



Department of Health

Annual Report 2023–24



Department
of Health

The department acknowledges the strength of Aboriginal and Torres Strait Islander peoples across the Country and the power and resilience that is shared as members of the world's oldest living culture.

We acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First People and recognise the richness and diversity of all Traditional Owners across Victoria.

We recognise that Aboriginal and Torres Strait Islander people in Victoria practice their lore, customs and languages, and nurture Country through their deep spiritual and cultural connections and practices to land and water.

We are committed to a future based on equality, truth and justice. We acknowledge that the entrenched systemic injustices experienced by Aboriginal and Torres Strait Islander people endure, including in our health system, and that Victoria's ongoing treaty and truth-telling processes provide an opportunity to right these wrongs and ensure Aboriginal and Torres Strait Islander people have the freedom and power to make the decisions that affect their communities.

We express our deepest gratitude and pay our deepest respect to ancestors, Elders, and leaders – past and present. They have paved the way, with strength and fortitude, for our future generations.

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Where the term 'Aboriginal' is used it refers to both Aboriginal and Torres Strait Islander people. Indigenous, First Peoples or Koori/Koorie is retained when it is part of the title of a report, program or quotation.

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Section 1: Year in review

Secretary's foreword



It is my great privilege to lead the Department of Health as we strive towards realising our vision of making Victorians the healthiest people in the world. I want to begin by expressing my deep gratitude to all of you for the part you have played in advancing our work. Your collective efforts have helped lay the foundation for a healthier future for all Victorians.

As we embarked on this year's journey, we launched our 2023–2027 strategic plan, setting our course for the next four years. In its first year, we've seen satisfactory progress. Our efforts in the last 12 months continued to centre on keeping people safe in the community by prioritising prevention through the Victorian public health and wellbeing plan 2023–27, and by investing to support those living with chronic addiction, as part of our Statewide Action Plan to reduce drug harm.

We strengthened our commitment to delivering care closer to home through initiatives such as Better at Home. This program has provided more than 420,000 days of hospital care but in the patient's own home. Our 29 priority primary care centres have cared for just over 360,000 people, providing them better access to the right care in the right place while also easing the burden on our emergency departments. The Victorian Virtual Emergency Department (VVED) has also grown from strength to strength, helping ever more Victorians access the care they need remotely, reducing the need for hospital visits. The VVED is now Victoria's busiest ED of all. We also opened nine more mental health and wellbeing locals – the new 'front door' to Victoria's adult mental health system – bringing the total number of locals to 15. Over 9,000 people have received care by one of our locals.

Innovation continues to drive us forward. We received just over 10,000 responses to our Inquiry into Women's Pain (undertaken by Safer Care Victoria), the country's first such inquiry helping us shape women's health care for tomorrow. The Victorian Community Pharmacist Pilot has rapidly established itself as a highly valued care pathway. More than 760 community pharmacies are now participating, providing accessible, affordable and efficient care to more than 13,000 Victorians and counting. Public drunkenness was decriminalised in Victoria this past year, enabling a more effective health-led response designed to provide wrap-around care where needed.

This year saw us pass the 3 year mark into our state's mental health and wellbeing reform. The new Mental Health and Wellbeing Act commenced on 1 September 2023, setting the foundations for the continued improvements to the mental health and wellbeing of all Victorians.

Better health and wellbeing for Aboriginal communities has rightly remained a strong focus for our department. We continue to strive to improve lifelong health and wellbeing for Aboriginal and Torres Strait Islanders in Victoria, seeking to close the gap and more. Our co-designed approach, working closely with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and other Aboriginal community-controlled organisations (ACCO's), reflects our commitment to self-determination and to creating a future where everyone benefits from culturally safe and equitable healthcare.

We've fundamentally transformed how planned surgeries are delivered, leading to an incredible 210,000 surgeries performed last financial year – a new record. Through the COVID Catch Up Plan, we've reduced the number of patients waiting for surgery by over 30,000 – a 35 per cent improvement.

We've seen collaboration continue to replace competition. Through initiatives such as the Timely Emergency Care Collaborative, we've been able to improve patient flow through hospitals while ensuring safe, timely care across Victoria's health services.

We're also building a stronger, more resilient health workforce. The expansion of the lived and living experience workforce in mental health and wellbeing is transforming our approach to care. We're further supporting our workforce through general practitioner training grants and free nursing and midwifery programs, and by ushering in our first cohort of paramedic practitioners — particularly critical in relieving pressure on rural and regional hospitals.

At the same time, we remain focused on creating an environmentally sustainable health system. Climate Health Victoria is helping our sector become more environmentally sustainable and resilient in the face of the challenges posed by climate change.

This past year has proven that when we come together, united by a shared vision, we can achieve extraordinary outcomes. I am incredibly proud of what we've accomplished and energised by what lies ahead. Together, we are building a health system that not only meets the needs of today but seeks to ensure a healthier tomorrow for all Victorians.

Responsible body's declaration

In accordance with the *Financial Management Act 1994*, I am pleased to present the Department of Health annual report for the year ending 30 June 2024.



Professor Euan M Wallace AM
Secretary
Department of Health

Vision, mission and values

Vision

Victorians are the healthiest people in the world.

Mission

The department contributes to the government's commitment to a stronger, fairer, better Victoria by developing and delivering policies, programs and services that support, protect and enhance the health, wellbeing and safety of all Victorians.

Values

The department adopts the seven core public sector values established under the *Public Administration Act 2004*. These values define what is important to the department and how the department operates, as well as guide employees' interactions with government, community, suppliers and other employees.

Responsiveness

- > providing frank, impartial and timely advice to the government
- > providing high-quality services to the Victorian community
- > identifying and promoting best practice

Integrity

- > being honest, open and transparent in dealings
- > using powers responsibly
- > reporting improper conduct
- > avoiding any real or apparent conflicts of interest
- > striving to earn and sustain public trust of a high level

Impartiality

- > making decisions and providing advice on merit and without bias, caprice, favouritism or self interest
- > acting fairly by objectively considering all relevant facts and fair criteria
- > implementing government policies and programs equitably

Accountability

- > working to clear objectives in a transparent manner
- > accepting responsibility for decisions and actions
- > seeking to achieve best use of resources
- > submitting to appropriate scrutiny

Respect

- > treating people fairly and objectively
- > ensuring freedom from discrimination, harassment and bullying
- > using people's views to improve outcomes on an ongoing basis

Leadership

- > actively implementing, promoting and supporting the department's values

Human rights

- > making decisions and providing advice consistent with human rights
- > actively implementing, promoting and supporting human rights

Purpose and functions

The Department of Health is responsible for helping Victorians stay safe and healthy and for delivering a world-class health system that leads to better health outcomes for all Victorians.

Acute health services

The public health system provides all Victorians with access to high-quality public hospitals and services to address their acute health needs. The department contributes to the management of the public health system through leadership, governance responsibility, policy development and the advancement of quality and safety.

These contributions include responsibility for funding, performance monitoring and accountability, strategic asset management and system planning.

Ageing, aged and home care

Older Victorians should be able to access high-quality and safe services that respond to and are appropriate to their needs.

The department is the system manager for the health services through which most of the Victorian public sector residential aged care sector is delivered, and the largest public provider in Australia.

Ambulance services

Victorians expect timely responses to emergencies. Emergency and non-emergency ambulance services contribute to integrated and accessible health and community services for all Victorians.

Drug services

Drug and alcohol problems affect not just individuals, but also families, and communities. The department works with Victoria's alcohol and drug services to provide the right drug treatment, support and harm-reduction services across Victoria.

Mental Health

Mental health services support Victorians experiencing or affected by poor mental health, as well as their families and carers. The department is responsible for mental health policy, planning, strategy and programs that deliver prevention, early intervention, treatment and support. The department is leading implementation of the recommendations made by the Royal Commission into Victoria's Mental Health System.

Primary, community and dental health

Primary care is often someone's first point of contact with the health system. Victoria's community health services play an important role in the delivery of state-funded, population-focused, and community-based health services. The department is responsible for funding, monitoring and planning the provision of primary and community health care services (including counselling, allied health and nursing), dental services, maternal and child health, and early parenting services.

Public health

The department seeks to keep the community safe from harm caused by communicable diseases, contaminated food or water, or contamination in the environment. The department works in partnership with local government and service providers to reduce and respond to preventable disease and public health hazards. It also provides health education and promotion for the community and leads or supports health and non-health emergency responses.

Small rural services

Where someone lives should not affect their access to high-quality healthcare. The department is responsible for planning, funding and monitoring a suite of services (acute health, aged care, home and community care, and primary health) which are delivered by small rural service providers. The funding and service delivery approach focuses on achieving a sustainable, flexible service mix that is responsive to local needs.

Health regulation

The department regulates thousands of professionals, organisations and businesses across the state with the objective of preventing serious harm to the health and wellbeing of Victorians.

There are 12 health regulators within the health portfolio that are subject to the Department of Treasury and Finance's Statement of Expectations Framework for Regulators. Of these, the following 10 regulators are internal to the department:

- > Child Safe Standards Regulator
- > Communicable Disease Section
- > Medicines and Poisons Regulation
- > Environmental Health Regulation and Compliance – Legionella Team
- > Environmental Health Regulation and Compliance – Pesticide Safety Team
- > Environmental Health Regulation and Compliance – Radiation Team
- > Food Safety Unit
- > Health Service Facilities Regulation Unit
- > Tobacco and E-Cigarettes Team
- > Water Unit.

The following two external regulators are supported by the department:

- > Victorian Assisted Reproductive Treatment Authority
- > Victorian Pharmacy Authority.

The department also has a large number of other functions that are regulatory in nature, such as those in relation to mental health, community health centres, and cemeteries and crematoria.

Changes to the department

A number of changes were made to the department in 2023–24.

In February 2024, our new organisational structure went live. Our structure is designed to better deliver on our strategic directions and ensure financial sustainability. We are now organised into the following areas:

- > Office of the Secretary
- > Communications and Engagement
- > Aboriginal Health and Wellbeing
- > Safer Care Victoria
- > Community and Public Health
- > eHealth
- > Health Funding, Finance and Investment
- > Hospitals and Health Services
- > Mental Health and Wellbeing
- > People, Operations, Legal and Regulation
- > System Planning
- > Hospitals Victoria (from 19 August 2024)

Establishment of Climate Health Victoria

As part of the restructure, we established Climate Health Victoria (CHV) within the System Planning division. CHV focuses on driving climate action across the health portfolio and will lead the implementation of the *Health and Human Services climate change adaptation action plan 2022-26*, as well as our greenhouse gas emission reduction efforts. Since its establishment, CHV has focused on developing relationships and tools for engagement with the health sector. CHV is working closely with the Commonwealth in delivering the National Health and Climate Strategy.

Establishment of the Health Regulator

In December 2023, the Minister for Health announced the establishment of the Health Regulator, to better protect Victorian's health and safety and provide greater regulatory consistency across the health system.

The Health Regulator, located within the People, Operations, Legal and Regulation division, was formally established in February 2024 and comprises teams focused on: regulatory compliance and operations; permissions and licensing; regulatory strategy, intelligence, performance and capability; and regulatory policy and reform. It regulates thousands of professionals, organisations and businesses across the state, and its responsibilities include:

- > safe drinking water
- > radiation safety
- > food safety
- > tobacco and e-cigarettes
- > legionella risk management
- > regulated substances, including pesticides, medicines and poisons
- > regulated facilities, including private hospitals and day procedure centres
- > regulated services, including non-emergency patient transport, and first aid services
- > child safe standards
- > schools of anatomy.

Transfer of the Victorian Health Building Authority and new Client Office

On 2 April 2024 the Victorian Health Building Authority (VHBA) was transferred to the Victorian Infrastructure Delivery Authority (VIDA) within the Department of Transport and Planning. We will continue to collaborate with VHBA to ensure that health infrastructure delivery is aligned with service planning.

To support this collaboration, we established the Client Office within the System Planning division, to ensure that system needs and priorities, and evolving models of care, inform the development and delivery of all our infrastructure investments so as to achieve the best outcomes for patients and staff.

Transfer of Medical Research

On 1 February 2024, the staff and functions of Medical Research transferred to the Department of Jobs, Skills, Industry and Regions while Clinical Trials and Translational Research transferred to Safer Care Victoria.

Subsequent events

The following departmental events occurred after the end of the reporting period:

- > On 1 July 2024, the gambling harm reduction and prevention functions of the former Victorian Responsible Gambling Foundation were incorporated into the Mental Health and Wellbeing Division.
- > On 19 August 2024, Hospitals Victoria was established as a new agency in the department to provide more oversight of hospital finances, with a focus on the financial sustainability of the Victorian hospital system as a whole.

1.3 Portfolio performance reporting – non-financial

The department is required to report against its performance statement as set out in *2023–24 Budget Paper No. 3 – Service Delivery* and its priorities as published in the *Department of Health strategic plan 2023–27*.

This includes progress against the department’s strategic directions and reporting against the department’s objective indicators and output performance measures¹.

Strategic directions

Our *Strategic plan 2023–27* outlines our seven strategic directions, and what we are doing to support Victorians to be the healthiest people in the world. Some of the highlights of our achievements in 2023–24 under each direction are set out in the sections which follow.

Previously known as objectives, the directions are as follows:

[Strategic direction 1: Keep people healthy and safe in the community](#)

[Strategic direction 2: Providing care closer to home](#)

[Strategic direction 3: Keep innovating and improving care](#)

[Strategic direction 4: Improve Aboriginal health and wellbeing](#)

[Strategic direction 5: Move from competition to collaboration](#)

[Strategic direction 6: A stronger and more sustainable workforce](#)

[Strategic direction 7: A safe and sustainable health, wellbeing and care system](#)

[Objective indicators](#)

[Output performance measures](#)

¹ Tables detailing the departments progress against its objective indicators and output performance measures can be found in appendix 6.2 and 6.3

Strategic direction 1: Keep people healthy and safe in the community

This direction is about making it easier for Victorians to look after their own health and, when needed, get the health services they need in their communities. No-one wants to get sick. This direction is about health promotion, disease prevention and early intervention.

Access to vaccines for all Victorians

We maintain and improve immunisation coverage, respond to new and emerging vaccine-preventable diseases, ensure our vaccines are safe, and grow our immunisation workforce.

Improving immunisation coverage

We work with immunisation providers and other partners to improve Victorians' awareness of and access to the National Immunisation Program (NIP) and state-funded vaccines. In 2023–24, these efforts included a new vaccine and expanded eligibility criteria for shingles vaccination. We continue to support NIP-eligible priority populations requiring specialist immunisation services through services at Monash Health, The Royal Children's Hospital, and Western Health.

Human papillomavirus

Maximising high human papillomavirus (HPV) vaccination uptake is a prevention priority, contributing to Victoria's goal of eliminating cervical cancer by 2030. The proportion of adolescents (aged 15 years) fully immunised for HPV rose from 81 per cent in 2022–23 to 85 per cent in 2023–24. Efforts are focused on improving HPV vaccination coverage in adolescents and adults up to the age of 26 years who require catch-up vaccination, including through:

- > additional funding to local council immunisation services. Between July and December 2023, 486 additional school and council sessions were delivered.
- > targeted activities for culturally and linguistically diverse populations, new arrivals, Aboriginal and Torres Strait Islander people, adolescents with a disability, home-schooled students, and students with high levels of absenteeism.

Seasonal influenza

In 2023–24, we promoted seasonal influenza vaccination through our Stay Well This Winter campaign. While the proportion of Victorians getting an influenza vaccine is higher than the national average rates (1 March 2024 – 30 June 2024), fewer Victorians chose to be vaccinated this year, than last. Victorian Aboriginal and Torres Strait Islander people influenza vaccination coverage rates were also higher compared to the Australian Aboriginal and Torres Strait Islander people coverage rates, but they are still lower than non-indigenous rates. We continue to work closely with Aboriginal community-controlled organisations (ACCO's) to support and encourage vaccine uptake among Aboriginal and Torres Strait Islander Communities.

Enhancing immunisation workforce capacity and capability

To ensure Victoria has a skilled immunisation workforce, we made several regulatory changes in 2023–24. In August 2023, Aboriginal and Torres Strait Islander health practitioners were authorised to administer all NIP, COVID-19 and state-funded vaccines. This supports culturally safe access to immunisation services for Aboriginal people.

The role of community pharmacies in providing immunisation services was also expanded. Intern pharmacists were authorised to administer vaccination services from April 2024, while more vaccines were added to pharmacist immunisers' scope, including respiratory syncytial virus and select travel vaccines for pharmacists participating in the Community Pharmacist Statewide Pilot.

Infectious diseases

Eighty-four infectious diseases were prescribed as notifiable to the department under the *Public Health and Wellbeing Act 2008* in 2023–24. These notifications trigger a range of public health actions, including contact tracing, monitoring and responding to acute incidents.

In 2023–24, the department and local public health units (LPHUs) responded to 198,919 notifications across 84 conditions, not including COVID-19, including:

- > 2222 cases of cryptosporidium, including 39 outbreaks linked to aquatic facilities
- > 761 outbreaks of gastrointestinal illness across a variety of settings, including residential aged care facilities, childcare premises and hospitals
- > 11 cases of measles in returned travellers
- > 29 cases of invasive meningococcal disease
- > one locally acquired dengue case linked to a contact of a returned traveller.

In 2023–24, 53,988 cases of COVID-19 were reported to the department.

From 1 March 2024, invasive group A streptococcal disease (iGAS) became an urgent notifiable condition that must be notified immediately upon diagnosis. iGAS is a serious disease caused by infection with Group A streptococcus bacteria that can present as mild illnesses such as scarlet fever, or, in rare cases, as severe and invasive illness that can rapidly be fatal. In 2023–24 the department received notification of 512 cases of iGAS.

Mpox

In 2022, there was a multi-country mpox outbreak that mostly affected men who have sex with men. In 2023–24, 66 cases were notified to the department. A resurgence in case numbers and local transmission occurred in Victoria in April 2024, with 112 cases reported between April 2024 and 20 August 2024. We successfully coordinated a comprehensive public health response involving the public health system, laboratories, health services and community health organisations.

Funding of \$19.8M was used to secure 87,000 vial of JYNNEOS® mpox vaccine. The Mpox vaccine was distributed broadly across Victoria to providers, making it easily accessible for eligible Victorians. We also partnered with Thorne Harbour Health to deliver free out-reach mpox vaccination clinics and support communication and engagement with at-risk groups and community organisations.

Supporting Victorians to make healthy decisions about their wellbeing

Victorian public health and wellbeing plan

In October 2023, we launched the *Victorian public health and wellbeing plan 2023–2027*. The plan guides Victorian Government departments, funded agencies and other partners to prevent illness and promote and protect the health and wellbeing of all Victorians. It supports the Victorian Government's vision of a Victoria free of the avoidable burden of disease and injury so that all Victorians can enjoy the highest attainable standards of health, wellbeing and participation at every age. A range of actions across government support the priorities and outcomes of the plan.

Community Health – Health Promotion

The Community Health – Health Promotion program 2021–2025 is a department-funded statewide program delivered by local community-funded agencies aligned to the priorities of the *Victorian public health and wellbeing plan 2023–2027*. The program focuses on increasing healthy eating and active living and reducing tobacco and e-cigarette-related harm. Community health agencies have supported 432 services to improve access to healthy food, including schools, out-of-hours school care, community and local government council facilities, sport and recreation facilities and sports clubs. Agencies also supported 125 long day care providers to implement the *Victorian Menu planning guidelines for long day care*, improving the quality of food and drinks provided to children.

Maternal and child health and early parenting services

The Maternal and Child Health (MCH) Line (a 24/7 telephone service) continued to support Victorian families in relation to children's health and development from birth to school starting age. Over 65 qualified MCH nurses responded to the concerns of over 100,000 parents and carers throughout 2023–24.

More support is being provided to families with young children (from birth to school age) with the establishment of dads' groups and new multicultural storytime sessions. MCH services have also been funded to provide longer MCH consultation sessions for families and to upskill their workforce to provide more lactation support.

Public homebirth programs

The department is committed to providing women safe choices in where and how they give birth. Building on the successful programs at Western Health and Monash Health, in this past year new public homebirth programs started at Barwon Health (Geelong) and the Royal Women's Hospital (Parkville), enabling more Victorian women to have their baby safely at home. A similar program is due to start at the Mercy Hospital for Women (Heidelberg) by mid-2024.

Healthy kids, healthy futures

Through the Victorian Government's child health and wellbeing plan, *Healthy kids, healthy futures*, we are continuing to support children and young people to be healthy, active and well. Taking a population-wide approach, we are working with partners across different settings to make it easier for people to eat well and be active in the places where they live, learn, work and play. At the core of this work is a targeted approach to reducing disparities in health outcomes by purposely providing more support to Victoria's most disadvantaged local government areas. Key achievements in 2023–24 include:

- > The INFANT (INfant Feeding, Active play and NuTrition) program is delivered by maternal and child health nurses, and community health and early years professionals. This program supports new parents to establish healthy eating and active play for their baby's first year. To date, 45 local government areas are being supported to embed INFANT in their services, and over 1,370 Victorian health professionals have completed the INFANT training. This includes 86 health professionals who identify as Aboriginal and/or who are routinely working with Aboriginal families in their practice/role.
- > Vic Kids Eat Well is a statewide program supporting schools, outside school hours care, sports clubs, and community and local government facilities to make healthier food and drink options readily available. To date, 1,064 organisations have registered with Vic Kids Eat Well.

- > Health Kids Advisors, delivered by the Stephanie Alexander Kitchen Garden Foundation, work to boost healthy food and drink options in places where children, young people and families gather. Healthy Kids Advisors have been based in 13 local government areas, engaging over 62,000 young people in over 450 settings.
- > Healthy Loddon Campaspe works with local government, organisations and communities to encourage healthy eating and physical activity. Thirty new projects have been delivered since late 2023 across the six participating local government councils.
- > Healthy Eating Advisory Service (HEAS) is delivered by Nutrition Australia Vic Division to schools, early childhood centres, sport and recreation facilities, health services and other workplaces. To date, 3,417 organisations have used HEAS to improve their food and drink environments. HEAS also provides FoodChecker, which this year was used to assess 11,126 products, recipes and menus against relevant Victorian Government guidelines.

Healthy Choices framework

The Healthy Choices framework provides health services, workplaces, sport and recreation centres and parks, with policy guidelines for providing and promoting healthier food and drinks. HEAS supported multiple government-owned and funded sport and recreation facilities to implement the framework.

Following the release of the *Healthy choices: policy directive and guidelines for health services* in 2021, we have supported all Victorian public health services to implement and report on the directive. Ninety-nine per cent of services now meet all food and drink targets, offering healthier foods and drinks and not offering sugary drinks in their in-house managed food outlets, vending machines and catering.

Cooks Connect – strengthening nutrition in the early years

Cooks Connect was launched in February 2024 to support long day care services to meet Victorian Government menu planning guidelines and the National Quality Standard. This includes a toolkit and supporting resources and was co-designed with health promotion officers and long day care staff.

Supporting healthy and more sustainable food procurement

In January 2024, the Healthy Eating Advisory Service led the development and launch of the [Catering for Good Directory](https://www.health.vic.gov.au/catering-for-good)

<[heas.health.vic.gov.au/catering-for-good](https://www.health.vic.gov.au/catering-for-good)>, to help Victorian Government and other workplaces access healthier and more sustainable catering. The Catering for Good Directory makes it easy for government departments to meet the requirements of the [Victorian Government's Good Food policy](https://www.health.vic.gov.au/public-health/healthy-and-more-sustainable-food-procurement) <<https://www.health.vic.gov.au/public-health/healthy-and-more-sustainable-food-procurement>>.

Dental programs reaching more communities

The Victorian Government invested \$321.9 million over four years (from 2019-20) for the School Dental Program (Smile Squad) which will provide free dental care at all government primary and secondary schools. Funding for the program is ongoing.

Further investment in the program was made through the 2022-23 Victorian State Budget, with additional funding for specialist dental services for children seen by Smile Squad. Local specialist hubs are now live at the Royal Dental Hospital Melbourne, Bendigo and Barwon, with Latrobe commencing in late 2024.

In the 2023–24 State Budget, the Government announced \$16.9 million provided from 2025-26 to 2026-27 to expand Smile Squad to low-fee Catholic and Independent schools.

In the 2023 calendar year, Smile Squad provided services to 48,626 students in 523 schools.

The program aims to improve access to dental services for Victorian school children and expand oral health promotion and preventive activities to primary and secondary school settings. The program covers oral health education and examinations, x-rays, teeth cleaning, application of fluoride and dental sealants, fillings, root canals and mouth guards. Smile Squad will ensure all Victorian students at government schools can get the very best dental care they deserve, without their parents having to worry about the costs.

Over time, the program is expected to reduce waiting times for other Victorians seeking public dental treatment, as children who would otherwise be treated through the public dental scheme will receive their care through the School Dental Program.

We anticipate that by full rollout we will create capacity for another 100,000 public dental appointments for eligible adults.

Life! program

The *Life!* program is a statewide program delivered by Diabetes Victoria, aimed at reducing the risk of developing type 2 diabetes, heart disease and stroke. It helps participants improve their eating habits, increase their physical activity and manage stress. The program is delivered as a group course or telephone health coaching service. In 2023–24, 5,535 people completed the *Life!* program.

Smoking and vaping cessation

We continue to deliver a world-class smoking and vaping cessation service through our funded partner, Quit Victoria. In 2023–24 Quit Victoria worked to address the increased demand for cessation support for vaping, including by hiring youth counsellors, running successful anti-vaping campaigns, and updating the dedicated [vaping cessation website](https://www.vapingfacts.org.au) <<https://www.vapingfacts.org.au>>

In 2023–24 Quit Victoria launched its dedicated Aboriginal and Torres Strait Islander Quitline website, aql.org.au. The website was created by Quit Victoria and Cancer Council Victoria alongside an Aboriginal art creative consultancy and Aboriginal health workers, Tackling Indigenous Smoking workers, Elders and community members across Victoria, South Australia, the Northern Territory and Western Australia.

Latrobe Health Advocate

After six successful years of community engagement, the work of the Latrobe Health Advocate concluded on 30 May 2024, and key functions of the role were transferred to the Gippsland Region Public Health Unit (GRPHU). Established in 2018 following the 2014 Hazelwood Mine Fire Inquiry, the advocate was a trusted and independent voice for locals. The advocate worked to address their concerns in partnership with health and other service providers, as well as Commonwealth, state and local government, non-government service providers and tertiary education institutions.

Throughout 2023–24, the advocate’s community engagement efforts focused on the integration of medical and support services, particularly for those with chronic illnesses, and the impact of transportation barriers and wait times on the availability of mental health support. The advocate’s engagement with health services and organisations in the Latrobe region focused on the communication of local services, the provision of pathways for urgent mental health support, and addressing gaps in referring patients to community-based support services.

Early detection campaigns

Early intervention, particularly in cancer, saves lives. From May to November 2023, Cancer Council Victoria ran the Early Detection Saves Lives campaign. The campaign focused on increasing the number of people attending health checks and raising public awareness of, and participation in, cancer screening particularly for bowel and breast cancer. The ultimate aim of the campaign is to detect and diagnose cancer as early as possible, saving lives.

The department also funded Cancer Council Victoria to deliver a dedicated bowel cancer screening campaign, running for 12 weeks from August to November 2023. The campaign shared the story of bowel cancer survivor Laurie, who was diagnosed with bowel cancer at age 52 after participating in the National Bowel Cancer Screening Program. The campaign also used tailored messaging to Hindi, Punjabi and Vietnamese speaking communities.

Increasing cancer screening participation

In partnership with primary health networks, and through grants and support to general practices and bush nursing centres, the department funded the Maximising Cancer Screening Program to increase participation in national cancer screening programs.

Under this initiative quality improvement strategies were embedded in primary care practices and their practice software was integrated with the National Cancer Screening Register. This increased participation in both the National Bowel Cancer Screening Program and the National Cervical Screening Program. The program reached 75 practices in 36 local government areas across metropolitan, regional and rural locations. Participating practices strengthened their engagement with cancer screening, resulting in more orders being placed for bowel cancer test screens, and an increase in the proportion of cervical screening tests that were self-collected.

Victorian cancer plan 2024–2028

Under the *Improving Cancer Outcomes Act 2014*, we publish the *Victorian cancer plan* every four years. The plan identifies priorities to prevent cancer, increase survival rates, improve the patient experience, and achieve equitable outcomes for all Victorians with cancer. After significant sector and community consultation, the *Victorian cancer plan 2024–2028* was tabled in parliament on 10 September 2024. The plan highlights the significant progress that has already been made against its stated priorities, including Victoria as a world leader in cancer survival rates. The plan also signposts the next steps needed to further improve outcomes in particular delivering equity for all Victorians by addressing the disparities in outcomes and survival rates among priority population groups, such as Aboriginal Victorians, recent migrants, and others.

