beds, three additional operating theatres, supporting infrastructure and shell space for future expansion.</p> <p>This will increase acute health services and cater for the rapidly growing population of Melbourne’s north.</p>	<p>The original project scope was delivered ahead of schedule and under budget.</p> <p>Additional scope approved in 2020-21 using the uncommitted funding to include the fit-out of the Level 6 shell space to deliver a pandemic inpatient unit.</p>

<p>Reforming Clinical Mental Health Services (statewide)</p>	<p>Mental Health</p>	<p>The original scope of the initiative comprised six mental health and alcohol and other drugs emergency department hubs at Monash Medical Centre, St Vincent's, the Royal Melbourne, University Hospital Geelong, Sunshine Hospital and Frankston Hospital.</p>	<p>The scope was reduced in 2019-20 when the Monash mental health and alcohol and other drugs crisis hub was incorporated into the Monash Medical Centre – Expansion and Upgrades initiative, with the TEI reduced accordingly.</p> <p>During 2021-22, the scope was further reduced when the hub was incorporated into the broader redevelopment of Frankston Hospital under the <i>Building a world class hospital for Frankston families</i>, with the relevant funding redirected.</p>
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30 June 2023 response

Capital expenditure

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Total actual expenditure spent from announcement to 30 June 2023 (\$ million)	TEI at announcement (\$ million)	Revised TEI as at 30 June 2023 (\$ million)	Variance between TEI at announcement compared to Revised TEI as at 30 June 2023 Budget ($\pm 5\%$) explanation
Alcohol and other drugs residential rehabilitation treatment expansion (St Albans)	Drug Treatment and Rehabilitation	2.410	9.420	10.296	The project was announced at \$9.42 million in the 2021-22 State Budget. The TEI increased by \$0.876 million in the 2023-24 State Budget due to funding being redirected from the 'Sunshine Hospital Emergency Department (St Albans)' initiative to meet market escalation.
Ballarat Health Services expansion and redevelopment and the new Central Energy Plant (Ballarat)	Health Infrastructure	54.370	461.100	595.788	The project was announced at \$461.6 million in the 2018-19 State Budget. The TEI was increased by \$80 million in 2021-22 due to a funding reallocation from the Guaranteeing Future Energy Supply initiative for a new Central Energy Plant as additional scope. The TEI further increased by \$54.188 million in the 2023-24 State Budget due to additional project scope to include a helipad and a 400-space car park.

Building a better hospital for Melbourne's inner west (Footscray)	Health Infrastructure	873.650	1,495.000	1998.605	<p>The project was announced at \$1.495 billion in the 2019-20 State Budget.</p> <p>The TEI component of the total project cost increased by \$503.605 million in the 2022-23 State Budget to \$1.999 billion because this project is being delivered as a Public Private Partnership (PPP).</p> <p>Public Private Partnerships are procured inclusive of 25 years of operational and lifecycle costs including the requirement for capital upgrades across the tenure of a PPP concession.</p> <p>There is no additional cost to the taxpayer over the whole project term.</p> <p>The increased TEI also reflects the inclusion of an education and research space for the exclusive use by Victoria University (VU), and a pedestrian footbridge connecting the hospital to VU's Footscray Park campus, to the value of \$72 million, which is to be reimbursed by VU.</p>
Building a bigger and better Latrobe Regional Hospital (Traralgon)	Health Infrastructure	160.23	7.000	223.500	<p>The original TEI of \$7.0 million was announced in the 2019-20 State Budget to undertake planning only.</p> <p>The TEI increased to \$217.00 million in the 2020-21 State Budget when construction funding to expand Latrobe Regional Hospital was approved under the <i>Latrobe Regional Hospital redevelopment – Stage 3A</i> initiative.</p> <p>The TEI increased by \$6.5 million in the 2023-24 State Budget due to this initiative being combined with the <i>Mental health and alcohol and other drugs emergency department hubs in regional Victoria (Traralgon)</i> initiative to deliver the hub alongside the broader redevelopment.</p>

Building a world class hospital for Frankston families (Frankston)	Health Infrastructure	224.700	6.000	1118.084	<p>The original TEI of \$6.0 million was announced in the 2019-20 State Budget to undertake planning only.</p> <p>The TEI increased to \$562.0 million in the 2020-21 State Budget when the project was funded for construction.</p> <p>The TEI increased by \$43.260 million to \$605.26 million in the 2021-22 State Budget to fund additional scope to include a mental health and alcohol and other drugs hub, new paediatric emergency department zone, and multi-deck carpark additions.</p> <p>The TEI component of the total project cost increased by \$512.824 million in the 2022-23 State Budget to \$1.118 billion because this project is being delivered as a Public Private Partnership (PPP).</p> <p>Public Private Partnerships are procured inclusive of 25 years of operational and lifecycle costs including the requirement for capital upgrades across the tenure of a PPP concession.</p> <p>There is no additional cost to the taxpayer over the whole project term.</p>
Building a world class hospital in Maryborough (Maryborough)	Health Infrastructure	11.670	5.200	115.000	<p>The original TEI of \$5.2 million announced in the 2020-21 State Budget was for planning only.</p> <p>The TEI increased by \$94.8 million when the project was funded for construction in the 2021-22 State Budget.</p> <p>The TEI increased by \$15.0 million in the 2023-24 State Budget due to market conditions in regional Victoria and project is expected to be complete on budget in late 2024.</p>

Building emergency departments kids and families can count on (statewide)	Health Infrastructure	6.790	102.400	63.517	<p>The project was announced at \$102.4 million in the 2021-22 State Budget.</p> <p>The TEI decreased by \$38.883 million in the 2022-23 State Budget to \$63.517 to recognise funding contributions to two projects, as the paediatric zones are being delivered as part of broader redevelopments:</p> <ul style="list-style-type: none"> • <i>Building a world class hospital for Frankston families</i> • <i>Emergency Departments Expansion Program (Casey Hospital and Werribee Mercy Hospital).</i>
Forensic Mental Health Expansion Project – Stages 1 and 2 (Fairfield)	Mental Health	46.130	349.560	462.457	<p>Stage 1 was announced in the 2021-22 State Budget at \$349.560 million (<i>Expanding and improving bed-based forensic mental health services: Thomas Embling Hospital initiative</i>).</p> <p>Stage 2 was announced in the 2022-23 State Budget at \$123.897 million (<i>Redevelopment of Thomas Embling Hospital – Stage 2 initiative</i>), which included \$11.0 million redirected from Stage 1 and reducing the Stage 1 TEI to \$338.560 million.</p> <p>In the 2023-24 State Budget, the two initiatives were combined under a new initiative name (<i>Forensic Mental Health Expansion Project – Stages 1 and 2</i>) with a total TEI of \$462.457 million.</p>
Guaranteeing Future Energy Supply	Health Infrastructure	35.400	160.000	80.000	<p>The project was announced at \$160.0 million in the 2020-21 State Budget.</p> <p>In the 2021-22 State Budget, \$80.0 million was reallocated to the Ballarat Health Services expansion and redevelopment to cover the cost associated with adding the new Central Energy Plant into the scope of works.</p>

Metropolitan Health Infrastructure Fund (metropolitan various)	Health Infrastructure	97.950	200.000	187.000	<p>The grants program was announced at \$200.0 million in the 2020-21 State Budget.</p> <p>The TEI decreased by \$13.0 million in the 2022-23 State Budget due to a reallocation of funds to the Victorian Heart Hospital project.</p>
More hospital and aged care beds for Melbourne's East (Angliss Hospital Expansion Stage 2) (Upper Ferntree Gully)	Health Infrastructure	1.340	103.42	112.000	<p>Planning for the project was announced at \$4.556 million in the 2019-20 State Budget under the <i>Planning for the Angliss Hospital expansion (Upper Ferntree Gully)</i> initiative.</p> <p>An additional \$98.864 million was provided in the 2021-22 State Budget to construct the expansion under the <i>More hospital and aged care beds for Melbourne's East (Angliss Hospital Expansion Stage 2)</i> initiative.</p> <p>The TEI increased by a further \$8.580 million in the 2022-23 State Budget due to market conditions and COVID-19 impacts.</p>
Reforming clinical mental health services (Melbourne)	Mental Health	16.810	48.100	34.741	<p>The project was announced at \$48.1 million in the 2018-19 State Budget.</p> <p>The TEI was reduced by \$8.1 million in the 2019-20 State Budget due to approved reprioritisation of funding. These funds were provided to the <i>Monash Medical Centre – Expansion and Upgrades</i> project to include the mental health and alcohol and drug crisis hub as part of the broader expansion.</p> <p>In the 2022-23 State Budget, the TEI was reduced by a further \$5.259 million due to funds being redirected to the <i>Building a world class hospital for Frankston families</i> initiative to incorporate delivery of the mental health and alcohol and other drugs hub within the broader hospital redevelopment.</p>

Royal Victorian and Ear Hospital Redevelopment (Melbourne)	Health Infrastructure	310.659	2.000	317.807	<p>Original TEI of \$2.0 million in the 2012-13 State Budget was for planning only, with an additional \$163.0 million allocated for the construction of the project in the 2015-16 State Budget bringing the TEI to \$165 million.</p> <p>In the 2016-17 State Budget the approved TEI increased to \$201 million, comprising an additional \$21.4 million from government and \$10 million from the health service.</p> <p>The health service also separately funded \$4.6 million for the addition of a new education centre.</p> <p>Further additional joint funding was provided in the 2019-20 State Budget to bring the TEI to \$274.557 million.</p> <p>Both increases in TEI were due to the inherent risk in the project and significant latent conditions, which included the removal of hazardous materials not accurately quantified at the time of the business case.</p> <p>The TEI increased to \$306.707 million in the 2021-22 State Budget and again to \$317.807 million in the 2022-23 State Budget to cover cost increases associated with removal of hazardous materials.</p> <p>The project is nearing completion with a certificate of practical completion to be issued as soon as the occupancy permit is finalised.</p>
Swan Hill District Hospital emergency department upgrade (Swan Hill)	Health Infrastructure	6.240	48.700	65.700	<p>The project was announced at \$48.7 million in the 2021-22 State Budget, which includes \$30.0 million of Commonwealth Government funding under the Community Health and Hospitals Program agreement.</p> <p>The TEI increased by \$17.0 million in the 2023-24 State Budget due to market conditions in regional Victoria. The project is on track for completion in early 2025.</p>

<p>Ten new community hospitals to give patients the best care (stateside)</p>	<p>Health Infrastructure</p>	<p>147.42</p>	<p>2.000</p>	<p>675.000</p>	<p>The project was announced at \$2.0 million for planning and development in the 2019-20 State Budget.</p> <p>In the 2020-21 State Budget, a further \$66.147 million announced in addition to \$51.353 million from the Infrastructure Planning and Acceleration Fund to commence land acquisition, with a further \$555.5 million allocated in the 2021-22 State Budget for construction.</p>
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Completion date

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Estimated completion date at announcement	Revised completion date as at 30 June 2023	Explanation
A Proudly Multicultural Victoria	Ageing	Quarter 4 2020-21	Quarter 2 2024-25	The estimated completion date was revised in 2021-22 due to COVID-19 restrictions impacting access to potential sites to undertake due diligence. The estimated completion date was further revised to Q4 2022-23 in the 2023-24 State Budget due to delays in the settlement of the site in Tarneit as a result of subdivision requirements. The other two parcels of land for this project have been acquired.
Additional acute mental health beds in regional Victoria (various)	Mental Health	Quarter 2 2026-27	Quarter 4 2028-29	The estimated completion date was revised in the 2023-24 State Budget as efforts are made across the program as a whole to maximise market capacity through this term of government.
Alcohol and other drugs residential rehabilitation treatment expansion (St Albans)	Mental Health	Quarter 4 2022-23	Quarter 3 2023-24	The estimated completion date was revised in line with a revised project schedule due to market conditions necessitating value management and design revisions and an extended tender evaluation period. The project is on track for completion in March 2024.
Backing our paramedics to keep saving lives (Statewide)	Ambulance Services	Quarter 4 2022-23	Quarter 2 2023-24	Completion date was revised as program is experiencing issues relating to remediation at specific sites. This project is on track for completion in December 2023.

Ballarat Health Services expansion and redevelopment and the new Central Energy Plant (Ballarat)	Health Infrastructure	Quarter 4 2025-26	Quarter 2 2028-29	<p>The completion date was extended due to the additional scope and amended sequence of work.</p> <p>The completion date was updated in 2020-21, with the addition of the central energy plant to the scope.</p> <p>The revised Budget Paper No. 4 completion date reflects the inclusion of a 12-month defect and liability period following the completion of construction, which is on track to occur by December 2027 (in line with the publicly announced date).</p>
Building a better hospital for Melbourne's inner west (Footscray)	Health Infrastructure	Quarter 4 2024-25	Quarter 1 2025-26	<p>The New Footscray Hospital project is being delivered as a PPP. The completion date of Quarter 4, 2024-25 in the 2019-20 Budget Paper No.4 was indicative only and was updated post-Contract and Financial close to reflect the scheduled completion date of Q1 2025-26 (September 2025) in Plenary Health's program. Notwithstanding this change, the scheduled opening date remains consistent with government's election commitment of the New Footscray Hospital opening in 2025.</p>
Building a world class hospital for Frankston families (Frankston)	Health Infrastructure	Quarter 4 2019-20	Quarter 3 2025-26	<p>The originally announced completion date was for the completion of the business case and project development activities.</p> <p>The project was funded for construction works in the 2020-21 State Budget with an estimated completion date of Quarter 4, 2024-25.</p> <p>The project is being delivered as a PPP and the completion date has since been revised due to the addition, at contract close (April 2022), of additional scope (mental health and alcohol and other drugs hub, emergency department paediatric zone; and a new multi-level car park facility) and whole-of-life benefits to the project.</p> <p>The revised estimated completion date reflects the completion of main works by the end of 2025.</p>

Building a new rehabilitation centre for Bendigo (Bendigo)	Health Infrastructure	Quarter 4 2022-23	Quarter 2 2024-25	The estimated completion date was revised to Quarter 2, 2024-25 in the 2023-24 State Budget, in line with a revised project schedule due to significant latent conditions being encountered. The project is expected achieve practical completion in late 2023. <i>[Note Budget Paper No.4 completion date includes financial close, and defect liability period.]</i>
Engineering infrastructure and medical equipment replacement program 2019-20 (statewide)	Health Infrastructure	Quarter 4 2019-20	Quarter 4 2023-24	Delivery of grants programs are led by health services. Completion dates are often required to be adjusted on the advice of health services, which enables health services to work through design, scope and cost alignment of proposals, and then implementation within a live operating environment. During the COVID-19 period, the delivery of health services took precedence over capital works, often requiring a pause in either procurement or delivery of the project. The impact of the pandemic on resource availability and supply chains has also been a factor in delaying projects.
Engineering infrastructure and medical equipment replacement program 2020-21 (statewide)	Health Infrastructure	Quarter 4 2020-21	Quarter 4 2023-24	
Engineering infrastructure and medical equipment replacement program 2021-22 (statewide)	Health Infrastructure	Quarter 4 2021-22	Quarter 2 2024-25	
Engineering Infrastructure Replacement Program 2022-23 (statewide)	Health Infrastructure	Quarter 4 2022-23	Quarter 1 2024-25	

Improving Energy Efficiency in Public Hospitals (Melbourne)	Health Infrastructure	Quarter 4 2022-23	Quarter 4 2024-25 <i>(Revised date was approved by the Treasurer on 24 October 2022, however this not included in 2023-24 Budget Paper no. 4, which states Quarter 4, 2023-24. DH is working closely with the Department of Treasury and Finance to ensure this is corrected).</i>	<p>The completion date was revised in the 2022-23 State Budget because of the impacts of COVID-19.</p> <p>The completion date was further revised in the 2023-24 State Budget to accommodate the additional scope approved by the Treasurer to incorporate additional energy savings opportunities because LEDs had been installed already in most government health services via the Victorian Energy Upgrades program.</p> <p>In addition, electrification was included to support the implementation of this emerging policy within the health portfolio.</p>
Medical equipment replacement program 2022-23 (statewide)	Health Infrastructure	Quarter 4 2022-23	Quarter 4 2023-24	<p>Delivery of grants programs are led by health services. Completion dates are often required to be adjusted on the advice of health services, which enables health services to work through design, scope and cost alignment of proposals, and then implementation within a live operating environment.</p> <p>During the COVID-19 period, the delivery of health services took precedence over capital works, often requiring a pause in either procurement or delivery of the project.</p> <p>The impact of the pandemic on resource availability and supply chains has also been a factor in delaying projects.</p>

Meeting ambulance response times (statewide)	Ambulance Services	Quarter 4 2018-19	Quarter 2 2023-24	<p>Completion date was revised as program is experiencing issues relating to remediation at specific sites.</p> <p>The estimated completion date was revised in 2022-23 to due to challenges in securing suitable sites for ambulance stations.</p> <p>The completion date was further revised to allow an additional 6 months to resolve issues associated with land acquisition for some locations.</p>
Mental Health and Alcohol and Drug Facilities Renewal 2020-21 (statewide)	Mental Health	Quarter 4 2022-23	Quarter 4 2023-24	<p>Delivery of grants programs are led by health services.</p> <p>Completion dates are often required to be adjusted on the advice of health services, which enables health services to work through design, scope and cost alignment of proposals, and then implementation within a live operating environment.</p>
Mental Health and Alcohol and Drug Facilities Renewal 2022-23 (statewide)	Mental Health	Quarter 4 2022-23	Quarter 4 2023-24	<p>During the COVID-19 period, the delivery of health services took precedence over capital works, often requiring a pause in either procurement or delivery of the project.</p> <p>The impact of the pandemic on resource availability and supply chains has also been a factor in delaying projects.</p>
Mental health and alcohol and other drugs residential rehabilitation facility – Mildura (Mildura)	Mental Health	Quarter 4 2024-25	Quarter 4 2025-26	<p>The estimated completion date was revised in the 2023-24 State Budget to accommodate engagement with Traditional Owners to select an appropriate parcel of land under self-determination processes.</p> <p>Site selection is close to finalisation, with the last stages of due diligence currently underway.</p>

Metropolitan Health Infrastructure Fund (metropolitan various)	Health Infrastructure	Quarter 4 2022-23	Quarter 4 2024-25	<p>Delivery of grants programs are led by health services. Completion dates are often required to be adjusted on the advice of health services, which enables health services to work through design, scope and cost alignment of proposals, and then implementation within a live operating environment.</p> <p>During the COVID-19 period, the delivery of health services took precedence over capital works, often requiring a pause in either procurement or delivery of the project.</p> <p>The impact of the pandemic on resource availability and supply chains has also been a factor in delaying projects.</p>
Metropolitan Health Infrastructure Fund 2022-23 (metropolitan various)	Health Infrastructure	Quarter 4 2022-23	Quarter 4 2024-25	
Publicly led fertility care services for Victoria (statewide)	Health Infrastructure	Quarter 4 2021-22	Quarter 4 2023-24	<p>The completion date was extended due to challenges in locating a suitable site for the Monash facility.</p> <p>A site at the Monash Medical Centre campus has now been identified and the project has moved into design phase.</p>
Regional Health Infrastructure Fund (regional various)	Health Infrastructure	Quarter 4 2019-20	Quarter 1 2024-25	<p>Delivery of grants programs are led by health services. Completion dates are often required to be adjusted on the advice of health services, which enables health services to work through design, scope and cost alignment of proposals, and then implementation within a live operating environment.</p> <p>During the COVID-19 period, the delivery of health services took precedence over capital works, often requiring a pause in either procurement or delivery of the project.</p> <p>The impact of the pandemic on resource availability and supply chains has also been a factor in delaying projects.</p>
Regional Health Infrastructure Fund 2019-20 (regional various)	Health Infrastructure	Quarter 4 2020-21	Quarter 4 2023-24	
Regional Health Infrastructure Fund 2020-21 (regional various)	Health Infrastructure	Quarter 4 2023-24	Quarter 4 2024-25	
Regional Health Infrastructure Fund 2021-22 (regional various)	Health Infrastructure	Quarter 4 2021-22	Quarter 4 2023-24	
Royal Children's Hospital Expansion (Parkville)	Health Infrastructure	Quarter 4 2021-22	Quarter 4 2023-24	The completion date was revised in the 2021-22 State Budget due to delays arising from COVID-19.

Royal Victorian Eye and Ear Hospital Redevelopment (Melbourne)	Health Infrastructure	Quarter 2 2017-18	Quarter 4 2023-24	<p>The estimated completion was updated to reflect the delays to the program due to the latent conditions and extended refurbish timelines.</p> <p>Further factors included escalating complex hazardous material waste costs adding to project completion time.</p> <p>The project is nearing completion with a certificate of practical completion to be issued as soon as the occupancy permit is finalised.</p> <p>The estimated completion was further updated in the 2023-24 State Budget to reflect the length of time required for Fire Rescue Victoria to grant an occupancy permit, given the complexity of the site.</p> <p>The project is nearing completion with a certificate of practical completion to be issued as soon as the occupancy permit is finalised.</p>
Rural residential aged care facilities renewal 2019-20 (regional various)	Ageing	Quarter 4 2019-20	Quarter 4 2023-24	<p>Delivery of grants programs are led by health services. Completion dates are often required to be adjusted on the advice of health services, which enables health services to work through design, scope and cost alignment of proposals, and then implementation within a live operating environment.</p> <p>During the COVID-19 period, the delivery of health services took precedence over capital works, often requiring a pause in either procurement or delivery of the project.</p> <p>The impact of the pandemic on resource availability and supply chains has also been a factor in delaying projects.</p>
Rural residential aged care facilities renewal 2020-21 (regional various)	Ageing	Quarter 4 2021-22	Quarter 4 2023-24	
The New Footscray Hospital planning and critical infrastructure (Footscray) <i>Previously Footscray hospital - planning and critical infrastructure</i>	Health Infrastructure	Quarter 4 2019-20	Quarter 4 2024-25	<p>Funding to preserve operations of the old Footscray Hospital to 2025.</p> <p>Estimated completion date revised when opening date of the New Footscray Hospital was confirmed.</p>

<p>Warrnambool Base Hospital Redevelopment (incl Warrnambool Logistics Hub) (Warrnambool)</p>	<p>Health Infrastructure</p>	<p>Quarter 4 2025-26</p>	<p>Quarter 4 2026-27</p>	<p>The estimated completion date has been revised to Quarter 4, 2026-27 due to unfavourable market pricing driving a longer than expected period to appoint the builder. This project is on track for completion in mid-2027.</p>
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Scope

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Scope at announcement	Details of scope change(s) and date(s) scope changes occurred
Ballarat Health Services expansion and redevelopment and the new Central Energy Plant (Ballarat)	Health Infrastructure	<p>The redevelopment will deliver a new emergency department, a women and children's hub, state-of-the art theatre suite and an extra 100 additional inpatient and short stay beds.</p> <p>A new and expanded critical care floor will bring together operating theatres, procedure rooms, an expanded intensive care unit, endoscopy suites and consulting rooms.</p>	<p>In the 2021-22 State Budget, the Victorian Government approved increased scope to construct a new Central Energy Plant to be bundled with the existing project for procurement/delivery.</p> <p>Project scope was further revised to include a helipad and a 400-space car park in the 2023-24 State Budget.</p>
Building a world class hospital for Frankston families (Frankston)	Health Infrastructure	<p>Planning will commence on the redevelopment of Frankston Hospital that will provide new hospital beds, operating theatres, expanded child and maternal health services, a new oncology ward, oncology day clinic and areas dedicated to mental health services</p>	<p>Additional scope approved in the 2021-22 State Budget, includes mental health and alcohol and other drugs hub, new paediatric emergency department zone, and multi-deck carpark additions.</p> <p>Final scope as announced following Contract Close in April 2022 included the above plus an all-new suite of 15 fully fitted-out operating theatres and support spaces, shell spaces for future expansion; a new hospital kitchen, new mortuary, expanded loading docks and a new rooftop helipad; a new childcare centre and community centre; additional sustainability enhancements including an all-electric energy solution for the new facility that supports the States Net Zero by 2050 target; and, a new pedestrian crossing on Yuillie Street and traffic lights at the main Hastings Road intersection.</p>

<p>Building a better hospital for Melbourne's inner west (Footscray)</p>	<p>Health Infrastructure</p>	<p>The new Footscray Hospital will provide 504 beds, acute and specialist facilities, clinical support spaces, and teaching, training and research spaces.</p>	<p>It was announced in the 2022-23 State Budget that the new Footscray Hospital will replace the existing hospital with a capacity of 608 Points of Care (508 beds), an increase from the original of 504 beds.</p> <p>Victoria University project components have been added to the project scope and will be reimbursed by Victoria University (reflected in the increased TEI in 2022-23).</p>
<p>Building a bigger and better Latrobe Regional Hospital (Traralgon) The project's name has changed from <i>Building a Bigger and Better Latrobe Regional Hospital (Traralgon)</i> as published in the 2019-20 Budget and <i>Latrobe Regional Hospital redevelopment – Stage 3A (Traralgon)</i> as published in the 2021-22 Budget</p>	<p>Health Infrastructure, Department of Health</p>	<p>The Latrobe Regional Hospital's expansion will deliver an additional 44 new beds, three new operating theatres and an additional 14 new medical and surgical beds for recovery, which will provide up to 6,200 more elective surgeries per year and cut waiting times.</p> <p>The project scope also includes six new intensive care unit beds, an additional emergency department bay, an expanded maternity unit and a new medical imaging and pathology unit</p>	<p>This initiative was combined with the <i>Mental health and alcohol and other drugs emergency department hubs in regional Victoria (Traralgon)</i> initiative funded in 2022-23, with the approved TEI (\$6.5 million) being transferred to the project in 2023-24 State Budget to deliver a six-bed emergency department mental health and alcohol and other drugs hub as part of the broader redevelopment.</p>
<p>Building emergency departments kids and families can count on (statewide)</p>	<p>Health Infrastructure</p>	<p>The original scope of the initiative comprised building paediatric emergency zones at Casey, Maroondah, Geelong, Northern and Frankston Hospitals (Budget Paper No.4 2021-22, p. 6)</p>	<p>Project scope originally included five sites.</p> <p>The Casey and Frankston emergency departments are to be incorporated into the <i>Building a world class hospital for Frankston families</i> and the <i>Emergency Departments Expansion Program (Casey Hospital and Werribee Mercy Hospital)</i> initiatives.</p> <p>This is reflected in a reduced TEI.</p>

Improving Energy Efficiency in Public Hospitals (Melbourne)	Health Infrastructure	The program provided funding to improve the energy efficiency of Victorian Public Hospitals through the installation of solar energy and LED lighting.	The scope was expanded in the 2023-24 State Budget to incorporate other energy savings opportunities because LEDs had been installed already in most government health services via the Victorian Energy Upgrades program. In addition, electrification was included to support the implementation of this emerging policy within the health portfolio.
Reforming Clinical Mental Health Services (statewide)	Mental Health	The original scope of the initiative comprised six mental health and alcohol and other drugs emergency department hubs at Monash Medical Centre, St Vincent's, the Royal Melbourne, University Hospital Geelong, Sunshine Hospital and Frankston Hospital.	The scope was reduced in 2019-20 when the Monash mental health and alcohol and other drugs crisis hub was incorporated into the <i>Monash Medical Centre – Expansion and Upgrades</i> initiative, with the TEI reduced accordingly. During 2021-22, the scope was further reduced when the hub was incorporated into the broader redevelopment of Frankston Hospital under the <i>Building a world class hospital for Frankston families</i> , with the relevant funding redirected.

Question 8 (all departments) Details of actual capital expenditure – completed projects (or expected to be completed)

Please provide the following details about asset investment projects that were completed in the 2021-22 and 2022-23 financial years:

- Project name, project objectives and Department(s), Output(s) and Portfolio(s) and/or Agency/Agencies responsible for delivery of the project
- Total Estimated Investment (TEI) at announcement
- Actual cost of project
- Estimated completion date at announcement
- Actual completion date
- Explanations for any variance in capital expenditure and/or completion date.

2021-22 response

Project	Original project objectives	Responsible Department(s), Output(s) and Portfolio(s) and/or Agency/Agencies	TEI at announcement (\$ million)	Actual cost of project (\$ million)	Estimated completion date at announcement	Actual completed date	Variance explanation (\$ value variance and/or time variance)
Practical completion							
Monash Medical Centre – infrastructure upgrades (Clayton)	The Monash Medical Centre emergency department expansion and refurbishment project will provide a new emergency department and a dedicated children’s emergency area. It will increase points of care within the emergency department to 110. The redevelopment will also improve access for ambulances arriving at the emergency department, so that patients can be seen more quickly.	(Health) Health Infrastructure	63.200	71.694	Jun-22	Practical completion May-22	The increased TEI supported expanded scope to include structural futureproofing to enable future development on the site, and an updated model of care requiring a larger building footprint, and mental health and alcohol and other drugs crisis hub. The completion date was adjusted to account for the additional scope works.