The plan also addresses the lingering effects of the COVID-19 pandemic, and the significant impact on cancer prevention, screening, treatment, supportive care and research, leading to fewer than expected new cancer diagnoses between 2020 and 2022.

To address the anticipated increase in cancer diagnoses in coming years due to this delay, the *Victorian cancer plan 2024–2028* has a renewed focus on cancer screening and early detection.

Regulation to protect the public

Safe drinking water

The *Safe Drinking Water Act 2003* and *Safe Drinking Water Regulations 2015* provide Victorian water suppliers and water storage managers (water agencies) and the department with a framework to ensure safe drinking water supply.

In 2023–24, water agencies reported 39 known or suspected water contamination incidents to us. Of the 39 reports, five resulted in drinking water advisories being issued by water suppliers as an interim measure while the cause was identified and rectified. The majority of known or suspected contamination reports continue to be attributed to *Escherichia coli* (*E. coli*) detections.

We received 16 notifications of water that did not meet a drinking water quality standard. These notifications mainly related to exceedances in disinfection by-product concentrations followed by *E.coli* detections and elevated levels of chemicals and metals.

Some water agencies also maintain regulated water supplies which are declared in the Victorian Government Gazette under the Act. Regulated water is water supplied to a premises that is not suitable for drinking without further treatment. On 12 January 2024, following a submission from Grampians Wimmera Mallee Water, the Minister for Health varied the regulated water declaration by removing the reference to the town of Ultima. This means that the community of Ultima is now being supplied with safe and reliable drinking water from Lower Murray Water's Swan Hill water treatment plant. In addition, the community of Ultima also receives the benefits of a fluoridated water supply.

Each year we publish a [drinking water quality annual report](http://www.health.vic.gov.au/water/drinking-water-quality-annual-reports) <www.health.vic.gov.au/water/drinking-water-quality-annual-reports>. The 2023–24 report will be tabled in parliament and published around March 2025.

Food safety

The department regulates food safety in Victoria under the *Food Act 1984*. The Act prohibits the handling and sale of unsafe or unsuitable foods, or food that does not comply with food safety standards.

Introducing a new food safety standard

A new standard in the Australia New Zealand Food Standards Code, *Standard 3.2.2A Food safety management tools*, became law on 8 December 2023. We have provided a range of resources to help Victorian businesses adopt the new standard and have worked with local government environmental health officers to support implementation. The standard introduces mandated food handler requirements and promotes our free food handler online training program, DoFoodSafely. Over 300,326 users completed the program in 2023.

Anaphylaxis investigations

The Victorian anaphylaxis notification program seeks to minimise anaphylaxis morbidity and mortality by identifying mislabelled packaged food in the marketplace and poor allergen management at council-registered food premises serving unpackaged food.

During 2023–24, we received a total of 2,503 notifications of cases of anaphylaxis that presented to a hospital for treatment. Of these cases, 1,691 (68 per cent) were attributed to food consumption. After investigation of these cases, we ensured the recall of two packaged food products and made 157 referrals to local government councils for further investigation for potential breach of the *Food Act 1984*.

Food sampling and surveillance

Food surveillance activities help us understand emerging risks and inform both the guidance we provide to local government, auditors and businesses, and the development of food safety standards. During 2023–24 the department undertook several food surveillance activities including:

- > an investigation into the prevalence and levels of *Listeria monocytogenes* (*L. Monocytogenes*) in fresh enoki mushrooms available in Victoria
- > a survey of over 180 food samples for phase one of the Food Standards Australia New Zealand Australian Total Diet Study. This ongoing monitoring survey, undertaken every four years, generates data on levels of agricultural and veterinary chemicals, contaminants, and other substances in a broad range of foods.
- > an investigation of under-declared alcohol content in craft beer available to Victorian consumers and identifying non-compliant beers.

Radiation

We administer the *Radiation Act 2005* and the Radiation Regulations 2017 which protect the health and safety of Victorians and the environment from the harmful effects of radiation. We conduct inspections as part of our licensing and compliance monitoring program. We may also conduct inspections and investigations based on information obtained from radiation incident reports or complaints received. Inspections are conducted by authorised officers appointed under the Act.

Each year the department publishes a [Radiation Act annual report](http://www.health.vic.gov.au/radiation/radiation-act-annual-reports), available at: <www.health.vic.gov.au/radiation/radiation-act-annual-reports>

Industrial radiation

We regulate organisations and individuals who possess or use radiation sources within industrial sectors. These include high-activity radioactive sources used for industrial radiography; portable density/moisture gauges used in the construction industry; mining companies who process mineral sands containing naturally occurring radioactive material; and cabinet x-ray apparatus used for detection of foreign objects in food packaging and security screening of articles. We also regulate freight companies who transport radioactive material in Victoria. In 2023–24, the Health Regulator conducted a total of 192 compliance inspections.

Radiation in regulated facilities

The Health Regulator is responsible for the regulation of the organisations and individuals who possess or use radiation sources or otherwise conduct radiation practices in the medical, veterinary and dental sectors. In the 2023–24 year, we conducted a total of 258 compliance inspections.

Legionella risk management

The Health Regulator targets inspections of cooling towers in areas where people with Legionnaires' disease have been, where there is potential non-compliance with the *Public Health and Wellbeing Act 2008* and Regulations associated with the non-renewal of registration, where there has been failure to have an annual audit, and where the annual audit has identified a problem. In 2023–24, we conducted 1,277 cooling tower inspections and investigated every case of Legionnaires' disease under Victoria's infectious diseases notification system.

Regulated facilities

Private hospitals and day procedure centres

The department is responsible for the regulation of registered facilities under Part 4 of the *Health Services Act 1988* and the Health Services (Health Service Establishments) Regulations 2024². As of 30 June 2024, there were 202 registered facilities – 78 private hospitals, 97 day procedure centres and 27 mobile anaesthetic providers.

In 2023–24, we assessed 99 renewal of registration applications and completed 69 regulatory inspections. We undertake regulatory inspections of facilities that require increased monitoring due to compliance issues. In the last financial year, we worked closely with ten facilities to address identified issues. As of 30 June 2024, these ten facilities remain under increased levels of monitoring. One facility has had its registration revoked, with some facilities having conditions placed on their registration or their services suspended.

We also manage requests from registered facilities to build or alter existing facilities. Twenty-six new applications for approval in principle (AIP) were received in 2023–24, predominantly to renovate existing private hospitals. There were seven AIP applications approved to build new private hospitals and day procedure centres. In addition, we registered five new establishments on completion of the AIP process, and undertook 12 variations to registration, including transfers of registration. We visit all newly registered private hospitals six months after the initial registration to assess the quality and safety of the facilities.

Regulated services

Non-emergency patient transport regulation

The department is responsible for the licensing and regulation of non-emergency patient transport (NEPT) providers. Licencing activity for the 2023–24 period included two renewals and two variations.

As of 30 June 2024, there are nine licensed NEPT providers. Our authorised officers conducted inspections and audits across the sector in 2023–24, as part of both routine licencing requirements, and risk-based, randomised and targeted activity. These inspections reviewed vehicle safety and equipment, staff competency and training, clinical governance, infection control and quality management.

In 2023–24, we embedded the updated [NEPT clinical practice protocols](https://www.health.vic.gov.au/patient-care/nept-legislation-and-clinical-practice-protocols) <<https://www.health.vic.gov.au/patient-care/nept-legislation-and-clinical-practice-protocols>> to improve the quality and safety of performance in the sector. We also facilitated a forum for the chief executive officers of NEPT providers in September 2023, where patient review improvements and inspection trends related to equipment safety were discussed.

First aid services regulation

Victoria continues to be the only jurisdiction in Australia to license and regulate commercial first aid services (FAS). As of 30 June 2024, there are 44 licenced FAS providers. It is an offence in Victoria to operate a FAS without a licence, and we are engaged in identifying and responding to reports of potential unlicensed providers. Licensing activity for the 2023–24 period included 17 renewals, six variations, two transfers, seven new licence applications and the certification of eight approvals in principle. Four licences were cancelled, surrendered, or expired during 2023–24, some in response to significant non-compliance issues.

Our authorised officers conducted routine and randomised audits across Victoria. ‘No-notice’ inspections were conducted in response to complaints, investigations and compliance issues, with the department taking regulatory action in most cases.

Targeted inspections also focused on high-risk events such as large-scale, multi-day music and dance festivals. Due to the potential risk posed at these events, we mandated reporting for FAS providers through a formal Secretary Direction in February 2024. This enables stronger regulatory oversight to improve the safety and quality of services provided for the Victorian community.

Human tissue – schools of anatomy

The department oversees the regulation of schools of anatomy (SoA), under the *Human Tissue Act 1982* and the *Human Tissue Regulations 2015*. SoA must be authorised and possess a human tissue permit issued under the Act. Victoria has 21 operational SoA in Victoria, which we audit according to assigned risk or for authorisation purposes. During the 2023–24 period, we audited five SoAs, including for review of policy and operational documentation.

Child safe standards

As of 1 January 2023, the Secretary of the department became the sector regulator for the Victorian Child Safe Standards for in-scope health entities. The department regulates approximately 450 in-scope organisations or services across ten entity categories.

In 2023–24, we provided education, information and advice regarding the Child Safe Standards to the sector, including through bi-monthly bulletins highlighting each Standard to over 1,000 recipients, and two community of practice sessions for health entities, with the most recent featuring the eSafety Commissioner. Compliance activity included issuing 11 formal requests for information, conducting desktop audits and investigating complaints related to child safety matters.

Regulated substances

There are 2,700 entities that hold a licence or permit to obtain, possess, use and/or supply medicines and poisons in Victoria. The number of licences and permits issued continues to grow, primarily in residential aged care services, cosmetic services, and manufacturing, wholesaling and research in areas relating to medicinal cannabis, psychedelic medicines and therapeutic vaping products.

The number of people taking up and using medicinal cannabis continues to grow at a rapid rate. New and emerging business models are increasingly reliant on telehealth and interstate prescribing and dispensing. This requires ongoing oversight to ensure that supply is safe.

Proactive compliance monitoring and intervention activities

We carry out proactive monitoring and intervention in relation to over prescribing, excessive supply of prescription medicines, and non-compliance with the requirement to take all reasonable steps to check SafeScript, Victoria’s real-time prescription monitoring system, before prescribing or supplying high-risk medicines. These activities aim to reduce the incidence of patients attending multiple prescribers and/or pharmacies to obtain high-risk medicines, which may result in overdose or diversion and misuse of pharmaceuticals.

Where intervention has not resulted in a change to prescribing or dispensing behaviour, and where patients may be at harm, we refer individual practitioners to the Australian Health Practitioner Regulation Agency or proceed to bring charges against the practitioner under the *Drugs, Poisons and Controlled Substances Act 1981*.

Permits, registration and licensing

All tasks related to licences, registration and permits under multiple regulatory schemes are centralised under the Health Regulator using a shared administrative approach. This helps to harmonise permit, registration and licensing processes across the sector.

Schedule 8 treatment permits

The Schedule 8 treatment permit system provides regulatory oversight of the use of Schedule 8 medicines in Victoria. Schedule 8 medicines (controlled drugs) are the most strictly regulated prescription medicines due to their potential for abuse, misuse and dependence.

In 2023–24, we assessed over 43,500 Schedule 8 treatment permit applications and made over 3,300 interventions in relation to high-risk prescribing. Interventions included requiring the prescriber to refer their patient to an appropriate specialist for review, implementation of a dose reduction plan, giving advice about concurrent prescribing by another prescriber at a different clinic, and recommending review of the SafeScript information.

Schedule 9 clinical trial permits

Interest in the use of Schedule 9 psychedelic substances to treat mental health conditions continues to grow. Schedule 9 substances are prohibited substances with no current established therapeutic value. To prevent inappropriate medical use and potential patient harm, the use of these substances in humans is restricted to clinical trial settings which must be approved by a human research ethics committee. In 2023–24, we assessed 119 Schedule 9 permit applications for 13 human clinical trials in Victoria.

Voluntary assisted dying permits

The number of permit applications to prescribe voluntary assisted dying medication continues to increase each year. We are committed to processing these applications in a timely manner and to ensuring Victorians receive high-quality end of life care. In 2023–24, we assessed 612 voluntary assisted dying permit applications, 24 per cent more than in 2022–23. We determined outcomes for 99.7 per cent of permit applications within three business days, and for 98.7 per cent within two business days.

Improving safeguards

Tobacco and e-cigarette reforms

In March 2024, the Victorian Government committed to the introduction of a tobacco licensing scheme to address an increase in illicit tobacco sales. The Health Regulator is also working closely with the Commonwealth on developing and implementing the *Therapeutic Goods and Other Legislation Amendment (Vaping Reforms) Act 2024 (Cth)*, which regulates the supply of therapeutic vaping goods. The prohibition on the sale of vapes in retail settings across Australia came into effect on 1 July 2024.

SafeScript review

In December 2023, we engaged Deloitte Australia to conduct a review of SafeScript. The review is assessing the extent to which SafeScript has achieved its objectives and exploring improvement opportunities. We expect the review to be completed in early 2024–25. We will use its findings to inform future policy decisions regarding SafeScript and the monitoring of high-risk medicines.

Public intoxication law reform

On 7 November 2023, public drunkenness was decriminalised in Victoria and public intoxication response services commenced operating. This is a significant reform, building on decades of work and advocacy by the Aboriginal community, and on recommendations from the Commonwealth's Royal Commission into Aboriginal Deaths in Custody.

The reform, delivered by Aboriginal community-controlled organisations and a mainstream health provider, includes a dedicated service response to support people who are publicly intoxicated in metropolitan Melbourne, and Aboriginal people in eight regional locations. The service involves outreach to people who appear to be intoxicated in public, transport to a safe place and, if needed, a stay in a sobering-up centre or in an on-demand place of safety. Specially trained staff work alongside local health and social support services staff so that people can also access services for issues such as alcohol and other drugs, family violence, homelessness, mental health and wellbeing, or financial difficulties. We will report on these services in future annual reports.

Suicide prevention and response

Suicides continue to rise in Victoria, both as a proportion of the population and also in the number of deaths. Data released by the State Coroner indicates that the year-to-date number of suicide deaths at the end of June 2024 was 392, which is higher than for the same time in the previous four years (2019–2022)².

In 2021, the Royal Commission into Victoria's Mental Health System made recommendations to strengthen Victoria's suicide prevention and response efforts. Over the past three State Budgets, there has been significant investment to support the implementation of these recommendations. In 2023–24, this has enabled:

- > in partnership with the Commonwealth Government, the selection of two sites (in Greater Shepparton and the City of Darebin) and the development of national principles and operating guidelines for a trial of the Distress Brief Support program for adults experiencing psychological distress
- > completion of a co-design process to develop a new aftercare program to support LGBTIQ+ people experiencing suicidal distress
- > completion of a co-design process for a statewide peer call-back service to support families, carers and supporters of people experiencing suicidal distress and those bereaved by suicide.

In 2023–24, our Suicide Prevention and Response Office (SPARO) completed extensive stakeholder engagement for a new suicide prevention and response strategy. The strategy will be released in September 2024. SPARO is also working with the Balit Durn Durn Centre (within the Victorian Aboriginal Community Controlled Health Organisation), which is leading the co-design of an Aboriginal-led approach to prevent and respond to suicide.

Supporting good mental health and wellbeing in local communities

Social inclusion action groups

Social inclusion action groups (SIAGs) support local communities to improve social connection and inclusion. In 2023–24 we established the first five SIAGs in Frankston, Benalla, Mansfield, Wangaratta, and Latrobe. Each one is supported by a local government coordinator and consists of community members and leaders working together.

SIAGs are reflective of the communities in which they operate, being made up of a diverse range of community members and local leaders, including people with lived experience, Aboriginal people and those from LGBTIQ+, disability and culturally diverse communities. The SIAGs manage a Local Social Inclusion Investment Fund to support community initiatives that foster local community participation, inclusion and connection.

Local Connections

Local Connections is a social prescribing initiative in the new mental health and wellbeing (MHW) locals. It supports people to engage in community-based activities, such as art, creative, nature or other groups and activities, to reduce loneliness and social isolation. Older Victorians are a priority group for the initiative. Link workers in each MHW local help to connect people with the activities that suit them best.

Local Connections was co-designed by people with lived and living experience of psychological distress, mental illness or addiction, including carers, families and supporters. Carers and consumers can access Local Connections at the MHW locals in Frankston, Latrobe and Benalla-Wangaratta-Mansfield, Brimbank, Geelong-Queenscliff and Whittlesea.

² [Coroners Court Monthly Suicide Data Report - August 2024, the first link on the Coroners Court Victoria, Publications page: <https://www.coronerscourt.vic.gov.au/forms-resources/publications?combine=&field_audience_target_id=All&field_publication_type_target_id=All&year=&page=9>](https://www.coronerscourt.vic.gov.au/forms-resources/publications?combine=&field_audience_target_id=All&field_publication_type_target_id=All&year=&page=9)

Strategic direction 2: Providing care closer to home

This direction is about improving Victorians' access to care, by delivering as much care as possible in local communities or at home. That's care in the places they know, the places that deliver convenience and comfort for them.

Early parenting centres

We are providing more support for families through new and upgraded early parenting centres (EPCs). The new EPCs, including in regional Victoria, ensure that parents, carers and families can access specialist health services earlier and closer to home. In 2023–24, we opened five new EPCs in Ballarat, Casey, Geelong, Wyndham and Whittlesea, and upgraded the existing Footscray and Noble Park EPCs to enable more families to access support. We also provided funding for the state's first Aboriginal EPC to be delivered by First Peoples' Health and Wellbeing in Frankston. This EPC is expected to open late 2024.

Expanding access to virtual care pathways

We continue to expand virtual care choices for all Victorians. In 2023–24, we implemented three virtual care pathways and one face-to-face pathway for callers to NURSE-ON-CALL (NOC), a 24-hour Victorian telephone service that provides expert health advice from a registered nurse. These four new pathways are helping to ensure more Victorians requiring urgent care receive the right care at the right time, by providing alternative referral pathways and reducing demand on hospital emergency departments. They are:

- > the Paediatric Victorian Virtual Emergency Department (VVED) pathway, which provides care to eligible callers under 18 years of age
- > the Adults VVED pathway, which provides care to eligible callers over 18 years of age
- > the Victorian Virtual General Practitioner pathway, which provides callers with 24/7 access to a virtual general practitioner service
- > the Priority Primary Care Centres pathway, which refers eligible callers to a priority primary care centre for urgent care.

In 2023–24, 59,268 callers who required urgent care were supported to access alternative referral pathways. Over 80 per cent of people were able to be managed at home without requiring a visit to an emergency department.

Priority primary care centres

In partnership with the Commonwealth, the department is delivering 29 priority primary care centres (PPCCs), including two new clinics that opened their doors in 2023–24. PPCCs are general practitioner-led services with no out-of-pocket costs for people who need urgent care but not an emergency response. With shorter waiting times, high-quality care and greater convenience, PPCCs are helping Victorians get the care they need while reducing demand on hospital emergency departments.

Approximately 7,000 Victorians visit the clinics each week, with just over 360,000 people attending a PPCC in 2023–24. Around 50 per cent of the people surveyed said they would have gone to an emergency department if they had not had access to a PPCC.

Community Pharmacist Pilot

In October 2023, we started a 12-month statewide Community Pharmacist Pilot to assess an expanded role for community pharmacists in providing the following low-risk health services:

- > continued supply of oral contraceptive pills without a general practitioner prescription (for women aged 16-50 years)
- > treatment for uncomplicated urinary tract infections (UTIs) in women and gender-diverse people (aged 18-65 years)
- > travel and other vaccines, including hepatitis A, hepatitis B, poliomyelitis and typhoid
- > treatment for shingles (for people aged 18 and over)
- > treatment for a flare up of mild plaque psoriasis (for people aged 8 and over).

We will evaluate the 12-month pilot to determine whether provision of care for these common, low-risk conditions by community pharmacists is safe and effective. If successful, this model may provide additional primary care for Victorians, increasing choice and improving access to basic primary care. It could also help free up general practitioners for people with more complex conditions.

As of 27 June 2024, over 760 community pharmacies are participating in the pilot. Of these, 27 per cent are in rural or regional areas where it can be difficult to see a general practitioner. New pharmacies are continuing to join. Over 13,000 services have been provided. Of these, over 75 per cent of these services have benefitted women seeking either treatment for UTIs or the resupply of an oral contraceptive pill.

Women’s sexual and reproductive health hubs

In 2023–24, nine additional women’s sexual and reproductive health hubs were launched in Mildura, Wallan, Mill Park, Wyndham Vale, Melton, Broadmeadows, Grampians, Eastern Grampians and Central Highlands. This brings the total number of hubs to 20 in both suburban and regional locations. The hubs deliver free or low-cost reproductive healthcare services, including long-acting reversible contraception, medical termination of pregnancy, referral for surgical termination of pregnancy and sexual health testing and treatment. A referral from a GP or other doctor is not required. This means thousands of girls and women are able to benefit from more accessible and affordable sexual health and reproductive services closer to home. In 2023–24, 8,557 women accessed the women’s sexual and reproductive health hubs.

Women’s health clinics

Five new women’s health clinics were launched in April 2024 at Northern Hospital, Royal Women’s Hospital, Frankston Hospital, Barwon Health Geelong and Grampians Health, with service delivery rolling out through the year. The clinics will gradually offer a variety of women’s health services delivered by gynaecologists, urologists, specialist nursing and allied health support. These clinics will make it easier for women to access specialist care for conditions such as endometriosis, pelvic pain, polycystic ovary syndrome, perimenopause and menopause.

1800 My Options

The department funds the 1800 My Options website and phoneline service, part of Women’s Health Victoria. 1800 My Options provides a free and confidential information service for women’s contraception, pregnancy, and sexual health options. 1800 My Options works with public and private providers to monitor service availability and ensure callers are provided with the best pathways to available services. The phoneline supports, on average, 600 callers per month. It also provides website-based advice, a geo-mapped database of trusted health providers, and live data regarding service accessibility and availability, to help Victorian women access to the best possible care options.

Pathways to Home

Pathways to Home was a pilot program that partnered health services with disability providers. The program enabled people with disability to transition home or into home-like accommodation once they were medically ready to leave hospital while waiting for the National Disability Insurance Agency (NDIA) to approve their long-term care package.

In 2023–24, Pathways to Home enabled 124 Victorians with disability to leave hospital sooner, freeing over 3,400 hospital bed days for others needing care. While Pathways to Home was successful, recent improvements in NDIA processes resulting in more timely discharges from hospital have allowed the pilot program to end as of 30 June 2024.

Home-based care

Home-based care, including the Better at Home initiative, has expanded so more patients can receive care in their own homes and virtually. More than 45 health services are delivering in-home and virtual care programs, covering a wide range of specialties and treatments, including post-operative, maternity, paediatric, cancer and palliative care. In 2023–24, more than 420,000 bed days of care were delivered at home to over 72,000 patients. This represents more than 20,000 bed days of care (a 5 per cent increase) compared to last financial year.

Home-based care enables patients to avoid the physical deterioration, sleep disruptions and social isolation that can be associated with hospital stays. The initiative also supports preventative healthcare and community care for patients with complex and chronic health conditions.

Technology is particularly helpful for those living in rural and regional Victoria, where specialist services are not always available or patients need to travel long distances to attend appointments. For example, the use of an augmented reality ‘HoloLens’ headset in East Gippsland allows specialists to examine a patient virtually via a headset worn by the nurse. The recent trial of HoloLens in East Gippsland is believed to be the first use of this technology in a completely virtual care setting.

Public fertility care

For many Victorians, access to fertility support and treatment, such as invitro-fertilisation (IVF), through private services is financially out of reach, or does not meet their specific needs. The Victorian Public Fertility Care program makes access to fertility treatment fairer and more affordable, including LGBTIQ+ people who need donor or surrogacy services. In 2023–24 the first specialist public fertility laboratory at the Royal Women’s Hospital, including Australia’s first public egg and sperm bank, was accredited and began supporting new patients and screening potential donors. Nine new partner sites at public health services across the state were established, meaning a range of fertility services are now available face to face and closer to home. In 2023-24, 2,618 patients accessed the program.

Supporting diverse communities

We continued to develop the Diverse Communities Mental Health and Wellbeing Framework to improve and support the mental health and wellbeing of people from diverse communities by engaging LGBTIQ+ community members and organisations.

We also provided \$4.2 million to 20 community-led organisations across Victoria to work with LGBTIQ+ communities, people with disability and multicultural communities through the 2023-25 Diverse Communities Mental Health and Wellbeing Grants Program.

Community hospitals

Community hospitals are small public hospitals, located in growing communities and providing a range of everyday health services for people who require care but are not critically unwell. The community hospitals program is a combination of new site developments and upgrades and expansions to existing sites. Over the past year the community hospitals program has seen significant progress with staged completion of the Sunbury Community Hospital and main construction completion of the Craigieburn Community Hospital (commissioning finalisation by August 2024). Construction works are well advanced on Cranbourne Community Hospital and on the Phillip Island Community Hospital.

Design has been finalised across all community hospital sites.

Better aged care services for regional Victorians

The 2023–24 State Budget provided funding to continue the Rural and Regional Public Sector Residential Aged Care Services (PSRACS) Revitalisation Strategy to replace, refurbish and extend three PSRACS facilities in Cohuna, Maffra and Numurkah. The strategy aims to progressively replace dated public sector facilities with purpose-built facilities that better meet community expectations and enable contemporary models of aged care. Over the past year, feasibility studies have been undertaken for the Numurkah and Maffra facilities. The Cohuna facility is in construction, with works underway. This strategy will provide services to help Victorian age well in their communities.

Regional Health Infrastructure Fund grants

The Regional Health Infrastructure Fund (RHIF) supports projects such as operating theatre refurbishments, new waiting rooms and hospital beds, accessible paths and ramps, additional consulting rooms, expansion projects and equipment upgrades. Projects allocated funding in 2023–24 under the RHIF include the construction of staff accommodation at Goulburn Valley Health, a community health hub at Heathcote Health, and upgrades at Kerang District Health, Kyabram, and Echuca Regional Health.

New and upgraded ambulance branches

The Ambulance Victoria Development Program upgrades and rebuilds ambulance branches to provide better working conditions for paramedics and ensure lifesaving emergency care is available for all Victorians, close to where they live.

In 2023–24, 12 new ambulance stations were completed, in Oak Park, Craigieburn, Karingal, Epping, Morwell, Inglewood, Gisborne, Rochester, Clyde North, Paynesville, Avoca and Foster.

Five more stations are on schedule to be completed by December 2024. The 2023–24 State Budget also allocated \$30.4 million to acquire land and build a new ambulance station in Armstrong Creek. When completed, Armstrong Creek will be the 51st new or upgraded ambulance station built as part of a comprehensive program for Ambulance Victoria.

Parkville Precinct Redevelopment

The Parkville Precinct Redevelopment will deliver major upgrades to the Royal Melbourne and the Royal Women's hospitals. Planning and development on the first stage of the project is underway in consultation with key stakeholders, with a contractor to deliver an early works package to be appointed by the end of July 2024.

Hospital Infrastructure Delivery Fund

In 2023–24, through the Hospital Infrastructure Delivery Fund (HIDF), planning and development to boost capacity and improve infrastructure has progressed on the following seven projects:

- > Monash Medical Centre Tower Expansion
- > Austin Hospital Emergency Department
- > Northern Hospital Emergency Department and Inpatient Unit Tower
- > West Gippsland Redevelopment
- > Dandenong Hospital Redevelopment
- > Queen Elizabeth II Hospital Redevelopment
- > Wonthaggi Hospital Expansion.

Latrobe regional hospital expansion

The \$223.5 million stage of the Latrobe Regional Hospital expansion in Traralgon was completed in December 2023. The multi-stage project has increased capacity and services at the hospital, bringing care to local families closer to home.

Mental health and wellbeing locals

Mental health and wellbeing (MHW) locals are the new 'front door' to Victoria's mental health system, allowing more people to access services in their community, closer to home. In December 2023, nine new MHW locals started offering services, bringing the number of 'locals' providing free wellbeing and clinical services to 15. More than 9,000 people have been supported by MHW locals since they opened.

MHW locals provide an easy way for adults aged 26 years and over who are experiencing mental health concerns, including people with co-occurring alcohol and other drug treatment and care needs, to receive treatment, care and support. A referral or previous diagnosis is not required. To best support consumers and their families, carers and supporters, each MHW local develops and maintains connections with local health, social and community services.

Providers of MHW locals co-design the accommodation fit-out and the model of care with consumers, families, carers, supporters and local communities, to create a safe space for individuals and communities. MHW locals have been flexible and adaptive in responding to current and emerging needs in 2023–24. With family violence and homelessness affecting high numbers of people, particularly women, MHW locals are providing support for affected individuals, while also connecting them to other relevant services in the community. MHW locals also provided support in responding to emergency events in 2023–24, such as providing mental health and wellbeing support to the Mirboo North community impacted by an extreme weather event in February 2024.

New and expanded mental health facilities

The Royal Commission into Victoria’s Mental Health System recommended the Victorian government provide 170 additional inpatient mental health beds to address critical demand pressures. In 2023–24, this commitment was fully delivered following the completion of 22 new beds at the Royal Melbourne Hospital. These 179 acute mental health beds, include:

- > Barwon Health (Hospital in the Home) – nine new beds (June 2021)
- > Orygen Youth Health (Hospital in the Home) – 15 new beds (June 2021)
- > Barwon Health (McKellar Centre) – 16 new beds (June 2022)
- > Northern Health (Northern Hospital) – 30 new beds (December 2022)
- > Western Health (Sunshine Hospital) – 52 new beds (August 2023)
- > Royal Melbourne Hospital – 22 new beds, eight refurbished beds (February 2024)
- > Alfred Health, Ramsay Mental Health and Goulburn Valley Health Women’s Recovery Network – 35 new beds (June 2024).

In addition, the new 12-bed Statewide Child and Family Centre was completed in May 2023. The centre supports children aged 0-11 years and allows children to stay with their families while receiving mental health care from specialist clinicians.

Two new mental health and alcohol and other drug (AOD) emergency department hubs were also completed in 2023–24 at the Royal Melbourne Hospital and Latrobe Regional Hospital. The new hubs mean people presenting at emergency departments with mental health and AOD issues can be fast tracked to specialist care, providing them with the right support sooner. These new hubs are in addition to the existing mental health and AOD hub at University Hospital Geelong, Sunshine Hospital, St Vincent’s Hospital, and Monash Medical Centre.

A further expansion of acute mental health beds is underway, with construction continuing at:

- > South West Healthcare (Warrnambool) – five new beds
- > Peninsula Health (Frankston) – four new beds
- > the new Melton Hospital – 25 new beds
- > the new Footscray Hospital – 34 new beds.

In addition, construction has continued to expand the Thomas Embling Hospital with 82 new beds. Further information on this initiative is available in the section on *Transforming Victoria’s adult forensic mental health system* under Strategic direction 3.

Strategic direction 3: Keep innovating and improving care

This direction is about delivering safer and more innovative treatments and care through our focus on continuous improvement. Victorians have the right to be confident that they're receiving the best-quality care, built on the best evidence.

Improving women's health

In the 2023–24, grants were allocated to 13 non-government organisations across metropolitan Melbourne and regional Victoria to establish women's health and wellbeing support groups and programs to address specific health issues, including perinatal health, menstruation, endometriosis and menopause. These groups and programs aim to:

- > improve women's understanding of evidence-based management and treatment options
- > reduce the adverse effects of health issues, for example, loneliness
- > create a safe space for sharing women's lived experience
- > minimise the effects of any stigma women experience
- > empower women to make decisions about their own health.

Ambulance resources

Ambulance Victoria's Secondary Triage Service is staffed by paramedics and nurses and connects callers who may not require an emergency ambulance to alternative services. The service connects less urgent Triple Zero callers (around 20 per cent of callers) to care best suited to their needs, allowing around 500 additional patients to be assessed daily.

The Medium Acuity Transport Services (MATS) responded to around 90 patients per day in 2023–24, freeing up emergency crews by almost 14 per cent. MATS is made up of 22 vehicles, pairing graduate paramedics with experienced paramedics. These teams ensure less urgent calls still in need of an ambulance response receive the right care, giving other paramedics the chance to respond faster to the most time-critical cases. MATS also provides a valuable training ground for future paramedics, with graduates able to practice and hone their skills in more controlled environments.

Improving emergency care

Several initiatives have been developed to improve emergency care, including access to ambulance services, more timely care in emergency departments, and connecting patients to the most appropriate care.

Victorian Virtual Emergency Department

In 2023–24, Ambulance Victoria paramedics made use of the Victorian Virtual Emergency Department (VVED) to treat patients in their home and avoid unnecessary trips to emergency departments. On average, through VVED, 2,779 patients each month avoided visiting a hospital emergency department, freeing paramedics to return to the road quicker.

By the end of 2023-24, the VVED received an average of 500 callers per day from Victorians experiencing non-life-threatening emergencies.

TelePROMPT

TelePROMPT continues to provide better access to care for mental health patients who call Triple Zero. Paramedics with a patient can call TelePROMPT and rapidly connect with a mental health clinician, who can advise and support via telehealth technology. Together, they can decide on the best care option. This provides a more streamlined and positive experience for mental health patients and reduces unnecessary transport to emergency departments.

Over 6,500 people have been supported by the TelePROMPT service since its inception in November 2020. For those consumers linked with TelePROMPT, 60 per cent have been supported through alternative care pathways, which reduces unnecessary trips to emergency departments and improves the experience for both consumers and paramedics.

Timely Emergency Care Collaborative

The Timely Emergency Care Collaborative is a partnership approach between the department and the Institute for Healthcare Improvement, health services and Ambulance Victoria to progress clinician-led improvements across emergency departments, wards and operations.

As a result of the collaborative, patients have a reduced length of stay, enabling those presenting to emergency departments to access more timely care. The collaborative will continue testing innovative approaches to improving patient flow, with the most successful and suitable being implemented across the system.

Specialised therapies for rare diseases and cancer

The Highly Specialised Therapies (HST) program provides high-cost specialised treatments to eligible patients under the 2020–2025 National Health Reform Agreement (NHRA), including cell and gene therapies to treat rare cancers and conditions. HST offer the prospect of cure for children and adults suffering from diseases that would otherwise be terminal.

The program began in 2019 in Victoria and now operates at the Peter MacCallum Cancer Centre, Alfred Health, the Royal Children’s Hospital, the Royal Victorian Eye and Ear Hospital and Monash Medical Centre. Patients with a diverse range of diseases, including leukaemia, lymphoma, high-risk neuroblastoma and complex eye disease, are cared for through the program. In 2023–24, new therapies for two more conditions - mantle cell lymphoma and refractory leukemia – became possible through the program. All patients receiving Yescarta®, a CAR-T cell therapy to treat lymphoma, have their treatment through this cutting-edge program.

Planned surgery

Two years ago, we commenced a program of recovery and reform in the state’s planned (elective) surgical services. The program was designed to transform how and where surgical care is delivered across the state, to deliver better outcomes for all Victorians irrespective of their surgical need or where they live.

In 2023–24, the Planned Care Recovery and Reform program (formerly Surgery Recovery and Reform) supported the delivery of the best-ever annual planned surgery performance in Victoria’s history, with 209,907 planned surgeries completed by 30 June 2024.

Since March 2022, when the program started, the public planned surgery preparation list (also known as the wait list) has decreased from 88,434 in March 2022 to 57,519 in June 2024, a 35 per cent reduction. The reforms have led to a significant increase in the proportion of Category 2 patients seen within the clinically recommended timeframe, from 46 per cent to 66 per cent. Median wait times have also reduced, with Category 2 patients waiting 44 days fewer (56 days down from 100 days) and Category 3 patients waiting 41 days fewer (123 days down from 164 days) since the program began.

Launch of the Planned surgery reform blueprint

In October 2023, we released the [Planned surgery reform blueprint](https://www.health.vic.gov.au/planned-surgery-reform-blueprint)

<<https://www.health.vic.gov.au/planned-surgery-reform-blueprint>>, informed by 18 months of research and engagement with the sector and consumers. The blueprint sets out a purposeful systematic approach to system-wide reform, aiming to ensure all Victorians can access timely planned surgery or non-surgical treatment when they need it.

To achieve this, the blueprint will deliver over the short, medium and longer term

- > expanded same-day models of care
- > more availability of non-surgical treatment pathways
- > better integration of primary care in the perioperative journey
- > more expanded advanced scope of practice roles and the creation of new roles
- > a strengthened future workforce
- > scaling of high-throughput approaches (such as high-intensity theatre lists)
- > digitised referral pathways and the establishment of data-sharing platforms
- > expanded virtual care delivery
- > regionalised planned surgery management
- > robust data and intelligence infrastructure.

Continuing to drive system-wide reform

During the 'COVID Catch-Up Plan', we continued to champion surgical reform aligned with the [Planned surgery reform blueprint](https://www.health.vic.gov.au/planned-surgery-reform-blueprint) <<https://www.health.vic.gov.au/planned-surgery-reform-blueprint>>. We expanded same-day surgery models and helped patients prepare as best they could for their procedure via pre-surgical optimisation. We also expanded non-surgical choices, based on best available evidence, to improve patient outcomes for those able to avoid surgery.

Supporting patients on their perioperative journey

We have established patient support unit (PSU) teams in 23 health services. The PSU teams have enhanced the patient journey for those awaiting surgery by providing patients with regular updates about their care and ensuring timely access to appropriate treatment pathways. The PSU teams have particularly focused on supporting priority populations and patients who have endured long wait times.

With the support of the PSU teams, more and more patients are choosing to avoid surgery by using non-surgical treatments while getting the same intended outcomes. Other initiatives coordinated by the PSU teams, such as Virtual Surgery School and Enhanced Recovery After Surgery programs, have enabled patients to better prepare for surgery and receive the best care while awaiting surgery, leading to improved patient outcomes, reduced post-operative complications, and shorter stays in hospital. There has also been a steady rise in the involvement of primary practitioners in non-surgical treatment pathways, maintaining and enhancing care.

Driving efficiency and effectiveness in surgery

The introduction of high-intensity theatre (HIT) lists has driven theatre room efficiencies and supported increased planned surgery throughput. HIT lists target and prioritise specific patient cohorts and specialities, such as orthopaedics and gynaecology. Across this year, several health services held HIT list events, such as 'Super Saturdays' and 'Bone and Joint Week'. In 2023–24, the program decreased turnaround time between completed procedures, improved turnover compared to non-HIT list days and helped standardise practice.

Enhancing digital and data transformation

The Planned Care Recovery and Reform program and eHealth Victoria have enhanced the provision of high-quality and timely data to health services to enable visibility of surgical throughput and progression towards program targets.

The program also facilitates digital transformation of the perioperative processes, including a new customer relationship management platform to improve patient engagement across the perioperative journey. In the short term, five modules are priorities for deployment across participating health services. The first module allows for an automated audit of planned surgery preparation lists, reducing time spent by staff manually contacting patients to validate information and maintain preparation lists. This module has already been deployed across nine metropolitan health services, with more health services and modules to be added.

Partnering with women's health and primary care organisations

Through the Women's Health and Wellbeing program, we are committed to increasing awareness, access and treatment for endometriosis and associated conditions. In 2023–24, funding supported an increase in gynaecological laparoscopies, as well as the procurement of equipment to enhance treatment and diagnosis. In June 2024, the inaugural Victorian Pelvic Pain Symposium provided an opportunity to drive increased awareness of women's pelvic pain for clinicians and patients. We delivered this symposium in collaboration with the Royal Australian College of General Practitioners. It focused on advancing women's health and emphasised the importance of treating pelvic pain in primary care while seeking a diagnosis.

Integrated mental health services for children and families

Three children's health and wellbeing locals commenced operations in southern Melbourne at Monash Health, Brimbank-Melton at IPC Health and Loddon at Bendigo Community Health. The children's locals are provided in partnership with the Commonwealth Government.

They deliver a new model of integrated care led by community health providers in partnership with Area Mental Health and Wellbeing Services and Family Services. They provide family focussed developmental and wellbeing care for children aged 0-11 years and their families. The children's locals focus on families who experience adversity and disadvantage and provide a range of services through face to face, in-reach into other settings, secondary consultation and group work. Children's locals have been co-designed in their local communities and employ lived experience workers to ensure that they respond to local needs, utilise local partnerships and provide a safe and welcoming environment.

Throughout 2023–24, the children's locals provided services to approximately 1,000 children and families, offering neurodevelopmental assessments and therapeutic interventions. Each children's local team includes a diverse range of professionals, such as allied health practitioners, specialised medical staff, counsellors, and family support workers.

Group-based parenting sessions

Group-based parenting sessions help parents develop the skills and confidence to support their children to manage mental health and wellbeing challenges. The first two regional Infant, Child and Youth Area Mental Health and Wellbeing Services (ICY AMHWS) at Barwon Health and South West Healthcare started group-based parenting sessions within their services in 2022-23. In 2023–24, these were joined by a further six ICY AMHWS at Albury-Wodonga Health, Bendigo Health, Goulburn Valley Health, Grampians Health, Latrobe Regional Hospital and Mildura Base Hospital. Over 1,000 parents have already accessed these sessions across eight rural and regional services.

Mental Health and Wellbeing Connect centres

Eight Mental Health and Wellbeing Connect centres (Connect centres) are now delivering the full-service model, across regional and metropolitan areas, following a range of establishment activities in 2023–24.

The Connect centres can be accessed by people caring for or supporting someone experiencing mental health challenges, mental illness or psychological distress, with or without co-occurring substance use challenges. The Connect centres offer a free service for families and carers, including individual peer support, family therapy, group programs, service navigation and flexible brokerage. People can access the Connect centres by walk in, phone or online booking. Support is also delivered on an outreach basis.

The Connect centres represent a new and innovative approach to delivering mental health and wellbeing (MHW) services in Victoria. They contribute to the range of new, lived experience-led, co-designed services making up Victoria's reformed MHW system. Through this approach, the Connect centres have created a warm, welcoming space that is easily accessible and available to families, carers, kin and supports of all ages.

Alcohol and other drugs residential rehabilitation treatment expansion

In early 2024, the redevelopment and expansion of the Westside Lodge dual diagnosis drug and mental health unit at Sunshine Hospital was completed. This residential rehabilitation facility offers a three-month-long therapeutic program for people experiencing problematic alcohol and other drug use, as well as mental health issues.

Transforming Victoria's adult forensic mental health system

The Thomas Embling Hospital is undergoing a \$515.7 million upgrade, with the expansion having passed the halfway mark in 2023–24. This expansion delivers on a key recommendation from the Royal Commission into Victoria's Mental Health System and will help to:

- > reduce waiting times for specialist mental health services for Victorians involved in the justice system, or who are at high risk of offending
- > improve access to forensic mental health services in a secure, therapeutic and rehabilitation-focused environment
- > improve access to and the quality of facilities for women, who have often experienced extensive trauma and family violence.

Community-based forensic mental health services

Regional community-based forensic mental health services

Forensicare's specialist forensic mental health services are expanding across Victoria to make care accessible and closer to where people live. The first of the new forensic teams, co-located with mental health and wellbeing services at Barwon Health in Geelong and South West Healthcare in Warrnambool, started services in September 2023.

Youth Justice Mental Health Initiative

The Youth Justice Mental Health Initiative (YJMHI) aims to improve access to mental health assessment, treatment and support for young people who are under Youth Justice community-based supervision and have, or are at risk of, a mental illness. The initiative also builds the capability of Youth Justice and mental health staff in Infant Child Youth Area Mental Health Wellbeing Service and other mental health care settings to better meet the needs of young people with mental health issues involved with Youth Justice.

In 2023–24 the YJMHI was expanded to include five additional services: Barwon Health, Grampians Health, Albury Wodonga Health, Alfred Health and Austin Health. This brings the total number of YJMHI clinicians in the state to ten. An Aboriginal health worker position has also been created by the Victorian Aboriginal Health Service to support the YJMHI clinician in this service.

Mental Health and Wellbeing Act 2022

Commencing in September 2023, the new *Mental Health and Wellbeing Act 2022* was developed in response to a recommendation from the Royal Commission into Victoria's Mental Health System to repeal and replace the *Mental Health Act 2014* and reset the legislative foundations underpinning Victoria's mental health and wellbeing (MHW) system. The Act strengthens MHW principles and supports to promote and protect human rights. The MHW principles within the Act reflect the values of the community and provide the basis for compassionate MHW treatment, care and support.

To support the implementation and better understanding of the Act, we collaborated with key sector partners, including Tandem, Victorian Mental Illness Awareness Council, Mental Health Legal Centre, Victorian Aboriginal Legal Service, Victoria Legal Aid/Independent Mental Health Advocacy, and Mental Health Victoria. These partners provided educational events and resources for newly regulated community mental health services, industry professionals and staff, and assisted in developing culturally appropriate resources for the Victorian community. The department also funded the employment of 'Act implementation leads' within each Area Mental Health and Wellbeing Service to support commencement of the new Act and lead implementation activities.

Hamilton Centre

In 2022, the Hamilton Centre was established as a statewide specialist service for people living with a mental illness and alcohol and other drug (AOD) concerns. It breaks down barriers to treatment and creates a more inclusive, supportive system by delivering integrated care to people with co-occurring mental health and substance use conditions. The centre has partnered with a clinical network to deliver addiction specialist care across the state. The participating services are St Vincent's Hospital Melbourne, Eastern Health, Western Health, Austin Health and Goulburn Valley Health. The centre also contributes to capability development in the mental health and wellbeing and AOD workforces, along with a research program to expand the evidence base for integrated care.

Strategic direction 4: Improve Aboriginal health and wellbeing

This direction is about working closely with Aboriginal people to ensure better access to culturally safe care to keep individuals and families safe, healthy and well. Connection to culture is integral to health and wellbeing for our strong and proud Victorian Aboriginal community.

Treaty

The Treaty process is about embedding self-determination and delivering better outcomes for Aboriginal people in Victoria. In Victoria, self-determination means supporting the local experts, Aboriginal people themselves, to make decisions about their own future. Victoria's path to Treaty is on track and has been in train for almost eight years.

Formal Treaty negotiations between the State and the First Peoples' representative body are expected to commence later in 2024. The department is working closely with the Department of Premier and Cabinet, who is the whole of Victorian Government Treaty lead.

The Victorian Government has been preparing for Treaty, but it is important to not pre-empt what will come from Treaty and the specific changes that will be required. Throughout 2023–24, the focus was on putting in place the structures and processes required to support future Treaty negotiations, including activities to support awareness raising and upskilling of staff.

In the department this includes supporting staff to gain a strong understanding of the principles underpinning the Treaty process through Treaty education, undertaking a Micro-Certificate in Treaty, an executive masterclass, and information sessions and workshops with all departmental divisions.

Victoria is a proud, multicultural state. We value diversity, including the 65,000 years of living Aboriginal culture. Through Treaty, we can bring Victoria together and feel shared pride in Aboriginal heritage, history and culture.

The Yoorrook Justice Commission

In June 2024, the Minister for Health, Health Infrastructure and Ambulance Services, and the Minister for Mental Health and Ageing along with departmental executives, gave evidence at the Yoorrook Justice Commission truth-telling hearings. The evidence given acknowledged the ongoing impacts of Victoria's colonial legacy, including structural racism in the health system, the need to actively explore self-determination opportunities in healthcare, state accountability for policies and programs towards First Peoples, lack of cultural safety in health services, and the inadequacy of funding and resources for First Peoples' programs, organisations and outcomes. The evidence provided will inform the Commission's final report and recommendations, which are due in June 2025.

Transitioning to outcomes-based funding for Aboriginal community-controlled organisations

Aboriginal community-controlled organisations (ACCOs), with support from the department, are transitioning to an outcomes-based funding model, as we committed to in the *Aboriginal health and wellbeing partnership agreement and action plan 2023–2025*. The changes provide greater flexibility for ACCOs to deliver services that align with community values and expectations. The four stages of this key reform are:

- > Stage 1: Providing ACCOs with guaranteed recurrent and indexable funding across four-year cycles
- > Stage 2: Reducing the number of reports ACCOs provide to us, through the delivery of one annual impact statement
- > Stage 3: Shifting the focus of funding, reporting and accountability from activity-based to self-determined outcomes
- > Stage 4: Pooling funds across multiple program streams to allow greater flexibility in the way services are offered.

We have completed Stage 1, with four-year ACCO funding cycles beginning from the 2023–24 financial year, where there is a recurrent funding source. This multi-year cycle acknowledges the important role ACCOs play in delivering holistic health services, including clinical, community and primary care services, helping ACCHO's better plan for community needs.

Stages 2 and 3 give ACCOs the opportunity to showcase how their investments are delivering improved health and wellbeing outcomes for their clients. The new reporting requirements, supported by revised output structures, help streamline investments while a suite of self-determined outcomes and associated measures are being developed across the ACCO sector.

Stage 4 restructures the way funding is provided to the ACCO sector to better align with community priorities and models of care. This will also allow greater flexibility in how funding provided to individual services is used to deliver sector designed programs that meet community needs.

Aboriginal Health and Wellbeing Partnership Agreement and Action Plan

The Aboriginal Health and Wellbeing Partnership Forum (AHWPF) is the lead decision-making body for Aboriginal health and wellbeing in Victoria. It is co-chaired by the Minister for Health and the Victorian Aboriginal Community Controlled Health Organisation (VACCHO). AHWPF members comprise the Victorian Aboriginal community-controlled health sector, the mainstream health sector and the department.

The 10-year *Aboriginal health and wellbeing partnership agreement and action plan 2023–2025* was established and endorsed in May 2023. The partnership agreement focuses on shared priorities across the health system (including Aboriginal community-controlled organisations (ACCOs)) as identified by the AHWPF. Priority activities continued to be progressed in 2023–24, and bi-annual forums to monitor and review ongoing priorities were held. The action plan outlines and progresses 38 actions across five domains relating to reforming the health system to improve health and wellbeing outcomes for First Peoples in Victoria. Four actions have been endorsed as completed by the AHWPF. The action plan is reviewed and updated every two years.

We are committed to ensuring all actions within the action plan are monitored and implemented. VACCHO are working with us to develop a framework to support shared accountability to the Victorian Aboriginal community. These actions are important steps towards Aboriginal people having access to a health system that is holistic, culturally safe, accessible and self-determined.

Deliver care that is culturally safe, appropriate and responsive to Aboriginal people's needs

Culturally safe care is an important pre-requisite for improved health and wellbeing outcomes for Aboriginal patients, who are over-represented in the healthcare system and face significant disparities in health outcomes. Culturally unsafe practice comprises any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual. Some of our initiatives in 2023–24 to provide culturally safe care for Aboriginal patients are detailed below.

Statements of priorities

First Peoples' cultural safety is a priority for the department. We are continuing to refine the Aboriginal health and cultural safety goals included in the annual agreements between health services and the Victorian Government that outline funding, policy priorities and key performance indicators for health services (statements of priorities – SoPs). This includes elevation of headline leave event indicators ('Did not wait' in emergency department and 'Left against medical advice') and associated targets being revised to 'no gap' in the rates between Aboriginal and non-Aboriginal patients to help drive equitable access for First Peoples. Health services acquit the SoPs by formally reporting key outcomes within their annual reports. Health services are also held to account through the in-year performance meetings, which are described in the *Victorian health services performance monitoring framework*.

Aboriginal cultural safety fixed grants

Aboriginal cultural safety fixed grant funding was provided to 38 mainstream hospitals and health services in 2023–24 to strengthen cultural safety and improve health outcomes for Aboriginal people. Grant recipients were required to develop annual cultural safety plans and progress reports around eight key action areas as follows:

- > chief executive officer and executive leadership
- > employment of Aboriginal hospital liaison officers and Aboriginal health staffing
- > engagement and partnership with Aboriginal communities
- > identifying health needs of Aboriginal population and plans to address these
- > cultural safety training
- > creating a welcoming environment
- > improving patient identification
- > monitoring and accountability.

The 2023–24 reporting template was refined to give the department a deeper understanding of health services' cultural safety performance and to identify opportunities for sector improvement.

Health service partnerships and First Peoples' improvement projects

In 2023–24, each of the state's eight health service partnerships was funded to implement improvement projects to enhance culturally safe service delivery. The projects covered a range of improvement areas:

- > Barwon South-West – enhancing cultural awareness, skills, and knowledge in emergency department and urgent care centre staff to improve the experiences of First Nations people.
- > Gippsland – improving clinical care and discharge planning for Aboriginal patients, using culturally appropriate telehealth, and preventing avoidable admissions to emergency departments.
- > Grampians – developing a collaborative approach across sites to improve discharge planning and enhance cultural safety training for staff.
- > Hume – implementing Aboriginal research methodologies and enhancing cultural safety.
- > Loddon Mallee – providing cultural safety training, building authentic relationships, and supporting First Nations research projects

- > West Metro – implementing after-hours resources and nursing outreach to enhance access to emergency services
- > South East Metro – overcoming recruitment barriers to enhance service provision and patient care
- > North East Metro – implementing initiatives to increase Aboriginal patient identification and improve access to culturally appropriate care, including use of the Victorian Virtual Emergency Department.

We are also expanding our Aboriginal Health and Wellbeing Division, including establishing a cultural safety team. This team will bring together several cultural safety initiatives and identify opportunities for leveraging resources and expertise based on Aboriginal knowledge and experience.

Advancing Aboriginal self-determination and regulatory reform

A key priority within the *Aboriginal health and wellbeing partnership agreement and action plan 2023–2025* is to undertake legislative reform to advance Aboriginal self-determination in health and wellbeing. The first action under this priority was to amend the *Drugs, Poisons and Controlled Substances Act 1981* to enable Aboriginal health practitioners to administer Schedule 4 vaccines and for the department to support the required training processes.

The Secretary Approval to authorise registered Aboriginal and Torres Strait Islander health practitioners to possess and administer approved Schedule 4 vaccines was signed in June 2023, taking effect from August 2023. The department funded the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) to develop and deliver the relevant Immuniser Program of Study for Aboriginal and Torres Strait Islander health practitioners. The first cohort of Aboriginal and Torres Strait Islander health practitioner immunisers graduated in April 2024.

Strengthening life-long Aboriginal health and wellbeing through access to early intervention and holistic healthcare (urgent care pathways)

A grant of \$35.05 million in the 2023–24 State Budget is enabling Aboriginal community-controlled health organisations (ACCHOs) to deliver an additional 100,000 culturally informed episodes of primary care to Aboriginal Victorians by 2027. The objective of the initiative is to increase the number of Aboriginal and Torres Strait Islander health assessments, reducing the number of Aboriginal Victorians presenting to emergency departments when they have potentially preventable hospitalisations that may be better dealt with by their ACCHO.

Strengthening and sustaining maternal and child health and early parenting supports for Aboriginal families

To support Aboriginal children and families in the early years, in 2023–24, building works began on a new early parenting centre dedicated to Aboriginal families in Frankston. The service, which will commence in 2024–25, will provide culturally safe and responsive Aboriginal-designed early parenting supports, including day stay and group programs. The new centre will complement the existing Aboriginal maternal and child health (MCH) program provided by 15 Aboriginal community-controlled health organisations across 17 locations in Victoria. The Aboriginal MCH program offers families choice and flexibility in how they access services as well as supports Aboriginal-led partnerships, coordinated support and referral pathways.

In 2023–24, we began an Aboriginal-led design and participation process to embed Aboriginal knowledge and expertise in a holistic way in all our health service delivery, spanning antenatal, MCH and early parenting services. Through this process, a new Victorian Aboriginal early year's health and wellbeing framework will be developed that sets out the vision, outcomes, guiding service principles, priority areas, and actions to better support and meet the health needs of Aboriginal communities from pregnancy through to starting school.

We are engaging with Aboriginal community and sector representatives to co-design components of new perinatal mental health screening guidelines for Victoria. The co-design process will improve the cultural responsiveness of perinatal mental health screening approaches to respond to systemic barriers to screening and support the social and emotional wellbeing of Aboriginal parents during a critical life stage.

Aboriginal culturally safe cancer screening projects

Breast cancer screening

In 2023–2024, we supported the expansion of the Beautiful Shawl project, an ongoing partnership between BreastScreen Victoria and the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), to deliver culturally safe breast screening services. Under this initiative, BreastScreen Victoria's mobile screening service visited 23 Aboriginal community-controlled organisations, screening a record number of more than 1,600 Aboriginal and Torres Strait Islander clients. Of the clients screened, 30 per cent had never screened for breast cancer before and 30 per cent were lapsed screeners who were encouraged to return by the program.

Cervical cancer screening

Building on the success of the Beautiful Shawl project, we support the ongoing partnership between the Australian Centre for the Prevention of Cervical Cancer and the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) to increase cervical screening rates. VACCHO leads the initiative, delivering culturally safe cervical screening services for Aboriginal and Torres Strait Islander women by providing culturally appropriate education and resources.

Each Aboriginal woman who presents for screening is given, among other things, a towel featuring artwork by a local Aboriginal artist, which provides privacy and the protective element of culture. For self-collected screening, the woman is given a patient instruction card specifically developed for Community, a 'Women's business' brochure developed by VACCHO and Cancer Council Victoria, a zip-up pouch, also featuring artwork, and a non-transparent specimen bag with the swab.