<p>Northern Hospital inpatient expansion – Stage 2 (Epping)</p>	<p>The population in Melbourne’s outer north is expected to double by 2031. The expansion will help the Northern Hospital meet future demand for emergency and healthcare services. Additional capacity and services will allow up to 10,000 more patients in the Hume, Whittlesea and Mitchell communities to receive treatment each year. The second stage of the Northern Hospital expansion will deliver three new operating theatres, including one hybrid theatre. This will add 96 acute inpatient beds, a 28-bed pandemic ward, an 18-bed intensive care unit, and a 10-bed cardiac care unit.</p>	<p>(Health) Health Infrastructure</p>	<p>162.672</p>	<p>158.535</p>	<p>Jun-21</p>	<p>Practical completion Aug-21</p>	<p>The Northern Tower project (initial scope) was completed early and under budget. The Victorian Government approved utilising the remaining budget for additional scope that included fit-out of a pandemic ward. The completion date was adjusted to account for the additional scope works.</p>
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<p>Regional Drug Residential Rehabilitation Services (regional various) – combines <i>New regional alcohol and drug residential rehabilitation facilities (regional various)</i> and <i>Regional drug residential rehabilitation service – Stage 2 (regional various)</i></p>	<p>The project aims to help more Victorians in the Barwon, Hume and Gippsland regions access specialist support.</p> <p>The project will deliver three new regional alcohol and drug residential rehabilitation facilities located in Corio, Traralgon and Wangaratta.</p> <p>These facilities will provide alcohol and drug residential rehabilitation services to an additional 900 Victorians every year.</p> <p>Residential rehabilitation facilities provide treatment in a structured and therapeutic environment.</p> <p>These new facilities will help more Victorians receive the treatment and support they need – close to home and other community services.</p>	<p>(Health) Drug Treatment and Rehabilitation</p>	<p>50.300</p>	<p>48.344</p>	<p>Jun-21</p>	<p>Practical completion Nov-21</p>	<p>The estimated completion date was adjusted to reflect land acquisition delays.</p>
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<p>Youth Prevention and Recovery Care (PARC) Service (metropolitan Melbourne)</p>	<p>The 20-bed facility provides short and medium-term treatment and support in a residential setting for young people experiencing mental illness in Melbourne’s west. The new facility is one of 25 prevention and recovery care centres across Melbourne and regional Victoria, providing community-based treatment for young people aged 16 - 25 who are unwell or recovering from mental illness.</p>	<p>(Health) Mental Health</p>	<p>11.900</p>	<p>11.403</p>	<p>Jun-21</p>	<p>Practical completion Dec-21</p>	<p>Completion date was revised due to COVID-19 impacts leading to resource and supply challenges and delays with service connections and regulatory approvals. The significant risk profile of the service cohort was a factor in revising construction completion date, with the supply, installation and testing of anti-ligature fittings and fixtures a key driver.</p>
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Financial completion							
Mental health and alcohol and other drugs facilities renewal 2017–18 (statewide)	This project has been established as part of the Victorian Government's commitment to renew and improve existing facilities which will support improvements in the quality, safety and delivery of contemporary models of care for both Mental Health and Alcohol and Other Drug service facilities.	(Health) Mental Health	10	10	Jun-18	Practical completion Jun-22	Delivery of grants programs are led by health services. Completion dates are often required to be adjusted on the advice of health services, enabling health services to work through design, scope and cost alignment proposals, and then implementation within a live operating environment. During the COVID-19 period, the delivery of health services took precedence over capital works, often requiring a pause in either procurement or delivery of the project. The impact of the pandemic on resource availability and supply chains has also been a factor in delaying projects.
Western Health urgent infrastructure works (Footscray and Sunshine)	To deliver critical infrastructure works at Footscray and Sunshine hospitals and for planning the future redevelopment of Footscray hospital.	(Health) Health Infrastructure	61.335	61.335	Jun-21	Practical completion Jun-21 Financial Completion Jun 2022	No variance

Modernisation of metro public sector residential aged care (Kew)	The new facility will provide residents with access to first class services that meet the modern expectations and standards of residential aged care, particularly for those living with complex needs.	(Health) Ageing	57.570	57.570	Jun-19	Practical completion Aug- 20 Financial Completion Dec-21	The project experienced delays relating to a prolonged heritage overlay application, significant latent conditions and hazardous materials discovered across the site and changes to power supply by the power authority resulting in the first revised BP4 date. Over the period December 2019 through to August 2020 the project had a second revision to the BP4 date due to COVID-19 impacts on resourcing and materials.
World-Class Care for Wangaratta Patients (Wangaratta)	This project will redevelop Wangaratta Hospital, which will enable more Wangaratta patients to get the critical care they need closer to home.	(Health) Health Infrastructure	7.506	7.506	Jun-22	Practical completion Jun-22 Financial Completion Jun-22	No variance

2022-23 response

Project	Original project objectives	Responsible Department(s), Output(s) and Portfolio(s) and/or Agency/Agencies	TEI at announcement (\$ million)	Actual cost of project (\$ million)	Estimated completion date at announcement	Actual completed date	Variance explanation (\$ value variance and/or time variance)
Practical completion							
Echuca Wellness Centre (Echuca)	<p>The project relocated Echuca Regional Health's existing chemotherapy/haemodialysis unit to a new purpose-built cancer and wellness centre.</p> <p>The new centre provides 12 new chemotherapy/haemodialysis treatment chairs and improves the comfort and access for patients, whilst providing a more efficient working environment for staff.</p> <p>The centre also provides wellness programs to help improve the health and wellbeing of cancer patients.</p> <p>Patients can now access consultations with haematologists, medical oncologists, nephrologists and radiation oncologists, all conveniently in one location.</p>	(Health) Health Infrastructure	8.300	7.969	Dec-22	Practical completion Sep-22	The project was delivered ahead of schedule.

<p>Goulburn Valley Health – planning and development (Shepparton)</p>	<p>The government will progress planning for the proposed redevelopment of the Goulburn Valley Health, Shepparton campus to address population growth demand.</p>	<p>Department of Health Health Infrastructure</p>	<p>1.000</p>	<p>221.021</p>	<p>Jun-17</p>	<p>Practical completion Jun-23</p>	<p>Original TEI of \$1 million was announced in the 2015-16 State Budget to undertake planning only, with additional funding of \$168.525 million allocated for the construction of the project in the 2016-17 State Budget, extending the completion date to Q4 2020-21.</p> <p>In the 2018-19 State Budget, the TEI increased by \$1.709 million for additional paediatric beds, bringing the TEI to \$171.234 million.</p> <p>In the 2020-21 State Budget, the Victorian Government committed a further \$58.115 million, bringing the approved TEI to \$229.349 million, for additional scope to:</p> <ul style="list-style-type: none"> • complete deferred refurbishment works • increase medical imaging • fit out a fourth new operating theatre and upgrade existing buildings for compliance. <p>The completion date was further revised to account for the additional scope and resequencing of works to maintain capacity and clinical segregation to respond to COVID-19.</p>
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							The date was further revised in the 2023-24 State Budget as the upgrade of existing buildings for compliance was able to be completed at a schedule that maximises bed capacity and minimises disruption for the hospital.
Statewide Child and Family Mental Health Intensive Treatment Centre (statewide)	<p>The Victorian-first centre will improve access to mental health services for children up to 11 years of age, in a safe and supportive residential setting.</p> <p>The new 12-bed centre will allow children and their families to stay onsite while they receive flexible, family-centred therapy and support from child and family mental health specialists.</p>	(Health) Mental Health	7.300	7.300	Jun-20	<p>Practical completion</p> <p>May-23</p>	<p>Completion date was revised due to COVID-19 impacts leading to resource and supply challenges and delays with service connections and regulatory approvals.</p> <p>A significant patient risk profile was a factor in revising the construction completion date, with the supply, installation and testing of anti-ligature fittings and fixtures a key factor.</p>

<p>Victorian Heart Hospital (Clayton)</p>	<p>The Victorian Heart Hospital is Australia's first state-of-the-art, specialist cardiac hospital. It provides innovative, holistic and patient-centred care, as well as world-leading research and education.</p> <p>The hospital integrates clinical cardiology services, research and education to create a centre of excellence, raising the profile of cardiovascular research, treatment and training.</p> <p>Patients with heart disease are now able to access world-class cardiac care and ground-breaking research, all under one roof.</p>	<p>(Health) Health Infrastructure</p>	<p>15.000</p>	<p>556.000</p>	<p>Dec-22</p>	<p>Practical completion Dec-22</p>	<p>This project received \$15 million funding in the 2015-16 State Budget for planning and development activities (under the <i>Victorian Heart Hospital – planning and early works (Clayton) initiative</i>).</p> <p>Additional funding of \$135 million was provided in 2016-17 State Budget (under the <i>Victorian Heart Hospital – planning and early works (Clayton) initiative</i>) to enable planning and design works to proceed, bringing the government's contribution to \$150 million. The TEI was crystallised at \$543 million in 2018-19 Budget to fully fund construction of the project once scope was determined and contributions from other partners confirmed. This included \$65 million contribution from Monash University.</p> <p>A further \$21 million increase was funded by Monash University, following their request to change the previously masterplanned location of the hospital loading dock facility, and bringing the TEI to \$564 million in the 2019-20 State Budget.</p>
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							The TEI subsequently increased to \$577 million following a \$13 million reallocation from the Metropolitan Health Infrastructure Fund in the 2022-23 State Budget to fund additional scope to deliver a helipad.
Wantirna aged care redevelopment (Wantirna)	<p>This 120-bed development was designed to improve resident privacy, dignity and independence while delivering best-practice care in a home-like environment.</p> <p>It will enable contemporary models of aged care that are dementia friendly, support mental health and suited to the needs of people with complex care needs.</p>	(Health) Ageing	81.580	75.939	Jun-23	Practical completion Aug-22	Project completed ahead of schedule. Balance of funding is required for financial closeout of the project, expected in the next financial year.
Women's Prevention and Recovery Care (PARC) Service (metropolitan various)	<p>The Women's Prevention and Recovery Care centre in Melbourne's west will support women who are becoming mentally unwell, or who are in the early stages of recovering from an acute mental illness and need a short-term additional support.</p> <p>Based near Sunshine Hospital, the 12-bed centre is the first prevention and recovery care centre to provide residential treatment and support for women with accommodation for dependent young children.</p>	(Health) Mental Health	8.400	8.308	Jun-20	Practical completion Sep-22	The estimated completion date was revised to Quarter 4, 2022-23 due to market escalation, resulting in delays in the tender process.

<p>Wonthaggi Hospital emergency department expansion (Wonthaggi)</p>	<p>The expansion delivered three new operating theatres plus a procedure room. A new emergency department with 18 extra treatment spaces was added, along with a 32-bed inpatient ward.</p> <p>These new facilities will enable staff to treat 26,000 more emergency patients every year.</p> <p>Bass Coast Shire is one of Victoria’s fastest-growing regions, with its population expected to more than double by 2031.</p> <p>This initiative will ensure more Bass Coast locals can access world-class healthcare closer to home and loved ones.</p>	<p>(Health) Health Infrastructure</p>	<p>115.000</p>	<p>111.899</p>	<p>Jun-23</p>	<p>Practical completion Apr-23</p>	<p>Stage 1 of the expansion of the Wonthaggi Hospital was completed ahead of schedule.</p> <p>Wonthaggi Stage 2 is one of the seven hospitals within the Hospital Infrastructure Delivery Fund (HIDF) with funding to undertake capital planning to inform a full business case for lodgement in November 2024.</p> <p>Stage 2 will provide additional capacity and maternity to meet the needs of the growing community.</p>
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Financial completion							
Austin Hospital Central Sterile Services Department (Heidelberg)	Expand capacity of the Central Sterile Services Department (CSSD) at the Austin Hospital by installing four new batch washers and one trolley washer with related infrastructure works.	(Health) Health Infrastructure	7.8	7.8	Jun-22	Financial Completion Jun-23 <i>No practical completion date as initiative is a grants program</i>	Delivery of grants programs are led by health services. Completion dates are often required to be adjusted on the advice of health services, which enables health services to work through design, scope and cost alignment of proposals, and then implementation within a live operating environment. During the COVID-19 period, the delivery of health services took precedence over capital works, often requiring a pause in either procurement or delivery of the project. The impact of the pandemic on resource availability and supply chains has also been a factor in delaying projects.
Engineering infrastructure replacement program 2017-18 (stateside)	The Engineering Infrastructure Replacement Program provides funding to upgrade or replace prioritised highest critical risk capital plant items and essential engineering infrastructure for acute services in public hospitals. The program aims to improve safety, efficiency, and reliability of our public hospitals, reducing risk to patients, healthcare workers and service availability.	(Health) Health Infrastructure	25	25	Jun-18	Financial Completion Jun-23 <i>No practical completion date as initiative is a grants program</i>	
Engineering infrastructure replacement program 2018-19 (statewide)	The Engineering Infrastructure Replacement Program provides funding to upgrade or replace prioritised highest critical risk capital plant items and essential engineering infrastructure for acute services in public hospitals. The program aims to improve safety, efficiency, and reliability of our public hospitals, reducing risk to patients, healthcare workers and service availability.	(Health) Health Infrastructure	25	25	Jun-19	Financial Completion Jun-23 <i>No practical completion date as initiative is a grants program</i>	

Forensic mental health bed-based services expansion (Fairfield)	The Thomas Embling Hospital forensic mental health services expansion was designed to support more people at risk to access the mental health services they need, in a secure environment.	(Health) Mental Health	40.000	31.000	Jun-20	Financial completion Jun-23 <i>Initiative has reached financial completion but has no practical completion date as the works have been incorporated into the broader development</i>	The Victorian Government provided funding for priority refurbishment, enabling works and capital planning ahead of the full-scale redevelopment of the Thomas Embling Hospital, as part of its response to the Royal Commission into Victoria's Mental Health System. The TEI for this initiative decreased by \$9 million, when government approved its reallocation to the major works program under the <i>Expanding and Improving bed-based forensic mental health services-Thomas Embling Hospital</i> initiative. The completion date revised in line with a revised project schedule to allow for enabling works.
Health Service Violence Prevention Fund (stateside)	The Health Service Violence Prevention Fund will help to address concerns raised in the Victorian Auditor-General's recent Occupational Violence Against Healthcare Workers Report, which found that nurses, doctors, paramedics and other healthcare workers face particular risks because 'they are at the frontline when it comes to dealing with people in stressful, unpredictable and potentially volatile situations'.	(Health) Health Infrastructure	20	20	Jun-19	Financial Completion Jun-23 <i>No practical completion date as initiative is a grants program</i>	Delivery of grants programs are led by health services. Completion dates are often required to be adjusted on the advice of health services, which enables health services to work through design, scope and cost alignment of proposals, and then implementation within a live operating environment. During the COVID-19 period, the delivery of health services took precedence over capital works,

<p>Medical equipment replacement program (statewide) – <i>this initiative combines Medical equipment replacement program 2017-18 and 2018-19</i></p>	<p>Funding is available to replace prioritised highest critical risk capital medical equipment for acute services in public hospitals.</p> <p>The program aims to improve safety and reliability of our public hospitals, reducing risk to patients, healthcare workers and clinical service availability.</p>	<p>(Health) Health Infrastructure</p>	<p>70</p>	<p>70</p>	<p>Jun-18 and Jun-19, respectively</p>	<p>Jun-23 <i>No practical completion date as initiative is a grants program</i></p>	<p>often requiring a pause in either procurement or delivery of the project.</p> <p>The impact of the pandemic on resource availability and supply chains has also been a factor in delaying projects.</p>
<p>Mental health and alcohol and drug facilities renewal 2018-19 (statewide)</p>	<p>Established in 2015, the fund provides grants for renewal, reconfigurations, and refurbishments of acute and community based mental health facilities.</p> <p>The key objectives of the fund include:</p> <ul style="list-style-type: none"> • increase service capacity deliver contemporary models of care • improve consumer and staff amenity • increase the effectiveness and efficiency of services • provide a safe working environment for consumers and staff. 	<p>(Health) Mental Health</p>	<p>10</p>	<p>10</p>	<p>Jun-19</p>	<p>Jun-23 <i>No practical completion date as initiative is a grants program</i></p>	

<p>Sunshine Hospital Emergency Department (St Albans)</p>	<p>The project supports the Sunshine hospital to provide more people in the growing western suburbs with timely and world-class medical care. The redevelopment has expanded and refurbished the emergency department, adding 65 new spaces - more than doubling current capacity. It also features an expanded children's section. This kids-only area is specially designed to give around 19,700 kids a year a calmer, more compassionate environment to receive emergency care.</p>	<p>(Health) Health Infrastructure</p>	<p>29.600</p>	<p>28.431</p>	<p>Jun-22</p>	<p>Practical completion Sep-22 Financial Completion Sep-22</p>	<p>The project was delivered under budget. The completion date was revised in 2021-22 to align with the project's delivery as a separable portion of the Joan Kirner Women's and Children's Hospital project.</p>
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Question 9 (all departments) High-value high-risk projects, gateway reviews and business cases

Under the High Value High Risk (HVHR) Framework, a project will be classified as HVHR if it is a budget funded project that has a Total Estimated Investment (TEI) of over \$250 million. HVHR projects are subject to compulsory Gateway reviews, where Gates 1 through 6 are compulsory for all eligible projects: Gate 2 outlines the development of a business case.

Please list all projects included in the 2021-22 and 2022-23 financial years that were allocated to the department and were classified as HVHR and the project objectives. Please also specify which gateway reviews, if any, were completed during 2021-22 and 2022-23 and business case details for each project.

2021-22 response

HVHR Project	Original project objectives	Gateway review name/ Date completed	Date business case completed	Business case – publicly available? Y/N	Business case link (URL)
A pathway to more acute mental health beds: Responding to the Royal Commission into Victoria’s Mental Health System interim report (Melbourne)	Funding provided to plan and construct additional mental health beds at key locations: the McKellar Centre (Barwon Health), Northern Hospital, Royal Melbourne Hospital and Sunshine Hospital. This responds directly to the findings and recommendations of the interim report of the Royal Commission into Victoria’s Mental Health System to help address critical demand pressures.	A Project Assurance Review was conducted in August 2021.	2020-21 State Budget	N	Not Applicable
Ballarat Health Services expansion and redevelopment and the new Central Energy Plant (Ballarat)	The redevelopment and expansion of the Ballarat Base Hospital will deliver a new emergency department, a women and children’s hub, state-of-the-art theatre suite and an additional 100 inpatient and short stay beds. A new and expanded critical care floor will bring together operating theatres, procedure rooms, an expanded intensive care unit, endoscopy suites and consulting rooms; delivering capacity for an additional 4,000 surgeries every year. Once completed, the upgraded hospital will have the capacity to treat at least 18,000 more emergency patients and an extra 14,500 inpatients per year.	Gate 3 for Stage 2 Central Energy Plant work package was completed in May 2022.	2020-21 via report back	N	Not Applicable

Building a better hospital for Melbourne's inner west (Footscray)	<p>Building a bigger and more modern Footscray Hospital will reduce waiting times and take pressure off other nearby hospitals.</p> <p>This will result in an increase of nearly 200 beds will treat some 15,000 additional patients and enable approximately 20,000 additional people to be seen by the emergency department annually; and, increase the delivery of outpatient, palliative care and mental health services.</p>	Gate 3 was completed in October 2021.	2019-20 State Budget with report back with addendum	N	Not Applicable
Building a world class hospital for Frankston families (Frankston)	The redevelopment of the Frankston Hospital will provide new hospital beds; operating theatres; expanded child and maternal health services; new oncology ward; oncology day clinic; and, areas dedicated to mental health services.	No gateway reviews were conducted for this project in 2021-22.	2019-20 State Budget	N	Not Applicable
Expanding and improving bed-based forensic mental health services: Thomas Embling Hospital (Fairfield)	As part of the response to the recommendations of the Royal Commission into Victoria's Mental Health System, the government is investing \$350 million to expand and improve the Thomas Embling Hospital, including a new 34-bed dedicated women's precinct, new 48-bed men's precinct, in addition to refurbishing existing units.	Gate 3 was completed in December 2021.	2021-22 State Budget	N	Not Applicable
Goulburn Valley Health (Shepparton) Redevelopment	<p>The redevelopment of the Goulburn Valley Health Shepparton Hospital will deliver new and expanded facilities for Hume and surrounding communities.</p> <p>The project will double the capacity of the emergency department, providing 36 treatment spaces including nine short stay beds for patients who need care for less than 24 hours.</p> <p>The project will also deliver 64 inpatient beds, 10 intensive care beds, four new operating theatres, 16 chairs in the dialysis unit and a new kitchen.</p>	No gateway reviews were conducted for this project in 2021-22.	2016-17 State Budget	N	Not Applicable
Joan Kirner Women's and Children's Hospital (Sunshine)	The \$200 million Joan Kirner Women's and Children's Hospital project will deliver on 20 maternity delivery rooms, 237 beds, 39 special care nursery cots, four theatres and additional clinics.	No gateway reviews were conducted for this project in 2021-22.	2018-19 State Budget	N	Not Applicable

Northern Hospital Inpatient Expansion – Stage 2	<p>The Northern Hospital expansion project will rebuild and refurbish the Northern Hospital in Epping.</p> <p>The expansion includes three new operating theatres, including one hybrid theatre.</p> <p>It also includes three new 32-bed wards for 96 acute inpatient beds</p>	<p>The Department of Treasury and Finance has confirmed that Gateway reviews are not applicable to this project, as the \$250 million threshold was put in place after construction commenced.</p>	2017-18 State Budget	N	Not Applicable
Royal Victorian Eye and Ear Hospital redevelopment (Melbourne)	<p>The redevelopment of the Royal Victorian Eye and Ear Hospital will enable the hospital to meet current and future demand for specialist adult and paediatric ophthalmology and ear, nose, and throat services on its existing site in East Melbourne.</p> <p>It will include major reconfiguration, upgrade, and expansion of facilities for clinical services and significant improvements to the onsite teaching, training, and research facilities.</p>	<p>No gateway reviews were conducted for this project in 2021-22.</p>	2013-14 State Budget	N	Not Applicable
Ten new community hospitals to give patients the best care (statewide)	<p>The construction and expansion of 10 community hospitals in Craigieburn, Cranbourne, Pakenham, Phillip Island, Sunbury, Torquay, Mernda, Eltham, Point Cook and inner south of Melbourne will increase capacity and ensure patient access to high-quality healthcare services throughout the state.</p> <p>The profile of health services will be aimed at managing health needs locally; tailored for each community with a strong focus on better connecting a range of health and human services under one roof.</p>	<p>Two Project Assurance Reviews were completed in July 2021 and February 2022.</p>	2021-22 State Budget	N	Not Applicable
Victorian Heart Hospital (Clayton)	<p>Planning and development of Australia’s first specialist heart hospital will bring the world’s best cardiovascular care, research, and training to Victoria.</p> <p>Funding will deliver a 195-bed stand-alone cardiac facility at Monash University Clayton, bringing experts to Australia to undertake ground-breaking research and train the next generation of Victorian heart specialists.</p>	<p>No gateway reviews were conducted for this project in 2021-22.</p>	2015-16 State Budget	N	Not Applicable

<p>Warrnambool Base Hospital Redevelopment (incl Warrnambool Logistics Hub) (Warrnambool)</p>	<p>The redevelopment of the Warrnambool Base Hospital will increase the capacity of the emergency department, operating theatres and acute inpatient beds. It will also relocate supply and linen services to a new site and develop a new regional logistics distribution centre.</p>	<p>No gateway reviews were conducted for this project in 2021-22.</p>	<p>2020-21 State Budget</p>	<p>N</p>	<p>Not Applicable</p>
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2022-23 response

HVHR Project	Original project objectives	Gateway review name/ Date completed	Date business case completed	Business case – publicly available? Y/N	Business case link (URL)
A pathway to more acute mental health beds: Responding to the Royal Commission into Victoria's Mental Health System interim report (Melbourne)	<p>Funding provided to plan and construct additional mental health beds at key locations: the McKellar Centre (Barwon Health), Northern Hospital, Royal Melbourne Hospital and Sunshine Hospital.</p> <p>This responds directly to the findings and recommendations of the interim report of the Royal Commission into Victoria's Mental Health System to help address critical demand pressures.</p>	No gateway reviews were conducted for this project in 2022-23.	2020-21 State Budget	N	Not applicable
Acute Mental Health Beds in Regional Victoria	<p>The program proposes three (3) new mental health units at Goulburn Valley Health Shepparton, Grampians Health at the Ballarat Base Hospital, and Northeast Health Wangaratta hospital campuses to address shortages in acute bed-based services and infrastructure.</p> <p>The existing facilities at these sites are unable to meet the projected demand for mental health services and have been deemed no longer fit for purpose. This initiative responds to recommendation 11(3) of the Royal Commission into Victoria's Mental Health System.</p>	Gates 1 and 2 were completed in June 2023.	2022-23 State Budget	N	Not applicable

<p>Ballarat Health Services expansion and redevelopment and the new Central Energy Plant (Ballarat)</p>	<p>The redevelopment and expansion of the Ballarat Base Hospital will deliver a new emergency department, a women and children's hub, state-of-the-art theatre suite and an extra 100 additional inpatient and short stay beds.</p> <p>A new and expanded critical care floor will bring together operating theatres, procedure rooms, an expanded intensive care unit, endoscopy suites, and consulting rooms; delivering capacity for an additional 4,000 surgeries every year.</p> <p>Once completed, the upgraded hospital will have the capacity to treat at least 18,000 more emergency patients and an extra 14,500 inpatients per year.</p>	<p>Gate 3 for Stage 3 Main Works was completed in May 2023.</p>	<p>2020-21 via report back</p>	<p>N</p>	<p>Not Applicable</p>
<p>Barwon Women's and Children's</p>	<p>The new Barwon Women's and Children's will provide world-class women's health (including maternity) and paediatric facilities and deliver additional capacity to ensure families in Geelong and surrounding communities can continue to access the very best care, close to home.</p> <p>Operated by Barwon Health, the new facilities will be built within the University Hospital Geelong precinct and will provide a new children's inpatient unit, new neonatal and parent care unit, specialist (outpatient) clinics and more operating theatres.</p> <p>Purpose-built spaces for children and young people, including overnight and same-day beds, outpatient clinic rooms and dedicated theatres, will make medical care less scary and intimidating.</p> <p>A modern design and layout, including the colocation of services, will improve patient flow to deliver a safer and more efficient workplace for staff and seamless care for patients.</p>	<p>Gate 3 was conducted in May 2023.</p>	<p>2022-23 State Budget</p>	<p>N</p>	<p>Not Applicable</p>

Building a better hospital for Melbourne's inner west (Footscray)	Building a bigger and more modern Footscray Hospital will reduce waiting times and take pressure off other nearby hospitals. Increase of nearly 200 beds will treat some 15,000 additional patients and enable approximately 20,000 additional people to be seen by the emergency department annually; and, Increase delivery of outpatient, palliative care and mental health services.	No gateway reviews were conducted for this project in 2022-23.	2019-20 State Budget with report back with addendum	N	Not Applicable
Building a world class hospital for Frankston families (Frankston)	The redevelopment of the Frankston Hospital will provide new hospital beds; operating theatres; expanded child and maternal health services; new oncology ward; oncology day clinic; and, areas dedicated to mental health services.	No gateway reviews were conducted for this project in 2022-23.	2019-20 State Budget	N	Not Applicable
Expanding and improving bed-based forensic mental health services: Thomas Embling Hospital (Fairfield)	As part of the response to the recommendations of the Royal Commission into Victoria's Mental Health System, the Government is investing \$350 million to expand and improve the Thomas Embling Hospital, including a new 34-bed dedicated women's precinct, new 48-bed men's precinct, in addition to refurbishing existing units.	Gate 4a was conducted in July 2022.	2021-22 State Budget	N	Not Applicable
Goulburn Valley Health (Shepparton) Redevelopment	The redevelopment of the Goulburn Valley Health Shepparton Hospital will deliver new and expanded facilities for Hume and surrounding communities. The project will double the capacity of the emergency department, providing 36 treatment spaces, including: nine short stay beds for patients who need care for less than 24 hours. The project will also deliver 64 inpatient beds, 10 intensive care beds, four new operating theatres, 16 chairs in the dialysis unit and a new kitchen.	Gate 5 was conducted in December 2022.	2016-17 State Budget	N	Not Applicable

New Melton Hospital	<p>The new Melton Hospital in Cobblebank, will transform Melbourne’s booming outer west, giving the community access to better healthcare facilities closer to home.</p> <p>The fully electric hospital will deliver 24/7 emergency, at least 274 beds, an intensive care unit, maternity and neonatal services, mental health services, radiology services and outpatient care.</p> <p>Once completed, Melton Hospital will have capacity to treat 130,000 patients each year and see almost 60,000 patients in the emergency department.</p>	Gate 3 was conducted in May 2023.	2020-21 State Budget	N	Not Applicable
Northern Hospital Inpatient Expansion – Stage 2	<p>The Northern Hospital expansion project will rebuild and refurbish the Northern Hospital in Epping.</p> <p>The expansion includes three new operating theatres, including one hybrid theatre.</p> <p>It also includes three new 32-bed wards for 96 acute inpatient beds</p>	The Department of Treasury and Finance has confirmed that Gateway reviews are not applicable to this project, as the \$250 million threshold was put in place after construction commenced.	2017-18 State Budget	N	Not Applicable
Royal Victorian Eye and Ear Hospital redevelopment (Melbourne)	<p>The redevelopment of the Royal Victorian Eye and Ear Hospital will enable the hospital to meet current and future demand for specialist adult and paediatric ophthalmology and ear, nose, and throat services on its existing site in East Melbourne.</p> <p>It will include major reconfiguration, upgrade, and expansion of facilities for clinical services and significant improvements to the onsite teaching, training, and research facilities.</p>	Gate 5 was conducted in March 2023.	2013-14 State Budget	N	Not Applicable

Ten new community hospitals to give patients the best care (statewide)	<p>The construction and expansion of 10 community hospitals in Craigieburn, Cranbourne, Pakenham, Phillip Island, Sunbury, Torquay, Mernda, Eltham, Point Cook and inner south of Melbourne will increase capacity and ensure patient access to high-quality healthcare services throughout the state.</p> <p>The profile of health services will be aimed at managing health needs locally and tailored for each community with a strong focus on better connecting a range of health and human services under one roof.</p>	A Project Assurance Review (PAR) was undertaken in December 2022 when the Managing Contractor Stage 2 Offer was endorsed by the Department of Treasury and Finance, the Minister for Health Infrastructure and Treasurer, replacing the formal Gate approval process.	2021-22 State Budget	N	Not Applicable
Victorian Heart Hospital (Clayton)	<p>Planning and development of Australia's first specialist heart hospital will bring the world's best cardiovascular care, research, and training to Victoria.</p> <p>Funding will deliver a 195-bed stand-alone cardiac facility at Monash University Clayton, bringing experts to Australia to undertake ground-breaking research and train the next generation of Victorian heart specialists.</p>	Gate 5 was conducted in February 2023.	2015-16 State Budget	N	Not Applicable
Warrnambool Base Hospital Redevelopment (incl Warrnambool Logistics Hub) (Warrnambool)	<p>The redevelopment of the Warrnambool Base Hospital will increase the capacity of the emergency department, operating theatres and acute inpatient beds.</p> <p>It will also relocate supply and linen services to a new site and develop a new regional logistics distribution centre.</p>	Gate 3 was completed in September 2022.	2020-21 State Budget	N	Not Applicable

Question 10 (all departments) Public Private Partnership (PPP) expenditure – existing and completed

Please provide the following information related to the department's PPP projects:

- The total estimated PPP investment value, the total actual expenditure from announcement to 30 June 2022 and 30 June 2023, or the actual cost spent to 30 June 2022 and 30 June 2023 (actual cost spent in the respective financial year) and the benefits of using the PPP financing model when delivering/funding a project over other financing methods.
- Where the estimated completion date at announcement is different to the completion date in the 2020-21 Budget and the 2021-22 Budget, and an explanation for any variance.
- Where the scope of the PPP at announcement is different to the scope of the project as it is presented in the 2020-21 Budget and the 2021-22 Budget.