In 2023–2024, a total of 2,856 Aboriginal-designed self-collection kits and 2,237 Aboriginal-designed towels for clinician-collected screens were distributed to 103 organisations, including all Aboriginal community-controlled organisations (ACCOs) that provide cervical screening in Victoria. Resources were also distributed beyond ACCOs, to ensure all Aboriginal women have access to them regardless of their preferred setting of care.

Clinical education to support cultural safety during screening reached all VACCHO member organisations that provide cervical screening.

Koori Maternity Services

Funding is provided to Koori Maternity Services (KMS) to deliver flexible, person-centred care, strengthened by Aboriginal culture and practice and built on respectful trusting relationships between women, their families and staff. Fourteen KMS sites operate across Victoria, with 11 delivered by Aboriginal community-controlled organisations and three delivered by metropolitan public health services. KMS teams include midwives and Aboriginal health workers who offer care that is culturally safe and responsive. In 2023–24, 870 women attended KMS in Victoria. Work continues with the Victorian Aboriginal Community Controlled Organisation and KMS to review the program guidelines and ensure they align with the *Aboriginal health and wellbeing partnership agreement and action plan 2023–2025*.

Working Together for Health

Led by the Loddon Mallee Aboriginal Reference Group and supported by us, Working Together for Health (WT4H) is a place-based initiative aimed at improving Aboriginal health and wellbeing in central and northwest Victoria. All four Aboriginal community-controlled organisations within the Loddon Mallee are funded to deliver WT4H activity focussed on primary prevention and early detection.

Priorities in 2023–24 included:

- > reducing tobacco-related harm
- > increasing cancer screenings and immunisations, and promoting annual health checks (health checks designed to support the physical, social and emotional wellbeing of First Nations people of all ages) through the Deadly Choice campaign
- > improving mental health, healthy eating and active living.

Care on Country

The Care on Country pilot project aims to improve access to specialist outpatient services for Aboriginal Victorians by providing telehealth appointments closer to home, and on Country. The project has also supported the training of telehealth care coordinators and the development of a digital booking system.

The Balit Durn Durn Centre initiatives

We are proudly working in partnership with the Balit Durn Durn Centre of Excellence in Aboriginal Social and Emotional Wellbeing (the Balit Durn Durn Centre) to deliver the Royal Commission into Victoria's Mental Health System recommendations for improving Aboriginal social and emotional wellbeing. In 2023–24, the Balit Durn Durn Centre progressed the design, planning and delivery of the Royal Commission recommendations by placing culture at the core of their work and modelling Aboriginal ways of knowing, being and doing.

The Balit Durn Durn Centre has advanced its co-design work in developing a 'Nest' service model framework, for completion in 2024–25. The Nest service model will provide local, regional and statewide guidance to health services to support consistent and high-quality care models for Aboriginal children and families needing intensive social and emotional wellbeing supports. The Nest service model, symbolising protection and nurturing, refers to environments designed to provide holistic and comprehensive care and support. The Nest service model will also guide how infant, child and youth mental health services can work in partnership with ACCOs to deliver shared care and wrap-around supports.

Community engagement for co-designing the Nest service model included visits to cultural and therapeutic practices and discussions with families and social and emotional wellbeing workers, as well as mainstream mental health services. A three-day, on-Country design retreat was held in May 2023 with 36 participants representing 21 different organisations. The retreat focused on concepts such as decolonisation, care, language, prevention, and partnering with the mainstream mental health system. The reflections and stories shared emphasised the importance of wellness, of redefining language, and of hearing the voices of children.

The Balit Durn Durn Centre is also leading the co-design of two Aboriginal healing centres, another recommendation of the Royal Commission. In 2023–24, a knowledge-holder group, comprising Aboriginal researchers, healers, practitioners and community members, met regularly, both online and on Country, to discuss healing and share insights, to inform the design of the healing centres. The healing centres, once established, are envisioned as spaces where individuals can heal through culture and where safety and a sense of belonging are paramount. Work is underway to identify the healing centre sites.

Establishing and expanding multi-disciplinary Aboriginal social and emotional wellbeing teams throughout Victoria

Together with the Balit Durn Durn Centre, we have continued to expand multi-disciplinary Aboriginal social and emotional wellbeing teams across 25 Aboriginal community-controlled health organisations and in two ACCOs. In 2023–24, multi-disciplinary teams reported positive outcomes for individuals and families accessing local social and emotional wellbeing services. These include individuals and families having:

- > stronger social and community networks
- > stronger connections and pride in culture
- > greater ability to self-regulate negative emotions
- > sustained engagement in treatment, resulting in improved management of symptoms
- > increased willingness to seek help when needed
- > feelings of greater sense of control of own life, and of being more resilient.

Delivering new training scholarships to build a skilled and qualified Aboriginal mental health and social and emotional wellbeing workforce

The Aboriginal Social and Emotional Wellbeing Scholarship program is supporting more Aboriginal and Torres Strait Islander students to do undergraduate or postgraduate study in a mental health related field. The department and the Balit Durn Durn Centre of Excellence in Aboriginal Social and Emotional Wellbeing have partnered with La Trobe, Deakin and RMIT universities to deliver the scholarship program. The program has surpassed its target of 30 scholarships by 2025, with 46 scholarships awarded since 2022. This program is helping build a skilled and qualified Aboriginal Torres Strait Islander mental health and social and emotional wellbeing workforce.

Strategic direction 5: Move from competition to collaboration

This objective is about delivering a well-connected health system, where healthcare consumers, leaders and workers work together to deliver improved health outcomes and exceptional patient care. The department is committed to working together as one to deliver coordinated care for all Victorians.

Local public health units

Partnering with nine health services across Victoria, we completed a project to expand the scope of frontline health protection responsibilities for the state's nine local public health units (LPHUs) in 2023–24. Initially established to respond to COVID-19, the project repositioned LPHUs to manage the local response and public health follow-up to 84 notifiable conditions, of which COVID-19 is one. Since January 2024, we have referred 13,849 public health event notifications to LPHUs for investigation.

During public health outbreaks, LPHUs lead the local response for schools and childcare centres, aged care facilities, and other settings in their areas. By taking actions detailed in statewide protocols, LPHUs work with medical practitioners and pathology laboratories to ensure equity and best practice and thus help prevent and minimise the transmission and spread of communicable diseases such as measles, meningococcal disease and Ross River virus.

Population health

Local public health units are also funded to implement population health catchment plans, identifying priorities for place-based primary and secondary prevention activity focused on preventable chronic disease and modifiable risk factors. The catchment plans are informed by local population health data and developed in consultation with a variety of stakeholders, including local government, community health, women's health and Aboriginal health organisations. LPHUs form an important population health network, acting on the priority areas of the *Victorian public health and wellbeing plan 2023–27*.

Breathe Easy Gippsland – Gippsland Region Public Health Unit (Tobacco & vaping priority)

Gippsland Region Public Health Unit (GRPHU) provides an important coordination role in partnering with outer Gippsland local government councils to deliver the Breathe Easy Gippsland campaign. This region-wide campaign responds to data indicating that Gippsland has the highest adult smoking rates of all Victorian regions. The campaign included active community engagement, with GRPHU leading community pop-up events, and the establishment of the GRPHU-monitored social media page dedicated to the campaign. This work has led to a targeted, place-based approach that reflects community voices.

Harvesting change through the Grampians Region Food Alliance Network

Having identified healthy eating and food security as a key issue in their catchment plan, the Grampians Region Public Health Unit is now a key partner within the Grampians Food Alliance Network. The network coordinates efforts across 26 diverse stakeholders to address food security and promote healthy food and a sustainable food system. The network focuses on at-risk populations, young people, and communities with poorer health outcomes. The network also established the Pyrenees Healthy Eating intervention, partnering with eight schools, to deliver activities to support healthy eating and provide food relief among school children.

Targeted health support for children in care

This program is an important collaboration with the Department of Families, Fairness and Housing (DFFH) to build the critical interface between health and social care that is needed to make a positive impact on the health and wellbeing of children known to Child Protection. The program also brings together health partners across community health, public hospitals and Aboriginal community-controlled health organisations to build capability and share resources to ensure that clinical services that support comprehensive health assessment and planning are in place. The partnership also drives service improvement to support cultural safety for children and design models of care based around the needs of children, carers and their families.

The program has been funded for four years and has a phased rollout to deliver statewide health screening and assessment to all children in Victoria who enter or re-enter care. The initial phase commissioned six providers in 2023–24 to deliver services across catchments based on DFFH areas. Service providers are Western Health, DPV Health, Royal Children’s Hospital, Latrobe Community Health, Gippsland Lakes Complete Health and Sunraysia Community Health. These services have commenced service delivery and at full capacity will be providing assessment for all children entering or re-entering care in their local catchment. A further ten providers will be commissioned during 2024–25 and 2025–26 and, at full statewide capacity, up to 5,000 children will receive a service under the program.

Community-based mental health and wellbeing services for adults and older adults

To achieve more holistic and integrated treatment, care and support in the community, the Royal Commission into Victoria’s Mental Health System recommended that Area Mental Health and Wellbeing Services deliver services in partnership with non-government organisations in the reformed mental health and wellbeing system. To this end, health services across the state have been funded to deliver the Early Intervention Psychosocial Support Response in partnership with community-managed mental health providers. Together, they ensure consumers with a psychosocial disability receive timely, integrated treatment and psychosocial recovery care in the community.

Regional planning and commissioning

The mental health and wellbeing interim regional bodies are assisting and advising the Victorian Government in relation to local mental health and wellbeing needs. The bodies were established in October 2022 and include members who identify with personal lived and living experience of mental illness or psychological distress and/or a lived and living experience as a family member or carer. Through 2023–24, the Interim Regional Bodies continued with their key functions of building trusted relationships with service providers, establishing strong community participation processes, and elevating lived and living experience perspectives by engaging with consumers, families, carers and supporters.

Statewide Trauma Service – Transforming Trauma Victoria

The Royal Commission into Victoria’s Mental Health System called for a new response to trauma, recommending the establishment of a Statewide Trauma Service to deliver the best possible mental health and wellbeing outcomes for people with lived experience of trauma.

In October 2022, a consortium led by Phoenix Australia was appointed to design and deliver the Statewide Trauma Service, which has been re-named as Transforming Trauma Victoria. The consortium includes a range of organisations with a breadth of experience and expertise in delivering research, training and trauma-informed care. Based on extensive co-design activities, the consortium is currently designing and developing this new and innovative service.

Health Services Plan

In April 2024, a department commissioned expert advisory committee published the Health Services Plan. This followed 10 months to examine the design and governance of Victoria’s health services system. The work entailed engagement with health sector leaders, patients, communities and the health workforce. The Health Services Plan provides a roadmap for improving service equity and access through the creation of geographically defined Local Health Service Networks based on partnership arrangements between health services. These networks will deepen integration between tertiary, women’s and children’s and regional and rural health services, as well as with primary care, mental health and alcohol and other drug services.

Strategic direction 6: A stronger and more sustainable workforce

This direction is about recruiting and training more healthcare workers and making positive changes to better support them. Health workers are the backbone of the public health system. This direction is about the pursuit of policy, service and administrative excellence and reform.

Building a workforce to support women's health

In 2023–24 we awarded over 100 Women's Health Specialist Scholarships to 16 women's sexual and reproductive health hubs and the five newly established women's health clinics. The scholarships, targeting nurses, nurse practitioners and physiotherapists, offer opportunities to upskill in areas such as intra-uterine device (IUD) insertion, sexual and reproductive health, pelvic physiotherapy training, menopause and polycystic ovary syndrome. The scholarships also fund training to promote cultural safety and remove barriers for First Nations women, women from migrant and refugee backgrounds and LGBTIQ+ communities.

Growing and training healthcare workers to meet the needs of all Victorians

Victoria's healthcare system is the state's largest employer. With over 340,000 workers in a range of roles to support our vision for Victorians to be the healthiest people in the world, we have an ambitious agenda to ensure the continued delivery of a world-class health system. Ensuring the right people, with the right skills, are in the right place, at the right time is central to this.

Victoria's public hospital workforce experienced a 40 per cent growth in the number of doctors, nurses and other staff from June 2014 to June 2023, an increase greater than that of the general population. Nearly one in 10 Victorian workers are now employed in medical, nursing, allied health, social services, administration, corporate and operational healthcare roles across the sector.

Maximising our health workforce

The Maximising our Health Workforce initiative delivered numerous programs that boosted workforce supply by creating new workforce pipelines, increasing capability and attracting and retaining skilled workers, enabling Victoria's vision for a modern, sustainable and engaged healthcare workforce.

This initiative included investment in the regional and rural workforce by building clinical capabilities and removing barriers to mobility, as well as by increasing student placements and graduate programs, and attracting a further 1,150 international healthcare workers in 2023–24.

International recruitment program

The international recruitment program that began in 2022–23 has ensured that Victoria's healthcare system has experienced and highly skilled workers. To ensure recruits had a clear pathway into Victoria, we provided funding to international and returning health workers who secured a role in a public health service to assist with relocation costs. The program concluded in December 2023, having recruited 3,166 health professionals into Victorian public health services.

Gender affirming care

We delivered statewide training in gender affirming care for around 700 health practitioners including general practitioners, nurses, social workers, allied health and psychologists.

We supported gender affirming care for around 1,000 people through the Trans and Gender Diverse in Community Health initiative which delivers two multidisciplinary clinics in Ballarat and Preston.

Registered Undergraduate Student of Nursing/Midwifery employment model

We continued to deliver the Registered Undergraduate Student of Nursing/Midwifery (RUSON/M) employment model, which enables earlier workforce entry and direct supervision by registered nurses for students. Since the model's launch in 2022, we have supported 2,592 RUSON/Ms.

Graduate enrolled nurses

We have also continued to build strong strategic partnerships with many Victorian public health services through the Enrolled Nurse Graduate Program. This program supports newly registered enrolled nurses to make the transition to professional practice in a structured 12-month program to ensure they experience an inspiring and rewarding first year of practice.

Aboriginal cadetships, scholarships and training support

Supporting Aboriginal and Torres Strait Islander peoples to undertake and extend their roles in healthcare continues to be our priority.

In 2023–24 we delivered:

- > eight postgraduate scholarships worth \$70,000 under the Aboriginal Postgraduate Scholarship Program
- > funding for the Aboriginal Cadetship Program to provide Aboriginal nursing, midwifery and allied health students an opportunity to participate in paid work experience in a Victorian public health service. We delivered 24 cadetships valued at \$15,000 each.
- > a partnership agreement with the Victorian Aboriginal Community Controlled Health Organisation to deliver the *Aboriginal health and wellbeing partnership agreement action plan 2023–2025*. This includes the continued delivery of 16 Aboriginal Health Worker Training Scholarships valued at \$4,000 each over the next four years.

Supporting the next generation of paramedics

In collaboration with Ambulance Victoria, we have provided funding to support the recruitment and deployment of paramedics across the state to areas of need. In 2023–24, 258 additional paramedics were recruited.

Ambulance Victoria also had its largest cohort of Mobile Intensive Care Ambulance (MICA) paramedics graduate early this year, with 29 MICA paramedics graduating in February 2024. This graduating group was followed by the next generation, with a further 83 full-time equivalent MICA paramedic trainees undertaking their training in 2023–24. MICA paramedics have advanced clinical scope of practice and deliver more complex care and a broader range of treatments. Working in partnership with Ambulance Victoria, the department has made funding available to support the MICA Internship Trainee program.

We are also helping to establish the paramedic practitioner role. A paramedic practitioner is a specialist/advanced practice paramedic who has undertaken postgraduate studies to expand their capabilities and who may work independently or alongside other health professionals, including in community and primary health settings.

The initiative includes scholarships to support paramedics studying to become a paramedic practitioner, with the first 25 to be trained and on the road by the end of 2026. The program of study commenced on 19 February 2024, with the first tranche of scholarships awarded to 30 eligible candidates.

Making It free to study nursing and midwifery – securing our nursing and midwifery workforce

In 2023–24, we continued to prioritise free university and specialist training for thousands of clinicians to address supply and distribution issues affecting the health care workforce. These initiatives support the recruitment and upskilling of critical nursing and midwifery roles to ensure Victoria continues to build and maintain the health workforce it needs. In 2023–24, we undertook the following initiatives:

- > 2,600 undergraduate nursing and midwifery scholarships to attract individuals to study entry-to-practice nursing and midwifery programs
- > 1,415 postgraduate nursing and midwifery scholarships to support specialisation in areas of clinical practice where there is an identified workforce need
- > 375 enrolled nurses to registered nurses transition scholarships to support enrolled nurses to undertake a two-year transition course to become registered nurses
- > 40 re-entry pathway scholarships to make it easier for nurses and midwives who have previously held registration and wish to return to practice
- > 202 refresher program packages to support nurses and midwives to refresh their clinical skills and public health services to offer refresher programs to nurses and midwives
- > 50 Victorian Nurse Practitioner Program scholarships
- > Support for health services to deliver 334 graduate nursing and midwifery positions. Funding for a further 1,591 positions was provided to health services as part of the training and development fund we administer
- > The Postgraduate Midwifery Incentive Program which supported 139 nurses to undertake postgraduate studies in midwifery while being employed by a health service
- > 138 high-quality postgraduate training and development opportunities in specialist areas. This was in addition to 832 places funded through the training and development fund we administer.

Nurse and midwife Sign-on Bonus

In 2023–24, we continued to deliver the Sign-on Bonus initiative to [strengthen Victoria's nursing and midwifery workforce](https://www.health.vic.gov.au/nursing-and-midwifery-workforce) at

<https://www.health.vic.gov.au/nursing-and-midwifery-workforce> at <https://www.health.vic.gov.au/nursing-and-midwifery/free-nursing-and-midwifery-study>.

We provided the first \$2,500 instalment of the \$5,000 bonus to 5,667 eligible graduate nurses and midwives who entered the public health system upon graduating in 2023–24. In addition, 162 eligible graduates received their second \$2,500 instalment of the \$5,000 payment for completing two consecutive years in the public health system.

Medical workforce

Victorian Rural Generalist Program

We continued to prioritise an integrated training pathway for rural generalists from internship to fellowship through the Victorian Rural Generalist Program (VRGP). The VRGP includes training positions in areas such as emergency medicine, obstetrics and anaesthetics so that rural general practitioners can work in emergency care settings and provide other specialist services in public health services. In 2023–24, the VRGP supported 106 rural generalist trainees across 32 Victorian rural and regional health services to undertake specialised skills training to equip them as rural generalists.

Basic Physician Training Consortium

The Basic Physician Training (BPT) Consortium comprises five training networks to oversee the delivery of basic physician training in Victoria. It aligns rural, outer metropolitan and inner metropolitan hospitals through a networked model to enable training in a diverse range of settings and address the uneven geographic distribution of physicians. In 2023–24, the BPT Review Working Group was established to provide strategic and operational advice and subject-matter expertise on the redesign of the BPT Consortium to ensure it is fit for purpose and continues to meet the Royal Australasian College of Physician standards.

Victorian Basic Paediatrics Training Consortium

The Victorian Basic Paediatrics Training Consortium supports basic paediatric training in Victoria with the key objective of expansion in outer metropolitan, rural and regional locations to promote better recruitment and retention of paediatricians outside of metropolitan Melbourne. In 2023–24, the department delivered:

- > an extended rural stream for trainees to complete at least half of their basic training in rural and regional sites
- > agreements with 18 health services to enable trainees to progress through the basic training program
- > a progress review panel to regularly monitor the progress of all basic trainees.

Victorian Medical Specialist Training Program

In 2023–24 we provided funding for 38 positions in priority specialist and rural and regional locations under the Victorian Medical Specialist Training Program. This program has improved the distribution of specialists across Victoria to align with identified workforce needs and address changing patterns of service demand.

Multi-year pre-vocational employment contracts

To provide new medical graduates better employment certainty we provided funding to support all rural and regional health services to offer two-year employment contracts for medical interns (postgraduate year (PGY) 1). This initiative seeks to improve doctor retention rates by embedding the practitioners in the local community and increasing their exposure to rural and regional specialist training opportunities.

Allied health workforce

Allied health advanced practice

In 2023–24, we funded 29 sites across public health services to establish new advanced practice models to enable allied health clinicians to work at the top of their scope of practice.

Speech Pathology and Occupational Therapy Student Grants Program

The first \$7,500 instalment of the \$15,000 grant was provided in May 2024 to 106 eligible speech pathology and occupational therapy graduates who commenced employment in regional Victoria in 2024.

Allied health enhancement plan

We provided funding for 81 allied health professionals to complete additional university studies through the Allied Health Leadership Development program. We also provided funding for 10 Allied Health Knowledge and Research Translation leads within health services. These roles support allied health researchers to develop and implement research, while also fostering research activity and skills among allied health professionals.

Allied health assistant workforce

In collaboration with Monash Health, we produced the *Victorian allied health assistant workforce recommendations and resources*, which we published in December 2023. These recommendations and resources aim to optimise the use of allied health assistants. They cover areas of pre-employment training, workforce planning and governance, consumer support and workplace training and development. The recommendations and resources also include coaching and implementation support across six public health services to ensure greater translation to practice.

Victorian Registered Nurse and Midwife Colposcopy Model of Care

The *Victorian cancer plan 2020–24* committed to exploring new models of prevention and care, including nurse-led models. In this context Victoria has developed the Victorian Registered Nurse and Midwife Colposcopy Model of Care. We began a pilot of this model in 2023, targeting specialised training and certification of nurses in regional and rural Victoria, to determine its suitability to be implemented across Victoria. It is hoped that providing a structure under which highly skilled nurses can perform colposcopy will lead to more equitable and timely colposcopy services in Victoria and ultimately reduce the burden of cervical cancer in the community. The pilot is being delivered by Royal Women's Hospital and will conclude with a formal evaluation in January 2025.

Healthcare Worker Wellbeing Centre

In 2023–24, 36 healthcare teams from across Victoria participated in the Healthcare Worker Wellbeing Centre. This equated to a total of 3,100 healthcare workers participating, and included teams from the public and private healthcare sector supported by communities of practice and webinars.

In phase 2 of the initiative (from April 2023 to June 2024) achieved a 4.7 percent reduction in burnout, a 5.3 per cent improvement in workload control and a 5.7 per cent improvement in perceived time to complete work.

Mental health workforce

Victoria's *Mental health and wellbeing workforce strategy 2021–2024* continues to be implemented in partnership with members of the clinical, community, and lived and living experience workforces, along with consumers, families, carers and supporters.

Since 2020–21, over \$600 million has been invested to deliver 2,500 new roles across the mental health sector. As of June 2024, over 1,900 full-time equivalent new early career roles have been commissioned across the sector. These include nursing, lived experience, medicine, psychology, social work, occupational therapy, speech pathology, dietetics, exercise physiology, physiotherapy and clinical pharmacy, in both graduate and transition programs.

Since 2021, over 1,100 mental health scholarships have been awarded to nursing, lived experience, allied health and alcohol and other drugs professionals to build workforce skills, knowledge and capabilities, improve retention, and provide professional development opportunities. In 2023–24, a total of 350 scholarships were offered. This includes 22 Lived and Living Experience (LLE) workforce scholarships.

The physical safety and emotional wellbeing of the workforce is a key priority of the strategy. The Mental Health Workforce Safety and Wellbeing Committee (co-chaired by the department and WorkSafe), was established in 2022 and involves key stakeholders across the sector. It is improving the collection and use of data to identify and address physical safety and wellbeing issues and risks, as well as monitor workforce wellbeing.

The committee was enshrined in legislation in the *Mental Health and Wellbeing Act 2022*, which came into effect on Sept 1, 2023. The committee has since consulted on multiple bodies of work, including the Strategy Towards Elimination of Seclusion and Restraint, Occupational Violence and Aggression STAR Project and the Leadership Mentoring Pilot.

In a collaborative partnership with the Commonwealth, Victoria aims to align the workforce strategy with national workforce plans, including the draft *National mental health workforce strategy*, the *National medical workforce strategy 2021–2031*, and the National Mental Health and Suicide Prevention Agreement.

LLE workforces are important to the successful delivery of reforms. For these workforces to be effective, their roles need to be supported, valued and sustained. Workers are employed across a wide range of areas, including peer work, system advocacy, consulting, learning and development, and academia, and the Victorian Government is investing in a range of programs to support them. Since 2020–21, over \$51 million has been invested to build the required supports, structures and career pathways for the LLE workforces to ensure a solid foundation for growth. A large program of work is underway with significant supports being delivered to the sector in 2023–24.

Lived and Living Experience Peer Cadet Program

The Lived and Living Experience Peer Cadet Program, which started in March 2022, provides students completing a Certificate IV in Mental Health Peer Work with the opportunity to undertake part-time paid work experience at community mental health services for a 12-month period. Since 2021–22, 102 peer cadets have been recruited to the program, with 45 peer cadets recruited in 2023–24. Currently there are 27 new cadets recruited to the program.

Lived and Living Experience Workforces University Scholarship Program

The Lived and Living Experience Workforce University Scholarship Program, part of the broader Mental Health and Wellbeing Workforce Scholarship Program, offers scholarships of up to \$13,000 for university-level qualifications to develop both emerging and established leaders in the LLE workforce. In 2023–24, 22 scholarships were awarded, adding to the 20 scholarships awarded in 2022–23.

Standardised training for lived and living experience workforces

In 2021, the report, *Our workforce, our future*, was published, which outlined training needs for the rapidly growing lived and living (LLE) workforces in Victoria. As recommended by the report, introductory training for each of the four LLE workforce disciplines, and for non-LLE workers in mental health services to support the LLE workforce, is being delivered in pilot form and/or is currently in development.

In 2023–24, we extended and expanded the range of lived experience-led training, including Intentional Peer Support, Single Session Peer Work, Hearing Voices and Mind's Peer Work Program.

Access to lived experience discipline-specific supervision

Funding has been provided to increase the availability of discipline-specific supervision for consumer and family/carer mental health workforces. In 2023–24, 137 LLE workers received access to discipline specific supervision from supervisors participating in the program. In addition, training for consumer perspective supervisors is being delivered, with training for carer perspective supervisors developed and piloted in 2023.

Organisational readiness supports for employers of lived and living experience workforces

Organisational readiness initiatives are important for creating safe and sustainable employment conditions for lived and living experience workforces. In a new program informed by the *National lived experience (peer) workforce development guidelines* and led by Dr Louise Byrne, LLE technical experts will support LLE workforce employers to undertake a guided assessment of their current conditions for LLE workers and subsequently implement improvement strategies. The tools are currently being tested and the program is planned to launch in 2024–25.

The department is also working with Self Help Addiction Resource Centre and Yale University to pilot the first Australian Lived Experience Workforce Learning Collaborative. The collaborative is currently engaged in a project that aims to help agencies establish the organisational culture and administrative infrastructure needed to hire, deploy and effectively sustain a LLE workforce. The project is being developed in preparation for the first cohort of organisations to commence in November 2024.

Strategic direction 7: A safe and sustainable health, wellbeing and care system

This objective is about working closely with our partners to seize a once-in-a-generation opportunity to build a modern, safe, and sustainable healthcare system that meets the needs of all Victorians now and into the future.

Capability frameworks for maternity and newborn services

The *Capability frameworks for maternity and newborn services* (the frameworks) outline the minimum requirements for safe and high-quality maternity and newborn care in Victoria. We are currently reviewing the frameworks, which were first released in 2010 and last updated in 2021, to ensure they continue to align with clinical evidence and operate effectively as tools for system stewardship. The updated frameworks are due before the end of 2024 to support the next round of maternity and newborn service self-assessment for the determination of capability levels for 2024–25 to 2025–26.

We began sector consultation in October 2023, with health services, peak bodies, unions and partner organisations providing a broad range of feedback. We formed an expert advisory group to respond to the clinical feedback received from a broad range of disciplines and service capability levels across the state. Safer Care Victoria and other departmental stakeholders were also involved.

Health emergency management

Victoria experienced several emergencies with health sector impacts throughout 2023–24. Some key events and the resulting activities over the past 12 months are outlined in the sections below.

Epidemic thunderstorm asthma season (October – December 2023)

We have overall responsibility for public health planning and emergency preparedness, response and recovery for epidemic thunderstorm asthma season (ETAS) events, which are treated as Class 2 emergencies under the state emergency management arrangements. During the 2023 ETAS season, there were six separate days of ETAS high-risk forecast declarations and emergency response activations requiring State Controller – Health arrangements to be activated.

In addition to the high-risk forecasts, surveillance monitoring revealed a significant number of hospital presentations on the day of an ETAS moderate risk forecast (7 November 2023) and the following day, with presentations indicating an increase in respiratory-related issues, which required us to activate standby arrangements. The health system coped well with the increased number of presentations and there were no adverse impacts.

Optus outage (8 November 2023)

The Optus outage affected several Victorian communities and resulted in substantial power outages across Victoria. Our Digital Health Incident Management Team (IMT) was established and worked as part of the wider activities of our State Emergency Management Centre (SEMC). The Digital Health IMT liaised with Optus and worked with health services to understand the impacts to service delivery, patient care and the community and to ensure that continuity arrangements for the outage informed the wider emergency response and activities and health system consequence management planning.

The SEMC worked closely with Emergency Management Victoria to support their consequence management planning and with the State Control Centre to support the response to the concurrent emergencies.

Rochester flood event (8 January 2024)

The January floods in Rochester resulted in impacts on district nursing and home support services and in the closure of Rochester Hospital and some medical services. This event followed the devastating floods of October 2022 in the area. Mental health outreach support for the community was provided by the Bendigo mental health and wellbeing (MHW) hub. Local support continues to be available at MHW hubs across Victoria and the recently established MHW locals. MHW hubs and locals offer mental health and wellbeing support, care and treatment in communities across Victoria, without the need for a referral and at no cost. Services can be flexible and adaptable based on community needs during and following emergencies.

Concurrent storms and bushfires – Wimmera and Gippsland (February 2024)

A day of catastrophic fire danger risk on Wednesday 28 February 2024 resulted in several Victorian communities being impacted by bushfires, prolonged disruption to power and telecommunications (including 000 functionality), and storm damage, all of which reduced the availability of primary health services. The Department of Energy, Environment and Climate Action declared a Class 2 energy emergency under the *State emergency management plan*.

We activated our state emergency management arrangements. We convened a regional health coordination group to support and co-ordinate relief and recovery for Aboriginal community-controlled health organisations (ACCHOs) in Gippsland, and to support Lake Tyers Health and Children's Services (LTHCS), which suffered significant damage to their facilities, to recommence service provision. Adaptable multi-agency recovery efforts were structured to support collaboration and enhance service delivery within a culturally safe framework.

We worked closely with Emergency Recovery Victoria to provide the ACCHOs and LTHCS with interim and long-term accommodation support so they could continue serving their community. We collaborated closely with the Lake Tyers community.

The Latrobe mental health and wellbeing local provided additional mental health and wellbeing support to the impacted community by offering walk-in help at a general practitioner clinic in Mirboo North.

Extreme heat and heatwave (February – March 2024)

During a heat event, there can be an increased demand for health services.

Heat events include low-intensity, severe and extreme heatwaves (three or more consecutive days of high temperatures), or one or two days of abnormally high temperatures (extreme heat). These events affect the general population and have consequences for essential services, energy and water supply, health and wellbeing, infrastructure and the environment.

The Bureau of Meteorology issues heatwave warnings when the excess heat factor indicates that a severe or extreme heatwave is forecast or is actually affecting 10 per cent of one or more weather districts. We issue heat health warnings from October through March (or as required). For the 2023–24 heat season, we issued 35 heat health warnings across all nine weather districts for seven forecast heatwaves, and for two forecast extreme heat days of concern to the Chief Health Officer. One prolonged heatwave from 8-12 March 2024 affected six weather districts.

Detecting, preventing and responding to cybersecurity breaches

Cybersecurity activity continues to escalate, evolve and target Victorian public health services. The health sector is one of the most significantly targeted sectors in Australia. It regularly experiences both targeted and opportunistic malicious cyber activity due to being critical infrastructure, and a generator of large data holdings and significant intellectual property from leading edge research and innovation.

The Safer Digital Care program provides critical cybersecurity capability to the Victorian health sector to enable health services to detect, prevent and respond to cybersecurity breaches. This program plays an important role in safeguarding the sector against cyber threats and ensuring the availability of critical data and systems.

MediSecure cyber incident (May 2024)

In 2023–24 we were engaged in the response to a significant cyber-related data breach of MediSecure, a former Commonwealth-contracted eScript provider. The National Cyber Security Coordinator led the national response, and we supported the National Office of Cyber Security to work with the Department of Government Services on the Victorian response. There was no impact to the current script provision system in Victoria.

Mental health capital funding to improve workforce safety

The 2023–24 State Budget included a \$10 million investment to improve mental health infrastructure across the state. This funding responds to recommendations from the Royal Commission into Victoria’s Mental Health System and is aimed at improving physical safety in Victoria’s mental health facilities. Funding has enhanced working environments with improvements and upgrades to existing working areas for staff to ensure they can continue to provide high-quality care in a safe environment.

Continue to train, support and empower our health services to improve the safety and quality of the care they deliver.

We provide training to support health sector preparedness for emergencies, including:

- > the Australasian Inter-Service Incident Management System (AIIMS) training, a nationally recognised structure that enables multiple agencies who engage in incident response or planning to integrate their emergency management resources and activities under a common framework. From 2022, we extended AIIMS awareness training to hospital staff, local public health units (LPHUs), and emergency managers in health services across the state. In 2023–24, 111 LPHU staff and health service emergency managers enrolled in this training.
- > Major Incident Medical Management and Support (MIMMS) courses, which teach a systematic and practical approach to field medical management during disasters. We delivered one-day MIMMS courses in Melbourne in August 2023, at Barwon Health in November 2023, at Monash Health in December 2023 and April 2024, and at Western Health in March 2024, training 93 health service personnel.

- > EmergoTrain (ETS), which is an exercise simulation system for training in emergency and disaster management. It is used globally and can train and explore incident command systems, disaster preparedness, the effect of emergencies on the medical management system and resilience within an organisation. To date, we have delivered 110 ETS exercises, including at Portland District Health Service and Moyne District Health in March 2024, the Royal Melbourne Hospital in April 2024, and Royal Children’s Hospital in May 2024, involving over 390 staff.
- > Patient Portal exercises for health service staff from Portland District Health Service, Moyne District Health, and Grampian’s Health, to increase awareness and understanding of the State Health Emergency Arrangements Emergency Incident Casualty Data Collection Protocol and use of the Patient Portal, including the function of the hospital single point of contact during a mass casualty incident. The Patient Portal exercises involved 12 health service personnel.
- > Multi-agency emergency management sector and cross-government exercises for departmental emergency management staff. Exercise topics included cybersecurity, critical infrastructure, radiation, epidemic thunderstorm asthma, emergency animal diseases and prolonged gas and power outage.

NABERS ratings for public hospitals

The Victorian Health Building Authority (VHBA) supports hospitals to save energy and water. For new buildings, VHBA’s sustainability guidelines set a National Australian Built Environment Rating System (NABERS) 5-star design target and minimum standards.

In 2024, for the first time, the Victorian Government made the NABERS ratings of public hospitals for water and energy available. Publishing this data marks a milestone in the environmental performance of Victoria’s healthcare sector.

Victorian public hospitals achieved an average NABERS rating of 4.1 for energy. This represents ‘high performance’. They achieved an average rating of 3.9, or ‘market standard’, for water. Notably, 62 per cent of hospitals received above-average NABERS ratings for energy and water. Three hospitals earned a 6-star ‘market leading’ energy rating. Thirty hospitals secured a 5-star ‘superior performance’ rating. For water, 13 hospitals achieved 6-star and 29 hospitals 5-star ratings.

Energy Efficiency and Solar Program

The Victorian Government's Energy Efficiency and Solar Program, supported by a \$40 million investment, is improving the energy performance of health services statewide. Over the past year, 17 energy efficiency and solar projects relating to health services were completed, helping to save \$1.2 million in electricity costs and avoid 5,500 tonnes of greenhouse gases.

Implementation of the Health and Human Services climate change action plan 2022–26.

During 2023–24, in partnership with the Department of Families Fairness and Housing, we continued implementation of the *Health and Human Services climate change adaptation action plan 2022–26*. Key actions/initiatives included:

- > completion of a project assessing climate risks at six regional hospitals impacted by the 2022 floods, to inform guidance to health services on assessing climate risk, as well as department planning and property acquisition
- > further funding from Emergency Management Victoria to implement projects to assess and manage climate risk, in partnership with the Victorian Aboriginal Community Controlled Health Organisation, Class A cemeteries and health services.

Objective indicators

Each departmental objective requires a set of indicators to monitor progress and demonstrate achievement of that objective. Trends in objective indicators help to demonstrate that the department's outputs are contributing to long-term government objectives.

The department's objective indicators and output performance measures are set out in the *2023–24 State Budget Paper No. 3 – Service delivery*, and the four-year results against these are presented in the table at *Appendix 6.3*.

Output Performance measures

Output performance measures specify a department's expected service delivery performance each year. Performance measures are the building blocks of the accountability system that drives continuous improvement and are the basis for the certification of departmental revenue.

The measures allow meaningful comparison and benchmarking within the portfolio and provide transparency to the Victorian Parliament and the public.

In 2023–24, the department had 177 output performance measures, divided into Quantity, Quality and Timeliness categories. The majority of these measures (126) achieved target.

The health system continues to recover from the COVID-19 pandemic and, although a number of measures did not meet target, there was an improvement against the previous year. Examples include the number of emergency separations, the number of sub-acute care separations, and waiting times for non-urgent and semi-urgent elective surgeries and wait times for ambulance services, which all improved in 2023–24 compared to the previous year.

Summary of Output Performance Measures Results Table

	Quality	Quantity	Timeliness	Overall
Achieved	52	56	18	126
Not Achieved	9	26	11	46
Not Rated		5		5
Overall	61	87	29	177

See Attachment 6.4 for a table showing the department's performance against all of its measures during the 2023–24 year.

Portfolio performance reporting—financial

Departmental five-year financial summary

Five-year financial summary (\$ millions)	2024	2023	2022	2021	2020
Income from government	17,816.70	17,746.20	17,798.80	22,650.30	18,971.90
Total revenue and income from transactions	19,083.00	20,280.30	21,831.10	25,698.40	22,028.40
Total expenses from transactions	18,832.00	20,695.70	21,090.60	25,170.70	21,420.30
Net result from transactions	250.9	-415.5	722.6	527.7	608.1
Net result for the period	118.5	-914.1	721.8	513.9	545.4
Net cash flow from operating activities	-66.4	543.2	60.1	989.6	-96.9
Total assets	8,591.50	8,079.10	7,554.80	40,433.60	34,865.90
Total liabilities	4,108.90	4,028.40	2,691.60	3,157.70	2,928.70

The Victorian Government considers the net result from transactions to be the appropriate measure of financial management that can be directly attributed to government policy.

This measure excludes the effects of revaluations (holding gains or losses) arising from changes in market prices and other changes in the volume of assets shown under 'other economic flows' on the comprehensive operating statement, which are outside the department's control.

Departmental financial arrangements

The department's audited financial statements and the five-year financial summary exclude bodies within the department's portfolio that are not controlled by the department and are therefore not consolidated in the department's accounts.

To enable efficient production of financial information for entities related to the department, the financial information of the Mental Health Tribunal, the Victorian Collaborative Centre for Mental Health and Wellbeing, the Victorian Assisted Reproductive Treatment Authority (VARTA) and the Mental Health and Wellbeing Commission are included in the department's 2023–24 financial statements in accordance with determinations made by the Assistant Treasurer under section 53(1)(b) of the *Financial Management Act 1994*.

The Victorian Health Building Authority was transferred to the Department of Transport and Planning (DTP) effective 2 April 2024. The department retains ownership of all land and buildings with DTP engaged by the department to deliver capital projects within the Health Infrastructure portfolio. No assets have been transferred to DTP as a result of this arrangement.

Financial performance and business review

The details below relate to the department's consolidated financial statements, including those for the Mental Health Tribunal, the Victorian Collaborative Centre for Mental Health and Wellbeing, VARTA and the Mental Health and Wellbeing Commission, as indicated above.

In 2023–24, the department recorded a net gain from transactions of \$118.5 million. The surplus is mainly due to an increase in annual appropriations from government policy decisions, as well as an increase in revenue from the Mental Health Wellbeing Levy and from gaming revenue. In addition to these factors, there was a reduction in operating expenses due to reduced staff numbers. As a result of the surplus, the department requested less funding under the Treasurer's Advance in 2023–24.

Financial position – balance sheet

Total net assets increased by \$431.9 million in 2023–24 compared to the previous financial year, mainly due to an increase in property, plant and equipment held by the department as a result of the scheduled revaluation undertaken this year, as well as the increase in capital works for the New Footscray Hospital and Frankston Redevelopment public private partnership projects.

Cash flows

The overall cash position at the end of the 2023–24 financial year is \$120.5 million, which is a decrease of \$411.2 million compared to the beginning of the financial year. The overall decrease is mainly due to the timing of revenue payments under the Commonwealth National Health Reform Agreement.

Capital projects reaching practical completion during the financial year ended 30 June 2024

Project name	Original completion date	Latest approved completion date	Practical completion date	Reason for variance in completion dates	Original approved TEI ^a Budget (\$M)	Latest approved TEI budget (\$M)	Actual TEI cost (\$M)	Variation between actual cost and latest approved TEI budget (\$M)	Reason for variance from latest approved TEI budget
A pathway to more acute mental health beds (Statewide)	Jun. 2022	Mar. 2025	Dec. 2023	Project achieved practical completion ahead of schedule	492.200	492.200	474.219	17.981	Balance of funding is required for financial closeout of the project, expected in the next financial year.
Alcohol and other drugs residential rehabilitation treatment expansion (St Albans)	Jun. 2023	Mar. 2024	Dec. 2023	Project achieved practical completion ahead of schedule	9.420	10.296	9.399	0.897	Balance of funding is required for financial closeout of the project, expected in the next financial year.
Building a bigger and better Latrobe Hospital (Traralgon)	Jun. 2020	Jun. 2024	Dec. 2023	Project achieved practical completion ahead of schedule	7.000	223.500	212.209	11.291	Balance of funding is required for financial closeout of the project, expected in the next financial year.
Engineering infrastructure and medical equipment replacement program 2019–20 (statewide)	Jun. 2020	Jun. 2024	Jun. 2024	NA	60.000	60.000	56.525	3.475	Balance of funding is required for financial closeout of the project, expected in the next financial year.
Reforming Clinical Mental Health Services (Melbourne)	Jun. 2023	Jun. 2023	Aug. 2023	Four of the five funded sites were completed on time. The final site at the Royal Melbourne Hospital was delayed due to latent conditions	48.100	34.741	33.772	0.969	Balance of funding is required for financial closeout of the project, expected in the next financial year.

^a Total estimated investment.

Project name	Original completion date	Latest approved completion date	Practical completion date	Reason for variance in completion dates	Original approved TEI ^a Budget (\$M)	Latest approved TEI budget (\$M)	Actual TEI cost (\$M)	Variation between actual cost and latest approved TEI budget (\$M)	Reason for variance from latest approved TEI budget
Relocation of Barwon Health Facilities (Geelong)	Jun. 2024	Jun. 2024	Jul. 2023	Project achieved practical completion ahead of schedule	20.000	8.500	8.500	0	N/A
Royal Victorian Eye and Ear Hospital Redevelopment (Melbourne)	Dec. 2017	Jun.2024	June. 2024	NA	165.000	319.807	317.323	2.484	Balance of funding is required for financial closeout of the project, expected in the next financial year.

Capital projects reaching financial completion during the financial year ended 30 June 2024

Project name	Practical completion date	Financial completion date	Original approved TEI ^a budget (\$M)	Latest approved TEI budget (\$M)	Actual TEI cost (\$M)	Variation between actual cost and latest approved TEI budget (\$M)	Reason for variance from latest approved TEI budget
Echuca Wellness Centre (Echuca)	Sept. 2022	Jun. 2024	8.300	8.300	7.984	0.316	Project completed under budget
Goulburn Valley Health redevelopment – planning and development (Shepparton)	Jun. 2023	Jun. 2024	169.525	229.349	229.349	0	
Northern Hospital inpatient expansion – Stage 2 (Epping)	Aug. 2021	Jun. 2024	162.672	162.672	161.254	1.418	Project completed under budget
Relocation of Barwon Health clinical facilities (Geelong)	Jul. 2023	Jun. 2024	20.000	8.500	8.500	0	

a Total estimated investment.

Project name	Practical completion date	Financial completion date	Original approved TEI^a budget (\$M)	Latest approved TEI budget (\$M)	Actual TEI cost (\$M)	Variation between actual cost and latest approved TEI budget (\$M)	Reason for variance from latest approved TEI budget
Statewide Child and Family Mental Health Intensive Treatment Centre (statewide)	May 2023	Jun. 2024	7.300	7.300	7.300	0	
The New Footscray Hospital – planning and critical infrastructure (Footscray)	Sept. 2022	Jun. 2024	15.000	15.000	12.864	2.316	Project completed under budget
Wantirna aged care redevelopment (Wantirna)	Aug. 2022	Jun. 2024	81.580	76.580	75.926	0.654	Project completed under budget
Women’s Prevention and Recovery Care (PARC) Service (metropolitan various)	Sept. 2022	Jun. 2024	8.400	8.400	8.397	0.003	Project completed under budget
Youth Prevention and Recovery Care Service (metropolitan)	Dec. 2021	Jun. 2024	11.900	12.900	12.808	0.092	Project completed under budget

Section 2: Governance and organisational structure

The department's ministers

As at 30 June 2024



Mary-Anne Thomas MP

Minister for Health
Minister for Health Infrastructure
Minister for Ambulance Services
Leader of the House

Mary-Anne Thomas MP was appointed Minister for Health in June 2022, Minister for Health Infrastructure in December 2022, and Minister for Ambulance Services in October 2023.



Ingrid Stitt MP

Minister for Mental Health
Minister for Ageing
Minister for Multicultural Affairs

Ingrid Stitt MP was appointed Minister for Mental Health, Minister for Ageing and Minister for Multicultural Affairs in October 2023.



Lizzie Blandthorn MP

Minister for Children
Minister for Disability
Deputy Leader of the Government in the Legislative Council

Lizzie Blandthorn MP was appointed as Minister for Children and Minister for Disability in October 2023.

The department's senior executives

As at 30 June 2024

Professor Euan Wallace AM

Secretary

Euan Wallace was appointed as Secretary of the Department of Health and Human Services in November 2020, then as Secretary of the Department of Health in February 2021.

The Secretary leads the department in its vision for Victorians to be the healthiest people in the world.

Professor Zoe Wainer

Deputy Secretary – Community and Public Health

Zoe Wainer was appointed Deputy Secretary in June 2021. Zoe leads the division responsible for advancing public health, improving population health and wellbeing outcomes, and leading the response to health threats and emergencies.

Jodie Geissler

Deputy Secretary – Hospitals and Health Services

Jodie Geissler was appointed as Deputy Secretary in March 2021. Jodie is responsible for managing health service commissioning and performance, encompassing both metropolitan and regional health services, along with Ambulance Victoria. She is also responsible for workforce reform and planning, statewide services and integrated cancer services, and aged care.

Katherine Whetton

Deputy Secretary – Mental Health and Wellbeing

Katherine Whetton was appointed as Deputy Secretary – Mental Health in January 2021. Katherine leads the division responsible for the delivery of Victoria's mental health reforms and the continued stewardship of the mental health and alcohol and other drugs services sectors.

Nicole McCartney

Chief Aboriginal Health Adviser

Nicole McCartney was appointed as the inaugural Chief Aboriginal Health Adviser in August 2019. Nicole leads the Aboriginal Health and Wellbeing division. In this capacity she is focused on embedding self-determination and cultural safety and combatting racism in the Victorian health system.

Daen Dorazio

Deputy Secretary – Health Funding, Finance and Investment

Daen Dorazio was appointed as Deputy Secretary – Corporate Services in March 2023 and then as Deputy Secretary – Health Funding, Finance and Investment in February 2024. Daen oversees both the department and health service budgets, as well as common corporate support shared with the Department of Families, Fairness and Housing.

Doctor Lance Emerson

Deputy Secretary – eHealth

Lance Emerson was appointed as Chief Executive Officer – Victorian Agency for Health Information in January 2018 and then as Deputy Secretary – eHealth in February 2024. Lance leads the department's digital and information and communication technology work, including data analytics, cybersecurity and health sector technology.

Nicole Brady

Deputy Secretary – System Planning

Nicole Brady was appointed as Deputy Secretary in February 2022. Nicole is responsible for driving major reforms within the health system, as well infrastructure and service planning and system change to improve equity and the responsiveness of the health system to the needs of Victorian people.

Jacinda de Witts

Deputy Secretary – People, Operations, Legal and Regulation

Jacinda de Witts was appointed as Deputy Secretary in January 2019. Jacinda oversees the department's health regulatory work and the department's Cabinet services, ministerial services, performance reporting, privacy, freedom of information, integrity, procurement, audit, risk and legal functions. She also oversees the department's people, learning and development and industrial relations functions.

Simone Williams

Chief Communications Officer

Simone Williams was appointed as Chief Communications Officer in June 2021. Simone oversees the department's Communications and Engagement branch which includes the marketing, communications, public affairs and stakeholder engagement functions. She is responsible for driving improved communication and engagement outcomes that meet the needs of the Victorian people and the broader health sector.

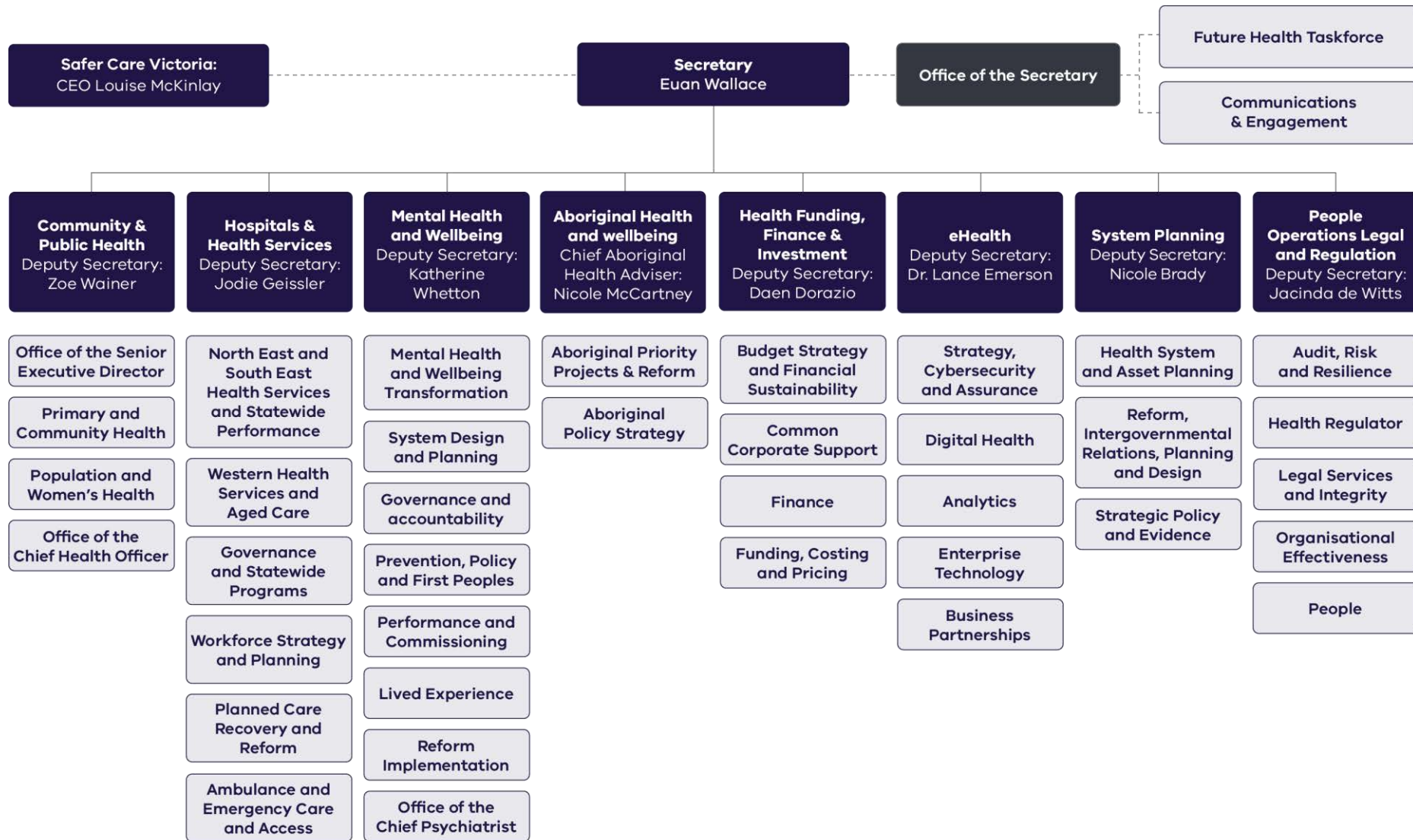
Louise McKinlay

Chief Executive Officer – Safer Care Victoria

Louise McKinlay was appointed as Interim chief executive officer of Safer Care Victoria in February 2024. Safer Care Victoria is an administrative office of the department. Louise leads the office in its role as the state's lead healthcare quality and safety improvement agency – ensuring that all care in Victorian health services is safe and high quality.

Organisational chart

As at 30 June 2024



Committee structure

Executive Board

The Executive Board assists the Secretary with strategic leadership to meet the department's objectives (including vision, purpose and direction setting); improve performance and outcomes; and implement complex reform priorities.

The Executive Board operates under terms of reference and comprises the Secretary, all Deputy Secretaries, the Chief Executive Officer of Safer Care Victoria, the Chief Communications Officer and the Chief Aboriginal Health Adviser.

Two subcommittees report to the Executive Board:

- > Quality, Safety and Performance Subcommittee
- > Budget committee.

Stand-alone committees

Two stand-alone committees support statutory assurance responsibilities and may include independent or non-executive members who provide expertise and advice.

Audit and Risk Management Committee

The Audit and Risk Management Committee is an independent advisory committee established in accordance with the Standing Directions 2018 under the *Financial Management Act 1994*.

Under its approved charter, the committee must include independent members with no departmental responsibility. At 30 June 2024, these independent members were:

- > Kate Hughes, Chair
- > Chris Kilpatrick
- > Mark Toohey

The committee is integral to the department's approach to governance, ensuring that systems and processes for identifying and monitoring risks are operating as intended.

The committee's responsibilities cover the following areas:

- > internal audit
- > annual financial statements
- > financial management compliance
- > external audit
- > recommendations and Actions Monitoring
- > risk management and internal controls
- > fraud and corruption control.

Executive Remuneration Committee

The Executive Remuneration Committee ensures that a consistent and rigorous approach is taken to setting and adjusting executive remuneration by the department and Safer Care Victoria (SCV), as well as attracting and retaining executives to deliver the department's strategic priorities.

Other internal committees

The department also has the following internal committees:

- > Pride Network Committee
- > Procurement Committee.

Section 3: Workforce data

Public sector values and employment principles

The *Public Administration Act 2004* (PAA) details the values and employment principles that apply to the broader public sector. We adopt the public sector values as set out in the section, [Vision, mission and values](#). We are committed to applying merit and equity principles to all employment policies, programs and resources and ensuring these values are implemented throughout the department, including through performance planning and employee recognition processes.

The PAA also establishes the Victorian Public Sector Commission (VPSC). The VPSC's role is to strengthen public sector efficiency, effectiveness and capability, and advocate for public sector professionalism and integrity. Our policies and practices are consistent with the VPSC's employment standards and provide for fair treatment, career opportunities and the early resolution of workplace issues. We advise our employees on how to avoid conflicts of interest, how to respond to offers of gifts and how to deal with misconduct.

Our people

Our people work across a range of fields, including hospitals and health services, aged care, mental health and wellbeing, public health and prevention, community health and health regulation. Our corporate and executive support functions play an essential enabling role across human resources, communications, information technology, finance, legal and business services. The department's *Strategic plan 2023–27 (2024 update)* sets out the directions and priorities for service delivery that guide our people.

Recognising our people

Our people are central to our success and so we strive to show appreciation of them wherever possible. Given the department-wide restructure that took place in 2023–24, we focused on rewarding and recognising employee contributions at the local level through activities such as calling out staff successes in regular Secretary and Deputy Secretary newsletters and acknowledgements in all-staff and divisional forums. We will recommence more formal, whole of department events to celebrate and recognise employees' efforts and achievements in 2024–25.

Culture

We have reaffirmed our commitment to the continual improvement of our workplace culture since implementing the restructure. Employee wellbeing, inclusion and satisfaction are key ingredients to effectively deliver our vision and strategic priorities. As such, we will continue to support a culture where staff work collaboratively towards shared goals.

Capability development

In 2023–24, our efforts to develop and enhance workforce capability focused on the priorities outlined in the following sections.

Induction training

We welcomed 564 new starters who participated in our induction program, delivered through online and face-to-face modules.