30 June 2022 response

Investment value and benefit of using PPP model

Project name	Project objectives	Output(s) and portfolio(s) and/or agency	Total estimated PPP investment value at the start of the project (\$ million)	Total actual expenditure since the announcement to 30 June 2022 (\$ million)	Actual expenditure in year ending 30 June 2022 (\$ million)	Benefits of using PPP model versus other delivery/funding models
New Bendigo Hospital	<p>Bendigo Hospital has connected three separate sites into one unified precinct to support bringing the very best healthcare, technology and research to regional Victoria.</p> <p>The project included the restoration of historic heritage buildings, including: the Hope Street wall; the Anne Caudle Centre; the former Lying-in Hospital; West Wing, Concert Hall; and, the former Superintendent's Building.</p>	Admitted Services (Health/VHBA)	1,935.44	320.7	63.0	<p>The PPP procurement model offers the following benefits:</p> <ul style="list-style-type: none"> Time certainty – using private finance results in significant incentives for contractors to complete on time when compared with the other procurement methods considered

Casey Hospital Expansion Plan	This major expansion included six new operating theatres and two upgraded theatres. It also provided 128 new multi-day beds, 12 intensive care unit beds and 12 day-surgery beds. The expansion will allow Casey Hospital to meet the soaring demand for healthcare in Melbourne's outer south-east.	Admitted Services (Health/VHBA)	81.63	16.3	7.4	<ul style="list-style-type: none"> Whole-of-life outcomes – optimises the whole of-life and maintenance outcomes while delivering a more competitive cost outcome by ensuring trade-offs between up-front construction costs and ongoing maintenance and life cycle costs
Royal Women's Health	To provide a modern facility that supports the delivery of accessible, cost effective and high-quality patient services to Victorian women and to their babies.	Admitted Services (Health/VHBA)	1,123.01	564.1	46.1	<ul style="list-style-type: none"> Risk – PPPs achieve the most robust transfer of risk with most of the design, construction, maintenance and relevant facilities management services risks transferred to the private sector on a whole-of-life basis
Royal Children's Hospital	Supports access and family-centred care which is culturally and spiritually sensitive; respects the dignity and developmental needs of children of all ages; and, engenders an active learning environment, providing appropriate facilities for teaching and research within clinical areas and between the Royal Children's Hospital (RCH) and its key education and research partners, the Murdoch Children's Research Institute (MCRI) and The University of Melbourne Department of Paediatrics.	Admitted Services (Health/VHBA)	3,609.87	1,076.0	151.4	<ul style="list-style-type: none"> Innovation – the competitive tender process and overall PPP framework provides significant incentive for the private sector entities to identify and incorporate innovation in the design, construction and operation of the asset.

Victorian Comprehensive Cancer Centre	<p>The aim of the project was to deliver a world-class, purpose-built cancer research, treatment, care and education hub in inner Melbourne.</p> <p>The building provides a new home for the Peter MacCallum Cancer Centre and new cancer research and clinical services for Melbourne Health (including the Royal Melbourne Hospital), new cancer research facilities for the University of Melbourne and new education facilities for all building partners.</p>	Admitted Services (Health/VHBA)	2,778.08	934.5	158.3	
Casey Hospital	<p>To improve access to healthcare services across the whole of the Hospital Operator's catchment area; and, to increase the provision of healthcare and hospital services to the under-serviced south-east growth corridor of Melbourne.</p> <p>To assist the Hospital Operator to achieve best practice in effectiveness of care, ensuring better patient outcomes and enhanced efficiency, both in use of facilities and equipment and in operating costs.</p> <p>To provide infrastructure facilities and services that assist the Hospital Operator to attract and retain quality staff at all levels.</p>	Admitted Services (Health/VHBA)	384.99	238.4	15.3	

N.B. Total estimated PPP investment value provided is per total nominal payments in Treasury Corporation Victoria (TCV) quarterly service payment model. Total actual expenditure from announcement is per payment to 30 June 2022 in TCV quarterly services payment model.

Completion date

Project name	Output(s) and portfolio(s) and/or agency	Estimated completion date	Revised estimated completion date	Variance explanation
Not Applicable				

Scope

Project name	Output(s) and portfolio(s) and/or agency	Original scope	Revised scope	Explanation for scope changes
Not Applicable				

30 June 2023 response

Investment value and benefit of using PPP model

Project name	Project objectives	Output(s) and portfolio(s) and/or agency	Total estimated PPP investment value at the start of the project (\$ million)	Total actual expenditure since the announcement to 30 June 2023 (\$ million)	Actual expenditure in year ending 30 June 2023 (\$ million)	Benefits of using PPP model versus other delivery/funding models
New Bendigo Hospital	<p>Bendigo Hospital has connected three separate sites into one unified precinct to support bringing the very best healthcare, technology and research to regional Victoria.</p> <p>The project included the restoration of historic heritage buildings, including: the Hope Street wall; the Anne Caudle Centre; the former Lying-in Hospital; West Wing, Concert Hall; and, the former Superintendent's Building.</p>	Admitted Services (Health/VHBA)	1,935.44	391.2	70.5	<p>The PPP procurement model offers the following benefits:</p> <ul style="list-style-type: none"> • Time certainty – using private finance results in significant incentives for contractors to complete on time when compared with the other procurement methods considered • Whole-of-life outcomes – optimises the whole of-life and maintenance outcomes while delivering a more competitive cost outcome by ensuring trade-offs between up-front construction costs and ongoing maintenance and life cycle costs • Risk – PPPs achieve the most robust transfer of risk with most of the design, construction, maintenance and relevant
Casey Hospital Expansion Plan	<p>This major expansion included six new operating theatres and two upgraded theatres. It also provided 128 new multi-day beds, 12 intensive care unit beds and 12 day-surgery beds.</p> <p>The expansion will allow Casey Hospital to meet the soaring demand for healthcare in Melbourne's outer south-east.</p>	Admitted Services (Health/VHBA)	81.63	24.0	7.7	

Royal Women's Health	To provide a modern facility that supports the delivery of accessible, cost effective and high-quality patient services to Victorian women and to their babies.	Admitted Services (Health/VHBA)	1,123.01	609.7	45.5	<p>facilities management services risks transferred to the private sector on a whole-of-life basis</p> <ul style="list-style-type: none"> Innovation – the competitive tender process and overall PPP framework provides significant incentive for the private sector entities to identify and incorporate innovation in the design, construction and operation of the asset.
Royal Children's Hospital	Supports access and family-centred care which is culturally and spiritually sensitive; respects the dignity and developmental needs of children of all ages; and, engenders an active learning environment, providing appropriate facilities for teaching and research within clinical areas and between the ROYAL CHILDREN'S HOSPITAL (RCH) and its key education and research partners, the Murdoch Children's Research Institute (MCRI) and The University of Melbourne Department of Paediatrics.	Admitted Services (Health/VHBA)	3,609.87	1,231.7	155.6	
Victorian Comprehensive Cancer Centre	<p>The aim of the project was to deliver a world-class, purpose-built cancer research, treatment, care and education hub in inner Melbourne.</p> <p>The building provides a new home for the Peter MacCallum Cancer Centre and new cancer research and clinical services for Melbourne Health (including the Royal Melbourne Hospital), new cancer research facilities for The University of Melbourne and new education facilities for all building partners.</p>	Admitted Services (Health/VHBA)	2,778.08	1,107.7	173.2	

Casey Hospital	<p>To improve access to healthcare services across the whole of the Hospital Operator’s catchment area and to increase the provision of healthcare and hospital services to the under-serviced southeast growth, corridor of Melbourne.</p> <p>To assist the Hospital Operator to achieve best practice in effectiveness of care, ensuring better patient outcomes and enhanced efficiency, both in use of facilities and equipment and in operating costs.</p> <p>To provide infrastructure facilities and services that assist the Hospital Operator to attract and retain quality staff at all levels.</p>	Admitted Services (Health/VHBA)	384.99	254.9	16.4	
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N.B. Total estimated PPP investment value provided is per total nominal payments in Treasury Corporation Victoria (TCV) quarterly service payment model. Total actual expenditure from announcement is per payment to 30 June 2023 in TCV quarterly services payment model.

Completion date

Project name	Output(s) and portfolio(s) and/or agency	Estimated completion date	Revised estimated completion date	Variance explanation
Not Applicable				

Scope

Project name	Output(s) and portfolio(s) and/or agency	Original scope	Revised scope	Explanation for scope changes
Not Applicable				

Question 11 (DoT/DTP only) Alliance contracting expenditure – existing and completed

Please provide the following information related to the department’s alliance contracting projects:

- a) The total estimated investment value, the total actual expenditure from announcement to 30 June 2022 and 30 June 2023, or the actual cost spent to 30 June 2022 and 30 June 2023 (actual cost spent in the respective financial year) and the benefits of using the alliance contracting model when delivering/funding a project over other financing methods.
- b) Where the estimated completion date at announcement is different to the completion date in the 2020-21 Budget and the 2021-22 Budget and an explanation for any variance.
- c) Where the scope of the alliance contract at announcement is different to the scope of the project as it is presented in the 2020-21 Budget and the 2021-22 Budget.

2021-22 response

Investment value and benefit of using alliance contracting model

Project name	Project objectives	Output(s) and portfolio(s) and/or agency	Total estimated investment value at the start of the project (\$ million)	Total actual expenditure since the announcement to 30 June 2022 (\$ million)	Actual expenditure in year ending 30 June 2022 (\$ million)	Benefits of using alliance contracting model versus other delivery/funding models

Completion date

Project name	Output(s) and portfolio(s) and/or agency	Estimated completion date	Revised estimated completion date	Variance explanation

Scope

Project name	Output(s) and portfolio(s) and/or agency	Original scope	Revised scope	Explanation for scope changes

2022-23 response

Investment value and benefit of using alliance contracting model

Project name	Project objectives	Output(s) and portfolio(s) and/or agency	Total estimated investment value at the start of the project (\$ million)	Total actual expenditure since the announcement to 30 June 2023 (\$ million)	Actual expenditure in year ending 30 June 2023 (\$ million)	Benefits of using alliance contracting model versus other delivery/funding models

Completion date

Project name	Output(s) and portfolio(s) and/or agency	Estimated completion date	Revised estimated completion date	Variance explanation

Scope

Project name	Output(s) and portfolio(s) and/or agency	Original scope	Revised scope	Explanation for scope changes

Section C: Revenue and appropriations

Question 12 (all departments and entities) Revenue – variances from previous year

Please explain any changes equal to or greater than $\pm 10\%$ or \$100 million between the actual result for 2020-21 and 2021-22 and the actual result for 2021-22 and 2022-23 for each revenue category detailed in your operating statement. Please also indicate what any additional revenue was used for or how any reduced amounts of revenue affected service delivery and then link it to the relevant output and portfolio.

Please also detail the outcomes in the community⁵⁵ achieved by any additional expenses or the impact on the community of reduced expenses (if there was no impact, please explain how that was achieved).

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

If there were no revenue/income categories for the department/agency for which the 2021-22 and the 2022-23 expenditure changed from the prior year's expenditure by more than $\pm 10\%$ or \$100 million, you do not need to answer this question. If this is the case, please indicate 'no relevant line items' in the table(s) below.

⁵⁵That is, the impact of service delivery on the community rather than a description of the services delivered.

2021-22 response

Revenue category	2020-21 actual (\$ million)	2021-22 actual (\$ million)	Explanations for changes $\pm 10\%$ or \$100 million	How the additional revenue was used/the impact of reduced revenue. If no impact, how was this achieved	Relevant output(s) and portfolio(s)
Output appropriation	19,011.4	15,909.9	<p>The decrease in output appropriation revenue is due to machinery of government changes whereby the Child Protection, Prevention of Family Violence, Housing and Disability functions were transferred to the Department of Families, Fairness and Housing effective 1 February 2021.</p> <p>There were also reductions in appropriation drawn to cover capital asset charge expenditure, which ceased on 1 July 2021, and the change of appropriation source for hypothecated revenue from output appropriation to special appropriation.</p> <p>The decrease is partly offset by additional appropriation drawn for government's public health response to COVID-19 and contingency releases.</p>	<p>No impact as the decrease in output appropriations is offset by an increase in special appropriations for hypothecated revenues.</p> <p>Additional decrease in output appropriations revenue represents the discontinuation of the Capital Asset Charge (CAC) policy in 2021-22.</p> <p>There is no impact as a result of the decrease in revenue as this is offset by an equivalent decrease in CAC expenditure.</p>	Various outputs and portfolios
Special appropriation	1,072.3	1,888.9	<p>The increase in special appropriations is driven by the introduction of the Mental Health and Wellbeing Levy, which commenced on 1 January 2022 and higher gaming revenue receipts, which are onpassed to the department as a funding source in lieu of annual output appropriations.</p>	<p>No impact, as the increase in hypothecated revenue is offset by a matching decrease in output appropriation, which represents a change in appropriation source only.</p>	Various outputs and portfolios
Grants	8,706.5	9,926.4	<p>The increase is due to Commonwealth funding in 2021-22 under the National Partnership on COVID-19 response.</p>	<p>The additional revenue was used to fund additional Health Service activities due to the COVID-19 pandemic response.</p>	Various outputs and portfolios

Other income	775.3	874.2	The increase in other income is due to increased revenue for staff recovery salaries from external organisations and additional research revenue in the health sector.	Recoverable salaries have no impact as the income is offset by the salaries expenses. The additional private activity would help support Health services deliverables.	Various outputs and portfolios
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2022-23 response

Revenue category	2021-22 actual (\$ million)	2022-23 actual (\$ million)	Explanations for changes $\pm 10\%$ or \$100 million	How the additional revenue was used/the impact of reduced revenue. If no impact, how was this achieved	Relevant output(s) and portfolio(s)
Output appropriations	15,909.9	14,784.0	The decrease is due primarily to the change in appropriation source for gaming and Mental Health Wellbeing Levy revenues from output appropriation to special appropriation.	No impact as the decrease in output appropriations is offset by an increase in special appropriations for hypothecated revenues.	Various outputs and portfolios
Special appropriations	1,888.9	2,962.2	The higher special appropriations are for gaming and the Mental Health and Wellbeing Levy. The Mental Health and Wellbeing Levy had a full year funding compared to last year, which only commenced in January 2022.	No impact, as the increase in hypothecated revenue is offset by a matching decrease in output appropriation, which represents a change in appropriation source only.	Various outputs and portfolios
Interest	18.6	121.4	The increase in interest revenue is due to higher interest rates on Health Services' cash deposits. Interest rates during 2022-23 compared to the previous year were higher.	The increase in interest rates had a favourable outcome for Health entities.	Various outputs and portfolios
Grants	9,926.4	9,184.5	The decrease in grants this year is mainly due to a reduction in Commonwealth grants for the National Partnership on COVID-19 Response (NPCR) which ceased on 31 December 2022.	The change represents decreased Health Service activity in COVID-19 pandemic response.	Various outputs and portfolios
Fair value of assets received free of charge or for nominal consideration	38	11.8	The decrease in assets received free of charge is driven by a reduction of inventory received from third parties.	No impact as assets received free of charge from third parties are additional to inventory held.	Various outputs and portfolios

Other income	874.2	987.3	The increase in other income is driven by higher revenue received this year by health services to recover the cost of salaries from external organisations (e.g., staff seconded to external organisations) as well as higher revenue from private activity fees across Health Services.	Recoverable salaries have no impact as the income is offset by the salary expenses. The additional private activity would help support Health Services' deliverables.	Various outputs and portfolios
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Question 13 (all departments and entities) Revenue – variances from budget to actual

Please explain any variances equal to or greater than $\pm 10\%$ or \$100 million between the initial budget estimate (not the revised estimate) and the actual result for 2021-22 and 2022-23 for each revenue category detailed in your operating statement. Please also indicate what any additional revenue was used for or how any reduced amounts of revenue affected service delivery and then link it to the relevant output and portfolio.

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

2021-22 response

Revenue category	2021-22 Budget estimate (\$ million)	2021-22 actual (\$ million)	Explanations for changes $\pm 10\%$ or \$100 million	How the additional revenue was used/the impact of reduced revenue. If no impact, explain why	Relevant output(s) and portfolio(s)
Output appropriation	12,095.3	15,909.9	The actual output appropriation increase from the Published Budget reflects funding released from central contingency and additional funding for new policy initiatives approved by the government, including funding related to the COVID-19 response.	The additional revenue was used primarily to fund new policy initiatives related to the COVID-19 pandemic response.	Various outputs and portfolios
Special appropriation	1,989.8	1,888.9	The decrease is due to lower than estimated hypothecated gaming revenues.	No impact as the decrease in hypothecated revenue is offset by a matching increase in output appropriation to fund the difference.	Various outputs and portfolios
Grants	8,181.4	9,926.4	The actual grant income was higher than the Published Budget, mainly due to additional National Partnership on COVID-19 Response funding from the Commonwealth Government.	The additional revenue was used primarily to fund initiatives related to the COVID-19 response.	Various outputs and portfolios
Other income	774.8	874.2	Other income was higher than the Published Budget due to additional research revenue, donations and commercial revenue recognised by hospitals and public health services.	The additional income would help support Health services deliverables.	Various outputs and portfolios

2022-23 response

Revenue category	2022-23 Budget estimate (\$ million)	2022-23 actual (\$ million)	Explanations for changes $\pm 10\%$ or \$100 million	How the additional revenue was used/the impact of reduced revenue. If no impact, explain why	Relevant output(s) and portfolio(s)
Output appropriations	12,565.6	14,784.0	<p>The actual output appropriation increase from the budget primarily reflects funding released from central contingency and additional funding for new policy initiatives approved by the government, including:</p> <ul style="list-style-type: none"> • additional resources provided to health services • workforce attraction and retention strategy • emergency Response services • COVID-19 testing and vaccination services and engagement. 	The additional revenue was used primarily to fund new policy initiatives approved by government.	Various outputs and portfolios
Special appropriations	2,751.7	2,962.2	The variance is driven by increased gaming revenue this year as well as special appropriations from the Mental Health and Wellbeing Levy.	No impact as the increase in hypothecated revenue is offset by a matching decrease in output appropriations.	Various outputs and portfolios
Interest	48.6	121.4	<p>The increase in revenue is due to higher interest rates on Health Services cash deposits.</p> <p>This is due mainly to the Reserve Bank of Australia's consecutive rate rises.</p>	The increase in interest rates would help support Health services activities.	Various outputs and portfolios

Grants	8,650.6	9,184.5	<p>The increase in grants is due mainly to additional grants received from the Commonwealth related to Pharmaceutical Benefits Scheme (PBS), CAR-T cell therapy, residential care subsidy, highly specialised drugs and aged care packages.</p> <p>Additional increases are grants from Major Transport Infrastructure Authority for the Metro Rail Project.</p> <p>As a result of the Metro Rail Project, hospitals had to relocate the Magnetic Resonance Imaging (MRI) rooms and purchase MRIs to minimise disruptions whilst works were in progress.</p>	The additional revenue was used to fund Health Services activities.	Various outputs and portfolios
Fair value of assets received free of charge or for nominal consideration	0	11.8	<p>The actual amount relates to the inventory received from third parties.</p> <p>There is no ongoing arrangement to receive assets free of charge and assets received are based on single year decisions by third parties.</p>	The additional assets received free of charge were placed into the inventory stockpile and distributed to agencies.	Various outputs and portfolios
Other income	819.1	987.3	Other income was higher than the budget, due mainly to additional revenue earned from private activities, research revenue and commercial revenue recognised from hospitals and public health services.	The additional private activity would help support Health Services' deliverables.	Various outputs and portfolios

Section D: Expenses

Question 14 (all departments and entities) Expenses changed from previous year

Please explain any changes equal to or greater than $\pm 10\%$ or \$100 million with regards to the actual result for 2020-21 and 2021-22 and the actual result for 2021-22 and 2022-23 for each category of expenses detailed in your operating statement. Please explain any changes equal to or greater than $\pm 10\%$ or \$100 million with regards to the actual result for 2021-22 and the 2021-22 budget estimate and the actual result for 2022-23 and the 2022-23 budget estimate. Please also detail the outcomes in the community⁵⁶ achieved by any additional expenses or the impact on the community of reduced expenses (if there was no impact, please explain how that was achieved).

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

2021-22 response

Expenses category	2020-21 actual \$ million	2021-22 actual \$ million	Explanations for variances $\pm 10\%$ or \$100 million	Outcomes achieved by additional expenses/impact of reduced expenses. If no impact, how was this achieved
Employee benefits	14,706.2	15,856.2	Increase in employee benefits due to additional resources in the health sector for the COVID-19 response.	Response to COVID-19 pandemic.
Grants and other transfers	3,607.2	1,604	The decrease in grants is due to grants related to Victorian Contribution changes where whereby the Child Protection, Prevention of Family Violence, Housing and Disability functions were transferred to the Department of Families, Fairness and Housing effective 1 February 2021 as part of the Machinery of Government changes.	No impact on outcomes.
Capital asset charge	1,403.2	0	The decrease is due to cessation of capital asset charge on 1 July 2021.	No impact on outcomes.
Other operating expenses	9,447.8	10,092.4	The increase in other operating expenses is driven primarily by the health services' sector response to the COVID-19 pandemic.	Response to COVID-19 pandemic.

⁵⁶That is, the impact of service delivery on the community rather than a description of the services delivered.

Expenses category	2021-22 budget \$ million	2021-22 actual \$ million	Explanations for variances $\pm 10\%$ or \$100 million	Outcomes achieved by additional expenses/impact of reduced expenses. If no impact, how was this achieved
Employee benefits	15,347.2	15,856.2	Higher employee benefits due to additional resources required for the public health response to COVID-19.	Response to COVID-19 pandemic.
Interest expense	213.3	160.8	Actual interest expense was lower than Published Budget driven by interest savings on fixed loan for the Peter Mac Public Private Partnership not known at the time of Published Budget.	No material impact on outcomes.
Grants and other transfers	1,043.5	1,604	The actual grants and other transfers were higher than the Published Budget mainly reflecting the additional state COVID-19 contribution to the Victorian State Pool Account under the National Partnership on COVID-19 response agreement.	Response to COVID-19 pandemic.
Other operating expenses	7,192.8	10,092.4	Other operating expenses were higher than the Published Budget due to additional costs for consumables such as personal protective equipment and rapid antigen tests being expensed in hospitals and public health services in response to the COVID-19 pandemic.	Response to COVID-19 pandemic.

2022-23 response

Expenses category	2021-22 actual \$ million	2022-23 actual \$ million	Explanations for variances $\pm 10\%$ or \$100 million	Outcomes achieved by additional expenses/impact of reduced expenses. If no impact, how was this achieved
Employee benefits	15,856.2	17,098.8	Higher actuals this year driven by Health entities mainly for increased costs from enterprise agreements, greater Full Time Equivalent (FTE) and aged care registered nurses' payments. In addition, higher employee benefits for winter retention and surge payments, a once-off payment to eligible Healthcare workers.	Increase to departmental output service delivery.
Grants and other transfers	1,604	2,178.3	The increase is due to initiatives related to 2022-23 Enabling care and meeting demand for hospital services, 2022-23 Elective Surgery Recovery Strategy, and 2021-22 Reformed area services for Mental Health and Wellbeing.	Increase to departmental output service delivery.
Other operating expenses	10,092.4	9,318.8	Reduction in other operating expenditure due to unwinding of COVID-19 activities.	No impact on outcomes.

Expenses category	2022-23 budget \$ million	2022-23 actual \$ million	Explanations for variances $\pm 10\%$ or \$100 million	Outcomes achieved by additional expenses/impact of reduced expenses. If no impact, how was this achieved
Employee benefits	16,412.1	17,098.8	<p>Higher actuals compared to budget driven by Health entities mainly for increased costs from enterprise agreements, greater Full Time Equivalent (FTE) and aged care registered nurses' payments.</p> <p>In addition, higher employee benefits for winter retention and surge payments, a once-off payment to eligible Health care workers.</p>	Increase to departmental output service delivery.
Depreciation and amortisation	1,452.0	1,345.5	<p>Lower expense compared to Published Budget mainly due to accounting changes for Software as a Service configuration and customisation costs in Health entities.</p> <p>These costs used to be capitalised and subject to depreciation but are now treated as operating expenses instead.</p>	No impact on outcomes.
Grants and other transfers	1,354.1	2,178.3	<p>The actual grants and other transfers were higher than the Published Budget due to the accrued repayments to the Victorian State Pool Account for funding not being earned under the National Health Reform Agreement and National Partnership on COVID-19 Response.</p> <p>In addition, there were higher grants paid to private sector businesses due to uplift in activities.</p> <p>A major driver is Dental health services, where there has been an increase in dental activity across the state paid to community dental agencies (non-government).</p> <p>The activity increase is primarily attributable to the removal of restrictions and full-year activity.</p>	No impact on outcomes.

Other operating expenses	7,590.8	9,318.8	<p>Other operating expenses were higher than Published Budget due to increased payments to non-government organisations such as denominational hospitals and community health services.</p> <p>In addition, there was an increase in health service costs for outsourced services such as nurse agency costs, and contracted services.</p>	Increase to departmental output service delivery.
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Question 15 Expenses/interventions related to COVID-19 pandemic response

For 2021-22 and 2022-23, please outline the programs and/or initiatives that were announced as part of the Victorian Government's response to the COVID-19 pandemic in the order of the highest amount allocated.

Please indicate if the department made use of emergency advances and retroactive funding approvals.

Please note whether there are identified performance measures in the budget papers related to the announced programs and please provide details of the reported outcomes.

2021-22 Response

a) On budget

Name of the program/initiative	Program/initiative objectives	Expenditure as at 30 June 2022	Output/Portfolio	Use of emergency advances/ retroactive funding approvals – Yes or No	Performance measures for the program/ Initiative	Outcomes/ project status
Public health and local place-based delivery (2021-22 and 2022-23 State Budgets)	<p>Funding is provided to continue the core public health response to the COVID-19 pandemic, investing in capacity to respond to and manage any further spread and support continued easing of public health restrictions in Victoria.</p> <p>This will include continued operation of local public health units, wastewater surveillance and pathology capacity to prevent and protect communities from COVID-19.</p> <p>Funding is provided to continue critical COVID-19 prevention activities, health promotion and specialised response capability to support Victorians living in public housing, disability accommodation and other high-risk accommodation settings with shared facilities.</p>	1,121.91	Health Protection (Health)	No	Not Applicable	Not Applicable

<p>Supporting the community and health system through the COVID-19 pandemic (2022-23 State Budget)</p>	<p>Funding will support the cost of meeting additional demands on the health system at the peak of recent increases in case numbers, and ongoing capacity that will be required to enable the safe easing of restrictions and management of any future spread of COVID-19, including state procurement and supply chain reforms for the health sector.</p>	<p>949.7</p>	<p>Admitted Services Non-Admitted Services Community Health Care Small Rural Services – Acute (Health) Ambulance Emergency Services (Ambulance Services)</p>	<p>No</p>	<p>Not Applicable</p>	<p>Not Applicable</p>
<p>Rapid antigen tests (2022-23 State Budget)</p>	<p>Funding is provided to purchase more than 200 million rapid antigen tests to support Victoria’s testing strategy, and provide tests to healthcare workers, school students, COVID-19 contacts and other critical public sector workforces.</p>	<p>783.1</p>	<p>Health Protection (Health)</p>	<p>No</p>	<p>Not Applicable</p>	<p>Not Applicable</p>
<p>Enabling care and meeting demand for hospital services (2022-23 State Budget)</p>	<p>Funding is provided to deliver a range of priority initiatives to support the government’s public health response to the COVID-19 pandemic, including additional investment in public health capabilities to respond rapidly and effectively to the spread of COVID-19. Funding will support both the cost of meeting additional demands on the health system at the peak of recent increases in case numbers, and ongoing capacity that will be required to enable the safe easing of restrictions and management of any future spread of COVID-19.</p>	<p>353.0</p>	<p>Admitted Services (Health)</p>	<p>No</p>	<p>Not Applicable</p>	<p>Not Applicable</p>

Immunising Victorians against COVID-19 – booster doses and five (5) to 11 year-olds (2022-23 State Budget)	Funding is provided to deliver vaccines to the five (5)-11 year old cohort as part of the national COVID-19 vaccination program.	158.3	Health Protection (Health)	No	Not Applicable	Not Applicable
COVID-19 Health Response (2020-21 State Budget)	<p>Funding is provided to deliver a range of priority initiatives to support the government’s public health response to the COVID-19 pandemic, including additional investment in public health capabilities to respond rapidly and effectively to the spread of COVID-19.</p> <p>Funding will support both the cost of meeting additional demands on the health system at the peak of recent increases in case numbers, and ongoing capacity that will be required to enable the safe easing of restrictions and management of any future spread of COVID-19.</p> <p>This includes additional funding to support frontline healthcare workers, and service responses to help minimise the spread of COVID-19.</p> <p>Support is also provided for increased testing capacity and optimisation of Victoria’s pathology and supply chain processes.</p>	30.0	Admitted Services Health Workforce Training and Development Residential Aged Care Health Protection (Health)	No	Not Applicable	Not Applicable
COVID-19 mental health response (2020-21 State Budget)	<p>Funding is provided to respond to increased demand for mental health and Alcohol and Other Drugs services, including additional infection prevention training, increased cleaning and the extension of service operating hours.</p> <p>The mental health workforce will also be supported through a new graduate program.</p>	0.6	Mental Health Clinical Care (Mental Health)	No	Not Applicable	Not Applicable

b) Off budget⁵⁷

Name of the program/initiative	Program/initiative objectives	Expenditure as at 30 June 2022	Output/Portfolio	Use of emergency advances/ retroactive funding approvals – Yes or No	Performance measures for the program/ Initiative	Outcomes/ project status
COVID-19 Health Response (2021-22 Budget Update)	<p>Funding is provided to continue Victoria’s response to the COVID-19 pandemic.</p> <p>This includes funding for health services to respond to the projected COVID-19 caseload as Victoria reopens, including utilising private hospital capacity, increasing care in the home, and enabling primary treatment pathways.</p> <p>Further support is provided to establish the Hospital Surge Support Allowance for public hospital and Ambulance Victoria employees who work patient-facing shifts.</p> <p>Funding is also provided to continue delivering COVID-19 vaccines to the community by establishing, equipping and staffing Victorian-run vaccination clinics throughout the state.</p>	1,123.0	Admitted Services Non-Admitted Services Health Workforce Training and Development Community Health Care Small Rural Services – Acute Health Protection (Health) Ambulance Emergency Services (Ambulance Services) Residential Aged Care (Ageing)	No	Not Applicable	Not Applicable

⁵⁷ ‘Off budget’ is where funds for programs/initiatives are not appropriated in the budget and therefore are not accounted for in the budget. For those programs that received appropriations through specially created programs or subprograms of the budget are known as ‘on-budget arrangements’. For example, it could be that most COVID-19 initiatives are off budget items during 2020-21 unless prior budgeted programs were extended/expedited, etc due to COVID-19, then these would be classified as ‘on budget’.

Securing and maintaining a Personal Protective Equipment (PPE) stockpile (2021-22 Budget Update)	Funding is provided to ensure Victoria's Personal Protective Equipment (PPE) stockpile is maintained to enable healthcare workers to continue to safely provide critical healthcare services. This includes warehousing of PPE and repayment of stock drawn down from the National Medical Stockpile.	385.9	Admitted Services (Health)	No	Not Applicable	Not Applicable
Improving outbreak responses to the COVID-19 Delta variant (2021-22 Budget Update)	Funding is provided to deliver a range of initiatives to support the government's public health response to the COVID-19 Delta variant.	311.55	Health Protection (Health)	No	Not Applicable	Not Applicable
COVID-19 mental health and wellbeing response (2021-22 Budget Update)	Funding is provided to deliver a range of priority initiatives to help support the mental health and wellbeing of Victorians during the COVID-19 pandemic. This includes funding for 20 new pop-up community mental health services to provide additional wellbeing checks, counselling and targeted support for parents, families and priority cohorts including LGBTIQ+ communities and Aboriginal Victorians. Funding is also provided to increase the capacity of helplines and digital connections to support early interventions for vulnerable Victorians.	29.9	Mental Health Clinical Care (Mental Health)	No	Not Applicable	Not Applicable
COVID-19 Capability and Response (2021-22 Budget Update)	Funding is provided for the to support the government's capability and response to the COVID-19 pandemic to reduce the risk of community transmission, raise awareness and promote safety in the community.	1.0	Health Protection (Health)	No	Not Applicable	Not Applicable

2022-23 Response

a) On budget

Name of the program/initiative	Program/initiative objectives	Expenditure as at 30 June 2023	Output/Portfolio	Use of emergency advances/ retroactive funding approvals – Yes or No	Performance measures for the program/ Initiative	Outcomes/ project status
Supporting the community and health system through the COVID-19 pandemic (2021-22 carryover and 2022-23 State Budget)	Funding is provided to continue support for patients in recovery from COVID-19 and support for the health system in continuing to address Victoria’s COVID-19 caseload, including: <ul style="list-style-type: none"> • establishing and expanding Urgent Care Centres and expanding General Practitioner Respiratory Clinics • expanding and continuing the COVID Positive Pathways program • purchasing Personal Protective Equipment (PPE) for health workers to enable them to work safely and effectively supporting health services to meet additional costs associated with COVID-19 • securing a larger critical care and paramedic workforce. 	302.1	Admitted Services (Health)	No	Not Applicable	Not Applicable

<p>COVID-19 transitional operating model (2022-23 State Budget)</p>	<p>Funding is provided to scale down the COVID-19 public health response in 2022-23 to transition from crisis response to a public health stewardship role to minimise harm and support Victorians who are most at risk.</p> <p>This includes targeted outbreak management in high-risk aged care and health settings via local public health units and multidisciplinary mobile teams.</p> <p>Funding is also provided for testing and pathology costs; and, for support functions including data and intelligence, call centre operations, commissioning and legal capability.</p>	175.5	Health Protection (Health)	No	Not Applicable	Not Applicable
<p>Enabling care and meeting demand for hospital services (2022-23 State Budget)</p>	<p>Funding is provided to deliver a range of priority initiatives to support the government's public health response to the COVID-19 pandemic, including additional investment in public health capabilities to respond rapidly and effectively to the spread of COVID-19.</p> <p>Funding will support both the cost of meeting additional demands on the health system at the peak of recent increases in case numbers, and ongoing capacity that will be required to enable the safe easing of restrictions and management of any future spread of COVID-19.</p>	168.0	Admitted Services (Health)	No	Not Applicable	Not Applicable
<p>Public health and local place-based delivery (2022-23 State Budget)</p>	<p>Funding is provided for the continued operation of local public health units and additional public health capacity to support these services, including intelligence, community engagement, digital capability and the design and delivery of Aboriginal-specific initiatives.</p> <p>Funding will support public health prevention, regulation and response programs, including the establishment of sexual and reproductive health services, increased funding for women's health services, continuing the Healthy Heart Victoria program in the Loddon Mallee region, and increased oversight of Victoria's drinking water supplies.</p>	72.3	Health Advancement, Health Protection (Health)	No	Not Applicable	Not Applicable

Strengthening community-based services (2022-23 State Budget)	Funding is provided for a range of initiatives to deliver a mental health and wellbeing system that is reoriented towards community-based treatment, care and support. This includes extension of the TelePROMPT program, connecting paramedics at the scene of a mental health crisis with a mental health clinician to provide care for people experiencing mental health emergencies.	10.0	Mental Health Clinical Care (Mental Health)	No	Not Applicable	Not Applicable
Rapid Antigen Tests (2022-23 Budget)	Funding is provided to purchase more rapid antigen tests to support Victoria's testing strategy, and provide tests to healthcare workers, school students, COVID-19 contacts and other critical public sector workforces.	6.1	Health Protection (Health)	No	Not Applicable	Not Applicable

b) Off budget⁵⁸

Name of the program/initiative	Program/initiative objectives	Expenditure as at 30 June 2023	Output/Portfolio	Use of emergency advances/ retroactive funding approvals – Yes or No	Performance measures for the program/ Initiative	Outcomes/ project status
COVID-19 Limited Testing, Vaccination and Engagement services	Funding to support testing services, inclusive of regional testing, mobile/in reach testing and test processing, in conjunction with the continuation of mobile vaccination teams as well as supporting paediatric vaccinations for six-month to five-year-olds. The engagement program will continue to provide targeted support to Culturally and Linguistically Diverse (CALD), Aboriginal and Torres Strait Islander and disability communities to improve the uptake of vaccination, testing and other protective measures.	73.6	Health Protection (Health)	No	Not Applicable	Not Applicable
Support for primary care to protect our hospitals	Funding is provided to continue support for patients in recovery from COVID-19 by establishing Priority Primary Care Centres (PPCCs). As health services continue to face record levels of demand, the PPCCs are not only playing a crucial role in reducing wait times in emergency departments but also providing an alternative local health service for patients who might not be able to see their regular General Practitioner.	32.5	Emergency Services (Health)	No	Not Applicable	Not Applicable

⁵⁸ 'Off budget' is where funds for programs/initiatives are not appropriated in the budget and therefore are not accounted for in the budget. For those programs that received appropriations through specially created programs or subprograms of the budget are known as 'on-budget arrangements'. For example, it could be that most COVID-19 initiatives are off budget items during 2021-22 unless prior budgeted programs were extended/expedited, etc due to COVID-19, then these would be classified as 'on budget'.

<p>Securing and maintaining a Personal Protective Equipment (PPE) stockpile (2021-22 carryover)</p>	<p>Funding is provided to ensure Victoria’s Personal Protective Equipment (PPE) stockpile is maintained to enable healthcare workers to continue to safely provide critical healthcare services. This includes warehousing of PPE and repayment of stock drawn down from the National Medical Stockpile.</p>	<p>23.2</p>	<p>Admitted Services (Health)</p>	<p>No</p>	<p>Not Applicable</p>	<p>Not Applicable</p>
<p>COVID-19 health response (2021-22 carryover)</p>	<p>Funding is provided to continue Victoria’s response to the COVID-19 pandemic. This includes funding for health services to respond to the projected COVID-19 caseload as Victoria reopens and increasing care in the home.</p>	<p>15.0</p>	<p>Admitted Services Workforce Training and Development Non-Admitted Services (Health)</p>	<p>No</p>	<p>Not Applicable</p>	<p>Not Applicable</p>

Question 16 (all departments and entities) Changes to service delivery from savings initiatives

For each of the savings initiatives detailed in the 2021-22 Budget please provide the following details of the impact on service delivery:

- Savings target in the 2021-22 Budget and the amount of the savings target allocated to the department/entity.
- Actual savings achieved in 2021-22 and the actions taken to achieve the savings target allocated and their impact, including the link to the relevant output and portfolio impacted.

2021-22 response

Savings initiative in the Budget \$ million	Savings target allocated to the department/entity in 2021-22	Actual savings achieved in 2021-22 \$ million	Actions taken to achieve the allocated savings target	What was the impact as a result of the measures taken to achieve the savings target? <i>(e.g. frontline and/or other areas of business that saw the impact)</i> If no impact, how was this achieved	Which output(s) and portfolio(s) were impacted (if relevant)
No Savings measures announced in 2018-19 State Budget (2018-19 Budget Paper No.2, p. 54)	Nil	Nil	Nil	Not applicable	Not applicable
Labor's Financial Statement savings (2019-20 Budget Paper No.3, p. 126)	16.5	6.8	Reduction in spending on consultancies and labour hire.	The published budget savings represent those allocated to the former Department of Health and Human Services (DHHS), while the 2021-22 actuals represent the full year impact of savings allocated to Health outputs following the Machinery of Government split of the former DHHS into the Department of Health and the Department of Families, Fairness and Housing. These savings were achieved without impacting on service delivery.	Efficiencies were realised across all portfolios.

Whole of Government efficiencies (2019-20 Budget Paper No.3, p. 126)	61.0	45.9	Indexation funding reduced in line with forecast inflation.	The published budget savings represent those allocated to the former Department of Health and Human Services (DHHS), while the 2021-22 actuals represent the full year impact of savings allocated to Health outputs following the machinery of government split of the former DHHS into the Department of Health and the Department of Families, Fairness and Housing. These savings were achieved without impacting on service delivery and were achieved through effective cost management strategies implemented across the department.	Efficiencies were realised across all portfolios
No Savings measures announced in 2020-21 Budget (2020-21 Budget Paper No.2, p. 75)	Nil	Nil	Nil	Not applicable	Not applicable
More efficient and effective government (2021-22 Budget Paper No.3, p. 142)	31.4	31.4	Expenditure was redirected to ensure the continued efficient and effective delivery of government priorities.	These savings were achieved through effective cost management strategies implemented across the department and agencies. Savings are aimed at improving the efficiency of services and while this may result in some changes, it is not expected to negatively impact the delivery of services or the number of frontline workers.	Efficiencies were realised across all portfolios

Question 17 (all departments) Achievement of reprioritisation of existing resources

The 2021-22 and 2022-23 Budgets include targets for 'reprioritisation and revenue offsets' to fund new initiatives (2021-22 Budget Paper No. 2, p. 68 and 2022-23 Budget Paper no. 2, p. 66). This is in addition to any savings or efficiencies resulting from expenditure reduction measures. For the department (including all controlled entities),⁵⁹ please indicate:

- what areas of expenditure (including projects and programs if appropriate) the funding was reprioritised from (i.e. what the funding was initially provided for)
- what areas of expenditure were the funds actually spent on
- for each area of expenditure (or project or program), how much funding was reprioritised in each year
- the impact of the reprioritisation (in terms of service delivery) on those areas.

2021-22 Response

Area of expenditure originally funded	Area of expenditure actually funded	Value of funding reprioritised in 2021-22 (\$ million)	Impact of reprioritisation of funding (if no impact, how was this achieved)	Output(s) and portfolio(s) impacted (if relevant)
Unavoidable Ambulance Demand	Ambulance Victoria sustainability	52.1	<p>There was no specific impact on other initiatives or service delivery.</p> <p>This was achieved through supplementing Ambulance Victoria with COVID-19 response funding to maintain service delivery.</p> <p>The operations of Ambulance service and the hospital Emergency Departments are inter-linked; and, there have been opportunities to optimise funding provided through the 'Meeting demand for hospital services', by improving ambulance discharge at Emergency Departments.</p>	Ambulance Emergency Services (Ambulance Services)

⁵⁹ That is, please provide this information for the department on the same basis of consolidation as is used in the budget papers.

Funding was reprioritised across all non-frontline areas as part of an ongoing cost management exercise	Future provision of public sector residential aged care	0.5	There was no specific impact on other initiatives or service delivery.	Residential Aged Care (Ageing)
	Public health and local place-based delivery	0.0		Health Protection (Health)
	HealthShare	17.4		Admitted Services (Health)
	Mildura Base Hospital planning	0.8		Admitted Services (Health)
	Health services cybersecurity	11.3		Admitted Services (Health)
	Medically supervised injecting room	3.5		Drug Treatment and Rehabilitation (Health)
	Improving the quality and safety of services and promoting consumer rights	1.1		Mental Health Clinical Care (Mental Health)
	Strengthening system leadership, governance and accountability	1.8		Mental Health Clinical Care (Mental Health)
	Integrated care for people living with mental illness and substance use or addiction	0.8		Drug Treatment and Rehabilitation (Health)
	Supporting the mental health and wellbeing of people in rural and regional Victoria	0.5		Mental Health Community Support Services (Mental Health)

2022-23 Response

Area of expenditure originally funded	Area of expenditure actually funded	Value of funding reprioritised in 2022-23 (\$ million)	Impact of reprioritisation of funding (if no impact, how was this achieved)	Output(s) and portfolio(s) impacted (if relevant)
None	Better at Home	56.7	There was no specific impact on other initiatives or service delivery. The program was delivered within the budget provided due to reduced level of activity provided by Hospitals.	Admitted Services Non-Admitted Services (Health)
Funding was reprioritised across all non-frontline areas as part of an ongoing cost management exercise	Supporting our frontline ambulance services	1.0	There was no specific impact on other initiatives or service delivery.	Ambulance Emergency Services (Ambulance Services)
	Enabling care and meeting demand for hospital services	0.8		Non-Admitted Services (Health)
	Standing with our health workforce - Investing in our future health workforce	0.3		Health Workforce Training and Development (Health)
	Better outcomes for substance use and addiction	3.2		Drug Treatment and Rehabilitation (Health)
	Strengthening community-based services	0.3		Mental Health Clinical Care (Mental Health)
	Promoting good mental health and wellbeing in all communities	2.3		Mental Health Clinical Care (Mental Health)
	Safer digital healthcare for Victorian public health services	11.3		Admitted Services (Health)

Question 18 (all departments) Contractors, Consultants and Labour Hire Arrangements

- a) Please indicate how much the department spent on contractors, consultants and labour hire arrangements during 2020-21, 2021-22 and 2022-23. Labour hire arrangements include the cost of engaging the labour recruiting firm, plus additional costs paid to the labour recruiting firm for the provision of the services of the contractor. Please also explain variances equal to or greater than $\pm 10\%$ between years and list the business areas impacted and how.

Consultants

2020-21 Actual \$ million	2021-22 Actual \$ million	2022-23 Actual \$ million	Explanation for variances (2020-21 over 2021-22) $\pm 10\%$	Explanation for variances (2021-22 over 2022-23) $\pm 10\%$	Which business areas were impacted/benefitted and how?	Please link your response to relevant output(s) and portfolio(s)
47.78*	16.15	7.48	2020-21 to 2021-22 = -66.19% 2020-21 figures are reflective of Department of Families, Fairness and Housing (DFFH) and Department of Health (DH) combined data due to the previous Machinery of Government changes. Accounts from 2021-22 are reported on as Department of Health only.	2021-22 to 2022-23 = -53.68% During this period, the department spend in relation to COVID-19 declined, and its Strategic Alliance head contracts concluded.	Spend on Consultants involved approximately 43 vendors across the relevant years, to support delivery of (for example) business and management services, strategic planning services, research planning and development services and other services that supported the department to undertake its various responsibilities.	Department spend on external vendors to provide services classified as 'consultant' impacted most/all department outputs and current portfolios including: <ul style="list-style-type: none"> • Health • Health Infrastructure • Mental Health • Ambulance Services • Ageing.

* Data from 2020-21 reports information for the former Department of Health and Human Services (DHHS) for the period to 31 January 2021; and, post Machinery of Government change, the Department of Health (DH) for the period from 1 February 2021 to 30 June 2021.

Contractors (including labour hire)

2020-21 Actual \$ million	2021-22 Actual \$ million	2022-23 Actual \$ million	Explanation for variances (2020-21 over 2021-22) ±10%	Explanation for variances (2021-22 over 2022-23) ±10%	Which business areas were impacted/benefitted and how?	Please link your response to relevant output(s) and portfolio(s)
1560.16*	1156.12	536.80	2020-21 to 2021-22 = -25.89% 2020-21 figures are reflective of Department of Families, Fairness and Housing (DFFH) and Department of Health (DH) combined data due to the previous Machinery of Government changes. Accounts from 2021-22 are reported on as Department of Health only.	2021-22 to 2022-23 = -53.56% The decrease was mostly due to a fall in COVID-19 related expenditure. The department's Strategic Alliance head contracts also concluded.	Spend on Contractors, including labour hire, involved about 2,860 vendors across the relevant years. This figure includes contractors to support department operations, hospital and health service operations and to support COVID response.	Department spend on external vendors to provide services classified as 'contractor, labour hire' impacted most/all department outputs and current portfolios including: <ul style="list-style-type: none"> • Health • Health Infrastructure • Mental Health • Ambulance Services • Ageing.

* Data from 2020-21 reports information for the former Department of Health and Human Services (DHHS) for the period to 31 January 2021; and, post Machinery of Government change, the Department of Health (DH) for the period from 1 February 2021 to 30 June 2021.

b) Please enter the actual amount spent on contractors and consultants that are from the Big Four accounting firms (aggregate) in 2021-22 and 2022-23 and list the reasons for engaging the firms.

2021-22 Actual \$ million	2022-23 Actual \$ million	Reason for engaging firms	Please link your response to relevant output(s) and portfolio(s)
67.2	32.6	These firms were engaged to deliver Health and Community Services advisory works under the Strategic Alliance panel arrangements, to support COVID-19 response activities; and, to undertake evaluation, review, policy and related advisory services to support the department undertaking its various responsibilities.	Department spend on these firms impacted most/all department outputs and current portfolios including: <ul style="list-style-type: none"> • Health • Health Infrastructure • Mental Health • Ambulance Services • Ageing.

Question 19 (PNFC and PFC entities only) Dividends and other amounts paid to the general government sector

Please detail the type and value of dividends, amounts equivalent to dividends, non-dividend grants, and capital repatriations paid by your agency to the general government sector in 2021-22 and 2022-23, explaining the reasons for any significant changes over that period and the impact of any changes on the entity.

Please provide the economic funding ratio or accounting funding ratio as applicable at 30 June 2022 and 30 June 2023. Please provide details of the methodology used for the ratio calculation.

2021-22 response

Type of dividend paid	2021-22 Budget (\$ million)	2021-22 Actual (\$ million)	Explanations for variances ±10% or \$100 million	Impact on the agency (including on financial position, investment, impacts on service delivery or infrastructure projects). If no impact, how was this achieved	Funding ratio at 30 June 2022

Economic funding ratio / accounting funding ratio as at 30 June 2022	Details of the methodology

2022-23 response

Type of dividend paid	2022-23 Budget (\$ million)	2022-23 Actual (\$ million)	Explanations for variances $\pm 10\%$ or \$100 million	Impact on the agency (including on financial position, investment, impacts on service delivery or infrastructure projects). If no impact, how was this achieved.	Funding ratio at 30 June 2023

Economic funding ratio / accounting funding ratio as at 30 June 2023	Details of the methodology

Section E: Overall financial performance

Question 20 (all departments) Impact of COVID-19 on financial performance – 2021-22 and 2022-23

Please outline and quantify, where possible, the impacts of the COVID-19 pandemic on the department/agency's financial performance.

2021-22 response

Line item in the Comprehensive operating statement for the financial year ended 30 June 2022	2021-22 Budget	2021-22 Actual	Explanation of the impact caused by COVID-19 pandemic
Total revenue and income from transactions	25,012.5	30,445.9	Total income increased for the portfolio mainly reflecting policy initiatives approved after the Published Budget, including funding related to the COVID-19 response and additional National Partnership on COVID-19 Response funding from the Commonwealth Government.
Total expenses from transactions	25,161.7	29,028.5	Higher total expenses than the Published Budget are due to additional costs for consumables such as personal protective equipment and rapid antigen tests being expensed in hospitals and public health services in response to the COVID-19 pandemic.
Net result from transactions (net operating balance)	-149.2	1,417.5	The variance between the budgeted and actual surplus is mainly due to additional funding related to the COVID-19 Response and timing for expensing consumables, such as personal protective equipment in response to the COVID-19 pandemic. The Published Budget assumes that all such items were purchased and consumed in the same year, however, a significant amount was still held as inventory at 30 June.

2022-23 response

Line item in the Comprehensive operating statement for the financial year ended 30 June 2023	2022-23 Budget	2022-23 Actual	Explanation of the impact caused by COVID-19 pandemic
Total revenue and income from transactions	26,847.7	29,935.3	Total income increased for all portfolios of the department as government made significant investments in hospital services to meet the challenges of the COVID-19 pandemic; and, to ensure hospitals could maintain service levels.
Total expenses from transactions	26,975.1	30,144.9	Higher expenditure against the Published Budget due to increased payments to non-government organisations such as denominational hospitals and community health services, as well as increased expenses in public health services such as staff, administration, cleaning and security staff.
Net result from transactions (net operating balance)	-127.5	-209.7	The variance between budgeted and actual is mainly due to challenges relating to rising costs in the health sector.

Question 21 (all departments) Impact of unforeseen events on financial performance – 2021-22 and 2022-23

Please outline and quantify, where possible, the impacts of unforeseen events over 2021-22 and 2022-23 on the department/agency's financial performance.

2021-22 response

Line item in the Comprehensive operating statement for the financial year ended 30 June 2022	2021-22 Budget	2021-22 Actual	Impact of unforeseen events
Total revenue and income from transactions	25,012.5	30,445.9	As detailed in Question 20, COVID-19 was a major driver in the variance between budget and actual amounts in 2021-22.
Total expenses from transactions	25,161.7	29,028.5	The impact of other unforeseen events is not captured at the portfolio level.
Net result from transactions (net operating balance)	-149.2	1,417.5	Examples of other unforeseen events that occurred during this period were Storm: significant weather; extreme fire danger ratings; heatwave; high epidemic Thunderstorm Asthma forecast and major road traffic accidents. These events impacted the department by diverting attention and resources, however, the financial implications for each of these events cannot be quantified reliably.

2022-23 response

Line item in the Comprehensive operating statement for the financial year ended 30 June 2023	2022-23 Budget	2022-23 Actual	Impact of unforeseen events
Total revenue and income from transactions	26,847.7	29,935.3	As detailed in Question 20, COVID-19 was a major driver in the variance between budget and actual amounts in 2022-23.
Total expenses from transactions	26,975.1	30,144.9	The impact of other unforeseen events is not captured at the portfolio level.
Net result from transactions (net operating balance)	-127.5	-209.7	Examples of other unforeseen events that occurred during this period were Storm: significant weather; extreme fire danger ratings; heatwave; flood event; high epidemic Thunderstorm Asthma forecast and a major road traffic accident. These events impacted the department by diverting attention and resources, however, the financial implications for each of these events cannot be quantified reliably.

Section F: Public sector workforce

Question 22 (all departments and entities) Full Time Equivalent (FTE) staff by level and category

a) Please provide total FTE as of 30 June 2021, 30 June 2022, 30 June 2023 and provide explanation for more than \pm -10% change in FTE between years.

Department of Health and entity totals

Level (Classification)	30 June 2021 Actual FTE	30 June 2022 Actual FTE	30 June 2023 Actual FTE	Explanations of variance \pm -10% between 2021 - 2022	Explanations of variance \pm -10% between 2022 - 2023
Department of Health (total)	4093.6	3119.3	3034.1	-23.8% Reason COVID Responses division had been disbanded in May-June 2022	-2.73%
Safer Care Victoria (total)	134.0	169.0	177.7	26.12% Reason In the second half of 2021 into 2022, there was an increase in the Full Time Equivalent (FTE) associated with the standing up of the 1,000K Lives program and the Mental Health Improvement Unit. These positions came with the associated funding to pay staff over the life of the project.	5.15%

Additional Information 1: Department of Health (by Level)

Level (Classification)	30 June 2021 Actual FTE	30 June 2022 Actual FTE	30 June 2023 Actual FTE	Explanations of variance ±-10% between 2021 - 2022	Explanations of variance ±-10% between 2022 - 2023
VPS 1	17.9	10.9	0.3	-39.11%	-97.25%
VPS 2	84.7	69.2	77.3	-18.3%	12%
VPS 3	378.5	256.0	231.3	-32.36%	-9.65%
VPS 4	1,275.5	587.0	491.2	-54%	-16.3%
VPS 5	1,194.6	1,053.9	1,056.2	-11.8%	0.2%
VPS 6	833.1	823.5	846.0	-1.2%	2.7%
SMA	25.0	11.1	16.6	-55.6%	49.5%
STS	33.6	30.8	23.8	-8.33%	-22.73%
Executives	167.8	186.2	207.4	10.97%	11.4%
Others	83.0	90.7	84.0	9.3%	-7.39%
Total	4,093.6	3,119.3	3,034.1	-23.8%	-2.73%

N.B. The reduction in workforce is driven largely by the COVID-19 Response division being disestablished in May-June 2022. The growth in Executive number is attributed mostly to the progressive expansion of the health infrastructure program (Health Infrastructure division and Victorian Hospital Building Authority).

Additional Information 2: Department of Health (by Category)

Category (Employee Group)	30 June 2021 Actual FTE	30 June 2022 Actual FTE	30 June 2023 Actual FTE	Explanations of variance ±-10% between 2021 - 2022	Explanations of variance ±-10% between 2022 - 2023
Ongoing	1,865.6	1,758.4	1,927.3	-6%	9.6%
Fixed-term and Casual	2,228.0	1,360.9	1,106.9	-38.92%	-18.66%
Total	4,093.6	3,119.3	3,034.1	-23.8%	-2.73%

Additional Information 3: Safer Care Victoria (by Level)

Level (Classification)	30 June 2021 Actual FTE	30 June 2022 Actual FTE	30 June 2023 Actual FTE	Explanations of variance ±-10% between 2021 - 2022	Explanations of variance ±-10% between 2022 - 2023
VPS 2	0.0	0.0	0.0	0	0
VPS 3	5.2	2.6	3.6	-50%	38.5%
VPS 4	31.6	41.8	42.5	32.3%	1.7%
VPS 5	65.4	89.1	82.4	36.2%	-7.5%
VPS 6	23.7	26.2	33.6	10.5%	28.2%
SMA	1.0	1.0	1.0	0	0
STS	1.7	1.8	3.3	5.9%	83%
Executives	5.5	6.5	10.3	18.2%	58.5%
Others	0.0	0.0	1.0	0	100%
Total	134.0	169.0	177.7	26.1%	5.15%

N.B. In the second half of 2021 into 2022, there was an increase in the Full Time Equivalent (FTE) associated with the standing up of the 1,000K Lives program and the Mental Health Improvement Unit.

Additional Information 4: Safer Care Victoria (by Category)

Category (Employee Group)	30 June 2021 Actual FTE	30 June 2022 Actual FTE	30 June 2023 Actual FTE	Explanations of variance ±-10% between 2021 - 2022	Explanations of variance ±-10% between 2022 - 2023
Ongoing	105.9	80.7	108.3	-23.8%	34.2%
Fixed-term and Casual	28.2	88.4	69.4	213.48%	-21.49%
Total	134.0	169.0	177.7	26.12%	5.15%

N.B. Full Time Equivalent (FTE) data sourced from Department of Health Annual Report 2020-21 (pp. 80-87), 2021-22 (pp.70-75), and 2022-23 (pp. 80-85).

b) For 2021-22 and 2022-23, please provide information regarding any staffing challenges faced by the department, including but not limited to: staff shortages by category or position name, positions that were hard to staff, positions that were vacant for 6+ months, positions that have not equalled or surpassed attrition.

The department has been challenged, particularly in filling the following roles:

- IT and data analytic specialist roles, finance and procurement, communication and media
- Specialist legal roles.

Currently, these are specialist skills which are difficult to fill, either internally within the VPS or through external advertising. This is a result of broader economic environment of low unemployment rates and competitive labour markets.

There are also specialist role functions within the Health Infrastructure division and the broader health sector relating to:

- Health Infrastructure specialist roles (e.g., architect, engineers, large construction project management), requiring deep commercial acumen and significant industry experience in construction
- Public Health and Emergency Management specialists.

The Jobs and Skills Exchange (JSE) policy has been implemented within the Department of Health (DH) through a strongly administered delegate endorsement process in conjunction with divisional workforce planning.

All external advertising and labour hire requests require stringent review and Secretary delegated endorsement.

The Department of Health has seen positive workforce management oversight structures within divisions as part of their workforce planning process to support sound workforce decision making and hiring decisions.

Significant work has occurred to support leaders in the consideration of workforce efficiencies and priority planning, particularly when a vacancy arises, to support the evolution of a mature workforce planning culture (rather than a 'fill a vacancy' culture).

Reduction in labour hire usage has also been noted as part of this process.

Question 23 (all departments and entities) Salary by employment category

In the table below, please detail the salary costs for 2020-21, 2021-22 and 2022-23, broken down by ongoing, fixed-term and casual, and explain any variances equal to or greater than $\pm 10\%$ or \$100 million between the years for each category.

Department of Families, Fairness and Housing

Employment category	Gross salary 2020-21 (\$ million)*	Gross salary 2021-22 (\$ million)	Gross salary 2022-23 (\$ million)	Explanation for any year-on-year variances $\pm 10\%$ or \$100 million
Ongoing	827	626	672	Increase to support business-critical functions.
Fixed-term	346	161	167	
Casual	33	10	10	
Total	1,206	798	849	

Department of Health

Employment category	Gross salary 2020-21 (\$ million)**	Gross salary 2021-22 (\$ million)	Gross salary 2022-23 (\$ million)	Explanation for any year-on-year variances $\pm 10\%$ or \$100 million
Ongoing	827	266	311	Increases from 2021-22 to 2022-23 are principally in Health Infrastructure and Safer Care Victoria for new functions.
Fixed-term	346	336	178	
Casual	33	32	14	Decrease of fixed term engagements and casual pool in 2022-23 reflects winding down of COVID-19 operations and allocated budget savings.
Total	1,206	634	503	

* Department of Families, Fairness and Housing data reported previously in 2020-21 have been revised with updated information. Only the break-down between Ongoing, Fixed-term and Casual has changed. Total remains the same.