Mandatory compliance training

We supported our statutory compliance obligations through the ongoing delivery of our compliance training framework.

During the 2023–24 financial year 72 per cent of employees completed mandatory compliance training in:

- > Aboriginal cultural safety
- > Charter of Human Rights and Responsibilities
- > code of conduct
- > cyber and information security
- > emergency procedures
- > health, safety and wellbeing
- > prevention of bullying and inappropriate behaviour
- > prevention of sexual harassment
- > privacy awareness
- > staff integrity training
- > understanding family violence
- > workforce diversity, equity and inclusion.

Leadership development

We continue to strengthen leadership capability at all levels by:

- > delivering regular, interactive, thought-provoking masterclasses to our executives across topics such as wellbeing, strategic thinking, and culture leadership. In 2023–24, 492 attendances were recorded
- > providing 54 executives the opportunity to participate in internally led 'lunch and learns' focused on quality conversations, effective delegation and unconscious bias
- > facilitating the delivery of the Managers Essentials program to 106 participants already in or new to leadership roles to lift capability and improve behaviours so that our people leaders can be more visible and effective
- > introducing a leadership learning pathway that guides leadership and capability development through our tiered leadership framework, and launching two courses (Elevate Leadership and Leadership Edge) that target capability development gaps identified in specific areas

- > delivering a broad range of in-house leadership development opportunities, including learning experiences focused on emotional intelligence, strategic decision making and employee wellbeing, with 230 course completions in 2023–24
- > providing peer and experiential learning opportunities through structured mentoring and coaching engagements across all leadership levels
- > supporting more than 20 people leaders to participate in cross-department leadership and 'new to VPS' programs provided by the Victorian Leadership Academy. These programs continue to build consistent leadership capability across this cohort.

Professional development

We continue to have a strong focus on all-staff professional development skills training.

In 2023–24 the following courses were completed:

- > project management – 106 completions
- > writing for government – 183 completions
- > performance and development – 49 completions
- > procurement – 499 completions
- > workforce diversity and inclusion – 1,626 completions
- > financial management – 753 completions.

In addition, 91 employees were connected to a range of skill development courses provided by the Institute of Public Administration Australia across topics such as data analysis and public policy development and implementation.

Secretary's Wellbeing Roundtable

The Secretary's Wellbeing Roundtable, consisting of employee representatives from all divisions, commenced in August 2021. This initiative provides an opportunity for the Secretary to hear employees' reflections, experiences and observations regarding the issues which impact their experience of work in the department. Employee representatives worked within their divisions to share and support local wellbeing initiatives. Three roundtables were held in the 2023–24 financial year.

Comparative workforce data

Department employment levels

The following tables disclose, by head count and full-time staff equivalent (FTE), the number of all active departmental public service employees employed in the last full pay period in June of the current reporting period and in the last full pay period in June of the previous reporting period.

Summary of employment levels in June of 2024 and 2023

	All employees		Ongoing		Fixed-term and casual		
	Number (head count)	FTE	Full-time (head count)	Part-time (head count)	FTE	Number (head count)	FTE
June 2024	2,290	2,171.0	1,559	287	1,756.6	444	414.5
June 2023	3,200	3,034.1	1,731	300	1,927.3	1,169	1,106.9

Department employment levels in June 2024

	All employees		Ongoing			Fixed-term and casual	
	Number (head count)	FTE	Full-time (head count)	Part-time (head count)	FTE	Number (head count)	FTE
Gender							
Women	1,487	1,382.8	954	256	1,129.5	277	253.3
Men	776	763.3	591	27	610.5	158	152.8
Self-described	27	25	14	4	16.6	9	8.4
Age							
15–24	24	21.3	14	2	14.9	8	6.4
25–34	442	428.7	318	28	337.2	96	91.5
35–44	746	703.4	459	132	554.2	155	149.2
45–54	632	610.1	446	64	492.6	122	117.5
55–64	377	351.7	282	45	309.7	50	42.0
65+	69	55.9	40	16	48.0	13	7.9
Classification							
VPS 1	3	0.6	0	0	0	3	0.6
VPS 2	55	53.2	36	4	38.4	15	14.8
VPS 3	174	168.2	136	13	144.2	25	24.0
VPS 4	330	319.0	253	37	279.7	40	39.3
VPS 5	831	791.6	603	124	692.4	104	99.2
VPS 6	637	620.2	502	63	550.2	72	70.0
STS ^a	19	19	8	0	8.0	11	11.0
SMA ^b	14	10.7	1	0	1.0	13	9.7
Executives	139	137.8	0	0	0	139	137.8
Other ^c	88	50.7	20	46	42.7	22	8.0
Total employees	2,290	2,171.0	1,559	287	1,756.6	444	414.5

Notes:

- Totals may not be exact in FTE tables due to data being rounded to one decimal place

a STS = Senior Technical Specialist

b SMA = Senior Medical Adviser

c 'Other' classification group may include solicitors, nurses, scientists.

Annualised total salary, by \$20,000 bands, for executives and other senior non-executive staff

The following table discloses the annualised total salary for senior departmental employees, categorised by classification. The salary amounts are for the full financial year, at a 1-FTE rate, and exclude superannuation.

Income band (salary)	Executives	STS ^a	PS	SMA	SRA	Other
< \$160,000	0	0	0	0	0	0
\$160,000–\$179,999	0	1	0	0	0	0
\$180,000–\$199,999	0	13	0	1	0	0
\$200,000–\$219,999	23	3	0	1	0	0
\$220,000–\$239,999	42	1	0	2	0	0
\$240,000–\$259,999	14	1	0	1	0	0
\$260,000–\$279,999	24	0	0	1	0	0
\$280,000–\$299,999	5	0	0	0	0	0
\$300,000–\$319,999	7	0	0	2	0	0
\$320,000–\$339,999	6	0	0	2	0	0
\$340,000–\$359,999	5	0	0	0	0	0
\$360,000–\$379,999	3	0	0	2	0	0
\$380,000–\$399,999	1	0	0	2	0	0
\$400,000–\$419,999	5	0	0	0	0	0
\$420,000–\$439,999	0	0	0	0	0	0
\$440,000–\$459,999	1	0	0	0	0	0
\$460,000–\$479,999	0	0	0	0	0	0
\$480,000–\$499,999	1	0	0	0	0	0
\$500,000–\$519,999	1	0	0	0	0	0
\$520,000–\$539,999	0	0	0	0	0	0
\$540,000–\$559,999	0	0	0	0	0	0
\$560,000–\$579,999	0	0	0	0	0	0
\$580,000–\$599,999	0	0	0	0	0	0
\$600,000–\$619,999	0	0	0	0	0	0
\$620,000–\$639,999	0	0	0	0	0	0
\$640,000–\$659,999	0	0	0	0	0	0
\$660,000–\$679,999	1	0	0	0	0	0
Total	139	19	0	14	0	0

^a Abbreviations used in the column headings are: STS = Senior Technical Specialists; PS = Principal Scientists; SMA = Senior Medical Advisors; and SRA = Senior Regulatory Analysts.

Safer Care Victoria employment levels

The following tables disclose, by head count and full-time staff equivalent (FTE), the number of all active public service employees of the administrative office, Safer Care Victoria, employed in the last full pay period in June of the current reporting period and in the last full pay period in June of the previous reporting period.

Summary of employment levels in June of 2024 and 2023

	All employees		Ongoing		Fixed-term and casual		
	Number (head count)	FTE	Full-time (head count)	Part-time (head count)	FTE	Number (head count)	FTE
June 2024	159	152.3	95	21	111.1	43	41.2
June 2023	197	177.7	83	38	108.3	76	69.4

Safer Care Victoria employment levels in June of 2024 and 2023

	June 2024							June 2023						
	All employees		Ongoing		Fixed-term and casual			All employees		Ongoing			Fixed-term and casual	
	Number (head count)	FTE	Full-time (head count)	Part-time (head count)	FTE	Number (head count)	FTE	Number (head count)	FTE	Full-time (head count)	Part-time (head count)	FTE	Number (head count)	FTE
Gender														
Women	136	129.8	76	21	92.1	39	37.7	174	156.3	70	37	94.6	67	61.7
Men	22	21.5	19	0	19.0	3	2.5	22	20.4	13	1	13.7	8	6.7
Self-described	1	1.0	0	0	0	1	1.0	1	1.0	0	0	0.0	1	1.0
Age														
15–24	1	1.0	1	0	1.0	0	0	0	0.0	0	0	0.0	0	0.0
25–34	33	32.7	21	1	21.9	11	10.8	40	37.9	20	4	22.1	16	15.8
35–44	64	61.2	39	9	45.9	16	15.3	82	73.5	38	13	45.6	31	27.9
45–54	37	35.2	22	4	25.1	11	10.1	37	33.3	14	7	19.4	16	13.9
55–64	19	17.5	10	5	13.5	4	4.0	30	26.7	10	12	18.9	8	7.8
65+	5	4.6	2	2	3.6	1	1.0	8	6.4	1	2	2.4	5	4.0
Classification														
VPS 2	0	0	0	0	0	0	0	0	0.0	0	0	0.0	0	0.0
VPS 3	2	2	1	0	1.0	1	1.0	4	3.6	1	1	1.6	2	2.0
VPS 4	29	28.4	20	2	21.4	7	7.0	46	42.5	25	6	28.5	15	14.0
VPS 5	81	77.7	51	12	60.2	18	17.5	94	82.4	38	23	53.5	33	28.9
VPS 6	33	31.5	23	7	28.5	3	3.0	36	33.6	19	8	24.7	9	8.9
STS ^a	5	4.2	0	0	0	5	4.2	4	3.3	0	0	0.0	4	3.3
SMA ^b	1	1.0	0	0	0	1	1.0	1	1.0	0	0	0.0	1	1.0
Executives	8	7.5	0	0	0	8	7.5	11	10.3	0	0	0.0	11	10.3
Others	0	0	0	0	0	0	0	1	1.0	0	0	0.0	1	1.0
Total employees	159	152.3	95	21	111.1	43	41.2	197	177.7	83	38	108.3	76	69.4

Note:

- Totals may not be exact in FTE tables due to data being rounded to one decimal place

^a STS = Senior Technical Specialist

^b SMA = Senior Medical Adviser

Annualised total salary, by \$20,000 bands, for executives and other senior non-executive staff

The following table discloses the annualised total salary for senior employees of Safer Care Victoria, categorised by classification. The salary amounts are for the full financial year, at a 1-FTE rate, and exclude superannuation.

Income band (salary)	Executives	STS ^a	PS	SMA	SRA	Other
< \$160,000	0	0	0	0	0	0
\$160,000–\$179,999	0	1	0	0	0	0
\$180,000–\$199,999	0	2	0	0	0	0
\$200,000–\$219,999	3	0	0	0	0	0
\$220,000–\$239,999	1	1	0	0	0	0
\$240,000–\$259,999	0	1	0	1	0	0
\$260,000–\$279,999	2	0	0	0	0	0
\$280,000–\$299,999	0	0	0	0	0	0
\$300,000–\$319,999	1	0	0	0	0	0
\$320,000–\$339,999	0	0	0	0	0	0
\$340,000–\$359,999	0	0	0	0	0	0
\$360,000–\$379,999	0	0	0	0	0	0
\$380,000–\$399,999	0	0	0	0	0	0
\$400,000–\$419,999	0	0	0	0	0	0
\$420,000–\$439,999	0	0	0	0	0	0
\$440,000–\$459,999	0	0	0	0	0	0
\$460,000–\$479,999	0	0	0	0	0	0
\$480,000–\$499,999	1	0	0	0	0	0
Total	8	5	0	1	0	0

^a Abbreviations used in the column headings are: STS = Senior Technical Specialists; PS = Principal Scientists; SMA = Senior Medical Advisors; and SRA = Senior Regulatory Analysts.

Executive data

For a department, a member of the Senior Executive Service (SES) is defined as a person employed as an executive under Part 3 of the *Public Administration Act 2004* (PAA). For a public body, an executive is defined as a person employed as an executive under Part 3 of the PAA or a person to whom the Victorian Government's Public Entity Executive Remuneration policy applies. All figures reflect employment levels at the last full pay period in June of the current and corresponding previous reporting year.

The definition of SES does not include a statutory office holder or an Accountable Officer.

The following tables disclose the SES of the department and its portfolio agencies for June 2024:

- > Tables 1 and 3 disclose the total numbers of SES, broken down by gender
- > Tables 2 and 4 provide a reconciliation of executive numbers presented between the report of operations and Note 9.7 *Remuneration of executives* in the financial statements
- > Table 5 provides the total executive numbers for all of the department's portfolio agencies
- > Tables 1 to 5 also disclose the variations, denoted by 'var', between the current and previous reporting periods. Figures in brackets indicate the decrease in numbers since 2022–23.

Table 1: Total number of SES for the department, broken down by gender

Class	All		Women		Men		Self-described	
	No.	Var.	No.	Var.	No.	Var.	No.	Var.
Secretary	1	0	0	0	1	0	0	0
SES-3	7	(4)	5	(2)	2	(2)	0	0
SES-2	38	(22)	31	(8)	6	(13)	1	(1)
SES-1	93	(46)	54	(21)	39	(20)	0	(5)
Total	139	(72)	90	(31)	48	(35)	1	(6)

The number of executives in the report of operations is based on the number of executive positions that are occupied at the end of the financial year. Note 9.7 in the financial statements lists the actual number of SES and the total remuneration paid to SES over the course of the reporting period. The financial statements note does not include the Accountable Officer, nor does it distinguish between executive levels or disclose separations. Separations are executives who have left the department during the relevant reporting period. To assist readers, these two disclosures are reconciled below.

Table 2: Reconciliation of executive numbers for the department

	2024	2023
Executives (financial statements Note 9.7)	210	248
Accountable Officer (Secretary)	1	1
Less separations	(72)	(38)
Less executives employed by other departments	(0)	(0)
Total executive numbers at 30 June	139	211

Table 3: Total number of SES for Safer Care Victoria, broken down by gender

Class	All		Women		Men		Self-described	
	No.	Var.	No.	Var.	No.	Var.	No.	Var.
SES-3	1	(1)	0	0	1	(1)	0	0
SES-2	3	1	3	2	0	(1)	0	0
SES-1	4	(3)	4	(3)	0	0	0	0
Total	8	(3)	7	(1)	1	(2)	0	0

The number of executives in the report of operations is based on the number of executive positions that are occupied at the end of the financial year. Note 9.7 in the financial statements lists the actual number of SES and the total remuneration paid to SES over the course of the reporting period. The financial statements note does not include the Accountable Officer, nor does it distinguish between executive levels or disclose separations. Separations are executives who have left the department during the relevant reporting period. To assist readers, these two disclosures are reconciled below.

Table 4: Reconciliation of executive numbers for Safer Care Victoria

	2024	2023
Executives (financial statements Note 9.7)	10	13
Accountable Officer (Chief Executive Officer)	1	1
Less separations	(3)	(3)
Total executive numbers at 30 June	8	11

Organisation Name	June 2024					June 2023					Variance				
	Women	Men	Self described	Prefer not to say	Total	Women	Men	Self described	Prefer not to say	Total	Women	Men	Self described	Prefer not to say	Total
Victorian Health Promotion Foundation	4	1	0	0	5	2	2	0	0	4	+2	-1	0	0	+1
Victorian Institute of Forensic Mental Health	6	4	0	0	10	7	5	0	0	12	-1	-1	0	0	-2
Victorian Pharmacy Authority	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
West Gippsland Healthcare Group	1	1	0	0	2	1	1	0	0	2	0	0	0	0	0
West Wimmera Health Service	3	1	0	0	4	3	1	0	0	4	0	0	0	0	0
Western District Health Service ^a	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Western Health	18	11	0	0	29	16	9	0	0	25	+2	+2	0	0	+4
Yarram and District Health Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Yarrawonga Health	0	1	0	0	1	1	1	0	0	2	-1	0	0	0	-1
Yea and District Memorial Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	153	101	0	0	254	143	106	0	0	249	10	-5	0	0	5

Notes:

- 2023–24 Executive officers by organisation and portfolio (preliminary numbers) - Department of Health
- For the purpose of this table, Executive Officers are defined as SES-1, SES-2, SES-3, PESES-1, PESES-2 and PESES-3 employees who have significant management responsibility AND receive a TRP of 216,376 or more.
- All figures reflect executive employment levels as at last pay in June 2024.
- Excluded are those on leave without pay or absent on secondment, external contractors / consultants and temporary staff employed by employment agencies.
- Data is based on the data provided to the department by the VPSC on 10/09/2024.
- Validation of this data is still in progress and subject to change.
- As per FRD 15 5.3, reporting of Executive officers should exclude Accountable Officers (Department Heads, CEOs or equivalent).

^a Executive data not submitted

Workforce inclusion

We are committed to creating a workplace that reflects the significant diversity of the Victorian community.

We understand the unique and varied challenges of a diverse workforce and their families, and are committed to removing barriers and achieving equality, fairness and inclusion. We aim to create a working culture that is positive, inclusive and culturally safe so that all people, from all backgrounds and cultures, are free to bring their authentic selves to work.

Gender equality

In August 2022, we launched our *Gender equality action plan 2022–2025* (GEAP). The GEAP seeks to enhance our existing gender equality culture and our commitment to inclusion by embedding gender equality in all our practices and behaviours.

We have continued implementing our obligations under the *Gender Equality Act 2020*, with a key obligation being the requirement to submit a progress audit report to the Public Sector Gender Equality Commissioner every second year after submitting a GEAP. In February 2024, we submitted our first progress audit report, which compared changes from 30 June 2021 to 30 June 2023 and addressed the following elements:

- > submission of gender impact assessments (GIAs) for policies, programs and services that had a direct and significant impact on the public and that were subject to a GIA
- > progress on the strategies and measures in the GEAP
- > progress on the seven workplace gender equality indicators (gender composition of the workforce, gender composition of the governing body, pay equity, sexual harassment, recruitment and promotion, leave and flexibility, and gendered segregation within the workplace).

The progress audit reported good progress in workforce composition, with a growing female and gender diverse workforce, more women in senior executive service leadership roles (SES2 and SES3) and executive board positions, a reduced executive pay gap, and more men taking parental leave.

Our notable achievements in gender equity in 2023–24 include:

- > development of a gender equality dashboard, which monitors the workplace gender equality indicators at departmental and divisional levels
- > building GIA capability across the department through the delivery of GIA training, as well as embedding GIAs in Budget bids and ensuring a focus on gender-responsive budgeting practices that aim to put a gender lens on government policies, budgets and economic planning and to ensure public funds better contribute to gender equality outcomes.
- > development and implementation of resources for parents and carers going on extended leave, such as parental, carers and disability leave, that support staff before and during their leave and in their transition back to the workplace
- > refreshing the goal library within the department's performance development plan to allow for a greater focus on gender equality in performance development planning for both VPS employees and executives
- > conducting an in-depth analysis of our gender pay gap and regular reviews of all new executive remuneration determinations using a gender equity lens.

Disability employment

Our *Disability employment implementation plan: 2022–2025* supports increased opportunities for people with disability to work in the department. It ensures staff with disability are enabled and supported throughout their employee lifecycle and upskills our workforce to create a more disability confident and inclusive workplace.

The plan highlights our focus on being an employer of choice for people with disability and tackles employment barriers such as attitudes and behaviour, job design, inaccessible work environments, non-inclusive recruitment practices, and a lack of ongoing workplace development and support.

We employ a dedicated disability employment adviser to lead this work.

The plan is guided by *Getting to work: Victorian public sector disability employment action plan 2018–2025*, which aims for greater numbers of people with disability to be employed at all levels of the public service, and for them to have successful careers and a fairer employment experience. The principal objective of the employment action plan is to increase the overall engagement, representation and meaningful employment of people with disability across every level and it commits to achieving an employment target where people with disability make up 12 per cent of employees across all government departments by 2025.

Based on our 2023 People Matter Survey results, nine per cent of our workforce currently indicate they are a person with disability.

In 2023–24, we:

- > increased the proportion of our employees who identify as having disability/neurodivergent condition(s), from 7.3 per cent (People Matter Survey 2022 results) to 9.0 per cent (People Matter Survey 2023 results), an increase of 1.7 per cent
- > actively worked with hiring managers who have a person with disability in their candidate pool, supporting them to create an equitable experience for all applicants and providing a lived-experience balance to the interview panel when requested
- > developed a workplace adjustment intranet guide that provides staff members and managers with clear steps on how workplace adjustments can be supported.
- > updated our online mentoring platform (Mentorloop) to include leadership mentoring for people with disability. Mentorloop uses software that enables users to establish and engage in a mentor-mentee relationship with other departmental staff. The update included allowing mentors to identify as 'Wanting to support a mentor relationship with someone with a disability', and to flag their support for mentor relationships with other diverse cohorts, including Aboriginal and LGBTIQ+ employees.
- > reviewed and redesigned our exit survey so that it now collects diversity data and, potentially, further information regarding the experiences of employees from diverse cohorts, including people with disability/neurodivergent condition(s).

We continue to develop and implement resources and establish guidelines to support managers with hiring responsibilities across each stage of the recruitment process, through the creation of disability awareness essentials around unconscious bias, workplace adjustments, inclusive recruitment, and disability-specific advice and support for hiring panels. We also support staff participation in the VPS Enablers Network.

Neurodiverse employment

Rise Program

The Rise Program, which launched in 2017 in partnership with Specialisterne Australia, is a unique recruitment and support initiative to enable people on the autism spectrum to enter the VPS.

The program, underpinned by the *Rise recruitment and support framework*, aims to support autistic employees and create momentum for them to transition in a positive way into the workforce. The expectation is that some will move onto other roles within the department or be promoted on merit once they become familiar with the department's working environment, policies, programs and practices. This process then creates a pipeline for new employees to enter the program once roles become vacant, with the program seen as a potential pathway to a career in the VPS.

The program has continued to provide meaningful employment for people on the autism spectrum and, as of 30 June 2024, 16 staff remained employed in various roles and at different grades across the department.

Other supports

Poor understanding of autism and a lack of support for employees on the autism spectrum can create barriers to gaining and maintaining employment. In April 2022, the VPSC established a Neurodiverse Confident Services panel of five providers to support positive workplace experiences for neurodivergent employees through counselling and coaching support at work. Departmental managers and team members of neurodivergent employees can also use the services to build awareness and understanding of neurodiversity. We also support staff participation in the VPS's Autism Success Network and its ADHD Growth Network.

Aboriginal workforce strategy

In November 2021 we launched our *Aboriginal workforce strategy 2021–2026*. The strategy reflects our commitment to embedding the principles of self-determination and cultural safety in all our activities. By doing this, we aim to enhance the employee experience for our Aboriginal workforce and improve health, safety and wellbeing outcomes for Aboriginal communities.

Self-determination underpins the entire strategy, aligning it with the Victorian Government's commitment to the practical outcomes of both the Treaty and truth-telling processes, as advanced by the Yoorrook Justice Commission. In addition, the strategy supports the priorities and targets set out in the *Victorian Closing the gap implementation plan 2021–2023*.

To enable us to become an employer of choice for Aboriginal people, the strategy aims to create an outstanding culturally safe employee experience, where individuals are valued for their cultural knowledge and lived experience. A key commitment of the strategy is to achieve a target where the Aboriginal workforce comprises three per cent of our total workforce by 2026. As at 30 June 2024, the proportion of Aboriginal and/or Torres Strait Islander staff in the department is 1.1 per cent.

Cultural safety

In June 2019 we launched our *Aboriginal and Torres Strait Islander cultural safety framework* following extensive consultation with Aboriginal staff and community.

We have made significant progress in implementing the framework, but substantial work remains to be done to ensure Aboriginal cultural safety is consistently embedded in the workplace and in the design and delivery of health services. This is necessary to create an environment that is safe for Aboriginal and/or Torres Strait Islander people where there is no assault, challenge or denial of their identity and experience. To support improved Aboriginal cultural safety practice in department workplaces, we are developing an Aboriginal Cultural Safety Measurement and Assessment Tool (MAT). The Cultural Safety MAT will serve as a practical tool to provide an annual monitoring and accountability mechanism, allowing us to measure and assess cultural safety across divisions and at the organisational level. It will also

track changes in Aboriginal cultural safety in the workplace over time and support the building of cultural safety capability to guide practice improvement. The Cultural Safety MAT will align to the cultural safety monitoring and evaluation requirements for health services and is planned for implementation in 2025.

In 2023–24, we:

- > continued engagement with a strong and active Aboriginal Staff Network
- > continued to provide cultural safety training programs to staff, including the Introduction to Aboriginal Cultural Safety eLearn, which is mandatory for all staff, and the elective facilitated Aboriginal Cultural Safety and Awareness Program – an all-staff program and the dedicated manager training program
- > developed an Aboriginal workforce strategy dashboard which provides insights and contains measures to track progress towards improving Aboriginal and/or Torres Strait Islander employment within the workplace, including progress towards achieving the outcomes outlined in the strategy
- > increased resourcing in the Aboriginal Health and Wellbeing division
- > increased the number of Aboriginal designated special measures positions across the department. Aboriginal designated special measures roles are roles that only Aboriginal and/or Torres Strait Islander people are able to apply for. Special measures roles are a lawful way to promote substantive equality for disadvantaged groups under the *Equal Opportunity Act 2010*.
- > established a new cultural safety team within the Aboriginal Health and Wellbeing division dedicated to improving cultural safety in the department and in health services in a coordinated, intersectional and meaningful way.

Aboriginal Staff Network

The Aboriginal Staff Network (ASN), under the *Aboriginal workforce strategy 2021–26*, plays a crucial role in retaining Aboriginal staff. It supports the employment life cycle of Aboriginal employees from induction to cultural support, career development and the sharing of the passion and stories of the Aboriginal voice.

The ASN continues to grow. In 2023–24, we engaged an Aboriginal human resources specialist consultant to work with the ASN to redesign the way it operates and its terms of reference ensuring that self-determination underpins the ASN's approach and that it is designed by and for First Nations colleagues.

LGBTIQA+ inclusion

In June 2024, we launched our *LGBTIQA+ workplace inclusion action plan 2024–28*, which commits to cultivating a workplace culture defined by inclusivity, respect and safety for all employees, irrespective of their sexual orientation or gender identity. The action plan provides a roadmap for how we can celebrate LGBTIQA+ inclusion and be Victoria's exemplary LGBTIQA+ employer, where everyone feels respected, valued and empowered to bring their authentic selves to work. This action plan supports the provision of safe, strong and sustainable communities for LGBTIQ+ Victorians, a key commitment in the whole of Victorian Government *Pride in our future: Victoria's LGBTIQ+ strategy 2022–32*.

We are committed to achieving the aims of the action plan by:

- > ending homophobia, biphobia, transphobia and LGBTIQA+ inequality in our workplace
- > promoting LGBTIQA+ inclusion and celebrating LGBTIQA+ culture
- > growing, attracting and retaining our LGBTIQA+ workforce and leadership
- > being an employer of choice for LGBTIQA+ Victorians.

The action plan builds on the significant progress we have already made. In 2023–24, our achievements included:

- > maintaining an active Pride Network, with an increasing membership base, including member allies. As part of the whole of Victorian Government Pride Network, our Pride Network aims to ensure LGBTIQA+ staff and community remain connected and supported
- > being awarded Australian Workplace Equality Index (AWEI) bronze employer status for LGBTIQA+ inclusion in December 2023

- > implementing a successful Gender Affirmation policy and workplace toolkit, which provides guidance for managers and individuals affirming their gender and which also outlines the support they can expect from the workplace
- > continuing our partnership with Pride in Diversity to ensure inclusive policy and practice and access to best practice awareness training, including LGBTIQA+ and trans awareness training via facilitated classes, and a new Foundations of LGBTIQA+ inclusion eLearn, which is available to all staff
- > having more staff list their personal pronouns in email signature blocks and in virtual meetings as an outward demonstration of an inclusive culture at the department
- > commencing a project to develop, establish and implement adequate workforce data capture and monitoring systems to support us to meet our diversity and inclusion commitments and legislative requirements. This includes adequately capturing and recording workforce gender variation for trans and gender diverse employees. This will be further captured through the development of an LGBTIQA+ inclusion dashboard to monitor and track progress against the action plan.

Employment programs

Graduate recruitment

We had 15 graduates participating in the 2023 VPS Graduate Recruitment and Development Scheme (GRADS). On successful completion of their graduate year, 12 of these graduates commenced ongoing VPS3 roles, effective as of 29 January 2024.

For the 2024 intake, we recruited 24 graduates from diverse academic backgrounds. One of these graduates joined the program via the Aboriginal pathway and another joined via the disability pathway. As the result of a machinery of government change, effective 2 April 2024, nine of these graduates transitioned to the Victorian Infrastructure Delivery Authority.