** Due to Machinery of Government changes, salaries have been split between the Department of Health and Department of Families, Fairness and Housing outputs since 2021-22.

Question 24 (all departments and entities) Executive salary increases

Please detail the number of executives who received increases in their base remuneration in 2021-22 and 2022-23, 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.

2021-22 response

Increase in base remuneration	Number of executives receiving increases in their base rate of remuneration of this amount in 2021-22, apart from increases outlined in employment agreements			Reasons for these increases
	Female	Male	Self-described	
0-3 per cent	9	3	0	Review on appointment Review on reappointment Work value increase
3-5 per cent	8	5	0	Review on appointment Review on reappointment Work value increase
5-10 per cent	5	2	0	Promotion Review on appointment
10-15 per cent	4	2	0	Promotion Review on appointment Work value increase
greater than 15 per cent	12	4	0	Promotion Review on reappointment Work value increase

2022-23 response

Increase in base remuneration	Number of executives receiving increases in their base rate of remuneration of this amount in 2022-23, apart from increases outlined in employment agreements			Reasons for these increases
	Female	Male	Self-described	
0-3 per cent	3	2	0	Review on appointment Review on reappointment Work value increase
3-5 per cent	9	7	0	Promotion Review on appointment Review on reappointment Work value increase
5-10 per cent	5	0	0	Promotion Review on appointment Review on reappointment Work value increase
10-15 per cent	1	0	0	Promotion
greater than 15 per cent	11	4	0	Promotion Review on appointment Review on reappointment Work value increase

Question 25 (all departments and entities) Enterprise Bargaining Agreement (EBAs)

Please list the Enterprise Bargaining Agreement (EBAs) concluded in 2021-22 and 2022-23 that had an impact for the department/agency. For each EBA, please show the number of employees affected and the growth in employee expenses attributable to the EBA.

2021-22 response

Enterprise Bargaining Agreement	Number of employees affected	Number of employees as a % of department/entity	Growth in employee expenses attributable to the EBA (\$ million)	Growth in employee expenses attributable to the EBA (\$ million) as a % of total employee expenses
Maternal and Child Health Nurses Agreement 2021 (Department of Health)	25 (FTE)	< 1 per cent	0.213	5.10 per cent

2022-23 response

Enterprise Bargaining Agreement	Number of employees affected	Number of employees as a % of department/entity	Growth in employee expenses attributable to the EBA (\$ million)	Growth in employee expenses attributable to the EBA (\$ million) as a % of total employee expenses
Not Applicable				

Section G: Government decisions impacting on finances

Question 26 (all departments and entities) Commonwealth Government and National Cabinet decisions

Please identify any Commonwealth Government and National Cabinet decisions during 2021-22 and 2022-23 which had not been anticipated/not been concluded before the finalisation of the State budget in 2021-22 and in 2022-23 and their impact(s) on the department's/entity's finances or activities during those years (including new funding agreements, discontinued agreements and changes to funding levels). Please quantify the impact on income and expenses where possible.

2021-22 response

Commonwealth Government decision	Impact(s) in 2021-22	
	on income (\$ million)	on expenses (\$ million)
The Commonwealth released its 2021-22 budget on 11 May 2021; the Victorian state budget was released on 20 May 2021		
National Health Reform (NHR) Funding – Hospital Services N.B., this differs from the National Health Reform Funding published in the State Budget as this includes payments relating to the National Partnership on COVID-19 response, which are to be considered payments under the National Health Reform Agreement and reconciliation that needed to occur. <i>Funding amounts are from the 2021-22 Commonwealth Final Budget Outcome.</i>	5,268.6	5,268.6
Below are Intergovernmental Agreements (IGAs) that were not anticipated, or negotiations that had not commenced or been completed, before finalisation of the State Budget funding amounts. <i>Funding amounts are from the 2021-22 Commonwealth Final Budget Outcome.</i>		
Commonwealth IGAs under negotiation (funding not reflected in the 2021-22 State Budget):		
National Partnership on comprehensive palliative care across the life course	5.3	5.3
Public Dental Services for adults (included in State Budget Papers as \$0)	26.9	26.9
Japanese encephalitis virus mosquito surveillance and control	4.2	4.2
New IGAs announced in the 2021-22 Commonwealth Budget (State allocations not determined at time of publication and no funding included in the 2021-22 State Budget):		
National perinatal mental health check	0.0	0.0
Reducing stillbirths	0.0	0.0

IGAs with a variance between State Budget Papers and Final Commonwealth Budget Outcome		
Community Health, Hospitals and Infrastructure Projects (included in State Budget as \$41 million; the difference was due to changes in the phasing of milestone payments associated with this IGA between financial years).	37.2	37.2

National Cabinet decision	Impact(s) in 2021-22	
	on income (\$ million)	on expenses (\$ million)
<p>The establishment of National Cabinet represents a commitment of all states and territories and the Commonwealth to work together to ensure a consistent and coordinated response to the COVID-19 pandemic and other matters that require national policy and service coordination.</p> <p>National Cabinet continues to work to address issues and find solutions to the health and economic consequences of COVID-19 and other matters of national importance.</p> <p>Through the National Cabinet, states, territories and the Commonwealth are committed to seeking consistent national approaches, however, states and territories make decisions on implementation based on their own jurisdictional contexts.</p> <p>As a result, there are few IGAs that give effect to National Cabinet decisions.</p> <p>Detailed below are the key IGAs agreed to by the Commonwealth and Victoria that relate to National Cabinet discussions.</p>		
<p>National Partnership on COVID-19 Response (NPCR)</p> <p>The objective of the NPCR is to provide financial assistance for the additional costs incurred by state health services in responding to the COVID-19 outbreak, including because of the diagnosis and treatment of patients with COVID-19 or suspected of having COVID-19, and efforts to minimise the spread of COVID-19 in the Australian community.</p> <p>The NPCR included an Upfront Advance Payment and two other payment streams with the Commonwealth providing a 50 per cent contribution for costs incurred by states, through monthly payments for:</p> <ul style="list-style-type: none"> • Hospital Services Payments – for the diagnosis and treatment of COVID-19 including suspected cases. • State Public Health Payments – for other COVID-19 activity undertaken by state public health systems for the management of the outbreak. <p>Victoria signed the NPCR on 13 March 2020, and subsequent schedules were signed in 2020-21, 2021-22 and 2022-23 (refer below for information on these schedules).</p> <p>See: COVID-19 Response – Federal Financial Relations</p> <p>*Budget 2021-22 – Final Budget Outcome, Part 3: Australia’s Federal Financial Relations, p.72, https://archive.budget.gov.au/2021-22/fbo/download/04_part_3_a.pdf</p>	1,983.2*	1,983.2*

<p>National Partnership on COVID-19 Response – Schedule C – Coordination and Delivery of a Safe and Effective COVID-19 Vaccine</p> <p>Schedule C to the NPCR was signed by the Victorian Treasurer on 4 March 2021. Through the Vaccination Dose Delivery Payment, the Commonwealth provided a 50 per cent contribution to the agreed price per vaccination dose delivered by the states. The NPCR also provided for an upfront payment to Victoria of \$26 million in 2020-21, which was reconciled against the Vaccination Dose Delivery Payment.</p> <p>The Commonwealth Budget does not delineate funding under the NPCR via Schedule.</p> <p>See: https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2021-04/covid-19_response_vaccine_amendment_schedule.pdf</p> <p>On 22 April 2021, the National Cabinet agreed to the Commonwealth contributing 50 per cent of genuine net additional costs incurred by states and territories to set up additional COVID-19 clinics after 21 April 2021, where necessary to support the recalibrated vaccination program delivery model.</p> <p>See: https://www.pm.gov.au/media/national-cabinet-4</p> <p>An amended Schedule C to the NPCR was signed by Victoria on 25 October 2022 which sets out the amended arrangements.</p>		
<p>National Partnership on COVID-19 Response – Schedule D – Support for aged care preparedness and response during COVID-19</p> <p>Schedule D to the NPCR is in response to the Royal Commission into Aged Care Quality and Safety’s special report on Aged Care and COVID-19, and recognises National Cabinet’s 21 August decision to endorse the Commonwealth, State and Territory Plan to Boost Aged Care Preparedness for a Rapid Emergency Response to COVID-19.</p> <p>The Schedule allowed states to assist aged care providers to prevent, prepare for and respond to outbreaks of COVID-19.</p> <p>See: covid19_npa_Dec_2021.pdf (federalfinancialrelations.gov.au)</p>		

2022-23 response

Commonwealth Government decision	Impact(s) in 2022-23	
	on income (\$ million)	on expenses (\$ million)
<p>Note: The Commonwealth released two Commonwealth Budgets in 2022-23, reflecting a change in Commonwealth governments – March 2022 and October 2022.</p> <p>The IGAs below are in the October 2022 Commonwealth budget.</p>		
<p>National Health Reform Funding – Hospital Services</p> <p>Note, this differs from the National Health Reform Funding published in the State Budget as this includes payments relating to the National Partnership on COVID-19 response, which are to be considered payments under the National Health Reform Agreement and reconciliation that needed to occur.</p> <p><i>Funding amounts are from the 2022-23 Commonwealth Final Budget Outcome.</i></p>	5,876.7	5,876.7
<p>Below are IGAs that were not anticipated, or negotiations that had not commenced or been completed, before the finalisation of the State Budget funding amounts.</p> <p><i>Funding amounts are from the 2022-23 Commonwealth Final Budget Outcome.</i></p>		
<p>Commonwealth IGAs under negotiation (not reflected in the 2022-23 State Budget):</p>		
Public Dental Services for adults (included in State Budget Papers as \$0, as not yet signed)	26.9	26.9
Access to HIV treatment	0.0	0.0
Multidisciplinary outreach care	0.0	0.0
Surge Capacity for BreastScreen Australia	0.5	0.5
National Mental Health and Suicide Prevention Agreement — Bilateral schedules	36.9	36.9
Primary Care Pilots	9.1	9.1
Expansion to the John Flynn Prevocational Doctor Program	1.0	1.0
<p>New Agreements announced in the 2022-23 Commonwealth Budget (State allocations not determined at time of publication and no funding included in the 2022-23 State Budget):</p>		
Medicare Urgent Care Clinics (N.B. State allocations were determined post State Budget).	5.2	5.2
World-class newborn bloodspot screening program (N.B. State allocations were determined post State Budget).	1.3	1.3

Agreements with a variance between State Budget Papers and Final Commonwealth Budget Outcome		
Community Health, Hospitals and Infrastructure Projects (\$81 million in state budget; the difference was due to changes in the phasing of milestone payments associated with this IGA between financial years).	66.2	66.2

National Cabinet decision	Impact(s) in 2022-23	
	on income (\$ million)	on expenses (\$ million)
<p>National Partnership on COVID-19 Response – extension to 31 December 2022</p> <p>On 17 June 2022, Prime Minister Albanese in his statement from the meeting of National Cabinet, highlighted that National Cabinet would build on recent collaborative efforts to support the COVID-19 health response. Further, in recognition of the pressures in the health and hospital system exacerbated by the COVID-19 pandemic, the Commonwealth Government extended the NPCR for a further three months to 31 December 2022, at a cost of approximately \$760 million nationally.</p> <p>See: Statement From The Meeting Of National Cabinet Prime Minister of Australia (pm.gov.au)</p> <p>Victoria signed the extension on 1 July 2022.</p> <p>See: SKM-C45822070416520 (federal-financial-relations.gov.au)</p> <p>Estimates for an additional three months of NPCR funding was not recognised in the 2022-23 Victorian State Budget as it was released on 3 May 2022.</p> <p>** Budget 2022-23 – Final Budget Outcome, Part 3: Australia’s Federal Financial Relations, p.70 https://archive.budget.gov.au/2022-23-october/fbo/download/04_part_3_a.pdf</p>	1,829.3**	1,829.3**

Section H: General

Question 27 (all departments and entities) Reviews/evaluations undertaken

- a) Please list all internal⁶⁰ and external reviews/studies, established, commenced or completed by or on behalf of the department/agency in 2021-22 and 2022-23 and provide the following information:
- i. Name of the review/evaluation and which portfolio and output/agency is responsible
 - ii. Reasons for the review/evaluation
 - iii. Terms of reference/scope of the review/evaluation
 - iv. Timeline for the review/evaluation
 - v. Anticipated outcomes of the review/evaluation
 - vi. Estimated cost of the review/evaluation and final cost (if completed)
 - vii. Where completed, whether the review/evaluation is publicly available and where. If no, why it is not publicly available.

⁶⁰ Internal reviews do not include internal costings. Internal reviews/evaluations include any reviews or evaluations undertaken by your department and not given to external consultants. Internal reviews/evaluations do not include inquiries carried out by Parliamentary Committees or reviews undertaken by integrity agencies.

2021-22 response

Name of the review (portfolio(s) and output(s)/agency responsible)	Reasons for the review/evaluation	Terms of reference/scope	Timeline	Anticipated outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL If no, why.
Better at Home lapsing program evaluation (Health)	To inform government consideration of future investment in the Better at Home program.	The evaluation assessed the extent to which the program met its objectives and the performance of the program in accordance with the Department of Treasury and Finance Resource Management Framework.	The evaluation commenced in March 2021, with a final report completed in May 2022.	The evaluation found that the program increased the proportion of bed days delivered at home, contributed to positive clinical and psychosocial outcomes for patients and resulted in greater collaboration between health services.	\$332,868.80 (GST inclusive)	\$332,868.80 (GST inclusive)	N The report is not available publicly. A high-level summary was provided to the sector, with the full report part of a confidential budget process.
Productivity in the Victorian Acute Health System (Health)	To inform internal policy development	The review comprised data analysis on the productivity of the Victorian health system, including workforce and capital productivity.	The review commenced in August 2021, with a final report completed in May 2022	Information on the productivity of public health services to inform future policy development.	\$201,364 (GST exclusive)	\$201,364 (GST exclusive)	N The report is not available publicly. Information was used for internal policy purposes only.

<p>Public Intoxication Reform evaluation (Health)</p>	<p>To evaluate the trial health response to public intoxication at four (4) sites and provide advice on the statewide rollout of the Public Intoxication health response</p>	<p>The scope of the evaluation includes design, implementation, demand and throughput, effectiveness, efficiency, lessons learned, recommendations for scale up.</p>	<p>1/05/2021 to 30/09/2023</p>	<p>Early insight advice to the department to inform scale up design and budget bids. The final report includes an assessment of the achievements and outcomes of the trial sites, which has informed the establishment of statewide response to the decriminalisation of public intoxication.</p>	<p>\$150,000</p>	<p>\$150,000</p>	<p>N Under consideration by government.</p>
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<p>Medically Supervised Injecting Room (MSIR) Evaluation (Health)</p>	<p>The North Richmond Medically Supervised Injecting Room (MSIR) was initially trialled for five years. In June 2020, an independent panel, chaired by Professor Margaret Hamilton AO, delivered the first review of the trial.</p>	<p>The Panel was required to:</p> <ol style="list-style-type: none"> 1. Develop the review scope, structure and data and evidence collection requirements 2. Work with and receive advice from external research organisations or consultants, who will inform the work of the Review Panel. <p>Report to the Minister for Health 12 months after appointment to the Panel, via the department, outlining early findings, and by no later than 31 December 2022, provide an endorsed review to the Minister for Health that meets the requirements outlined above, including a summary report of the findings for the general public.</p>	<p>1/1/2020 to 30/3/2023</p>	<p>A report addressing the scope of the review has been tabled in Parliament. The report addresses the six goals of the MSIR, being to:</p> <ul style="list-style-type: none"> • Reduce overdose deaths and harm • Provide a gateway to health and social services for people who inject drugs • Reduce ambulance attendances and emergency department presentations attributed to overdose • Reduce the number of discarded needles and syringes in neighbouring public places • Improve neighbourhood amenity for residents and local businesses • Assist in reducing the spread of blood-borne diseases including HIV and hepatitis C. <p>The Review informed the Drugs, Poisons and Controlled Substances Amendment (Medically Supervised Injecting Centre) Bill 2023 which was</p>	<p>\$500,000</p>	<p>\$600,000</p>	<p>Y www.health.vic.gov.au/publications/review-of-the-medically-supervised-injecting-room-2023</p>
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				passed in May 2023 and provides for the MSIR to operate on an ongoing basis.			
Maternity Workforce Packages evaluation (Health)	The \$13.3 million funding package was delivered July 2021 to June 2022 to increase maternity service workforce capacity of 31 Victorian public maternity services experiencing substantial increased demand and workforce pressures during the COVID-19 pandemic.	In scope: <ul style="list-style-type: none"> rostering additional maternity staffing nightshift staffing trials of new innovative models. 	1/07/2021 to 1/10/2022	Increase in Full-Time Equivalent (FTE) maternity workforce capacity in areas of high demand (rural/regional areas). Improved quality of care and safety for postnatal women. Innovative new workforce roles, including midwives working to full scope of practice.	Nil	Nil	N Under consideration by government.

<p>Maternal and Child Health (MCH) Sleep and Settling (SS) (Health)</p>	<p>\$51 million program investment. To assess the reach and effectiveness of Sleep and Settling model of care in maternal child health; and, the impact of the initiatives on nurse practice and service delivery outcomes.</p>	<p>In scope: All components of the Sleep and Settling Model of Care Out of scope: <ul style="list-style-type: none"> Enhanced MCH delivery. Secondary and tertiary referral services. </p>	<p>1/07/2020 to 1/10/2022</p>	<ul style="list-style-type: none"> The MCH workforce is well equipped, confident and supported to work with parents and caregivers with SS concerns. Parents, caregivers, and families with SS concerns are supported adequately and referred to other support services, appropriate to their needs, culture and circumstances. Babies and children get the optimal sleep needed for their development, health and wellbeing, so that they can flourish. 	<p>\$155,000</p>	<p>\$155,000</p>	<p>N Under consideration by government.</p>
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<p>Maternal and Child Health (MCH) Family Violence (Health)</p>	<p>A quality assurance inquiry into the effect of \$11 million program funding to improve the identification of and response to families accessing MCH services who are at risk of or experiencing family violence.</p>	<p>In scope:</p> <ul style="list-style-type: none"> • Additional family violence consultations in maternal child health. • Organisational and practice alignment with the Multi-Agency Risk Assessment and Management Framework (MARAM). • MARAM training for workforce. 	<p>1/07/2020 to 1/10/2022</p>	<ul style="list-style-type: none"> • Increased capacity within MCH Services to provide greater outreach support to families at risk. • Nuanced assessment and increased referral to specialist family violence services. • Organisational and practice alignment with the MARAM. • Increased MCH workforce confidence and competence in effective screening and referral. 	<p>\$155,000</p>	<p>\$155,000</p>	<p>N Under consideration by government.</p>
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<p>Evaluation of the COVID-19 vaccine rollout (Health)</p>	<p>The evaluation described and assessed the core activities of the COVID-19 rollout, to provide a clear record and an evidence base to inform future public health emergencies.</p>	<p>Areas covered by the evaluation included: uptake, access, safety and quality, and trust and confidence. Ninety-eight (98) individuals were consulted for the evaluation, which also drew on significant quantitative data.</p>	<p>1/03/2022 to 1/07/2022</p>	<p>To decrease the impact of COVID-19 illness on the Victorian health system and other parts of community life. Ensure all Victorians can access COVID-19 vaccinations as quickly as possible in line with vaccine supply and in line with Commonwealth prioritisation process. Enable the highest safety and quality for all Victorians by appropriately supporting and enabling the COVID-19 vaccination system in Victoria. Building and sustaining public trust and confidence through a range of broad targeted communication and engagement activities.</p>	<p>Nil</p>	<p>Nil</p>	<p>N Under consideration by government.</p>
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b) Please outline the Department's/Agencies in house skills/capabilities/expertise to conduct reviews/studies/evaluations/data analysis of the programs and services for which the Department /Agency is responsible.

The Department of Health shares with the Department of Families, Fairness and Housing an in-house unit devoted to evaluation and review of its programs and services.

The Centre for Evaluation and Research Evidence (the Centre) is the default provider of evaluations for both departments.

It specialises in evaluation practice and delivery, with a number of its 35 Full-Time Equivalent (FTE) with Masters-level qualifications in Evaluation.

The Centre has a deep knowledge of departmental policy and programs; and, has won multiple awards from the Australian Evaluation Society for its expertise and excellence in delivering evaluations of government programs.

The Centre is located in a separate division to areas responsible for policy development and program delivery, enabling it to provide independent advice to the Secretaries, at approximately half the cost to the taxpayer if services were sourced externally.

The Centre also provides capability building to help manage the high internal demand for its services.

Overflow demand for the Centre's services is met through procurement of evaluations by other providers, with the Centre managing a panel of preferred providers.

2022-23 response

Name of the review (portfolio(s) and output(s)/agency responsible)	Reasons for the review/evaluation	Terms of reference/scope	Timeline	Anticipated outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL If no, why.
Pathways to Home lapsing program evaluation (Health)	To understand the effectiveness of the program and to inform government budget planning and reporting processes.	The evaluation assessed the extent to which the program was implemented as intended and whether it achieved its intended outcomes within allocated funding.	The evaluation commenced in December 2022 with a final report completed in May 2023.	The evaluation found that while the program was still maturing, it was effective in providing high quality care and freeing up hospital beds.	\$178,052 (GST exclusive)	\$178,052 (GST exclusive)	N The report is not available publicly. A high-level summary was provided to the sector, with the full report part of a confidential budget process.
Health Service Partnerships (HSP) evaluation (Health)	Assess how effectively the model is operating, identify opportunities for improvement, and inform long-term directions.	The evaluation explored how effectively the partnerships are operating, and how they are placed to support government priorities.	The evaluation commenced in September 2022 with a final report completed in December 2022.	The evaluation provided recommendations to clarify and strengthen the HSP model and increase delivery of benefits to patients and communities.	\$163,636 (GST exclusive)	\$13,602 (GST exclusive)	N The report is not publicly available but has been provided to health service Chief Executive Officers.

<p>Health Services Plan (Health)</p>	<p>The Health Services Partnership (HSP) evaluation recommended a broader process to examine the design and governance of the Victorian health service system to ensure the system is well placed to meet challenges over the coming decades.</p>	<p>The Health Services Plan will outline the appropriate roles of different kinds of public health services, organisational arrangements to support optimal system design, and collaboration arrangements to support the optimal system design.</p>	<p>Development of the Health Services Plan commenced in June 2023, with a final report due in April 2024.</p>	<p>The Plan aims to support the delivery of outcomes that matter for local communities and improve health equity and access for all Victorians.</p>	<p>\$329,200 (GST inclusive)</p>	<p>Not completed</p>	<p>Not yet completed.</p>
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<p>Community Pharmacist State-wide Pilot project (CPSP) (Health)</p>	<p>To determine whether the pilot is meeting is objectives of providing effective, safe, people-centred, timely, equitable, integrated and efficient care. To inform continuous improvement to the program and future design.</p>	<p>The scope is partial delivery of the evaluation: The Centre for Evaluation and Research Evidence (CERE) developed a program logic and data collection matrix, informed the IT platform data collection, developed program data collection tools and an approach for the evaluation. Contributed to the program area Privacy Impact Assessment, advice on relevant patient consents, Human Research Ethics Committee applications. Procurement of third-parties (if required) for evaluation activities Interim evaluation report.</p>	<p>10/05/2023 to 31/03/2024</p>	<p>Approach, data collection tools and method for a full evaluation including relevant ethical approvals and procured third parties if required. Interim program delivery monitoring and evaluation outcomes to support understanding of uptake, spread, accessibility and patient-centredness of the service, as well as compliance with structured prescribing protocols.</p>	<p>\$128,200</p>	<p>Not completed</p>	<p>N Not yet completed.</p>
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Improving Childhood Asthma Management (ICAM) evaluation (Health)	To provide qualitative insights to a program-led evaluation of the ICAM program.	The Centre for Evaluation and Research Evidence (CERE) undertook and analysed stakeholder interviews, analysed the data and provided a report on key themes.	3/04/2023 to 9/06/2023	Qualitative data was integrated with desktop analysis undertaken by the program team, to provide more fulsome evidence of the impact of the ICAM approach.	\$10,000	\$10,000	N Under consideration by government.
Meals and Refreshments Program [Component of Worker Wellbeing] (Health)	To support health workforce retention in state funded health services.	Qualitative and quantitative analysis of data collected.	1/03/2023 to 26/05/2023	Better understanding of how effective this program has been on staff retention.	Nil	Nil	N Under consideration by government.

<p>Adult Mental Health and Wellbeing (MHW) Locals (Health)</p>	<p>Phase 1 of a three-phase evaluation of the Mental Health and Wellbeing Locals. These services were established in response to recommendation 3.2a of the Royal Commission into Victoria’s Mental Health System. Phase 1 was an early implementation evaluation to understand the activities, barriers and enablers to establishment services.</p>	<p>The scope of all Phases is on the first six ‘Locals’ established. Phase 1 focuses on implementation and collated data from progress and implementation reports, service use data and focus groups with management staff at each Local. Broader consultation with the Locals’ workforce and consumers was outside the scope of Phase 1 but is planned to be incorporated in Phase 2 and/or Phase 3.</p>	<p>1/04/2023 to 31/08/2023</p>	<p>Phase 1 showed that Locals Services have been implemented in a way that follows the intent of the Royal Commission in filling a ‘tier 4’ gap in the mental health and wellbeing system. Workforce and walk-in site establishment has experienced delays. Integrating Lived Experience perspectives through all aspects of governance and service delivery takes considerable time and effort.</p>	<p>\$58,303</p>	<p>\$58,303</p>	<p>N Under consideration by government.</p>
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<p>Infant and Child Local Mental Health and Wellbeing (MHW) services (Health)</p>	<p>\$41 million program funding to evaluate recommendation 19.3 Royal Commission recommendation to improve service responses for infants, children and families within an aged based mental health system.</p>	<p>Three (3 Child) Local Hub services:</p> <ul style="list-style-type: none"> • Brimbank Melton: IPC Health in partnership Western Health and the Royal Children’s Hospital • Southern Melbourne – Monash Health providing CHS and mental health services (Family Services to be appointed) • Loddon – Bendigo Community Health Services (providing CHS and Family Services) and Bendigo Health. 	<p>1/09/2022 to 31/10/2023</p>	<ul style="list-style-type: none"> • The Hubs contribute to efficient coordination and navigation across tiered system of primary, secondary and specialist care. • Earlier identification of child developmental delay, behavioural or emotional concerns. • Children are living in families with healthy family functioning. • Children are engaged in early childhood education and school. 	<p>\$137,709</p>	<p>\$137,709</p>	<p>N Under consideration by government.</p>
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Graduated Parenting Support Evaluation (Health)	\$42 million funded program in response to evaluating Royal Commission recommendation of implementing parenting education program.	In scope: Intermediate supports: Group sessions for parents of children accessing services provided by the Hubs. Advanced supports: Group sessions for parents of children accessing ICY-AMHWS (initially in eight [8] regional locations). Highest intensity supports: Residential statewide Child and Family Centres. Out of scope: Online parenting program.	1/04/2023 to 1/06/2025	Strengthened relationship of parents, families, carers and supporters in providing support to children experiencing mental health and wellbeing challenges.	\$38,967	Not completed	N Not yet completed.
Victorian Comprehensive Cancer Centre (VCCC) Alliance Lapsing Program Evaluation (Health)	Evaluate the implementation and outcomes of the Victorian Comprehensive Cancer Centre (VCCC) Alliance Strategic Plan 2020-24.	Focus is only on the Strategic Plan and outcomes. The function and operation of VCCC Alliance is out of scope	May 2023 to 30/11/2023	Insights into what needs to be included in the next plan. Outcomes for cancer research and education. Implications for future funding.	178,470	Not completed	N Not yet completed

Priority Primary Care Centres (PPPCs) (Health)	Lapsing program evaluation of the implementation of 25 Priority Primary Care Centres (PPPCs).	The Department of Treasury and Finance approved terms of reference. Evaluation to inform government decisions in relation to funding of the initiative from 2024 onwards, by identifying the efficiency and cost effectiveness of the program in achieving its objectives.	3/05/2023 to 30/11/2023	Evaluation will assess whether PPCCs have increased access to primary care services for people requiring urgent care, but not an emergency response; and, reduced primary care type presentations to emergency departments partnered with PPCCs.	\$250,000	Not completed	N Not yet completed
Planned Surgery Recovery and Reform Evaluation (Health)	Departmental priority	The Department of Treasury and Finance questions relating to effectiveness and efficiency.	1/5/2023 to 30/10/2023	Evidence of efficiency and effectiveness of the investment.	\$92,160	Not completed	N Not yet completed

<p>Voluntary Assisted Dying (VAD) Training Evaluation (Health)</p>	<p>To evaluate:</p> <ul style="list-style-type: none"> the approach to core medical practitioner VAD training and assess if the training is meeting its objectives and is fit for purpose consider the need or demand for VAD training for other health practitioners and non-eligible medical practitioners. 	<p>In scope:</p> <p>Core medical practitioners involved in VAD training</p> <p>Demand for VAD training for other health practitioners and non-eligible medical practitioners.</p> <p>Assessment of need for department-led training or other resources for workforce likely to respond to patients who request VAD.</p> <p>Out of scope:</p> <p>Review of core training modules and online learning design.</p>	<p>1/03/2023 to 31/07/2023</p>	<p>Medical practitioners have the knowledge and skills to provide VAD services that comply with the request and access process set out in the Act.</p> <p>Medical practitioners provide adequate and safe VAD services to eligible patients as set out in the Act.</p> <p>Eligible Victorians can access VAD services safely and according to the process set out in the Act.</p>	<p>\$85,420</p>	<p>\$85,420</p>	<p>N</p> <p>Under consideration by government.</p>
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<p>COVID Positive Pathways program (C+P) (Health)</p>	<p>To identify and analysis sources of qualitative feedback from patients engaged in the C+P.</p>	<p>The Centre for Evaluation and Research Evidence (CERE) undertook a detailed quantitative thematic analysis of qualitative survey data collected through the COVID-19 Monitor. Data was analysed at population, Health Service, and individual cohort levels.</p>	<p>1/08/2022 to 1/10/2022</p>	<p>Insights into whether these types of initiatives support workforce retention.</p>	<p>Nil</p>	<p>Nil</p>	<p>N Under consideration by government.</p>
<p>Winter retention and surge payment evaluation (Health)</p>	<p>To assess the impact this payment had on workforce retention for publicly funded health facilities. The payment was made available to all staff in mid-2022 after huge surges in COVID-19 numbers, and staff experiencing burnout and fatigue. It was to encourage staff to stay in their roles rather than leaving.</p>	<p>Qualitative and quantitative study. Looked at total cost of funding this initiative and feedback from health services on workforce retention and other outcomes.</p>	<p>1/11/2022 to 1/12/2022</p>	<p>Insights into whether these types of initiatives support workforce retention.</p>	<p>Nil</p>	<p>Nil</p>	<p>N Under consideration by government.</p>

Voluntary assisted dying (VAD) five-year review (Health)	Requirement of the <i>Voluntary Assisted Dying Act 2017</i> to undertake a review of the operation of the Act.	The Act stipulates the Minister must cause a review of the operation of the Act to be conducted in the fifth year of the operation of the Act and be a review of the first four (4) years of operation of the Act.	1/7/2023 to 30/6/2024	A report to be tabled in Parliament providing findings from the review. The findings will inform VAD operational improvements.	\$130,728	Not completed	N Not yet completed.
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b) Please outline the Department's/Agencies in house skills/capabilities/expertise to conduct reviews/studies/evaluations/data analysis of the programs and services for which the Department /Agency is responsible.