Graduates participating in the 12-month graduate programs complete three rotations across VPS departments to develop core skills and gain broad experience working within various business units and organisations.

Student placement program

We offer students undertaking a tertiary qualification the opportunity to complete a student placement as part of their relevant tertiary course. In 2023–24 a total of eight tertiary student placements were completed across various program areas in the department.

Digital Jobs Internship Program

The Victorian Government's Digital Jobs Internship Program supports individuals who are over the age of thirty and have over 10 years' work experience to change careers by taking up positions in one of several digital job categories. Following a 12-week training course in the selected job category, participants complete a 12-week internship at VPS2 classification. During the 2023–24 financial year, we employed one intern through this program.

Youth Employment Scheme

We are active in providing job opportunities for disadvantaged job seekers through the Youth Employment Scheme (YES). YES is a Victorian Government initiative that enables unemployed or otherwise disadvantaged young people aged 15 to 29 years old to enter the workforce with the potential to build sustainable careers through traineeships while attaining a qualification.

One YES trainee was placed in the department and another three in the health sector in 2023–24. Of the four engaged overall, one of them was a person with disability/neurodivergent condition(s).

Career Seekers and Career Trackers

We are committed to supporting employment pathways for asylum seekers and refugees and participate in the Career Seeker Program run by a non-profit organisation supporting Australia's humanitarian entrants into professional careers. In 2023–24 there were no Career Seekers placed in the department. We will continue our support for the program in 2024–25 following confirmation of the updated statewide contract.

We have also continued to participate in the Career Trackers Program for Aboriginal university students, supporting students to gain valuable work experience. During 2023–2024, we supported one program intern.

Occupational health and safety and wellbeing

We are committed to safeguarding the health, safety and wellbeing of all our employees and other people when they are conducting work on behalf of the department or in a department workplace. We aspire to create a safe and healthy workplace while also minimising the impact of work-related injury and illness. To achieve this, our primary focus is on the core occupational health and safety principles of prevention, early intervention, response and recovery.

Workplace health and safety:

Our Workplace Health and Safety team supports the department to identify, assess and control hazards and incidents that arise within the workplace to reduce the risk of injury or illness. The team provides specialist knowledge and advice to integrate relevant legislation, regulations and standards into operational practice. Key achievements in 2023–24 included:

- > the annual influenza vaccination program, which 1,307 staff accessed, with 897 vaccinations administered on site in departmental offices and 404 vouchers downloaded by staff and redeemed at local pharmacies
- > the annual Health and Safety month in October 2023, which included 42 events and 369 attendees.
- > developing and implementing a method to support business units to conduct a risk assessment to identify psychosocial hazards and implement a prevention plan through consultation with staff.

Injury management:

The primary focus of our Early Intervention and Injury Management team is to minimise the impact and duration of emerging symptoms of ill health and/or actual injury or illness. This is achieved by identifying suitable duties and/or implementing reasonable adjustments to enable employees to remain at or return to work. Key achievements in 2023–24 included:

- > assisting 172 employees with a work or non-work-related injury or illness
- > 80 per cent of injured employees returning to work in either a full or part time capacity

- > only 8.33 per cent of early intervention matters converting to a WorkCover claim
- > developing a 'Recover @ Work' framework
- > recruiting and appointing two specialist injury management consultants with degree qualifications in psychology and osteopathy.

Employee wellbeing

We offer a range of specialised support services designed to cover all areas of wellbeing, including employee assist, career assist, effective communication and conflict assist, nutrition and lifestyle assist, money assist, family assist, legal assist, and critical incident support. These services are available at no cost to all departmental staff and their immediate families. They have a high uptake, with an annual utilisation rate of 27.7 per cent. This is over three times higher than the industry benchmark of 8.0 per cent. In addition, we offer individualised coaching for managers and executives. In 2023–24, 149 leaders accessed and engaged with this service.

Workplace Facilitator

The Workplace Facilitator offers a confidential, independent and neutral service to assist employees develop strategies to manage workplace issues at an early stage and at the local level. The role is focused on self-determination and seeks to empower staff at all levels to manage conflict confidently and develop effective communication skills. It provides a variety of supports, including coaching, facilitated conversations and tailored team workshops.

Key achievements in 2023–24 included:

- > assisting in 228 cases of work-related issues
- > facilitating 24 department-wide training workshops with a total of 276 attendees as part of the Learning and Development program.

Performance against occupational health and safety management measures

Measure	Key Performance Indicator (KPI)	2021–22	2022–23	2023–24
Hazards	No. of hazards	59	20	42
	Rate per 100 full-time equivalent (FTE)	1.79	0.66	1.93
Incidents	No. of incidents	309	137	116
	Rate per 100 FTE	9.4	4.5	5.34
	No. of incidents requiring first aid and/or further medical treatment	177	100	59
Claims	No. of standard claims	47	20	23
	Rate per 100 FTE	1.43995	0.66	1.06
	No. of lost time claims	31	11	16
	Rate per 100 FTE	0.94975	0.36	0.74
	No. of claims exceeding 13 weeks	17	21	14
	Rate per 100 FTE	0.5208	0.70	0.64
Fatalities	No. of fatalities	0	0	0
Prosecutions	Total number of prosecutions	0	0	0
Claims costs ^a	Average cost per standard claim	\$437,753	\$209,183	\$394,223

^a Includes payments and estimated future costs.

Measure	KPI	Performance
Management commitment	OHS policy statement and OHS criteria	<p>The department has a health, safety and wellbeing (HSW) policy demonstrating its commitment to providing employees with a work environment that supports wellbeing and mitigates risk to physical and psychological safety.</p> <p>Accountability for HSW is built into every stage of the employee lifecycle and forms an integral part of every employee's role. Specific accountabilities for all employees and additional accountabilities for managers and leaders are defined and documented in the department's HSW accountabilities framework.</p> <p>The department actively participates in Victorian Public Sector HSW committees, forums and communities of practice, contributing to whole of Victorian Government and inter-departmental HSW initiatives.</p>
Consultation and participation	Designated work group structures and issue resolution procedures	<p>The department has an extensive network of 19 designated work groups with 26 health and safety representatives (HSRs) (including deputy HSRs) and 18 designated management representatives (DMRs).</p> <p>To support DMRs and HSRs in their roles, the department has established a health and safety consultation structure, including a quarterly health and safety committee and a monthly community of practice.</p> <p>The department has a model issue resolution process for managers and employees to resolve health and safety issues arising in department workplaces.</p>
Risk management	Regular internal audits conducted, and issues identified and actioned	<p>The department has an online employee health and safety incident reporting system (eDINMAR). This system enables timely investigation, follow up and resolution of reported incidents and hazards. Regular performance reporting and internal quality assurance allows for close monitoring of incidents and hazards and identification of emerging HSW themes, trends and risks.</p> <p>The department has a health and safety management system which provides comprehensive procedures, guidance and tools for identifying, assessing and managing key risks, including conducting regular workplace inspections and assessments of work-related hazards and risks.</p>
Training	Managers, health and safety representatives and other staff trained	<p>Throughout 2023–24, the department delivered a wide range of mandatory and recommended HSW training programs and webinars to people managers and employees, with approximately 8,404 participants. Key areas of focus included training in:</p> <ul style="list-style-type: none"> • Your health, safety and wellbeing, with 1,866 participants • Leading safely every day – HSW accountabilities for managers, with four participants • Return to office-based working, with 420 participants • Psychological first aid training, with 65 participants • Prevention of sexual harassment, with 1,750 participants • Preventing bullying and inappropriate behaviour, with 767 participants • Emergency procedures, with 706 participants • Foundations of mental health and wellbeing workshop, with 20 participants • Foundations of mental health and wellbeing eLearn, with 16 participants • Understanding family violence, with 2,210 participants • Vicarious trauma awareness and prevention, with 89 participants • eDINMAR, with 491 participants. <p>All newly elected HSRs were encouraged and supported by the department to undertake the five-day HSR training program. Existing HSRs were encouraged to complete the one-day refresher training.</p>

Section 4: Other disclosures

Local Jobs First

The *Local Jobs First Act 2003*, introduced in August 2018, brings together the Victorian Industry Participation Policy (VIPP) and Major Project Skills Guarantee (MPSG), which were previously administered separately.

Departments and public sector bodies are required to apply the Local Jobs First Policy in all projects valued at \$3 million or more in metropolitan Melbourne or for statewide projects, or \$1 million or more for projects in regional Victoria.

MPSG applies to all construction projects valued at \$20 million or more.

Under the *Local Jobs First Act 2003*, projects and activities valued at less than \$50 million are considered standard projects, while projects or activities valued at over \$50 million are considered strategic projects. These are reported on separately below.

The MPSG guidelines and VIPP guidelines will continue to apply to MPSG-applicable and VIPP-applicable projects respectively where contracts have been entered into prior to 15 August 2018.

The department's Local Job First disclosures for 2023–24 include Victorian Health Building Authority disclosures. Following the machinery of government change on 2 April 2024, future year disclosures will be managed by the Victorian Infrastructure Delivery Authority.

Projects commenced – Local Jobs First standard projects

During 2023–24, the department commenced 10 Local Jobs First standard projects totalling \$103 million. Of those projects, four were in regional Victoria, with an average commitment of 89.3 per cent of local content. Five statewide projects commenced, and one project in metropolitan Melbourne. The MPSG applied to three of these projects.

The outcomes expected from the implementation of the Local Jobs First Policy to these projects, where information was provided, are as follows:

- > an average of 89.3 per cent of local content commitment was made
- > a total of 110 jobs (annualised employee equivalent (AEE)) were committed, including:
 - the creation of 41.7 new jobs
 - the retention of 58.7 existing jobs (AEE)
 - the commitment to 2.7 new apprenticeships, cadetships and traineeships
 - the retention of 7.1 existing apprenticeships, cadetships and traineeships
- > 1,633 small to medium-sized businesses were engaged through the supply chain on commenced standard projects.

The number of small to medium-sized enterprises that prepared a local industry development plan (LIDP) was not available for the 2023–24 data set at the time of reporting.

Projects completed – Local Jobs First standard projects

During 2023–24, the department reported five Local Jobs First standard projects as completed, totalling \$21.3 million. Three projects were in metropolitan Melbourne, with an average commitment of 93.1 per cent local content. Two projects were in regional Victoria, with an average commitment of 89.9 per cent local content. The MPSG did not apply to any of these projects.

The outcomes from the implementation of the Local Jobs First Policy to these projects, where information was provided, were as follows:

- > a total of 115 jobs (AEE) were committed, including:
 - the creation of 10.5 new jobs
 - the retention of 80.0 existing jobs
 - the creation of 7.6 new jobs for apprentices, trainees and cadets
 - the retention of 17.4 jobs for apprentices, trainees and cadets
- > 324 small to medium-sized businesses were engaged through the supply chain on completed standard projects.

The number of small to medium-sized enterprises that prepared an LIDP was not available for the 2023–24 data set at the time of reporting.

Projects commenced – Local Jobs First strategic projects

During 2023–24, the department commenced 19 Local Jobs First strategic projects, valued at \$922 million. Five of these projects will be based in regional Victoria, 11 in metropolitan Melbourne, and three projects are statewide. The MPSG applies to 17 of these projects.

The outcomes expected from the implementation of the policy, where information has been provided, are as follows:

- > a total of 1,172 (AEE) jobs committed, including:
 - the creation of 255 new jobs
 - the retention of 771 existing jobs (AEE)
 - the commitment to 60.4 new apprenticeships, cadetships and traineeships
 - the retention of 85.5 existing apprenticeships, cadetships and traineeships
 - an average MPSG commitment of 14.7 per cent
 - 6,148 small to medium-sized businesses were engaged through the supply chain on commenced strategic projects

The number of small to medium-sized enterprises that prepared an LIDP was not available for the 2023–24 data set at the time of reporting.

Projects completed – Local Jobs First strategic projects

During 2023–24, the department reported no Local Jobs First strategic projects as completed.

Reporting requirements – all projects

Data included in disclosures is subject to rationalisation and review by the Department of Jobs, Skills, Industry and Regions, and is anticipated to be reflected in that department's Local Jobs First annual report.

Data available to individual departments in 2023–24 did not include the number of small to medium-sized businesses engaged as the principal contractor that prepared an LIDP, and this information is therefore not available for inclusion in this report.

Reporting requirements – grants

For grants provided during 2023–24, a total of two interaction reference numbers were required, which entailed a conversation with the Industry Capability Network (Victoria) Ltd.

Social procurement framework

The department leverages its buying power to deliver social, economic and environmental outcomes benefiting the Victorian community, the economy and the environment, and it does this in ways that go beyond the goods, services and construction works procured.

In this process, the department is guided by the Victorian Government's *Social procurement framework* (SPF). The SPF applies to the procurement of all goods, services and construction undertaken by or on behalf of the department. Its social objectives, which were all prioritised by the department in 2023–24, are to provide for and support the following:

- > opportunities for Victorian Aboriginal people
- > opportunities for Victorians with disability
- > women's equality and safety
- > opportunities for Victorian priority jobseekers
- > safe and fair workplaces
- > sustainable Victorian social enterprises and Aboriginal business sectors
- > sustainable Victorian regions
- > environmentally sustainable outputs
- > environmentally sustainable business practices
- > implementation of climate change policy objectives.

Social procurement initiatives

During 2023–24, the department undertook several activities to support social procurement, including:

- > preparation of social procurement data reporting for 2023–24 and submission to the Department of Government Services
- > maintenance of up-to-date information about social procurement and Local Jobs First on the department's intranet
- > establishment and maintenance of partnerships with key social procurement delivery partners
- > a continued relationship with Kinaway Chamber of Commerce through regular meetings and other communications

- > the maintenance of procurement policies, processes, templates and contracts to continue to support the implementation of social procurement and Local Jobs First
- > regular attendance by staff at the Social Procurement Community of Practice meetings convened by the Department of Treasury and Finance, as well as events organised by organisations such as Kinaway
- > training on the Industry Capability Network's social procurement reporting platform
- > continued maintenance of dedicated guidance materials for tenderers to support improved Local Jobs First and social procurement engagement and outcomes during tender processes.

Reporting requirements

Unlike in previous years, social procurement reporting for 2023–24 ceased leveraging Map for Impact to identify social enterprises. The Victorian Government's *Social procurement framework* reporting has utilised a new analytics tool to support central reporting.

The department's social procurement disclosures for 2023–24 include Victorian Health Building Authority disclosures. Following the machinery of government change on 2 April 2024, future year disclosures will be managed by Victorian Infrastructure Delivery Authority.

Social procurement achievements

During 2023–24 the department:

- > engaged 31 social benefit suppliers
- > spent a total of \$3,756,670 (GST exclusive) with certified social benefit suppliers (direct spend).

Aboriginal business engagement

During 2023–24 the department:

- > engaged 13 Aboriginal businesses and traditional owner corporations
- > spent a total of \$891,078 (GST exclusive) with Aboriginal business and traditional owner corporations.

Competitive Neutrality Policy

Competitive neutrality requires government businesses to ensure that, where services compete or potentially compete with the private sector, any advantage arising solely from their government ownership be removed if it is not in the public interest. Government businesses are required to set a competitively neutral price, which accounts for any net advantage that comes from public ownership. The Competitive Neutrality Policy supports fair competition between public and private businesses and provides government businesses with a tool to enhance decisions on resource allocation. This policy does not override other policy objectives of government and focuses on efficiency in the provision of service.

The department ensures Victoria fulfils its requirements on competitive neutrality reporting as required under the Competition Principles Agreement and the Competition and Infrastructure Reform Agreement.

Consultancy expenditure

The department experienced reduced demand for high-level, independent advice and support during 2023–24, which meant consultancy expenditure continued to decrease compared to 2021–22 and 2022–23.

The department's consultancy disclosures for 2023–24 include Victorian Health Building Authority disclosures. Following the machinery of government change on 2 April 2024, future year disclosures will be managed by Victorian Infrastructure Delivery Authority.

Consultancies (under \$10,000)

In 2023–24, there were no consultancy engagements where the total fees payable to the individual consultancy were less than \$10,000.

Consultancies (\$10,000 or greater)

In 2023–24, there were 19 consultancy engagements where the total fees payable to the consultants were \$10,000 or greater. The total expenditure incurred during 2023–24 in relation to these engagements was \$2,861,243 (excluding GST).

Consultancy Expenditure

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

Consultant	Purpose of consultancy	Start Date	End date	Sum of total approved project fee ^a excl. GST	Sum of expenditure 2023–24 excl. GST	Sum of future expenditure ^b excl. GST
ArcBlue	Strategy, Social procurement project	01/03/2023	28/07/2023	\$176,091	\$176,091	\$0
BDO	Review, Shared services review	15/09/2023	10/11/2023	\$208,437	\$208,437	\$0
Benjamin Napier John Thomson	Advice, Professor Benjamin Thomson – Chief Surgical Adviser	20/06/2022	30/06/2024	\$170,101	\$77,184	\$9,302
Deloitte Touche Tohmatsu	Analysis, Targeted workforce analysis	01/05/2023	30/06/2023	\$199,220	\$199,220	\$0
Deloitte Touche Tohmatsu	Review, Non-emergency patient transport review	17/05/2023	17/11/2023	\$265,066	\$254,466	\$0
Deloitte Touche Tohmatsu	Analysis, Evaluation of Home and Community Care Program for Younger People	08/05/2023	16/02/2024	\$265,477	\$238,205	\$0
Deloitte Touche Tohmatsu	Research, Workforce intelligence	08/02/2024	08/06/2024	\$113,182	\$56,590	\$56,592
Deloitte Touche Tohmatsu	Evaluation, Cardiovascular program evaluation	29/08/2023	30/06/2024	\$699,054	\$462,175	\$236,879
Ernst & Young Services Pty Ltd ^c	Evaluation, Safer digital healthcare	25/09/2023	01/12/2023	\$136,039	\$136,039	\$0
Jason Rostant Consulting	Advice, Consultation for the intersex protection system	02/06/2023	31/08/2024	\$75,000	\$6,798	\$505

a The total approved project fee represents the lifecycle contract value (initial term and approved options) and includes expenditure incurred in previous years.

b Figures of \$0 indicate that the contract expired in the 2023–24 financial year, or is no longer managed by the department, noting where expenditure occurred in previous financial year. Figures with a value greater than zero where the contract end date has passed indicate the contract has not been acquitted and final payment may be due.

c “EY was appointed as the department’s co-sourced internal audit service provider on 17 November 2023 following a competitive tender process. The department has implemented a robust process, overseen by the Audit and Risk Management Committee, to assess potential conflicts of interest between EY’s internal audit role and any other work proposed to be performed for the department by EY.”

Consultant	Purpose of consultancy	Start Date	End date	Sum of total approved project fee ^a excl. GST	Sum of expenditure 2023–24 excl. GST	Sum of future expenditure ^b excl. GST
KPMG	Review, Health technology solutions resilience review works	15/05/2023	15/09/2023	\$359,910	\$269,932	\$0
KPMG	Evaluation, Lapsing funding – public sector residential aged care	22/09/2023	31/03/2024	\$135,897	\$131,352	\$0
KPMG	Review, National Health Practitioner Ombudsman funding model	07/02/2024	30/04/2024	\$180,000	\$120,000	\$60,000
KPMG	Advice, Market analysis and procurement strategy	06/09/2023	28/06/2024	\$694,545	\$215,939	\$0
Neil Robertson Consulting Pty Ltd	Review, Emergency management resourcing model	18/08/2023	05/09/2023	\$19,242	\$19,242	\$0
Nous Group Pty Ltd	Review, Clinical placements	07/07/2023	28/11/2023	\$220,000	\$220,000	\$0
Nous Group Pty Ltd	Planning, Statewide and regional mental health and wellbeing service and capital plans	25/03/2022	31/12/2023	\$2,888,170	\$41,053	\$0
Peter MacCallum Cancer Centre	Advice, Potential Cancer Cluster Expert Advisory Group	27/08/2019	27/08/2025	\$45,455	\$345	\$45,109
Wise Workplace Solutions	Review, Colac Area Health review	12/02/2024	14/04/2024	\$30,445	\$28,175	\$0

Reviews and studies expenditure

During 2023–24, there were four reviews and studies undertaken, as outlined below.

Name of the review (agency responsible)	Reasons for review/study	Terms of reference/scope	Anticipated outcomes	Estimated cost for the year (excl. GST)	Final cost if completed (excl. GST)	Publicly available (Y/N) and URL
Giving women's health the focus and funding it deserves	Women's Health Research Institute business case development	Governance and research priorities	Priorities address the burden of ill health	\$160,000		The Victorian Government's, Victorian women and gender diverse people deserve full access to appropriate and empowering healthcare webpage <https://www.vic.gov.au/our-equal-state-victorias-gender-equality-strategy-and-action-plan-2023-2027/adulthood/women-gender-diverse-people-access-to-healthcare>
	Inquiry into women's pain management	Identifying challenges in seeking pain care	Informing models of care and service delivery	\$117,438		Parliament of Victoria, Ministers statements: women's health webpage <https://www.parliament.vic.gov.au/parliamentary-activity/hansard/hansard-details/HANSARD-2145855009-18983>
	Research support services	Addressing women's health issues across their life course	Findings translated into health care	\$1 million		Parliament of Victoria, Address to Parliament Governor's Speech webpage <https://www.parliament.vic.gov.au/parliamentary-activity/hansard/hansard-details/HANSARD-974425065-19905>
Public Health Victoria	Lapsing SAEFVIC and Victorian Specialist Immunisation Services (VicSIS) vaccine safety services	SAEFVIC – Vaccine research, safety and surveillance – delivered by Murdoch Children's Research Institute		\$2.433 million	\$2.433 million	N

Emergency procurement

In 2023–2024, the department activated emergency procurement once in accordance with the requirements of government policy and accompanying guidelines. One new contract valued at or more than \$100,000 (GST inclusive) was awarded in connection with the emergency. A total of \$197,157.27 (GST inclusive) was expended on goods and services in response to the emergency. Details of the department's emergency procurements are disclosed below.

Nature of emergency	Date of activation	Summary of goods and services procured under new contracts	Total spend on goods and services in response to the emergency ^a	Number of new contracts awarded valued at \$100,000 (inc GST) or more
Naloxone	13 November 2023	Emergency supply of naloxone for the Victorian Take Home Naloxone Initiative.	\$197,157.27	1

Disclosure of major contracts

In accordance with the requirements of government policy and accompanying guidelines, the department disclosed all contracts greater than \$10 million in value entered into during the year ended 30 June 2024. Details of contracts that have been disclosed in the Victorian Government contracts publishing system can be viewed at the [Buying for Victoria Tenders Portal](https://www.tenders.vic.gov.au) <<https://www.tenders.vic.gov.au>>.

Contractual details have not been disclosed for contracts where disclosure is exempted under the *Freedom of Information Act 1982* and/or government guidelines.

Disclosure of procurement complaints

Under the Governance: Goods and Services Policy of the Victorian Government Purchasing Board, the department must disclose any formal complaints relating to the procurement of goods and services received through its procurement complaints management system.

The department received one formal complaint through its procurement complaints management system in 2023–2024, relating to the open market period and technical requirements/solution requested in a procurement. A departmental review found that all procurement policies and processes had been adhered to and the complaint has been resolved.

^a This is the total of all expenditure, including contracts under and over \$100,000 (GST inclusive).

Information and communication technology expenditure

For the 2023–24 reporting period, the department incurred a total information and communication technology (ICT) expenditure of \$409,489,848. The details are shown below.

(\$'000)			
All operational ICT expenditure	ICT expenditure ^a related to projects to create or enhance ICT capabilities		
Business as usual (BAU) ICT expenditure ^b	Non-BAU ICT expenditure ^c	Operational expenditure	Capital expenditure
(Total)	(Total = operational expenditure and capital expenditure)		
\$255,623	\$153,867	\$80,147	\$73,720

Explanatory note:

- For reporting purposes, all ICT expenditure relating to shared services for the Department of Health and the Department of Families, Fairness and Housing is disclosed in the Department of Health annual report 2023–24.

^a ICT expenditure refers to the department's costs in providing business-enabling ICT services within the current reporting period. It comprises BAU ICT expenditure and non-BAU ICT expenditure.

^b BAU ICT expenditure is all remaining ICT expenditure, which primarily relates to ongoing activities to operate and maintain the current ICT capability.

^c Non-BAU ICT expenditure relates to extending or enhancing the department's current ICT capabilities.

Government advertising expenditure

In 2023–24, we conducted six government advertising campaigns with total media spend of \$100,000 or greater (exclusive of GST). The details of each campaign are outlined below.

Name of campaign	Campaign summary	Start/end date	Advertising (media) expenditure (excl. GST)	Creative and campaign development expenditure (excl. GST)	Research and evaluation expenditure (excl. GST)	Post-campaign evaluation expenditure (excl. GST)	Print and collateral expenditure (excl. GST)	Other campaign expenditure (excl. GST)	Total
Mental Health and Wellbeing Locals Awareness	Drive localised awareness and uptake of mental health and wellbeing locals (Tranche 1 Locations)	24 May 2024 – 30 June 2024	\$212,261.21	\$53,288.58	\$0.00	\$56,780.00	\$0.00	\$9,240.00	\$331,569.79
Mental Health Workforce Attraction and Retention (Domestic only) – Jobs that Matter	Attract local and interstate workers to take up career opportunities in Victoria's mental health system.	20 August 2023 – 30 December 2023	\$893,156.30	\$454,545	\$0.00	\$0.00	\$14,055	\$0.00	\$1,361,756.30
Public Fertility Care – Egg and Sperm Bank	Drive egg and sperm donations for Victoria's Public Fertility Care service, providing greater accessibility and availability for Victorians aspiring to start a family.	16 May 2024 – 30 June 2024	\$217,020.73	\$49,772.73	\$99,999.50	\$0.00	\$0.00	\$16,444.00	\$376,873.32
Save 000 (Save Triple Zero) for Emergencies	Educate the Victorian public of the importance of saving 000 for emergencies only and raise awareness of alternative health services that are available for non-emergencies.	1 July 2023 – 29 February 2024	\$649,815.71	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$649,815.71
Stay Well this Winter	Highlight the significance of the flu vaccine and of maintaining up-to-date COVID vaccinations, and promote awareness that both vaccinations can be received at the same time.	15 April 2024 – 30 June 2024	\$147,850.35	\$2,370.00	\$0.00	\$40,909.09	\$0.00	\$5,950.00	\$197,079.44
Workforce Attraction and Retention (Healthcare Worker) – South Australia	Attract interstate nursing and midwifery practitioners to apply for roles within the state's healthcare system and relocate to Victoria.	18 January 2024 – 7 April 2024	\$159,203.21	\$45,436	\$0.00	\$0.00	\$0.00	\$0.00	\$204,639.21

Compliance with DataVic Access Policy

Consistent with the DataVic Access Policy issued by the Victorian Government in 2012, the information included in this annual report will be available in machine readable format at [DataVic](http://www.data.vic.gov.au) <<http://www.data.vic.gov.au>>.

Summarised data published by the department is available on numerous pages on our website. A significant amount of information is accessible via:

- > the [Victorian Agency for Health Information](https://vahi.vic.gov.au) <<https://vahi.vic.gov.au>>
- > [Centre for Victorian Data Linkage](https://vahi.vic.gov.au/ourwork/data-linkage/apply) <<https://vahi.vic.gov.au/ourwork/data-linkage/apply>>
- > [Department of Health – Public health](https://www.health.vic.gov.au/public-health) <<https://www.health.vic.gov.au/public-health>>
- > [Victorian COVID-19 data](https://www.coronavirus.vic.gov.au/victorian-coronavirus-covid-19-data) <<https://www.coronavirus.vic.gov.au/victorian-coronavirus-covid-19-data>>
- > [Department of Health – Publications](https://www.health.vic.gov.au/about/publications) <<https://www.health.vic.gov.au/about/publications>>

The websites above include information about:

- > service provision (including health service performance)
- > public health indicators
- > infectious disease surveillance
- > birth and birth defects
- > alcohol and drug services.

As well as summarised data, we maintain several de-identified datasets that researchers can access. These detailed datasets contain a wealth of information to support better understanding of Victoria's health services. Extracts can be requested through procedures that ensure the data is shared to the maximum extent while protecting the privacy of individuals.

The de-identified datasets include the:

- > Victorian Admitted Episodes Dataset, which contains information about all patients admitted to Victorian hospitals
- > Victorian Emergency Minimum Dataset, which contains information about emergency presentations at Victorian public hospitals

- > Elective Surgery Information System, which contains information about planned surgery
- > Victorian Perinatal Data Collection, which contains information about mothers and babies born in Victoria
- > Victorian Alcohol and Drug Data Collection, which contains information about the clients and activities of government-funded alcohol and drug treatment services
- > Victorian Mental Health Data Collection, which contains information about inpatient, residential, and ambulatory community care provided by gazetted mental health facilities, and associated legal, diagnostic and outcome measurement information
- > Victorian Integrated Non-Admitted Health Dataset, which contains information about a range of non-admitted services provided by health services, including specialist clinics (outpatients), health independence programs, community palliative care, and others
- > Community Health Minimum Dataset, which contains information about clients receiving government-funded community health services
- > Notifiable Infectious Diseases Dataset, which contains information on conditions that must be reported to the department under the *Public Health and Wellbeing Act 2008*.