The Department of Health shares with the Department of Families, Fairness and Housing an in-house unit devoted to evaluation and review of its programs and services.

The Centre for Evaluation and Research Evidence (the Centre) is the default provider of evaluations for both Departments. It specialises in evaluation practice and delivery, with a number of its 35 Full-Time Equivalent (FTE) with Masters-level qualifications in Evaluation.

The Centre has a deep knowledge of departmental policy and programs; and, has won multiple awards from the Australian Evaluation Society for its expertise and excellence in delivering evaluations of government programs.

The Centre is located in a separate division to areas responsible for policy development and program delivery, enabling it to provide independent advice to the Secretary, at approximately half the cost to the taxpayer if services were sourced externally.

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Question 28 (all departments) Climate change

- a) Under FRD 24 Reporting of environmental data by government entities, Victorian Government organisations must report their greenhouse gas emissions and other environmental impacts. Please list the department/entity's internal targets for reducing greenhouse gas emissions in 2021-22 and 2022-23 and the department/entity's performance against these internal targets.

The Victorian government has a target to reduce government greenhouse gas emissions by 2.7 Mt by 2025 based on 2018-19 levels.

The Department of Health has not developed an internal target for greenhouse gas emissions but is supporting the whole of government pledge by working with Department of Energy, Environment and Climate Action (DEECA) to implement 100% renewable electricity as well as implementing initiatives such as installation of solar panels and energy efficiency improvements.

The department has developed a target for solar generation and performance against this is discussed in the table below.

Internal target for reducing greenhouse gas emissions 2021-22	Performance against internal target as at 30 June 2022
<p>The Department of Health had a target to source five (5) per cent of public hospital total electricity use from behind-the-meter solar by June 2023.</p> <p>Behind-the meter solar is generally located on the facility's roof and provides electricity directly to the facility, thereby reducing the amount of electricity that needs to be purchased from the grid.</p> <p>The five (5) per cent target comes from the installation of solar in public hospitals as part of the \$40 million energy efficiency and solar program.</p>	<p>As at 30 June 2022, the total amount of solar power generated by public hospitals was 10 gigawatt hours, equivalent to 1.6 per cent of total demand.</p>
Internal target for reducing greenhouse gas emissions 2022-23	Performance against internal target as at 30 June 2023
<p>The Department of Health had a target to source five (5) per cent of public hospital total electricity use from behind-the-meter solar by June 2023.</p>	<p>The total amount of solar power generated by public hospitals continues to grow year-on-year; in 2022-23 health services generated some 12 gigawatt-hours of solar power, up from 10 gigawatt-hours in 2020-21.</p> <p>As of 30 June 2023, public hospitals sourced 1.9 per cent of electricity demand from behind-the-meter solar.</p> <p>While the total amount of solar generation has increased year-on-year, overall electricity use across the portfolio has increased at a greater rate as more hospitals have been built and more all-electric facilities are built.</p>

- b) Please outline and quantify where possible the department's actions in 2021-22 and 2022-23 that have contributed to the Whole of Victorian Government emissions reduction pledge.

Department of Health actions in 2021-22

During 2021-22 the Department of Health

- Facilitated the design of the new Melton Hospital, which will be Victoria's first stand-alone all-electric hospital powered by 100 per cent renewable electricity, the hospital's design will focus on sustainability initiatives including maximising on-site solar generation, high-performing facades, efficient plant and equipment, and integration of green spaces within the hospital precinct.
- Invested \$2.87 million to install 2,239 kilowatt-peak of solar panels at fifteen health services and upgrade lighting to high-efficiency Light-Emitting Diodes (LEDs) at four health services.
- Continued to actively participate in the Zero Emission Vehicle (ZEV) rollout across government fleet vehicles, including healthcare vehicles and improved its overall fleet efficiency by 34 per cent due to an increased use of electric and hybrid vehicles.

Department of Health actions in 2022-23

During 2022-23 the Department of Health

- Continued to work with the Department of Energy, Environment and Climate Change (DEECA) and HealthShare Victoria to facilitate the Victorian Government's commitment to purchase 100 per cent renewable electricity for all government operations by 2025.
- Continued to implement the \$40 million energy efficiency and solar program, this included allocating \$8.5 million to deliver 7,122 kilowatt-peak solar across ten health services, commissioned energy audits across nine health services in the Barwon Southwest region and supported energy audits at Dental Health Services Victoria and the Thomas Embling Hospital.
- Assessed 132 public hospitals' energy performance and 131 public hospitals' water performance using the National Australian Built Environment Energy Rating System (NABERS):
 - portfolio average for energy performance is 3.9 Star, an increase of 0.1 Stars from the portfolio average for the previous reporting period
 - portfolio average for water performance is 4.0 Star, an increase of 0.4 Stars from the portfolio average for the previous reporting period.
- Switched off two end of life six (6)-megawatt cogeneration systems located at Dandenong and St Vincent's hospitals. This is assisting the public health portfolio to transition away from natural gas by reducing the amount of gas used by hospitals for the generation of on-site electricity.
- Commenced analysis of gas substitution opportunities in public hospitals.
- Worked to improve environmental data capture including incorporating cemeteries into the department's environmental reporting.

Across the portfolio the department saw a 3.4 per cent decrease in scope 1 and 2 greenhouse gas emissions from 2021-22 to 2022-23 despite increasing health service capacity.

This reduction was likely driven by reduction in the carbon intensity of the electricity grid, installation of new solar, improvements in the energy efficiency of buildings and the impacts of the COVID-19 pandemic on the health sector.

Question 29 (DoT/DTP, DET/DE, DH, DELWP/DEECA) Adaptation Action Plans

Please describe the progress made and actions taken to implement the department's Adaptation Action Plan in 2021-22 and 2022-23. What measurable impact have these actions had on addressing the impacts of climate change?

Please provide information regarding all Adaptation Action Plans your department is responsible for.

The Health and Human Services Adaptation Action Plan (HHS AAP) 2022-26 was released in 2022; it focuses on three key domain areas: improving the climate resilience of health infrastructure, increasing sector capability, and enhancing community and stakeholder engagement on climate and health issues. Delivered in partnership with the Department of Families, Fairness and Housing, the HHS AAP is progressing. The actions that the Department of Health is accountable for are on track. Measurable impacts of the HHS AAP will be identified and reported once a planned interim evaluation is conducted in 2025.

Actions taken to improve the resilience of the health sector's infrastructure to climate change include:

- Requirements relating to climate change adaptation, greenhouse gas emissions reduction and sustainability have been embedded into all capital projects through the Victorian Health Building Authority's *Guidelines for sustainability in healthcare capital works*.
- Climate risk and adaptation assessments have been conducted for a number of regional public hospitals, supported by funding from Emergency Management Victoria, to better understand the climate risks hospitals will be increasingly facing and to share learnings across the sector.
- Through the Australian Healthcare Infrastructure Alliance, the Victorian Health Building Authority is working with all states and territories to develop national guidance on climate adaptation for health infrastructure.

Actions taken to increase climate change preparedness in sector governance and capability include:

- Setting a key deliverable in the *Department of Health Strategic Plan 2023-27* for the health system to be resilient and adaptable to climate change.
- Including 'tackling climate change and its impacts on health' as a continued priority area in the *Victorian public health and wellbeing plan 2023-27*.
- Incorporating a climate change action into the 2022-23 Statement of Priorities (the annual accountability agreements between Victorian public healthcare services and the Minister for Health).
- Providing input into a pilot project being led by the Department of Transport and Planning to model the impacts of precinct design on temperature to help understand what approach to sustainability is appropriate at the precinct scale.
- Progressing work to embed climate considerations for health and wellbeing into future state strategies and frameworks that aim to improve the mental health of Victorians.

Actions taken to enhance public and stakeholder engagement on climate resilience and health include:

- Enhancing surveillance of public health impacts associated with climate-sensitive hazards.
- Securing funding from the Commonwealth Government to model future impacts of heatwaves on health and service demand in Victoria under various greenhouse gas emission, intervention, and adaptive capacity scenarios.
- Publishing a quarterly climate change and public health newsletter for local government that aims to share relevant information about developments in climate change and public health; and, to showcase local council initiatives that are tackling climate change and their impact on health.

Question 30 (all departments) Annual reports – performance measure targets and objective indicators

a) Please provide the following information on performance measures that did not meet their 2021-22 targets.

Performance measure	Unit of measure	2021-22 target (Budget)	2021-22 actual (Annual report) <i>* Finalised results from 2023-24 Budget Papers (where applicable)</i>	Variance <i>* Finalised results from 2023-24 Budget Papers (where applicable)</i>	Explanation (Extracts from 2021-22 Annual report)	Output(s) and portfolio(s) impacted
Palliative separations	Number	7,700	8,379	8.8%	The result is higher than target. It is driven by increased admission of people with complex palliative care needs, primarily in the inner, eastern and south-eastern metropolitan hospitals.	Admitted Services (Health)
Sub-acute care separations	Number	39,600	31,080	-21.5%	The result is lower than target due primarily to the ongoing impact of the COVID-19 pandemic on activities.	Admitted Services (Health)
Total separations – all hospitals	Number (thousand)	2,034	1,866	-8.3%	The result is lower than target due primarily to the ongoing impact of the COVID-19 pandemic on activities.	Admitted Services (Health)
National Weighted Activity Unit (NWAU) funded separations – all hospitals except small rural health services	Number (thousand)	1,840	1,686	-8.4%	The result is lower than target due primarily to the impact of the COVID-19 pandemic on activities.	Admitted Services (Health)

Perinatal mortality rate per 1,000 babies of Aboriginal mothers, using rolling three-year average	Rate per 1,000	8.7	11.3	29.9%	<p>The most recent available data are for the three-year rolling average for 2018–20, rather than the single year 2021–22.</p> <p>The target of 8.7/1,000 is the rate for babies of non-Aboriginal mothers. Specifically, to close the gap. Although the actual is higher than target it is three (3) per cent better than the previous triennium (2016-2018)</p> <p>Safer Care Victoria's (SCV) Safer Baby Collaborative, in collaboration with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), has a focus on improving perinatal and maternal outcomes of Aboriginal mothers, as set out in Korin Korin Balit-Djak.</p> <p>It is anticipated that the Safer Baby Collaborative will have resulted in improved outcomes for the 2019-21 period.</p>	Admitted Services (Health)
Number of patients admitted from the elective surgery waiting list	Number	208,800	146,687	-29.7%	The result is lower than target due primarily to the ongoing impact of the COVID-19 pandemic, including restrictions on performing elective surgery and capacity constraints throughout 2021 and 2022.	Admitted Services (Health)
National Weighted Activity Unit (NWAU) funded emergency separations – all hospitals	Number (thousand)	759	632	-16.7%	The result is lower than target due primarily to the ongoing impact of the COVID-19 pandemic on activities, including necessary changes to the way in which care is delivered.	Admitted Services (Health)

Healthcare worker immunisation – influenza	Per cent	92	77	-16.3%	<p>Of the 81 health services that submitted data, 39 (48 per cent) did not achieve the 2021-22 target of a 92 per cent immunisation rate.</p> <p>The focus on COVID-19 vaccinations reduced the level of healthcare worker influenza vaccinations.</p> <p>Low influenza case numbers during the 2021 influenza season meant that the low rate of healthcare worker influenza immunisation had no notable adverse impact on health services.</p> <p>The introduction of mandatory vaccination requirements for patient-facing healthcare workers against influenza in 2022-23 should support an increase in the rate of immunisation.</p>	Admitted Services (Health)
Intensive Care Unit central line associated blood stream infections (CLABSI) per 1,000 device days	Rate	0	0.7	Not available	<p>Health services continue to strive to achieve a zero rate of infection for this measure.</p> <p>However, occasionally a small number of infections continue to be reported.</p> <p>To enable health services to focus resources on their COVID-19 response, reporting for this measure was shifted from mandatory to voluntary from Quarter 3, 2021-22.</p> <p>Some health services have continued to report this indicator, but due to the potential smaller sample size the results should be interpreted with caution.</p>	Admitted Services (Health)
Perinatal and child mortality reports received, reviewed and classified	Per cent	100	90	-10.0%	<p>All 100 per cent of cases are received and reviewed.</p> <p>Currently, there are about 10 per cent of classifications that are pending.</p>	Admitted Services (Health)

Unplanned readmission after treatment for acute myocardial infarction	Per cent	4	4.4	10.0%	Ten (10) health services did not meet targets. However, no health service result was a statistically significant outlier. To improve on the current results Safer Care Victoria (SCV) is running multiple cardiovascular disease collaborations with the sector.	Admitted Services (Health)
Non-urgent (Category 3) elective surgery patients admitted within 365 days	Per cent	95	82.2	-13.5%	The result is lower than target due primarily to the ongoing impact of the COVID-19 pandemic, including restrictions and capacity constraints on elective surgery throughout 2021 and 2022.	Admitted Services (Health)
Semi-urgent (Category 2) elective surgery patients admitted within 90 days	Per cent	83	55.5	-33.1%	The result is lower than target due primarily to the ongoing impact of the COVID-19 pandemic, including restrictions and capacity constraints on elective surgery throughout 2021 and 2022.	Admitted Services (Health)
Health Independence Program direct contacts	Number (thousand)	1,599	1,362	-14.8%	The result is lower than target due primarily to the ongoing impact of the COVID-19 pandemic on activities.	Non-Admitted Services (Health)
Patients treated in Specialist Outpatient Clinics – unweighted	Number (thousand)	1,975	1,846	-6.5%	The result is lower than target due primarily to the ongoing impact of the COVID-19 pandemic on activities.	Non-Admitted Services (Health)
Emergency patients that did not wait for treatment	Per cent	<5	5.9	18.0%	The result is higher than target (negative result) which may be due to an increase in the average waiting time for emergency patients due to impacts arising from the COVID-19 pandemic, including changes in patient complexity, heightened infection control practices and significant workforce impacts.	Emergency Services (Health)
Patients' experience of emergency department care	Per cent	85	73	-14.1%	The COVID-19 pandemic has seen unprecedented demand on emergency departments, which has impacted on patient experience of their emergency department care.	Emergency Services (Health)

Emergency patients treated within clinically recommended 'time to treatment'	Per cent	80	64	-20.0%	The result is lower than target due primarily to impacts arising from the COVID-19 pandemic. Other factors include changes in patient complexity, heightened infection control practices and significant workforce impacts.	Emergency Services (Health)
Emergency patients with a length of stay of less than four hours	Per cent	75	55	-26.7%	The result is lower than target due primarily to impacts arising from the COVID-19 pandemic, including changes in patient complexity, heightened infection control practices and significant workforce impacts.	Emergency Services (Health)
Proportion of ambulance patient transfers within 40 minutes	Per cent	90	63	-30.0%	The result is lower than target due primarily to impacts arising from the COVID-19 pandemic, including changes in patient complexity, heightened infection control practices and significant workforce impacts.	Emergency Services (Health)
Additional student clinical placement days	Number	80,000	51,082	-36.1%	The 2021-22 actual is lower than the 2021-22 target primarily as a result of the impact of the COVID-19 pandemic.	Health Workforce Training and Development (Health)
Clinical placement student days (medicine)	Number	385,000	355,836	-7.6%	The 2021-22 actual is lower than the 2021-22 target primarily as a result of the impact of the COVID-19 pandemic.	Health Workforce Training and Development (Health)
Clinical placement student days (allied health)	Number	160,000	137,818	-13.9%	The 2021-22 expected outcome is lower than the 2021-22 target primarily as a result of the impact of the COVID-19 pandemic.	Health Workforce Training and Development (Health)
Total funded Full Time Equivalent (FTE) (early graduate) allied health positions in public system	Number	700	657	-6.1%	The 2021-22 actual result is lower than the 2021-22 target primarily as a result of changes to the graduate model and the impact of the COVID-19 pandemic on service capacity.	Health Workforce Training and Development (Health)

<p>Aged care assessments</p>	<p>Number</p>	<p>59,000</p>	<p>53,245</p>	<p>-9.8%</p>	<p>Activity volume was impacted by COVID-19 issues, including workforce retention, recruitment and redeployment to support urgent health responses.</p> <p>Staff retention and recruitment were impacted by COVID-19 workforce fatigue and uncertainty in the sector regarding impacts of the Commonwealth Government’s aged care reforms.</p> <p>The result also reflects delayed uptake by clients seeking face to face assessments instead of telephone or TeleHealth modes.</p> <p>There has been increased demand for support plan reviews (SPR), which are not counted fully in this measure.</p> <p>In addition, the assessments and SPRs were more complex, most likely as a response to delayed assessment and care for clients during COVID-19.</p>	<p>Aged Care Assessment (Ageing)</p>
<p>Percentage of low priority clients assessed within the appropriate time in all settings</p>	<p>Per cent</p>	<p>90</p>	<p>80</p>	<p>-11.1%</p>	<p>Performance continues to be impacted by COVID-19, with a high volume of support plan reviews (SPR) required, which are not counted fully in this measure.</p> <p>There has been increased demand for both assessments and SPRs.</p> <p>Assessments and SPRs are more complex; a likely response to delayed assessment and care for clients during COVID-19.</p> <p>Staff retention and recruitment were impacted by COVID-19 workforce fatigue and uncertainty in the sector regarding impacts of the Commonwealth Government’s aged care reforms.</p> <p>Active triage processes to manage waitlist for low priority community assessments are in place.</p>	<p>Aged Care Assessment (Ageing)</p>

Pension-level beds available in assisted Supported Residential Services facilities	Number	1,736	1,571	-9.5%	The 2021-22 target was not met because two further Supporting Accommodation for Vulnerable Victorians Initiative (SAVVI) supported residential services closed, resulting in a loss of 62 registered beds.	Aged Support Services (Ageing)
Victorian Eyecare Service (occasions of service)	Number	75,800	60,536	-20.1%	Factors contributing to the low service numbers this year include increased non-attendance due to the high rate of COVID-19 in the community, the impact of COVID-19 on staffing, which affected the Victorian Eyecare Service's capacity to follow up and book appointments, and a reduction in rural claims.	Aged Support Services (Ageing)
Home and Community Care for Younger People – hours of service delivery	Hours (thousand)	1,000	820 915*	-18.0% -8.5%*	The below-target result is due to staff shortages and a decrease in the ability to provide some services due to the impact of COVID-19 and the delivery of COVID-19 supports that cannot be reported in the client database.	Home and Community Care Program for Younger People (Ageing)
Statewide emergency air transports	Number	5,071	3,777	-25.5%	Activity below target reflects lower demand for air services, which was influenced largely by Victoria's COVID-19 response and its impacts on community movement and activity.	Ambulance Emergency Services (Ambulance Services)
Proportion of emergency (Code 1) incidents responded to within 15 minutes – statewide	Per cent	85	67.5	-20.6%	Ambulance performance was impacted significantly by COVID-19, with increased demands on the health system across the state. Overall, demand for ambulance services was significantly above that of previous years. Ambulance Victoria is deploying a range of strategies to stabilise performance, including hiring additional paramedics, diverting cases to secondary triage services where safe and appropriate to do so and using a surge workforce.	Ambulance Emergency Services (Ambulance Services)

Proportion of emergency (Code 1) incidents responded to within 15 minutes in centres with more than 7,500 population	Per cent	90	71.9	-20.1%	Ambulance performance was impacted significantly by COVID-19, with increased demands on the health system across the state. Overall demand for ambulance services was significantly above that of previous years. Ambulance Victoria is deploying a range of strategies to stabilise performance, including hiring additional paramedics, diverting cases to secondary triage services where safe and appropriate to do so and using a surge workforce.	Ambulance Emergency Services (Ambulance Services)
Number of phone contacts from family members seeking support	Number	10,682	9,104	-14.8%	The negative result for family member phone contacts is offset by the very positive result achieved against the measure, 'Number of telephone, email, website contacts and requests for information on alcohol and other drugs' (see below).	Drug Prevention and Control (Mental Health)
Number of drug treatment activity units – residential services	Number	78,535	61,442 63,315*	-21.8% -19.4%*	The below-target result is due primarily to the impact of COVID-19 restrictions and outbreaks. Services needed to be responsive to the changing environment, implementing control measures such as social distancing, e.g., conversion of twin rooms to single rooms, which reduced significantly the capacity of the services and the number of admissions. Service delivery was also impacted by workforce shortages and challenges similar to those experienced more broadly across Victoria.	Drug Treatment and Rehabilitation (Mental Health)
Number of drug treatment activity units – community-based services	Number	97,855	89,708 91,214*	-8.3% -6.8%*	The below-target result is due to the impact of staff shortages.	Drug Treatment and Rehabilitation (Mental Health)

Workers complying with Alcohol and Other Drug Minimum Qualification Strategy requirements	Per cent	85	71	-16.5%	This result refers only to workers who had completed their qualifications. Workers who were enrolled but had not completed their qualification were not included.	Drug Treatment and Rehabilitation (Health)
Clinical inpatient separations	Number	28,747	26,240 26,243*	-8.7% -8.7%*	COVID-19 outbreaks and implementing COVID-19 safe practices have continued to have an impact on operational beds, resulting in some acute bed closures.	Mental Health Clinical Care (Mental Health)
Total community service hours (child and adolescent)	Number (thousand)	266	230	-13.5%	COVID-19 outbreaks contributed to affect workforce shortages/furlough leave in mental health programs. These factors contributed to a negative result.	Mental Health Clinical Care (Mental Health)
Total community service hours (adult)	Number (thousand)	1,185	987 990*	-16.7% -16.5%*	COVID-19 outbreaks contributed to affect workforce shortages/furlough leave in mental health programs. These factors contributed to a negative result.	Mental Health Clinical Care (Mental Health)
Total community service hours (aged)	Number (thousand)	154	128	-16.9%	COVID-19 outbreaks contributed to affect workforce shortages/furlough leave in mental health programs. These factors contributed to a negative result.	Mental Health Clinical Care (Mental Health)
Registered community clients	Number	85,863	80,219 80,355*	-6.6% -6.4%*	COVID-19 outbreaks contributed to ongoing changes to accessing mental health care treatment while care and workforce shortages/furlough leave in mental health programs reduced consumers' ability to access treatment.	Mental Health Clinical Care (Mental Health)
Occupied residential bed days	Number	153,574	145,310 145,324*	-5.4% -5.4%*	COVID-19 outbreaks and implementing COVID-19 safe practices continued to have an impact on operational beds, resulting in some residential bed closures.	Mental Health Clinical Care (Mental Health)
Clients readmitted (unplanned) within 28 days	Per cent	14	15	7.1%	Low average length of stay due to high demand impacted the appropriate length of treatment and care and resulted in earlier discharges into the community. This led to higher instances of readmission.	Mental Health Clinical Care (Mental Health)

Seclusions per 1,000 occupied bed days	Rate per 1,000	8	8.7	8.7%	Despite a reduction in seclusion in Quarter 4 across all age ranges and types of patients, including in forensic services, the result was impacted by a higher number of events for a small number of adult patients (across metropolitan and regional services).	Mental Health Clinical Care (Mental Health)
Emergency patients admitted to a mental health bed within eight (8) hours	Per cent	80	49.1 51.3*	-38.6% -35.9%*	This result is due to high demand and acuity of consumers presenting to emergency departments across the north-west and south-east metropolitan and Hume areas. At times, due to the pandemic, beds were closed because of COVID-19 safety measures, which resulted in increased pressure for throughput. The Royal Commission into Victoria's Mental Health System Interim Report stated that the increase in mental health-related presentations outstrips both population growth and the growth in emergency departments generally. This issue is being addressed by the creation of 144 new acute public beds, as recommended by the Royal Commission, which are being developed currently.	Mental Health Clinical Care (Mental Health)
Bed days	Number	62,744	49,100 49,179*	-21.7% -21.6%*	COVID-19 outbreaks and implementing COVID-Safe practices continued to have an impact on operational beds, resulting in some mental health community support bed closures.	Mental Health Community Support Services (Mental Health)
Client Support Units	Number	44,157	41,249 46,619*	-6.6% 5.6%*	COVID-19 outbreaks and implementing COVID-Safe practices continued to have an impact on operational beds, resulting in some community support bed closures.	Mental Health Community Support Services (Mental Health)
Service delivery hours in community health care	Number (thousand)	1,060	967	-8.8%	The result is lower than target due primarily to the impact of COVID-19. Many services are supporting the response effort and these activities are not able to be captured under this measure.	Community Health Care (Health)

Persons treated	Number	376,150	266,206	-29.2%	The results were impacted by the restrictions on non-urgent public dental services in response to the COVID-19 pandemic. Activity levels have increased recently and performance against this measure in 2022-23 is expected to improve.	Dental Services (Health)
Priority and emergency clients treated	Number	249,100	206,462	-17.1%	The results were impacted by the restrictions on non-urgent public dental services in response to the COVID-19 pandemic. Emergency and urgent care continued to be available to all eligible clients, maintaining performance closer to target than for overall people treated. Activity levels have increased recently and performance against this measure in 2022-23 is expected to improve.	Dental Services (Health)
Waiting time for general dental care	Months	23	26.7	16.1%	The results were impacted by the cumulative effect of restrictions on non-urgent public dental services in response to the COVID-19 pandemic.	Dental Services (Health)
Inspections of cooling towers	Number	1,300	939	-27.8%	This result is due to working from home advisories, which meant that onsite inspections could not be carried out for certain periods over the full year, although 534 virtual audits were conducted during this time.	Health Protection (Health)
Inspections of radiation safety management licences	Number	480	169	-64.8%	Inspections were impacted by COVID-19 restrictions and working from home advisories, which meant that onsite inspections could not be carried out for certain periods of the year, although 58 virtual audits were conducted, primarily in the earlier part of the year. Of the 169 inspections that did take place, most were conducted in Quarter 4.	Health Protection (Health)

Number of available HIV (Human Immunodeficiency Virus) rapid test trial appointments used	Number	2,875	2,021	-29.7%	<p>Pandemic lockdowns in Quarters 1 and 2, when the service was closed for rapid HIV testing, affected the annual result.</p> <p>PRONTO!, the service which provides the tests, was closed on four public holidays during Quarter 4, which also affected the result.</p> <p>The numbers for rapid test trial appointments are also affected by the fact that PRONTO! is seeing many people come in on Pre-Exposure Prophylaxis (PrEP), for Human Immunodeficiency Virus (HIV) prevention, making the rapid HIV test unsuitable.</p> <p>However, these people are getting a serology HIV and other testing done for sexually transmissible infections and/or blood-borne viruses.</p>	Health Protection (Health)
Smoking cessation of Aboriginal mothers	Per cent	25.2	23.2	-7.9%	While the overall result is below target, the Quarter 4 result is better than the two previous quarters, which were 22.7 per cent and 22.5 per cent, respectively.	Health Protection (Health)
Immunisation coverage – adolescent (Year 7) students fully immunised for DTPa (diphtheria, tetanus and pertussis)	Per cent	90	Not Available	Not Available	<p>This target can no longer be measured.</p> <p>Previously, this target was measured by asking local council immunisation services to report numbers of returned consent cards.</p> <p>However, this has not occurred in the past two years due to COVID-19 restrictions.</p>	Health Protection (Health)
Participation rate of women in target age range screened for breast cancer	Per cent	54	45.5	-15.7%	The below-target result is due to the COVID-19 response, which has required the implementation of safety measures that have reduced the capacity of some BreastScreen Victoria services.	Health Protection (Health)
Persons completing the Life! – Diabetes and Cardiovascular Disease Prevention program	Number	5,616	3,942	-29.8%	<p>Life! continues to be significantly impacted by the COVID-19 pandemic with face-to-face programs only resuming in May 2022.</p> <p>Despite efforts to offer an online program, interest from participants and referrals remains low.</p>	Health Advancement (Health)

Number of sales to minors test purchases undertaken	Number	3,000	750 881*	-75.0% -70.6%*	Due to ongoing challenges associated with COVID-19, it was not possible to carry out test purchasing activity to the targeted levels. Where councils were unable to undertake test purchasing, they carried out additional education visits to retailers, eating and drinking areas and outdoor areas where children and young people spend significant amounts of time.	Health Advancement (Health)
Separations	Number (thousand)	35.8	31	-15.5%	This is a measure of activity, which remains lower than expected due to the ongoing effect of the COVID-19 pandemic.	Small Rural Services – Acute Health (Health)
Small rural weighted activity unit	Number	350,000	310,000	-11.4%	This is a measure of activity, which remains lower than expected due to the ongoing effect of the COVID-19 pandemic.	Small Rural Services – Acute Health (Health)
Home and Community Care for Younger People – hours of service delivery	Hours	55,000	44,324 42,922*	-19.4% -22.0%*	The below-target result is due to the decrease in the ability to provide some services due to the impact of COVID-19; alternative services being delivered cannot be reported in the client database. In addition, providers are experiencing staff shortages as a result of COVID-19.	Small Rural Services – Home and Community Care Services (Ageing)

b) Please provide the following information for objective indicators where data was not available at publication of the annual report 2021-22.

Objective indicators stated in annual report for which data was not available at date of publication	Best available data for 2021-22 and relevant date	Explanation for the absence of data in annual report	Action taken to ensure timely data for 2022-23 annual report
1. Victorians have good physical health – Proportion of adults who are overweight (self-reported)	Not available	The Victorian Population Health Survey 2021 was cancelled due to changes in work priorities during the COVID-19 pandemic.	Staff are engaged with Victorian Agency for Health Information (VAHI)/Victorian Population Health Survey to seek preliminary figures for inclusion in the annual report.
1. Victorians have good physical health – Proportion of adults who are obese (self-reported)	Not available	The Victorian Population Health Survey 2021 was cancelled due to changes in work priorities during the COVID-19 pandemic.	Staff are engaged with Victorian Agency for Health Information (VAHI)/Victorian Population Health Survey to seek preliminary figures for inclusion in the annual report.
1. Victorians have good physical health – Proportion of adults who were current smokers	Not available	The Victorian Population Health Survey 2021 was cancelled due to changes in work priorities during the COVID-19 pandemic.	Staff are engaged with Victorian Agency for Health Information (VAHI)/Victorian Population Health Survey to seek preliminary figures for inclusion in the annual report.
1. Victorians have good physical health – Proportion of adults who smoked daily	Not available	The Victorian Population Health Survey 2021 was cancelled due to changes in work priorities during the COVID-19 pandemic.	Staff are engaged with Victorian Agency for Health Information (VAHI)/Victorian Population Health Survey to seek preliminary figures for inclusion in the annual report.
1. Victorians have good physical health – Proportion of adults with doctor-diagnosed high blood pressure	Not available	The Victorian Population Health Survey 2021 was cancelled due to changes in work priorities during the COVID-19 pandemic.	Staff are engaged with Victorian Agency for Health Information (VAHI)/Victorian Population Health Survey to seek preliminary figures for inclusion in the annual report.
1. Victorians have good physical health – Proportion of adults with doctor-diagnosed type 2 diabetes	Not available	The Victorian Population Health Survey 2021 was cancelled due to changes in work priorities during the COVID-19 pandemic.	Staff are engaged with Victorian Agency for Health Information (VAHI)/Victorian Population Health Survey to seek preliminary figures for inclusion in the annual report.

1. Victorians have good physical health – Proportion of adults who were sufficiently physically active	Not available	The Victorian Population Health Survey 2021 was cancelled due to changes in work priorities during the COVID-19 pandemic.	Staff are engaged with Victorian Agency for Health Information (VAHI)/Victorian Population Health Survey to seek preliminary figures for inclusion in the annual report.
2. Victorians have good mental health – Proportion of adults with doctor-diagnosed anxiety or depression	Not available	The Victorian Population Health Survey 2021 was cancelled due to changes in work priorities during the COVID-19 pandemic.	Staff are engaged with Victorian Agency for Health Information (VAHI)/Victorian Population Health Survey to seek preliminary figures for inclusion in the annual report.
2. Victorians have good mental health – Proportion of adults with high/very high psychological distress	Not available	The Victorian Population Health Survey 2021 was cancelled due to changes in work priorities during the COVID-19 pandemic.	Staff are engaged with Victorian Agency for Health Information (VAHI)/Victorian Population Health Survey to seek preliminary figures for inclusion in the annual report.
2. Victorians have good mental health – Standardised rate of death from suicide (per 100,000 people)	Not available	Mortality data lags by one to two years.	Staff are engaged with program areas ongoing to seek updated actuals for inclusion in the annual report. Number of estimates for objective indicators is consistent with previous year.
3. Victorians act to protect and promote health – Immunisation coverage: At school entry	95.0% (estimate)	Data are lagged. Figure is based on the last quarter's percentage.	Staff are engaged with program areas ongoing to seek updated actuals for inclusion in the annual report. Number of estimates for objective indicators is consistent with previous year.
3. Victorians act to protect and promote health – Immunisation coverage: At two years of age	93.0% (estimate)	Data are lagged. Figure is based on the last quarter's percentage.	Staff are engaged with program areas ongoing to seek updated actuals for inclusion in the annual report. Number of estimates for objective indicators is consistent with previous year.

3. Victorians act to protect and promote health – Percentage of Aboriginal children fully immunised at 60 months	97.0% (estimate)	Data are lagged. Figure is based on the last quarter's percentage.	Staff are engaged with program areas ongoing to seek updated actuals for inclusion in the annual report. Number of estimates for objective indicators is consistent with previous year.
3. Victorians act to protect and promote health – Perinatal and child mortality reports received, reviewed and classified	90.0% (estimate)	All cases are received and reviewed. Approximately 10 per cent of classifications are still pending at the time of reporting.	Staff are engaged with program areas ongoing to seek updated actuals for inclusion in the annual report. Number of estimates for objective indicators is consistent with previous year.
4.1 Services are appropriate and accessible in the right place, at the right time – Non-urgent (Category 3) elective surgery patients admitted within 365 days	82.2% (estimate)	The estimate was based on available data at the time of the annual report preparation, but data are lagged by a quarter and so were not finalised until the end of the year.	Staff are engaged with program areas ongoing to seek updated actuals for inclusion in the annual report. Number of estimates for objective indicators is consistent with previous year.
4.1 Services are appropriate and accessible in the right place, at the right time – Semi-urgent (Category 2) elective surgery patients admitted within 90 days	55.5% (estimate)	The estimate was based on available data at the time of the annual report preparation, but data are lagged by a quarter and so were not finalised until the end of the year.	Staff are engaged with program areas ongoing to seek updated actuals for inclusion in the annual report. Number of estimates for objective indicators is consistent with previous year.
4.1 Services are appropriate and accessible in the right place, at the right time – Urgent (Category 1) elective surgery patients admitted within 30 days	100% (estimate)	The estimate was based on available data at the time of the annual report preparation, but data are lagged by a quarter and so were not finalised until the end of the year.	Staff are engaged with program areas ongoing to seek updated actuals for inclusion in the annual report. Number of estimates for objective indicators is consistent with previous year.
4.2 Services respond to choice, culture, identity, circumstances and goals – Health Independence Program direct contacts	1,362 (estimate)	The estimate was based on available data at the time of the annual report preparation, but data are lagged by a quarter and so were not finalised until the end of the year.	Staff are engaged with program areas ongoing to seek updated actuals for inclusion in the annual report. Number of estimates for objective indicators is consistent with previous year.

4.2 Services respond to choice, culture, identity, circumstances and goals – Patients treated in specialist outpatient clinics – unweighted	1,846 (estimate)	The estimate was based on available data at the time of the annual report preparation, but data are lagged by a quarter and so were not finalised until the end of the year.	Staff are engaged with program areas ongoing to seek updated actuals for inclusion in the annual report. Number of estimates for objective indicators is consistent with previous year.
4.2 Services respond to choice, culture, identity, circumstances and goals – Post-acute clients not readmitted to acute hospital	93.6% (estimate)	The estimate was based on available data at the time of the annual report preparation, but data are lagged by a quarter and so were not finalised until the end of the year.	Staff are engaged with program areas ongoing to seek updated actuals for inclusion in the annual report. Number of estimates for objective indicators is consistent with previous year.
4.2 Services respond to choice, culture, identity, circumstances and goals – Health Independence Program clients contacted within three days of referral	89.7% (estimate)	The estimate was based on available data at the time of the annual report preparation, but data are lagged by a quarter and so were not finalised until the end of the year.	Staff are engaged with program areas ongoing to seek updated actuals for inclusion in the annual report. Number of estimates for objective indicators is consistent with previous year.
4.3 Services are efficient and sustainable – Major trauma patients transferred to a major trauma service	90.5% (estimate)	The estimate is based on two quarters of actual results for 2022-21, taking into account that the measure is largely stable over time. Actual end-of-year result was not available until late 2022, after the annual report.	-
4.4 Services are safe, high-quality and provide a positive experience – Positive patient experience	90.4% (estimate)	The Victorian Healthcare Experience Survey program was paused in Quarter 4, 2020, and remained on hold until August 2021. Data for the 2020–21 financial year was not collected and are not available.	-
4.4 Services are safe, high-quality and provide a positive experience – Patient reported hospital cleanliness	85.8% (estimate)	The Victorian Healthcare Experience Survey program was paused in Quarter 4, 2020, and remained on hold until August 2021. Data for the 2020–21 financial year was not collected and are not available.	-

<p>4.4 Services are safe, high-quality and provide a positive experience – Discharge Experience Index</p>	<p>71.1% (estimate)</p>	<p>The Victorian Healthcare Experience Survey program was paused in Quarter 4, 2020, and remained on hold until August 2021. Data for the 2020–21 financial year was not collected and are not available.</p>	<p>-</p>
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c) Please provide the following information on performance measures that did not meet their 2022-23 targets.

Performance measure	Unit of measure	2022-23 target (Budget)	2022-23 actual (Annual report)	Variance	Explanation	Output(s) and portfolio(s) impacted
Palliative separations	Number	7,816	8,457	8.2%	The result is higher than the target due to a higher than anticipated demand for patients ≥ 75 years of age in the deteriorating and terminal phase who are fully dependant and most likely are unable to be supported in the community. In addition, the reopening of St Vincent's Hospital Caritas Christie (Kew campus) with additional admitted capacity contributed to the overall growth in activity in 2022-23.	Admitted Services (Health)
Sub-acute care separations	Number	39,600	33,202	-16.2%	The result is lower than the target, although higher than 2021-22 actual (31,080). It is likely that increased average length of stay and continued workforce pressures are the major causes of lower than expected separations.	Admitted Services (Health)

Perinatal mortality rate per 1,000 of babies of Aboriginal mothers, using rolling three-year average	Rate per 1,000	8.7	11.3	29.9%	<p>The most recent available data are for the three-year rolling average for 2018–20, rather than the single year 2021–22.</p> <p>The target of 8.7/1,000 is the rate for babies of non-Aboriginal mothers. Specifically, to close the gap.</p> <p>Although the actual is higher than target it is three (3) per cent better than the previous triennium (2016-2018)</p> <p>Safer Care Victoria’s (SCV) Safer Baby Collaborative, in collaboration with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), has a focus on improving perinatal and maternal outcomes of Aboriginal mothers, as set out in Korin Korin Balit-Djak.</p> <p>It is anticipated that the Safer Baby Collaborative will have resulted in improved outcomes for the 2019-21 period.</p>	Admitted Services (Health)
Number of patients admitted from the elective surgery waiting list	Number	230,100	190,058	-17.4%	<p>The result is lower than the target due principally to continued workforce challenges.</p> <p>However, the number is significantly higher, by nearly 30 per cent, than 2021-22 (146,687) and is approaching the best performance ever in 2018-19.</p> <p>The improvement is due to the Planned Surgery Recovery and Reform Program.</p>	Admitted Services (Health)
National Weighted Activity Unit (NWAU) funded emergency separations – all hospitals	Number (thousand)	771	657	-14.8%	<p>The result is lower than the target due to activity not returning to pre-COVID-19 levels.</p> <p>While demand in emergency departments is high, the number of emergency admissions remains below pre-COVID-19 demand.</p> <p>Total bed days for emergency separations were higher than all previous years.</p>	Admitted Services (Health)

Intensive Care Unit central line associated blood stream infections (CLABSI) per 1,000 device days	Rate	0.0	0.7	Not available	Health services continue to strive to achieve a zero rate of blood stream infections resulting from suboptimal central line insertion. However, occasionally a small number of infections continue to be reported.	Admitted Services (Health)
Perinatal and child mortality reports received, reviewed and classified	Per cent	100	45	-54.9%	The lower result is due to reporting misalignment. Perinatal and child mortality reports are received, reviewed and classified over the calendar year. However, reporting in the budget paper is over a financial year. Historically, 100 per cent of reports are received, reviewed and classified by the end of the relevant calendar year. This is a legislative requirement. The Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM) receives and reviews all (100 per cent) cases.	Admitted Services (Health)
Unplanned readmission after treatment for acute myocardial infarction	Per cent	4	4.5	12.5%	The result is higher than the target. Improvement will be led by the Cardiovascular Learning Health Network in the Centres of Clinical Excellence and the 100,000 Lives Program.	Admitted Services (Health)

Unplanned readmission after hip replacement surgery	Per cent	6	6.4	6.7%	The result is higher than the target. Safer Care Victoria (SCV) is leading improvement through its Continuing Care Learning Health Network in the Centres of Clinical Excellence. Improvements include the development of a consumer resource called My Surgical Journey, which seeks to improve patient readmission trends for all surgical procedures. In addition, SCV is leading work to improve criteria-led discharge, which may positively influence patient outcomes.	Admitted Services (Health)
Unplanned readmission after paediatric tonsillectomy and adenoidectomy	Per cent	3.7	4.2	13.5%	The result is higher than the target. Safer Care Victoria (SCV) is reviewing to understand the underlying drivers.	Admitted Services (Health)
Non-urgent (Category 3) elective surgery patients admitted within 365 days	Per cent	95	74.3	-21.8%	The result is lower than the target, and lower than 2021-22 (82.2 per cent). This is due to the elective surgery closures during COVID-19 and will take another 12 months to improve progressively.	Admitted Services (Health)
Semi-urgent (Category 2) elective surgery patients admitted within 90 days	Per cent	83	55.2	-33.5%	The result is lower than the target, but about the same as 2021-22 (55.5 per cent). This is due to the elective surgery closures during COVID-19 and will take another 12 months to improve progressively.	Admitted Services (Health)
Community palliative care episodes	Number	24,133	15,496	-35.8%	The result is lower than the target. This is the first year of reporting against this new Budget Paper No.3 measure and there are data capture issues that are being resolved.	Non-Admitted Services (Health)

Health Independence program direct contacts	Number (thousand)	1,599	1,501	-6.1%	The result is lower than the target, due to continued workforce challenges, but an improvement on 2021-22 (1,362).	Non-Admitted Services (Health)
Emergency patients that did not wait for treatment	Per cent	<5	5.8	16.0%	The result is higher than the target due to increased demand and patient complexity. It is about the same as 2021-22 (5.9 per cent).	Emergency Services (Health)
Patients' experience of emergency department care	Per cent	85	75.9	-10.7%	While not meeting target, this result is slightly better than 2021-22 (73 per cent). Safer Care Victoria (SCV) is working in partnership with the department on the Timely Emergency Care Collaborative to improve consumer experience of emergency departments. Implementation of SCV's Safety and Quality Minimum Dataset in health services and the performance management framework will provide better insights into what requires action in relation to SCV's Acute Learning Health Network in the Centres of Clinical Excellence.	Emergency Services (Health)
Emergency patients treated within clinically recommended 'time to treatment'	Per cent	80	65.3	-18.4%	The result is lower than the target, although slightly better than 2021-22 (64 per cent), due to increased demand, patient complexity and supply constraints, which placing significant and sustained pressure on emergency departments. Workforce pressures and continued infection control measures to protect patients and staff continue to impact patient flow through hospital emergency departments and wards.	Emergency Services (Health)
Emergency patients with a length of stay of less than four (4) hours	Per cent	75	52.1	-30.5%	The result is lower than the target, and slightly worse than 2021-22 (55 per cent), due to high emergency department demand, patient flow, and workforce pressures and longer treatment times.	Emergency Services (Health)

Proportion of ambulance patient transfers within 40 minutes	Per cent	90	61.4	-31.8%	The result is lower than the target, and slightly worse than 2021-22 (63 per cent), due to changes in patient complexity, longer treatment times and hospital patient flow, which are impacting hospital capacity to transfer patients arriving by ambulance in a timely manner.	Emergency Services (Health)
Clinical placement student days (medicine)	Number	385,000	355,355	-7.7%	The result is lower than the target primarily as a result of the flow-on impact of the COVID-19 pandemic.	Health Workforce Training and Development (Health)
Clinical placement student days (allied health)	Number	160,000	145,616	-9.0%	The result is lower the target primarily as a result of the flow-on impact of the COVID-19 pandemic.	Health Workforce Training and Development (Health)
Number of filled Victorian Rural Generalist Year 3 positions	Number	38	30.3	-20.4%	The result is lower than the target as some health services could not provide supervision support due to workforce and accreditation issues.	Health Workforce Training and Development (Health)
Aged care assessments	Number	59,000	55,872	-5.3%	While a five (5) per cent improvement on 2021-22 (53,245), the result is lower than the target due to ongoing reductions in workforce capacity due to the COVID-19 pandemic, ongoing reform uncertainty, staffing shortages and recruitment challenges faced by the sector, which are Australia-wide problems.	Aged Care Assessment (Ageing)
Average waiting time (calendar days) from referral to assessment	Days	16	17	6.3%	The result is one (1) day longer than target due to workforce capacity impacted by the COVID-19 pandemic, ongoing reform uncertainty, staffing shortages and recruitment challenges faced by the sector, which are Australia-wide problems.	Aged Care Assessment (Ageing)

Percentage of low priority clients assessed within the appropriate time in all settings	Per cent	90	58.7	-34.7%	The result is lower than the target due to workforce capacity impacted by the COVID-19 pandemic, ongoing reform uncertainty, staffing shortages and recruitment challenges faced by the sector, which are Australia-wide problems.	Aged Care Assessment (Ageing)
Personal alert units allocated	Number	29,121	27,621	-5.2%	The result is lower than the target due to reduced demand beginning 1 January 2023, reflecting the provision of this service through a Commonwealth program (GEAT2GO).	Aged Support Services (Ageing)
Victorian Eyecare Service (occasions of service)	Number	75,800	65,149	-14.1%	The result is lower than the target due primarily to workforce challenges. However, it is a 7.6 per cent improvement on 2021-22 (60,536).	Aged Support Services (Ageing)
Home and Community Care for Younger People – hours of service delivery	Number (thousand)	1,000	944	-5.6%	This is a preliminary result. As in previous years it is expected that the final result will be higher and likely meet target.	Home and Community Care Program for Younger People (Ageing)
Community Service Obligation emergency road and air transports	Number	295,810	269,854	-8.8%	The result is lower than the target. This likely reflects the success of Ambulance Victoria's secondary triage service and other demand management strategies that better connect people to care that is responsive to their needs while avoiding an emergency ambulance response.	Ambulance Emergency Services (Ambulance Services)
Statewide emergency air transports	Number	5,274	3,756	-28.8%	Air activity is entirely demand driven. Activity below target represents lower demand for air services.	Ambulance Emergency Services (Ambulance Services)

Statewide emergency road transports	Number	527,101	496,528	-5.8%	The result is lower than the target. This likely reflects the success of Ambulance Victoria's secondary triage service and other demand management strategies that better connect people to care that is responsive to their needs while avoiding an emergency ambulance response.	Ambulance Emergency Services (Ambulance Services)
Proportion of emergency (Code 1) incidents responded to within 15 minutes – statewide	Per cent	85	62.8	-26.1%	The result is lower than the target, and lower than 2021-22 (67.5 per cent) due to record-breaking demand and workforce constraints that have compounded capacity issues already in the system. Ambulance Victoria is deploying a range of strategies to optimise the availability of ambulance resources and stabilise performance.	Ambulance Emergency Services (Ambulance Services)
Proportion of emergency (Code 1) incidents responded to within 15 minutes in centres with more than 7,500 population	Per cent	90	66.5	-26.1%	The result is lower than the target due to record-breaking demand and workforce constraints, which have compounded capacity issues already in the system. Ambulance Victoria is deploying a range of strategies to optimise the availability of ambulance resources and stabilise performance.	Ambulance Emergency Services (Ambulance Services)
Community Service Obligation non-emergency road and air transports	Number	240,738	221,605	-7.9%	The result is lower than the target, which reflects Ambulance Victoria's focus on targeted demand management strategies to connect people to care that is responsive to their needs while avoiding an emergency ambulance response.	Ambulance Non-Emergency Services (Ambulance Services)
Statewide non-emergency air transports	Number	2,617	3,225	23.2%	Air activity is entirely demand driven. Activity above target represents higher demand for air services.	Ambulance Non-Emergency Services (Ambulance Services)

Statewide non-emergency road transports	Number	316,214	298,541	-5.6%	The result is lower than the target, which reflects Ambulance Victoria's focus on targeted demand management strategies to connect people to care that is responsive to their needs while avoiding an emergency ambulance response.	Ambulance Non-Emergency Services (Ambulance Services)
Number of phone contacts from family members seeking support	Number	10,682	7,631	-28.6%	The result is lower than the target, which is consistent with the shift in preference to accessing information and resources online, due to the availability and convenience. This result is offset by the substantial positive result achieved against the measure for number of telephone, email and website contacts.	Drug Prevention and Control (Health)
Number of drug treatment activity units – residential services	Number	78,535	70,610	-10.1%	This is a preliminary result. As in previous years, it is expected that the final result will be higher, though still not likely to meet target. The result is lower than the target which is reflective of the issues being reported by residential service providers such as workforce shortages (including limited availability of appropriately skilled and experienced staff) and impacts on occupancy rates when COVID-Safe plans are enacted to minimise outbreak risk.	Drug Treatment and Rehabilitation (Health)
Number of drug treatment activity units – community-based services	Number	97,855	91,624	-6.4%	This is a preliminary result. As in previous years, it is expected that the final result will be higher, though still not likely to meet target. The result is lower than the target due to the continued impacts of workforce shortages.	Drug Treatment and Rehabilitation (Health)

Percentage of new clients to existing clients	Per cent	50	38	-24.0%	<p>This is a preliminary result.</p> <p>As in previous years, it is expected that the final result will be higher, though still not likely to meet target.</p> <p>The result is lower than the target, in part, due to workforce shortages experienced across all sectors.</p> <p>It also demonstrates the reduction in the number of treatment places becoming available for new clients due to the higher levels of complexity among clients presenting for treatment who require longer periods in treatment before they can be discharged.</p>	Drug Treatment and Rehabilitation (Health)
Percentage of residential rehabilitation clients remaining in treatment for ten days or more	Per cent	80	86	7.5%	<p>This is a preliminary result.</p> <p>The result is higher than the target due to a higher proportion of clients remaining in residential treatment longer.</p> <p>A longer stay provides a greater chance of treatment success.</p>	Drug Treatment and Rehabilitation (Health)
Percentage of residential withdrawal clients remaining in treatment for two days or more	Per cent	80	95	18.8%	<p>This is a preliminary result.</p> <p>The result is higher than the target.</p> <p>This is a positive result with 95 per cent of clients remaining in withdrawal for two or more days, which provides a greater chance of treatment success.</p>	Drug Treatment and Rehabilitation (Health)
Median wait time between intake and assessment	Days	10	12	20.0%	<p>This is a preliminary result.</p> <p>The result is higher than the target due to the demand for services.</p>	Drug Treatment and Rehabilitation (Health)

Median wait time between assessment and commencement of treatment	Days	20	39	95.0%	<p>This is a preliminary result.</p> <p>The result is higher than the target due to the demand for treatment services not being met within the existing resources.</p> <p>This is due in part to workforce shortages experienced across all sectors and the reduction of the number of treatment places becoming available for new clients because of the increase in complexity among clients who requires longer periods in treatment before discharge.</p>	Drug Treatment and Rehabilitation (Health)
Clinical inpatient separations	Number	29,616	24,705	-16.6%	<p>The result is lower than the target due to workforce pressures and bed closures due to capital works, a lack of supported/settled housing options available within the community to support safe separations, and lack of appropriate allied health services/social supports for consumers once they separate from a service.</p>	Mental Health Clinical Care (Mental Health)
Total community service hours (child and adolescent)	Number (thousand)	340	300	-11.8%	<p>The result is lower than the target due to services struggling with their existing community-based facilities and needing to seek larger premises prior to recruiting additional staff.</p> <p>Several services have reported data integrity issues. Processes are being implemented to ensure accurate reporting.</p>	Mental Health Clinical Care (Mental Health)
Total community service hours (aged)	Number (thousand)	196	159	-18.9%	<p>The result is lower than the target due to services struggling with their existing community-based facilities and need to seek larger premises prior to recruiting additional staff.</p> <p>Several services have reported data integrity issues. Processes are being implemented to ensure accurate reporting.</p>	Mental Health Clinical Care (Mental Health)

Occupied residential bed days	Number	153,574	131,992	-14.1%	<p>There is variance across the system regarding step-up and step-down arrangements.</p> <p>Some consumers need to be stepped up to inpatient services due to a deterioration of their mental health status and individuals may not be able to be stepped down due to their assessed needs.</p> <p>The department is working with services to improve step-up and step-down care pathways to ensure timely and high-quality care and develop integrated pathways.</p>	Mental Health Clinical Care (Mental Health)
Clients readmitted (unplanned) within 28 days	Per cent	14	13	-7.1%	<p>The result is lower than the target.</p> <p>This is a good result.</p>	Mental Health Clinical Care (Mental Health)
New client index	Per cent	45	39	-13.3%	<p>The result is lower than the target due to services struggling with their existing community-based facilities and levels of staffing to meet increased demand.</p>	Mental Health Clinical Care (Mental Health)
Mental health consumers who report a positive experience of care	Per cent	80	66	-17.5%	<p>The result is lower than the target.</p> <p>A small number of services achieved the target.</p> <p>The department will continue to work with services that are below the target to ensure that every consumer has a positive experience.</p>	Mental Health Clinical Care (Mental Health)
Mental health carers who report a positive experience of care	Per cent	80	43	-46.3%	<p>The result is lower than the target due to workforce, recruitment and retention issues affecting the experience of care.</p>	Mental Health Clinical Care (Mental Health)
Consumers who report they usually or always felt the service was safe	Per cent	90	85	-5.6%	<p>The result is slightly lower than the target as there were low numbers of survey responses at several services.</p> <p>A small number of services achieved the target result.</p>	Mental Health Clinical Care (Mental Health)

Carers who report they usually or always felt their opinions as a carer were respected	Per cent	90	69	-23.3%	The result is lower than the target and several services will develop corrective action plans to improve this result. The department will continue working towards high-quality treatment and care in a safe environment to ensure that every carer continually benefits from their opinions being heard and respected.	Mental Health Clinical Care (Mental Health)
Acute mental health inpatients readmitted (unplanned) within 28 days of discharge (child/adolescent)	Per cent	14	18	28.6%	The result is higher than the target due to a small number of consumers requiring additional support in a couple of services.	Mental Health Clinical Care (Mental Health)
Mental health-related emergency department presentations with a length of stay of less than four hours	Per cent	81	40	-50.6%	The result is lower than the target as the demand for inpatient bed-based services continues to exceed capacity. This is being addressed by the Mental Health and Wellbeing branch reform program. People presenting with complex and high-care needs require intensive care beds.	Mental Health Clinical Care (Mental Health)
Seclusions per 1,000 occupied bed days (child and youth)	Per cent	5	20.6	312.0%	The result is higher than the target which is due to a small number of consumers requiring additional support in a couple of services contributing to this result being over the required target.	Mental Health Clinical Care (Mental Health)
Seclusions per 1,000 occupied bed days (adults and forensic)	Per cent	8	9	12.5%	The result is slightly higher than the target, though about the same as 2021-22 (8.7 per cent), due to people presenting with complex and high-care needs who require intensive care.	Mental Health Clinical Care (Mental Health)
Emergency patients admitted to a mental health bed within eight hours	Per cent	80	39.5	-50.6%	The result is lower than the target, and lower than 2021-22 (51.3 per cent) due to the demand for inpatient bed-based services that continues to exceed bed availability.	Mental Health Clinical Care (Mental Health)

Bed days	Number	62,744	52,509	-16.3%	<p>The mental health community support services support people with psychiatric disability to manage their self-care, improve social and relationship skills and achieve broader quality of life via physical health, social connectedness, housing, education, and employment.</p> <p>Some of these services are bed-based, with the capacity of service measured as the total number of days of stay for all clients.</p> <p>The results are lower than target, though higher than 2021-22 (49,179), likely reflecting a system progressively recovering from COVID-19.</p>	Mental Health Community Support Services (Mental Health)
Persons treated	Number	332,150	296,932	-10.6%	<p>The result is lower than the target due primarily to an increase in general and denture care (less emergency) and more complex treatment (and visits) per client as a result of the targeted approach to addressing long waiting lists.</p>	Dental Services (Health)
Priority and emergency clients treated	Number	249,100	221,565	-11.1%	<p>The result is lower than the target due primarily to an increase in general and denture care (less emergency) and more complex treatment (and visits) per client as a result of the targeted approach to addressing long waiting lists.</p>	Dental Services (Health)
Schools visited by Smile Squad	Number	200	177	-11.5%	<p>The result is lower than the target due to the continued impact of the COVID-19 pandemic on the projected rollout of the program to schools.</p>	Dental Services (Health)

Victorian families participating in the Generation Victoria study	Number	56,000	20,118	-64.1%	<p>This is a preliminary result.</p> <p>The result is lower than the target due primarily to the ongoing and legacy impacts of the COVID-19 pandemic on recruitment.</p> <p>Additionally, consent rates fell slightly after each of several high profile, large-scale data breaches in the media (e.g., Medibank, Optus), suggesting negative impacts on the public's trust in data sharing and linkage more broadly.</p>	Medical Research (Medical Research)
Persons screened for prevention and early detection of health conditions – pulmonary tuberculosis screening	Number	2,000	1,449	-27.6%	<p>The result is lower than the target due to multiple factors, including the number of tuberculosis (TB) cases found to be infectious at the time of diagnosis, and the number of large-scale screenings required as a result of these cases.</p>	Health Protection (Health)
Smoking cessation of Aboriginal mothers	Per cent	25	21.2	-15.9%	<p>The result is lower than the target.</p> <p>Safer Care Victoria (SCV) and the department are focused on improving smoking cessation rates by working closely with Koori Maternity Services and Victorian Aboriginal Community Controlled Health Organisation (VACCHO).</p>	Health Protection (Health)
Participation rate of women in target age range screened for breast cancer	Per cent	54	50.9	-5.7%	<p>The result is slightly lower than the target, due to the COVID-19 response that required implementation of safety measures that, in turn, reduced capacity of some BreastScreen Victoria services.</p> <p>However, the result is significantly better than 2021-22 (45.5 per cent) reflecting a system in recovery.</p>	Health Protection (Health)

Persons completing the Life! – Diabetes and Cardiovascular Disease Prevention program	Number	5,616	4,549	-19.0%	<p>The result is lower than the target as the program continues to be impacted by the lasting effects of the COVID-19 pandemic on the health system and public readiness for healthy behaviour change.</p> <p>Referrals from health professionals to the program continue to be impacted with access to General Practitioner appointments a key issue.</p> <p>The result is a 15 per cent improvement on 2021-22 (3,942).</p>	Health Advancement (Health)
Number of sales to minors test purchases undertaken	Number	3,000	1,508	-49.7%	<p>This is a preliminary result.</p> <p>Test purchases have almost doubled compared to 2021-22 (881).</p> <p>Data are not generated by the department; is difficult to estimate how many Test Purchase Attempts (TPAs) councils will be able to undertake this financial year.</p>	Health Advancement (Health)
Small rural weighted activity unit	Number (thousand)	315	Not available	Not available	<p>No data available.</p> <p>This measure was not reported as it is complex, poorly understood and derived primarily from Weighted Inlier Equivalent Separation (WIES) which is no longer a unit of measure reported by health services.</p>	Small Rural Services – Acute Health (Health)
Home and Community Care for Younger People – hours of service delivery	Hours	51,000	42,229	-17.2%	<p>The result is lower than the target due to staff shortages, recruitment challenges and ongoing COVID-19 impacts on workforce and clients.</p>	Small Rural Services – Home and Community Care Services (Ageing)

d) Please provide the following information for objective indicators where data was not available at publication of the annual report 2022-23.

Objective indicators stated in annual report for which data was not available at date of publication	Best available data for 2022-23 and relevant date	Explanation for the absence of data in annual report	Action taken to ensure timely data for 2023-24 annual report
Reduce obesity and increase physical activity across Victoria – Proportion of adults who are overweight (self-reported)	Not available	The Victorian Population Health Survey for 2023 is being conducted currently.	Staff are engaged with Victorian Agency for Health Information (VAHI)/Victorian Population Health Survey to seek preliminary figures for inclusion in the annual report.
Reduce obesity and increase physical activity across Victoria – Proportion of adults who are obese (self-reported)	Not available	The Victorian Population Health Survey for 2023 is being conducted currently.	Staff are engaged with Victorian Agency for Health Information (VAHI)/Victorian Population Health Survey to seek preliminary figures for inclusion in the annual report.
Reduce inequalities in premature death – Proportion of adults who reported as a daily smoker	Not available	The Victorian Population Health Survey for 2023 is being conducted currently.	Staff are engaged with Victorian Agency for Health Information (VAHI)/Victorian Population Health Survey to seek preliminary figures for inclusion in the annual report.
Reduce the suicide rate – Standardised rate of death from suicide (per 100,000 people)	Not available	Mortality data lags by one to two years.	Staff are engaged with program areas ongoing to seek updated actuals for inclusion in the annual report. Number of estimates for objective indicators is consistent with previous year.
Improve rates of self-reported health and wellbeing – Proportion of adults who reported an excellent/very good health status	Not available	The Victorian Population Health Survey for 2023 is being conducted currently.	Staff are engaged with Victorian Agency for Health Information (VAHI)/Victorian Population Health Survey to seek preliminary figures for inclusion in the annual report.
Reduce deaths resulting from misuse of prescription medicine – Annual frequency of overdose deaths: Pharmaceutical	Not available	Data lags by one to two years.	Staff are engaged with program areas ongoing to seek updated actuals for inclusion in the annual report. Number of estimates for objective indicators is consistent with previous year.

Question 31 (all departments and entities) Challenges experienced by department/agency

Please list a minimum of three main challenges/risks faced by the department/agency in 2021-22 and 2022-23.

A significant challenge may be any matter or strategy that impacted the department/agency, whether it arose externally or internally or as a result of new policy or legislation.

2021-22 response

Challenge experienced	Internal/ External	Causes of the challenge	Action taken to manage the challenge/risk
1. Ongoing response to COVID-19 pandemic	External	New variants of COVID-19 (Delta and Omicron) emerge triggering further lockdowns directly impacting the health of Victorians or indirectly impacting the health of Victorians due to reduced access to healthcare.	<ul style="list-style-type: none"> • Rollout of the Victorian COVID-19 Vaccination Program delivered over six million vaccination doses through the state-run program. • Distribution of 100 million Rapid Antigen Tests (RATs) to Victorians the majority in schools and early education centres. • Development and implementation of the COVID Positive Pathways, a model of care to assess, triage and monitor care provided for COVID-positive Victorians. • Development and implementation of the border crossing 'traffic light' system for domestic travel into Victorian and collaboration with COVID-19 Quarantine Victoria (CQV) in relation to quarantine management for international arrivals.
2. Increase in planned surgery waiting lists	External / Internal	Delays in surgery for lower priority conditions due to lower capacity in the health system caused by the COVID-19 pandemic.	<ul style="list-style-type: none"> • \$1.5 billion investment on the COVID Catch Up Plan to boost surgical activity across the state through: <ul style="list-style-type: none"> ○ eight dedicated planned surgery centres ○ access to \$20 million Surgical Equipment Innovation Fund to upgrade, modernise and replace surgical equipment and imaging systems ○ transformation of private hospitals into dedicated planned surgery centres to further increase capacity ○ investment in upskilling of the medical workforce and overseas recruitment of healthcare workers.

<p>3. Health sector workforce</p>	<p>External and Internal</p>	<p>Complex system of stakeholders responsible for parts of the employee journey make it difficult to advance cohesive, integrated systemic change.</p> <p>Historical employment and training practices have resulted in maldistribution of workforce.</p> <p>Competitive labour market, reduced levels of migration during pandemic and complex migration settings.</p>	<ul style="list-style-type: none"> • \$32 million ‘Be Well, Be Safe’ worker wellbeing program: place-based wellbeing and extended supports including access to proactive psychological support for staff. • Hospital Surge Support Allowance which operated from October 2021 to March 2022 • Supporting 440 international healthcare workers to join Victorian public health services. • Funded 1,000 new postgraduate nursing and midwifery places. • 580 undergraduate and postgraduate university students joined the vaccination workforce. • Supported the development and delivery of specialised training and development of the workforce to meet the demands of working in a COVID-19 environment, e.g., critical care and infection prevention training. • Targeted pop-up vaccination programs and clinics throughout Victoria to ease pressure on essential health services. • Two medi-hotels opened to ease pressure on hospitals by taking recovering COVID-19 patients. • Purchase of almost 2.2 million rapid antigen test kits for healthcare workers. • Changes to reduce Polymerase Chain Reaction (PCR) testing queues and ease pressure on pathology laboratories. • Use of system levers – union negotiations, liaison with Commonwealth on workplace laws and regulations.
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<p>4.</p>	<p>Delivery of mental health reform</p>	<p>External and Internal</p>	<p>The mental health system continues to be driven by crisis, emergency departments are used as entry points, increasing demand on services, fatigued workforce and critical workforce shortages are undermining overall reforms efforts, including roll-out of more community-based services, efforts to embed perspectives and experiences of people with lived experience of mental illness or psychological distress.</p>	<ul style="list-style-type: none"> • Programs to reduce demand through promotion and prevention including expansion of Hospital Outreach Post-Suicidal Engagement (HOPE) and child and youth HOPE. • Opening of new local mental health and wellbeing services. • Uplift in the capacity of the system through increasing community service hours, expanding the number of acute mental health beds, redesigning models of care. • Development of a new outcomes and performance framework. • Delivery of a range of workforce initiatives. • Working with other departments through the Mental Health and Wellbeing Inter-Departmental Committee (IDC) to facilitate government and community-wide approach to improving mental health.
<p>5.</p>	<p>Cost escalation in construction projects</p>	<p>External</p>	<p>Unprecedented domestic and global market conditions (labour scarcity and material costs) are placing significant pressure across the construction sector, including Victoria’s health infrastructure program.</p>	<ul style="list-style-type: none"> • The Victorian Health Building Authority is continuously undertaking value management activities during the design phase and managing scope to budgets in line with market conditions. • Cost escalation is being overseen at a Whole of Victorian Government level, as it is a broader issue impacting government’s Big Build.

2022-23 response

Challenge experienced	Internal/ External	Causes of the challenge	Action taken to manage the challenge/risk
1. October 2022 floods	External	<p>Significant rainfall caused widespread flooding in north-eastern Victoria impacting the operation of and access to public health services, primary care, aged care facilities and pharmacies in small rural towns and regional centres.</p> <p>Public health risks from vector-borne diseases and environmental hazards were realised and mental health and wellbeing impacts were widespread across affected communities.</p>	<ul style="list-style-type: none"> • The department activated and delivered a Tier 2 health system response as a supporting agency to the State Control Team. • It transitioned from response to recovery in February 2023. • To support communities in areas affected the government invested \$23.8 million in service delivery initiatives to minimise the risks flood waters can cause to human health. • This investment included funding to: <ul style="list-style-type: none"> ○ prevent and control the Japanese Encephalitis Virus (JEV) ○ provide advice on waste disposal ○ repair septic tanks and clean up homes, health care facilities and businesses ○ boost resourcing in the worst-affected Local Public Health Units to keep communities safe and healthy and manage a concurrent COVID-19 wave ○ deliver 200 hospital staff to flood-affected areas for three months ○ deliver 20 locum pharmacists to support small local pharmacies ○ provide extra air ambulance transfers for patients and staff while roads were inaccessible ○ support Aboriginal Victorian communities affected by the floods ○ educate flood-affected communities about how to stay safe following an inundation of floodwaters ○ connect multicultural communities with emergency services, helping diverse Victorians access the services.

2.	Financial sustainability of the health sector	External and Internal	Achieving efficiencies is challenged by impact of COVID-19 on staffing and consumables costs, driving upward pressure on costs.	<ul style="list-style-type: none"> • Develop and update reform options for government to address underlying financial sustainability issue. • Enhance understanding of cost and revenue changes across the system to support decision-making. • Increase collaboration between the department and health services in relation to financial risk and performance. • Support regular interactions with Chief Finance Officer Seven Group to understand and support cost activity and drivers (salaries, supplies and consumables, revenues) and challenges. • Implement opportunities to increase revenue from all sources, including fee policies/collection and reporting of the National Weighted Activity Unit (NWAU). • Develop a new accountability framework and performance measures to better support financial management and assessment. • Work closely with the Commonwealth to interrogate cost and price deviations.
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<p>3. Health sector workforce</p>	<p>External and Internal</p>	<p>Complex system of stakeholders responsible for parts of the employee journey make it difficult to advance cohesive, integrated systemic change.</p> <p>Historical employment and training practices have resulted in maldistribution of workforce.</p> <p>Competitive labour market, reduced levels of migration during pandemic and complex migration settings.</p>	<ul style="list-style-type: none"> • Boosting our Healthcare Workforce project delivering an additional 95,503 student clinical placement days. • Surgery and Recovery Reform Program provided funding to 23 health services to recruit new staff, strengthen and build the surgical workforce. • International recruitment program delivered 2,016 health professionals into Victorian public health services. • Registered Undergraduate Student of Nursing/Midwifery (RUSON/M) employment model launched and supporting 1,125 RUSON/Ms. • 358 additional paramedics recruited, including 354 graduates. • Delivered the nurse and midwifery sign-on bonus. • Support for the medical workforce through the Victorian Rural Generalist Program, Base Physician Training Consortium, Victorian Basic Paediatrics Training Consortium, Victorian Medical Specialist Training Program to fund additional positions and increase intake. • \$356 million Healthcare Worker Winter Retention and Surge Payment program. • Further \$372 million investment in the mental health workforce. • Participation in Health Workforce Taskforce to advocate for interjurisdictional reform and Commonwealth reviews e.g., Kruk review on accreditation and regulatory settings. • Continued use of system levers – union negotiations, liaison with Commonwealth on workplace laws and regulations. • Continued support of health system employer arrangements – ensure best practice is known and comprehended, communication of contemporary thinking around workforce, e.g., how to think about and develop Employee Value Propositions.
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4.	Delivery of mental health reform	External and Internal	The mental health system continues to be driven by crisis, emergency departments are used as entry points, increasing demand on services, fatigued workforce and critical workforce shortages are undermining overall reforms efforts, including roll-out of more community-based services, efforts to embed perspectives and experiences of people with lived experience of mental illness or psychological distress.	<ul style="list-style-type: none"> • Programs to reduce demand through promotion and prevention including expansion of Hospital Outreach Post-Suicidal Engagement (HOPE) and child and youth HOPE. • Opening of new local mental health and wellbeing services. • Uplift in the capacity of the system through increasing community service hours, expanding the number of acute mental health beds, redesigning models of care. • Development of a new outcomes and performance framework. • Delivery of a range of workforce initiatives. • Working with other departments through the Mental Health and Wellbeing Inter-Departmental Committee (IDC) to facilitate government and community-wide approach to improving mental health.
5.	Cost escalation in construction projects	External	Unprecedented domestic and global market conditions (labour scarcity and material costs) are placing significant pressure across the construction sector, including Victoria's health infrastructure program.	<ul style="list-style-type: none"> • The Victorian Health Building Authority is continuously undertaking value management activities during the design phase and managing scope to budgets in line with market conditions. • Cost escalation is being oversighted at a Whole of Victorian Government level, as it is a broader issue impacting government's Big Build.

<p>6. Pressure on Victorian hospitals to provide timely emergency care and treatment</p>	<p>External</p>	<p><i>Emergency departments</i></p> <p>Ongoing impacts of COVID-19 on staff availability and hospital capacity.</p> <p>Reduced access to primary care (number of General Practitioners and cost of living) resulting in non-emergency patients presenting at emergency departments.</p> <p>Delays in discharge due to challenges in aged care and disability sectors.</p> <p>Non-emergency callers or patients are not identified and referred to alternative health service providers.</p> <p><i>Ambulance services</i></p> <p>Surges in COVID-19 cases and other emergency events (floods, asthma, flu).</p> <p>System and process deficiencies of the Non-Emergency Patient Transport service (NEPT).</p> <p>Lack of skilled, competent, and available staff.</p> <p>Poor availability of data and reporting processes to make informed decisions.</p>	<p><i>Emergency departments</i></p> <p>Investments to alleviate pressure on Victorian hospital emergency departments and fast-track care include:</p> <ul style="list-style-type: none"> • Doubling the Victorian Virtual Emergency Department capacity – allowing up to 500 patients per day to access a video consultation with an emergency doctor or nurse from their own home. This includes paramedics connecting suitable patients to the program on scene for virtual assessment, management and referral. • Expanding eligibility criteria for the Virtual Emergency Department to better aid residential aged care patients and those in the COVID Positive Pathways program. • Twenty-seven (27) new Priority Primary Care Centres to handle conditions such as mild infections, fractures and burns. • \$32 million in six (6) new emergency department mental health, alcohol and other drugs hubs. <p><i>Ambulance services</i></p> <p>Victorian Government investments include:</p> <ul style="list-style-type: none"> • Trial of a new rostering pattern for advanced life support paramedic crews in metropolitan Melbourne, to deliver more flexible shift arrangements and optimise fleet availability. • Expanding Ambulance Victoria Offload teams to a total of 14 major public hospitals, including six (6) existing sites, to enable timely patient offload and support ambulance availability. • A new, near real-time data dashboard to give paramedics and healthcare workers a better overview of system capacity to assist them make local decisions that help balance demand across the system. • Major governance changes and reforms in relation to the performance standards of Emergency Services Telecommunications Authority (ESTA), including: <ul style="list-style-type: none"> ○ new governance model ○ extra government funding for more staff ○ changes to improve call-taking and responses
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| | | | <ul style="list-style-type: none">• improve the agency's links with police, paramedics and fire rescue services. |
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Question 32 (all departments) Newly created bodies

Please list all newly created bodies (authorities, offices, commissions, boards and/or councils) created within the department in 2021-22 and 2022-23 and provide the following information:

- Date body created
- Expenditure in relevant financial year
- FTE staff at end of relevant financial year
- Purpose/function(s) of the body

2021-22 response

Name of the body	Date body created	Expenditure in 2021-22*	FTE staff [^]	Purpose/function(s) of the body	Who the head of the newly created body directly reports to
Interim Regional Body x 8 (North-East Metro, South-East Metro, West Metro; Barwon South West; Gippsland; Grampians; Hume; Loddon Mallee	5 Mar 2022	\$0	0	To provide advice to the Mental Health and Wellbeing division in the Department of Health as it plans, develops, coordinates, funds and monitors a range of mental health and wellbeing services in each region.	Deputy Secretary Mental Health and Wellbeing division

* The 2021-22 Budget allocated funding towards the establishment and operations of the Interim Regional Bodies (IRBs). Funding of \$4.601 million was allocated in 2021-22 and \$4.715 million in 2022-23. This funding is held by the Department of Health on behalf of the IRB and directed to a range of agreed activities to support bodies in their role of providing advice to the department.

[^]The IRBs are not able to directly employ staff. Each IRB comprises a chair and number of members. Each of the board members is employed by the Department of Health on a sessional basis.

2022-23 response

Name of the body	Date body created	Expenditure in 2022-23	FTE staff	Purpose/function(s) of the body	Who the head of the newly created body directly reports to
Victorian Collaborative Centre (VCC) for Mental Health and Wellbeing	1 September 2022	\$2.17 million was spent of the \$4.889 million allocated to the Centre in 2022-23	12.8	<p>Establishing the Victorian Collaborative Centre for Mental Health and Wellbeing is Recommendation 1 of the Royal Commission into Victoria's Mental Health System Interim Report, reflecting its central role in driving system transformation.</p> <p>The VCC will bring together people with lived experience, researchers and mental health service providers to:</p> <ul style="list-style-type: none"> • drive exemplary practice for the full and effective participation and inclusion of people with lived experience across the mental health system • conduct interdisciplinary, translational research into new treatments and models of care and support to inform service delivery, policy and law making • educate the mental health workforce through practice improvement, training and professional development programs • provide multidisciplinary treatment, care and support to adults and older adults that respond to the needs of its local population. <p>The VCC's functions are further outlined in section 643 of the <i>Mental Health and Wellbeing Act 2022</i>.</p>	<p>The VCC Board chairperson is the head of the body, and reports to the Minister for Mental Health.</p> <p>The chairperson has the functions of public service body Head under the <i>Public Administration Act 2004</i> in relation to the VCC.</p>

Section I: Implementation of previous recommendations

Question 33 (relevant departments only)

- a) Please provide an update on the status of the implementation of each of the below recommendations that were made by the Committee in its *Report on the 2020-21 Financial and Performance Outcomes* and supported by the Government.

Department	Recommendations supported by Government	Actions taken at 30 September 2023		
Department of Health	<p>Recommendation 3</p> <p>The Department of Health provide a more detailed breakdown of its COVID-19 expenditure for each financial year, including as is practicable a list of the budget allocated and amount spent on relevant initiatives and program.</p> <p><i>(Report on the 2020–21 Financial and Performance Outcomes, p. 33)</i></p>	2021-22 response		
		Initiative	Budget 2021-22 (\$million)	Actual 2021-22 (\$million)
		Enhanced fast response team capability in Service Victoria to support the COVID-19 response	1.00	1.00
		COVID-19 Health Response	1,630.75	1,152.91
		COVID-19 mental health response	0.70	0.60
		Supporting Victoria's mental health and wellbeing response to impacts of COVID-19	29.87	29.87
		Enabling care and meeting demand for hospital services	353.00	353.00
		Immunising Victorians against COVID-19 - Third Booster Doses and 5-11 year olds	257.90	158.34
		Improving outbreak responses to the COVID-19 Delta variant	314.29	311.55
		Public health and local place-based delivery	1,267.20	1,121.91
		Rapid antigen tests	1,060.30	783.06
		Establishing and maintaining a PPE stockpile for this financial year	639.36	385.89
		Supporting the community and health system through the COVID-19 pandemic	1,331.80	949.67
		Total	6,886.18	5,247.80

2022-23 response

Initiative	Budget 2022-23 (\$million)	Actual 2022-23 (\$million)
Purchase of Rapid Antigen Tests	6.10	6.10
COVID-19 health response	14.97	14.97
Support for primary care to protect our hospitals	32.54	32.54
Mental Health and Wellbeing Covid-19 Emergency	10.00	10.00
COVID-19 Limited Testing, Vaccination and Engagement Services	75.03	73.64
Securing and maintaining Personal Protective Equipment	23.23	23.23
Supporting the community and health system through the COVID-19 pandemic	339.91	302.06
COVID-19 transitional operating model	175.50	175.50
Enabling care and meeting demand for hospital services	168.00	168.00
Public health and local place-based delivery	72.30	72.30
Total	917.58	878.34

Explanations for these items can be found at Question 15.

<p>Department of Health</p>	<p>Recommendation 4</p> <p>The Department of Health develop performance measures to evaluate the effectiveness of the Transmission and Response Epidemiology Victoria (TREVI) and (CHRIS) systems.</p> <p><i>(Report on the 2020–21 Financial and Performance Outcomes, p. 38)</i></p>	<p>Since its launch in February 2021, the Victorian Government’s Customer Relationship Management contact tracing system, Transmission and Response Epidemiology Victoria (TREVI), has evolved to meet the latest operational needs of public health policy settings during the subsequent years of the pandemic.</p> <p>Performance measures during this time have focussed on:</p> <ul style="list-style-type: none"> • early intervention in the clinical care of COVID-positive patients • management of statewide outbreaks • operation of public health actions • integration of data from self-reported rapid antigen tests • digital engagement and notifications to the public. <p>Transmission and Response Epidemiology Victoria’s performance has been monitored against timestamps for the following measures:</p> <p>During active contact tracing in 2020-2022:</p> <ul style="list-style-type: none"> • new positive cases contacted within 24 hours of the department being notified of a positive test result • new positive cases interviewed within 24 hours of the department being notified of a confirmed case • known contacts being notified within 48 hours of the department becoming aware of a known contact. <p>February 2021 until June 2023:</p> <ul style="list-style-type: none"> • new positive cases referred to the COVID-positive pathways program, cases in self-care or in-care pathways • the number of statewide outbreaks being managed at a point-in-time. <p>With high vaccine coverage in the community and a reduction in social restrictions and public health actions, the COVID-19 response is transitioning into business-as-usual public health strategy.</p> <p>This transition will provide the department with an opportunity to analyse the lessons learned from TREVI and incorporate the findings into the digital health ecosystem.</p>
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		<p>These insights may also inform the development of new digital public healthcare tools and future strategies for preventing communicable diseases.</p>
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As the Critical Health Resource Information System (CHRIS) is funded predominantly by the Commonwealth Government, it would not be appropriate for the Victorian Government to develop performance measures.

b) Please provide an update on the status of the implementation of each of the recommendations that were made by the Committee in its *Report on 2019-20 Financial and Performance Outcomes* supported by the Government.

Department	Recommendations supported by Government	Actions taken at 30 September 2023
Department of Health	<p>Recommendation 2</p> <p>The Department of Health and Human Services undertake and publish an evaluation of its programs and initiatives implemented in response to COVID-19, and the outcomes achieved through these.</p> <p><i>(Report on the 2019–20 Financial and Performance Outcomes, p. 31)</i></p>	<p>The department has accepted and adopted numerous recommendations to ensure greater transparency and confidence in the public health system.</p> <p>This now includes supporting the Commonwealth Government COVID-19 Response Inquiry.</p> <p>The department is also scheduled to publish the Chief Health Officer’s Your Health biennial report that will describe the health of the population during the first two years of COVID-19 and provide an account of various programs and outcomes achieved.</p>

Section J: Department of Treasury and Finance only

Question 34 (DTF only) Net cash flows from investments in financial assets for policy purposes – General Government Sector (GGS)

Financial assets include cash, investments, loans and placements. This question seeks to ascertain the variance behind the estimated value of the financial assets held versus the actual value of the financial assets and the projects that contributed to the variance.

Regarding the ‘net cash flows from investments in financial assets for policy purposes’ in the GGS cash flow statement for 2021-22 and 2022-23, please provide:

- a) the top five projects that contributed to the variance recorded in each year
- b) the initial budget estimate (not the revised estimate) for net cash flow in 2021-22 and 2022-23 (source: 2021-22 BP5, p. 9; 2022-23 BP5 p. 9) and the actual net cash flow in 2021-22 and 2022-23
- c) an explanation for variances between budget estimate and actual net cash flow.

2021-22 response

Project name	Department	Output(s) and portfolio(s)	Estimated net cash flow in 2021-22	Actual net cash flow in 2021-22	Variance explanation
1.					
2.					
3.					
4.					
5.					
Other					
Total net cash flow					

2022-23 response

Project name	Department	Output(s) and portfolio(s)	Estimated net cash flow in 2022-23	Actual net cash flow in 2022-23	Variance explanation
1.					
2.					
3.					

4.					
5.					
	Other				
Total net cash flow					

Question 35 (DTF only) Purchases of non-financial assets – General Government Sector (GGS)

Regarding the ‘purchases of non-financial assets’ by the GGS in 2021-22 and 2022-23 (source: 2021-22 BP 5, p.32: 2022-23 BP 5, pg. 30), please compare the initial budget estimate for each department to the actual value of ‘purchases of non-financial assets’ for each department, explaining any variances equal to or greater than ±10% or \$100 million (please fill all blank spaces) and then link it to the relevant output and portfolio. For variance greater than ±10% or \$100 million, please provide a breakdown of the non-financial asset purchased.

2021-22 response

By department	Types of non-financial assets	Initial budget estimate 2021-22 \$ million	Actual 2021-22 \$ million	Variance (%)	Variance explanation	Relevant Output(s) and portfolio(s)
Department of Health						
Department of Families, Fairness and Housing						
Department of Jobs, Precinct and Regions						
Department of Transport						
Department of Education and Training						
Department of Justice and Community Safety						
Department of Environment, Land, Water and Planning						
Court Services Victoria						
Department of Premier and Cabinet						
Department of Treasury and Finance						
Parliamentary Departments						

2022-23 response

By department	Types of non-financial assets	Initial budget estimate 2022-23 \$ million	Actual 2022-23 \$ million	Variance (%)	Variance explanation	Relevant Output(s) and portfolio(s)
Department of Health						
Department of Families, Fairness and Housing						
Department of Jobs, Precinct and Regions/Department of Jobs, Skills, Industry and Regions						
Department of Transport/Department of Transport and Planning						
Department of Education and Training/Department Education						
Department of Justice and Community Safety						
Department of Environment, Land, Water and Planning/Department of Energy, Environment and Climate Action						
Court Services Victoria						
Department of Premier and Cabinet						
Department of Government Services						
Department of Treasury and Finance						
Parliamentary Departments						

Question 36 (DTF only) Revenue initiatives

- a) Regarding the revenue initiatives announced in the 2021-22 and 2022-23 Budgets, please provide an explanation for the variances equal to or greater than ±10% or \$100 million between budget estimates and the actual results.

2021-22 response

Initiative	2021-22 budget estimate (\$ million)	2021-22 actual (\$ million)	Explanation for any variance ±10% or \$100 million

2022-23 response

Initiative	2022-23 budget estimate (\$ million)	2022-23 actual (\$ million)	Explanation for any variance ±10% or \$100 million

- b) Regarding the Mental Health and Wellbeing surcharge/levy, please provide the total revenue received from the surcharge/levy, how much of the revenue was expended, which departments received funds from the surcharge/levy, amount received, and what outputs departments spent/will spend the funds on for 2021-22 and 2022-23.

2021-22 response

2021-22 actual (\$ million)	Total expended for 2021-22 financial year	Departments that received funds from the surcharge/levy, amount of funding received by each department and what outputs departments utilised funding for

2022-23 response

2022-23 actual (\$ million)	Total expended for 2022-23 financial year	Departments that received funds from the surcharge/levy, amount of funding received by each department and what outputs departments utilised funding for

Question 37 (DTF only) Expenses by departments – General Government Sector (GGS)

Regarding expenses of the GGS in 2021-22 and 2022-23 (source: 2021-22 BP 5, p. 30; 2022-23 BP5, p. 28), please compare the initial budget estimates (not the revised estimate) for each department to the actual expenses for each department, explaining any variances equal to or greater than $\pm 10\%$ or \$100 million (please fill all blank spaces) and then link it to the relevant output and portfolio.

2021-22 response

By department	Initial budget estimate 2021-22 \$ million	Actual 2021-22 \$ million	Variance (%)	Variance explanation	Relevant output(s) and portfolio(s)
Department of Health					
Department of Families, Fairness and Housing					
Department of Jobs, Precinct and Regions					
Department of Transport					
Department of Education and Training					
Department of Justice and Community Safety					
Department of Environment, Land, Water and Planning					
Court Services Victoria					
Department of Premier and Cabinet					
Department of Treasury and Finance					
Parliamentary Departments					

2022-23 response

By department	Initial budget estimate 2022-23 \$ million	Actual 2022-23 \$ million	Variance (%)	Variance explanation	Relevant output(s) and portfolio(s)
Department of Health					
Department of Families, Fairness and Housing					
Department of Jobs, Precinct and Regions/Department of Jobs, Skills, Industry and Regions					
Department of Transport/Department of Transport and Planning					
Department of Education and Training/Department Education					
Department of Justice and Community Safety					
Department of Environment, Land, Water and Planning/Department of Energy, Environment and Climate Action					
Court Services Victoria					
Department of Premier and Cabinet					
Department of Government Services					
Department of Treasury and Finance					
Parliamentary Departments					

Question 38 (DTF only) Economic variables

Please indicate the estimated and actual result for the following economic variables. For the estimate, please use the initial estimate used in preparing the 2021-22 and 2022-23 budget papers. For any variance equal to or greater than ±0.5 percentage points, please provide an explanation for the variance. Please fill all blank spaces.

2021-22 response

Economic variable	Budget estimate 2021-22	Actual 2021-22 result	Variance	Explanation for variances equal to or greater than ±0.5 percentage points
Real gross state product				
Labour force participation rate				
Unemployment rate – overall				
Unemployment rate – male				
Unemployment rate – female				
Underemployment rate				
Youth unemployment				
Youth underemployment				
Consumer price index				
Wage price index				
Population				
Household consumption				
Property prices				
Property volume				
Employee expenses				

2022-23 response

Economic variable	Budget estimate 2022-23	Actual 2022-23 result	Variance	Explanation for variances equal to or greater than ±0.5 percentage points
Real gross state product				
Labour force participation rate				
Unemployment rate – overall				
Unemployment rate – male				
Unemployment rate – female				
Underemployment rate				
Youth unemployment				
Youth underemployment				
Consumer price index				
Wage price index				
Population				
Household consumption				
Property prices				
Property volume				
Employee expenses				

Section K: Treasury Corporation of Victoria only

Question 39 Public Private Partnership (PPP)/alliance contracting projects

Please indicate how many PPP/alliance contracting projects (and which ones) TCV provided ‘project advisory services’ for in 2021-22 and 2022-23. For each project, please also specify if the project is a newly confirmed engagement or if it was for a project that was already underway.

2021-22 response

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2022-23 response

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Please indicate how many business cases TCV provided (and which clients these were for) as part of its ‘project advisory services’ in 2021-22 and 2022-23. For each business case, also specify if the project forms part of the Department of Treasury and Finance’s Gateway Review Process.

2021-22 response

Business case provided by TCV	Client	Gateway Review Process – Y/N

2022-23 response

Business case provided by TCV	Client	Gateway Review Process – Y/N