Researchers can request access to data via:

- > the [Centre for Victorian Data Linkage](https://vahi.vic.gov.au/ourwork/data-linkage/researchers) (linked data only) <<https://vahi.vic.gov.au/ourwork/data-linkage/researchers>>

Victorian health data is also made available by other agencies, such as:

- > [Cancer Council Victoria](https://www.cancervic.org.au) <<https://www.cancervic.org.au>>
- > [Australian Institute of Health and Welfare](https://www.aihw.gov.au/) <<https://www.aihw.gov.au/>> and
- > [MyHospitals](https://www.aihw.gov.au/reports-data/myhospitals) <<https://www.aihw.gov.au/reports-data/myhospitals>>.

Freedom of information

The *Freedom of Information Act 1982* (FOI Act) aims to extend as far as possible the right of the community to access information held by the Victorian Government and other bodies subject to the FOI Act.

An applicant has a right to apply for access to documents held by a department. This comprises documents both created by the department or supplied to the department by an external organisation or individual, and may also include maps, films, microfiche, photographs, computer printouts, computer discs, tape recordings and videotapes. Information about the type of material produced by the department is available on our website on the [Freedom of Information Part II – Information Statements page](https://www.health.vic.gov.au/freedom-of-information-part-ii-information-statements) <<https://www.health.vic.gov.au/freedom-of-information-part-ii-information-statements>>.

The FOI Act allows us to refuse access, either fully or partially, to certain documents or information. Examples of documents that may not be accessed include Cabinet documents, some internal working documents, law enforcement documents, documents covered by legal professional privilege, such as legal advice, personal information about other people, and documents relating to trade secrets.

The FOI Act provides a 30-day period for processing requests. This time may be extended where consultation is required and by agreement with the applicant.

If an applicant is not satisfied with a decision we make, including a decision regarding whether the application fee is to be waived, the applicant has the right to seek a review by the Office of the Victorian Information Commissioner within 28 days of receiving a decision letter.

Making a request

Access to documents may be obtained through written request to our FOI Unit, pursuant to section 17 of the FOI Act.

In summary, the requirements for making a request are that it:

- > must be in writing
- > should provide such information concerning the document as is reasonably necessary to enable identification of the document
- > should be accompanied by the application fee of \$32.70 (the fee may be waived in certain circumstances).

Access charges may also be payable if the document pool is large and the search for material time consuming.

If at any time an applicant is unsure of the process or how they should request information, we will always respond to questions or queries via the contact details below.

Requests for documents in the possession of the department should be addressed to:

Freedom of Information Unit
Department of Health
GPO Box 4057
Melbourne VIC 3001

Requests and payment of the application fee can also be lodged online at the [Victorian Freedom of Information Request Portal](https://online.foi.vic.gov.au/s/login/) <<https://online.foi.vic.gov.au/s/login/>>

Enquiries can be made by [emailing the Freedom of Information Unit](mailto:foi@health.vic.gov.au) <foi@health.vic.gov.au>, or telephone 1300 020 360.

FOI statistics/timeliness

During 2023–24, we received 609 FOI applications. Of these requests, 38 were from members of parliament, 44 from the media, and the remainder from the general public. Common topics related to health infrastructure developments, notifiable disease outbreaks, or personal information such as that contained in psychiatric or SafeScript data.

We commonly receive requests for general medical files. These requests are routinely transferred to the relevant hospital authority as each hospital is considered its own agency under the FOI Act.

We made 620 FOI decisions, 557 of which were finalised within the statutory timeframe. This equates to 90 per cent of our decisions being released to applicants within the statutory timeframe, a decrease of four per cent from 2022–23. This lower percentage can be attributed to the significant increase (37 per cent) in the number of FOI applications received in 2023–24.

During 2023–24, we made fewer decisions to deny in full (13 decisions – a reduction of seven per cent) and increased the number of decisions to release in full (99 decisions, up 62 per cent). This assists the applicants and furthers the object of the FOI Act.

When we applied exemptions to protect information, it mostly relied on the personal privacy provision of the FOI Act (section 33). There were 21 requests made to the department that we refused based on size and complexity (section 25A(1) of the Act).

Of the decisions finalised, 17 were subject to a review/complaint by the Office of the Victorian Information Commissioner, and three appeals were made to the Victorian Civil and Administrative Tribunal.

Compliance with the Public Interest Disclosures Act 2012

The *Public Interest Disclosures Act 2012* (PID Act) encourages and assists people in making disclosures of improper conduct by public officers and public bodies. The PID Act provides protection to people who make disclosures in accordance with the PID Act and establishes a system for the matters disclosed to be investigated and for rectifying action to be taken.

We do not tolerate improper conduct by employees, nor reprisals against those who come forward to disclose such conduct. We are committed to ensuring transparency and accountability in our administrative and management practices and support the making of disclosures that reveal corrupt conduct, conduct involving a substantial mismanagement of public resources, or conduct involving a substantial risk to public health and safety or the environment.

We will take all reasonable steps to protect people who make such disclosures from any detrimental action taken in reprisal for making the disclosure. We will also afford natural justice to the person who is the subject of the disclosure to the extent it is legally possible.

Reporting procedures

Disclosures of improper conduct or detrimental action by the department or any of its employees may be made to any of the following department personnel:

- > the Secretary
- > [public interest disclosure coordinators](mailto:publicinterestdisclosure@health.vic.gov.au) <publicinterestdisclosure@health.vic.gov.au>
- > the manager or supervisor of the discloser
- > the manager or supervisor of the person who is the subject of the disclosure.

Alternatively, disclosures may also be made directly to the Independent Broad-based Anti-corruption Commission:

Level 1, North Tower, 459 Collins Street
Melbourne VIC 3000

Phone: 1300 735 135

Internet: [Independent Broad-based Anti-corruption Commission](https://www.ibac.vic.gov.au) <https://www.ibac.vic.gov.au>
[Email IBAC](mailto:info@ibac.vic.gov.au) <info@ibac.vic.gov.au>.

Further information

The public interest disclosures procedures, which outline the system for reporting disclosures of improper conduct or detrimental action by the department or any of its employees and/or officers, is available:

- > on the [department's public interest disclosures web page](https://www.health.vic.gov.au/public-interest-disclosure) <https://www.health.vic.gov.au/public-interest-disclosure>
- > by [emailing the public interest disclosure coordinators](mailto:publicinterestdisclosure@health.vic.gov.au) <publicinterestdisclosure@health.vic.gov.au>
- > by phoning a department public interest disclosure coordinator on the department's integrity hotline: 1300 024 324.

Disclosures under the <i>Public Interest Disclosures Act 2012</i>	2022–23	2023–24
The number of disclosures made by an individual to the Department of Health and notified to the Independent Broad-based Anti-corruption Commission	4	8

Compliance with the Building Act 1993

The department requires that appropriately qualified consultants and contractors are engaged for all proposed works on land controlled by the department or a health service agency, and that their work and services comply with current building standards. All such consultants and contractors are expected to have appropriate mechanisms in place to ensure compliance with the building and maintenance provisions of the *Building Act 1993* and relevant regulations.

Work continued in 2023–24 to identify and rectify non-compliant cladding. Relevant buildings owned by the department were audited against the risk framework originally developed by the Victorian Cladding Taskforce and, where non-compliant cladding was discovered, assessed against that framework for a risk rating derived from one of the four risk categories.

The cladding rectification works led by the Victorian Health Building Authority have been completed, including for all buildings identified in the audit. Financial completion for these projects will occur in 2024–25 financial year.

The department is currently working with Cladding Safety Victoria and Western District Health Service to confirm the scope of work and estimated costs for the replacement of some cladding at Hamilton Base Hospital.

Compliance with the Carers Recognition Act 2012

We take all practical measures to comply with our obligations under the *Carers Recognition Act 2012* (CR Act). These include:

- > promoting the principles of the CR Act to people in care relationships who receive departmental services and to the wider community
- > ensuring staff have an awareness and understanding of the care relationship principles set out in the CR Act
- > considering the care relationship principles set out in the CR Act when setting policies and providing services

- > implementing priority actions in *Recognising and supporting Victoria's carers: Victorian carer strategy 2018–22*. The strategy, which is coordinated by the Victorian department of Families, Fairness and Housing (DFFH), is currently being refreshed in consultation with the sector and will take account of contemporary data. The refreshed strategy is expected to be released in mid-2025.

DFFH holds portfolio responsibility for the CR Act and further information on the above may be found in that department's annual report.

Compliance with the Disability Act 2006

The *Disability Act 2006* reaffirms and strengthens the rights of people with a disability and recognises that ensuring these rights requires support across the government sector and within the community.

The department continues to participate in the current review into the Act being led by the Department of Families, Fairness and Housing, which will ensure all parts of government are held accountable for delivering on commitments and actions which address access and inclusion for both service users and employees.

The department remains committed to the purposes of the Act, including:

- > reducing barriers to access goods, services and facilities
- > reducing barriers to a person with a disability obtaining and maintaining employment
- > promoting inclusion and participation in the community
- > achieving tangible changes in attitudes and practices that discriminate against people with a disability.

The department is implementing *Getting to work: Victorian public sector disability employment action plan 2018–2025*. Further information on how the action plan is being implemented can be found in the Workforce inclusion section of this report.

The department also supports *Inclusive Victoria: state disability plan (2022–2026)*, which was published in March 2022 and commits all departments to embedding six system reforms in their policies, programs and services. These are:

- > co-design with people with disability
- > Aboriginal self-determination
- > intersectional approaches
- > accessible communications and universal design
- > disability-confident and inclusive workforces
- > effective data and outcomes reporting.

Cemeteries and Crematoria Act 2003

The *Cemeteries and Crematoria Act 2003* requires Class A cemetery trusts to pay a levy. The levy is set at three per cent of the gross earnings of each Class A cemetery trust from the previous financial year. It may be adjusted to a rate determined by the Minister for Health up to a maximum of five per cent.

The levy is intended to assist in defraying the cost of administering the Act, to make improvements to cemetery trust governance and administration, and to provide services to the community. The following table details the amount paid as levy, the amount appropriated, and the matters on which the appropriated money was expended.

Collection of levy	2023–24
Metropolitan trusts	\$5,395,000
Rural trusts	\$405,834
Total amount collected	\$5,800,834

Departmental expenditure (category)	2023–24
Governance support	\$1,162,595
Sector grants	\$1,411,345
Sector policy, development and coordination	\$1,073,164
Insurance premiums and claims	\$2,391,161
Total expenditure	\$6,038,265

Drugs, Poisons and Controlled Substances Act 1981

Section 60S of the *Drugs, Poisons and Controlled Substances Act 1981* (DPSC Act) states that the Chief Commissioner of Police is to provide the following report on actions under the DPSC Act to the Minister for Health, for inclusion in the annual report.

(a) the number of searches without warrant under section 60E conducted during the financial year

Person under 18 years searched	9
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(b) the number of searches without warrant under section 60F conducted during the financial year

Persons searched irrespective of age	0
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(c) information about the number and type of volatile substances and items used to inhale a volatile substance seized as a result of conducting those searches

Vaping device	Unspecified
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(d) information about the number and type of volatile substances and items used to inhale a volatile substance received by police officers when produced in accordance with a request under section 60H(1)(b)

Nil	0
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(e) information about the number and type of volatile substances and items used to inhale a volatile substance returned to persons under section 60N

Nil	0
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(f) information about the number and type of volatile substances and items used to inhale a volatile substance disposed of or made safe under section 60O

Nitrous oxide soda bulbs (Nangs)	0
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Aerosol spray cans	0
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(g) information about the number and type of volatile substances and items used to inhale a volatile substance forfeited to the Crown under section 60P

Nil	0
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(h) the number of persons apprehended and detained without warrant under section 60L during the financial year

Persons (under 18 years) apprehended and detained	0
Persons (irrespective of age) apprehended and detained	0
Male	0
Female	0
Indigenous	0
Non-Indigenous	0

Notes: Each contact or occasion may involve multiple items or substances. Figures do not include prescribed or prohibited volatile substances. Incidents may involve persons detained or transported under different legislative provisions resulting from the initial contact.

Public Health and Wellbeing Act 2008

The *Public Health and Wellbeing Act 2008* (PHW Act) and the Public Health and Wellbeing Regulations 2009 came into effect on 1 January 2010. The Public Health and Wellbeing Regulations 2019 replaced the Public Health and Wellbeing Regulations 2009 on 14 December 2019.

The PHW Act promotes and protects public health and wellbeing in Victoria.

Under section 21 of the PHW Act, the Chief Health Officer has a number of functions and powers, including:

- > to develop and implement strategies to promote and protect public health and wellbeing
- > to provide advice to the Minister for Health or the Secretary on matters relating to public health and wellbeing
- > to publish on a biennial basis and make available in an accessible manner to members of the public a comprehensive report on public health and wellbeing in Victoria
- > to perform any other functions or exercise any powers specified under this Act or any other Act or under any regulations made under this or any other Act.

Under the PHW Act, the Chief Health Officer is also empowered to make certain orders that may impact on individuals in order to protect the community from infectious diseases. These include orders to compel a person to be examined or tested for an infectious disease or to refrain from certain activities that may pose a serious risk to public health.

The limited circumstances in which these orders may be made are clearly set out in the legislation and there are extensive human rights protections, including rights to internal and external review.

Orders made by the Chief Health Officer from 1 July 2023 – 30 June 2024

Section	Order type	Number	Reason
117 ^a	Public health order	1 (this order was first issued June 23)	To eliminate or reduce the risk of a person causing a serious risk to public health

Environmental reporting

The department continued work to improve its environmental performance and that of the broader health system during 2023–24 by focusing on climate change adaptation and mitigation, including reducing Scope 1 (e.g. transport fuels and stationary energy) and Scope 2 (electricity) carbon emissions.

Among our highlights for 2023–24 we:

- > celebrated the inaugural winner and finalists of the newly introduced 'Creating a sustainable and climate resilient health system' award category in the Victorian Public Healthcare Awards. The Barwon Renewable Energy Partnership won this category by securing a power purchasing agreement (PPA) with a local wind farm. The PPA is part of Barwon Health's efforts towards achieving 100 per cent renewable electricity. It is expected to provide 68 gigawatt hours a year of renewable electricity, resulting in a 100 per cent offset of Scope 2 emissions at University Hospital Geelong and a 50 per cent electricity offset at other Barwon Health sites.

^a No other orders were made under other sections of the PHW Act

- > published energy and water ratings for public hospitals for the first time using the National Australian Built Environment Rating System (NABERS). As a result, 133 hospitals were rated against their energy and water performance. The 2023–24 portfolio average for energy is 4.1 stars, an increase from the previous reporting period. For water, this was 3.9 stars, a decrease of 0.1 stars.
- > continued to implement the *Health and Human Services climate change adaptation action plan 2022–2026* <<https://www.health.vic.gov.au/environmental-health/climate-change-strategy>> in partnership with DFFH and VHBA. With funding from Emergency Management Victoria, we completed a project assessing climate risk for six Victorian regional hospitals.
- > continued to implement the \$40 million energy efficiency and solar program. In 2023–24, the department:
 - approved expenditure of \$0.5 million to commence the design and procurement of energy upgrades across the Ambulance Victoria portfolio.
 - approved \$0.9 million in funding for Dental Health Services Victoria to improve their energy efficiency through lighting upgrades, building tuning and minor plant upgrades
 - approved funding of \$0.3 million for the Victorian Aboriginal Community Controlled Health Organisation to deliver energy audits at Aboriginal community-controlled organisations
 - allocated \$8.5 million to deliver 7,122 kilowatt-peak solar across 10 health services
 - completed energy audits at 43 health services across the Barwon Southwest, Grampians, Loddon Mallee, Hume and Gippsland regions.
- > continued to manage the environmental data management system (EDMS) to assist health services, statutory authorities and other health sector entities to meet their environmental reporting requirements. During May and June 2024, we held three training sessions for EDMS users with over 150 health sector staff in attendance per session.

Environmental management system

The department has an environmental management system (EMS) developed by the then Department of Health and Human Services. The EMS was independently audited in 2020.

Climate-related risk disclosure statement

The key climate change risks and challenges facing our health system are public health, infrastructure and sector capability. Specific risks include:

- > overall warmer temperatures and the increased severity and frequency of climate-related hazardous events, such as heatwaves, bushfires and coastal inundation, which can have greater direct and indirect impacts on physical and mental health
- > Increased climate-related risks to infrastructure, including:
 - inundation due to sea level rise
 - soil contraction shifting foundations
 - heatwaves, bushfire and smoke damage
 - increase in other pathogens and microbes.
- > the ability of the health system to adequately prepare for and respond to more frequent and severe emergencies, which may require increased staffing and ongoing supports to understand and respond to risks, develop opportunities, and build resilience to climate impacts.

As part of the *Health and Human Services adaptation action plan (2022–26)* we will:

- > communicate the actions we are taking to understand the impact of climate change on our assets, operations and services
- > demonstrate that our environmental impacts are being considered and responsibly managed and mitigated.

Governance

Our executive board has incorporated climate change into the department's Tier 1 (strategic) risk profile. Climate change is also referenced in several Tier 2 (divisional) risk profiles.

The department's executive-level Climate Change Action Group continues to champion and elevate climate change priorities across the organisation and monitors progress against relevant actions in the *Health and Human Services climate change adaptation action plan 2022–2026*. The group met five times in 2023–24.

Strategy

The department's strategic and corporate plans address climate-related risks.

In 2023 the department released its *2023–27 strategic plan*, which recognises sustainability of the health system, including guarding against the impacts of climate change as a key focus area.

The [Victorian public health and wellbeing plan 2023–2027](https://www.health.vic.gov.au/victorian-public-health-and-wellbeing-plan-2023-27) provides a comprehensive approach for delivering improved public health and wellbeing outcomes for all Victorians. The plan includes 'tackling climate change and its impacts on health' as a key priority.

The plan includes 'tackling climate change and its impacts on health' as a key priority.

Risk management

Our approach to risk management aligns with the risk standard *AS ISO 31000:2018 Risk management – guidelines*, which requires that we consider our operational context in assessing and managing risks.

We identify, assess and manage climate-related risks at strategic, operational and project levels. We draw on the latest information in identifying, assessing and managing risks, with processes in place for reporting and review.

The department supports entities in the health sector to conduct climate-related risk assessments to help identify key vulnerabilities. During 2023–24, in partnership with hospitals and with funding from Emergency Management Victoria, we completed climate risk assessments for six regional hospitals.

The assessments considered flooding, extreme heat, bushfire and grassfire risks.

The assessments found:

- > the centralised location of hospitals in towns generally protected assets from the direct impacts of severe weather events
- > services are more likely to be impacted by climate-related events than assets or buildings
- > aged care facilities were more exposed to severe weather events given the vulnerability of the population and risks associated with evacuation.

This study will further support work to increase climate resilience in the health system as outlined in the *Health and Human Services climate change adaptation action plan 2022–2026*.

Environmental data and performance

The following information has been prepared in accordance with Financial Reporting Direction (FRD) 24. FRD 24 specifies a range of environmental indicators that the department and associated agencies must report against. For the purposes of this report the department and its associated agencies are categorised as follows:

- > **health services:** this category includes Victoria's public hospitals and health services. Under FRD 24 metropolitan hospitals are classified as Tier 2; other health services and hospitals (including Ambulance Victoria and regional, sub-regional, local, small rural, multi-purpose and statewide health services) are classified as Tier 3a.
- > **office-based:** this category includes all department offices and offices occupied by statutory and department agencies. Agencies in this reporting category include:
 - Collaborative Centre for Mental Health and Wellbeing
 - Health Complaints Commissioner
 - Mental Health & Wellbeing Commission
 - Mental Health Tribunal
 - National Health Practitioner Ombudsman
 - Safer Care Victoria
 - Victorian Assisted Reproductive Treatment Authority.

The department's office-based activities are classified as Tier 1 under FRD 24. Classifications for agencies vary, with many being Tier 4. Data for Tier 4 has been incorporated into the overall Tier 1 reporting for the department.

- > **cemeteries:** refers to Class A cemeteries only in Victoria. Class A cemeteries are categorised as Tier 3a under FRD 24. This report captures the environmental data and performance of Ballarat General Cemeteries Trust, Geelong Cemeteries Trust, Southern Metropolitan Cemeteries Trust, Remembrance Parks Central Victoria and Greater Metropolitan Cemeteries Trust.

Tier 1 entities are required to report against the full range of indicators, while Tiers 2, 3a and 4 have reduced reporting requirements. It should be noted that the units used may vary between the health sector and other parts of the portfolio.

FRD 24 reporting capability by the department and its entities continues to improve, however, there may be some data gaps. These gaps are unlikely to be significant within the context of the broader portfolio impacts.

The department's environmental data management system is the preferred method for collecting environmental performance data. Most health services, Class A cemeteries and office-based data are collected through this system, however, there are some indicators where collection methods may differ.

Changed departmental reporting timelines

The department has changed its reporting timelines for the 2023–2024 reporting period onwards. This report provides environment data for the fringe benefits tax (FBT) year, that is, from 1 April 2023 to 31 March 2024. Environmental reporting results have been updated for the 2022–2023 and 2021–2022 reporting periods to align with the FBT year.

Environmental reporting results

During the 2023–2024 reporting period there was a decrease in total greenhouse gas emissions from health services, however a rise in greenhouse gas emissions from office-based activities and cemeteries. This increase can in part be attributed to improved data collection and reporting as well as an increase in office attendance. Cemeteries data for this report includes two additional Class A cemeteries trusts, accounting for the increase in emissions for this category. There has been a steady increase since 2021–2022 in air travel and air travel-related emissions. This can be attributed to a return to normal travel arrangements following the COVID-19 pandemic.

Health services

In 2023–24, Scope 1 and Scope 2 emissions in Victorian health services decreased compared to the year before. The decrease in Scope 2 emissions could be due to a range of reasons including a reduction in the carbon intensity of grid electricity, increased solar installation, the offset of emissions through the Barwon Health power purchasing agreement (PPA), and the purchase of certified renewable energy under the GreenPower scheme.

Total electricity consumption (EL1) has increased as has on-site generation of electricity from solar and cogeneration (EL2). The amount of on-site solar (EL3) increased by approximately 3 MWp to 19 MWp.

Total electricity offsets (EL4) increased in 2023–2024. This was largely due to the offsetting of emissions through the Barwon Health PPA.

Total waste sent to landfill from Victorian health services increased by 10 per cent in 2023–24. The recycling rate has remained relatively consistent with improvements in some recycling streams. Overall greenhouse gas emissions from waste has increased by 5 per cent in 2023–2024.

Office-based

For office-based activities, Scope 1 emissions decreased, and Scope 2 and Scope 3 (e.g. supply chain) emissions increased for this reporting period. The increase in Scope 2 and 3 emissions can be attributed to increased staff attendance in the office following the COVID-19 pandemic and a subsequent increase in air travel, and electricity and water consumption.

In 2023–24 general waste from offices decreased by 34 per cent. Total units of waste disposed, including general waste and recycling, has also decreased. Recycling rates, however, have remained relatively stable.

The Victorian Government introduced a container deposit scheme in November 2023 for containers with a 10-cent refund label. This scheme was introduced in two department buildings, 50 Lonsdale Street and 2 Lonsdale Street, in December 2023. Financial rebates from the scheme are donated to charity organisations. This initiative further enhances recycling in department buildings while giving back to the community.

Cemeteries

An increase in Scope 1, 2 and 3 emissions was observed in cemeteries. This can be attributed to the inclusion of data from two more Class A cemeteries trusts for 2023–24.

Geelong Cemeteries Trust has adopted a net zero emissions reduction plan with the aim to achieve net zero by 2040. The trust has committed to investing in new initiatives and has introduced measures such as the installation of electric vehicle charging stations for internal use (connected to the existing solar system).

Remembrance Parks Central Victoria Trust, through its environmental management plan, has committed to making its environmental impact central to future planning. Particular initiatives include substituting quarried topsoil with locally produced mulch from composted green waste, changing internal processes to significantly reduce printed paper use, and introducing solar panels to the Eaglehawk Crematorium building, which has capacity to supply 50 per cent of electricity required at this site.

General waste to landfill from cemeteries decreased in 2023–2024 by 16 per cent, while the recycling rate increased, reflecting local initiatives to minimise the impact of waste from the sector. Greenhouse gas emissions, however, increased in 2023–24. This can in part be attributed to the inclusion of two new Class A cemeteries trusts for this reporting period.

Summary of greenhouse gas emissions

The table below summarises the greenhouse gas emissions across the health portfolio. The tables have been updated to provide data on the fringe benefits tax year from 1 April to 31 March for all reportable years. Please note, figures in tables have been rounded to the nearest significant value, slight discrepancies may subsequently occur.

Total greenhouse gas emissions associated with:	2023–24 Tonnes CO₂-e	2022–23 Tonnes CO₂-e	2021–22 Tonnes CO₂-e
Scope 1 (direct)			
Health services	213,417	218,374	182,529
Office-based	484	509	535
Cemeteries	3,232	2,470	625
Scope 2 (indirect electricity)			
Health services	426,983	432,103	469,604
Office-based	2,400	1,714	1,648
Cemeteries	2,815	2,710	1,604
Scope 3 (other indirect)			
Health services	146,639	141,103	121,189
Office-based	779	690	312
Cemeteries	1,280	893	508
Gross total (G1+G2+G3)			
Health services	787,039	791,581	773,323
Office-based	3,663	2,912	2,495
Cemeteries	7,327	6,073	2,737
Offsets			
Health services	-16,508	-4,829	-3,004
Office-based	-54	-36	-53
Cemeteries	-3,095	-1,305	-238
Net emissions			
Health services	770,531	786,752	770,318
Office-based	3,609	2,876	2,442
Cemeteries	4,232	4,768	2,499

Explanatory notes:

- Scope 1, 2 and 3 emissions are specified in the Australia National Greenhouse and Energy Reporting Scheme.
- The department changed its cogeneration energy procurement service agreement in October 2021. This has resulted in an increase in natural gas use and associated Scope 1 emissions and a corresponding decrease in the amount of cogeneration electricity and associated Scope 2 emissions being reported.
- Health service offsets (reduction measures) which reduce allocated CO₂ are electricity related (e.g. Large-Scale Generation Certificates, purchased green power and electricity for road vehicles).
- Cemetery Scope 3 greenhouse gas emissions for 2021–22 did not capture waste and recycling data. Waste and recycling data is included for 2022–23 and 2023–24 reporting periods. Five class A cemeteries have been included in 2023–24 data, two more than previously reported.

Health services

EL1 Total electricity consumption

Electricity source	2023–24 MWh	2022–23 MWh	2021–22 MWh
Purchased	642,377	619,695	611,678
Self-generated	43,883	40,688	33,502
EL1 Total electricity consumption	686,260	660,383	645,180

EL2 On-site electricity generated

Electricity generation	2023–24 MWh	2022–23 MWh	2021–22 MWh
Consumption behind-the-meter			
Solar electricity	15,155	13,654	11,599
Cogeneration electricity	28,728	27,033	21,903
Total consumption behind-the-meter	43,883	40,688	33,502
Electricity exported			
Solar electricity	250	252	227
Cogeneration electricity	5,142	6,822	4,442
Total electricity exported	5,392	7,074	4,670
EL2 Total on-site electricity generated	49,275	47,762	38,172

EL3 On-site installed generation capacity

Generation source	2023–24 MWp	2022–23 MWp	2021–22 MWp
Cogeneration plant	42	42	42
Diesel generator	203	203	195
Solar system	19	17	14
EL3 Total on-site installed generation capacity	264	261	251

EL4 Total electricity offsets

Offset type	2023–24 MWh	2022–23 MWh	2021–22 MWh
Large Scale Generation Certificates voluntarily retired on the entity's behalf	11,012	N/A	N/A
GreenPower	7,037	5,026	2,959
RPP (Renewable power percentage in the grid)	120,767	116,192	109,529
EL4 Total electricity offsets	138,816	121,218	112,488

Data limitations, explanatory notes and opportunities for further improvement:

- Cogeneration data provided is for cogeneration plants at University Hospital Geelong, Royal Melbourne Hospital, The Alfred, Dandenong Hospital and St Vincent's Hospital.
- Solar data is captured from around 25 per cent of the solar arrays installed at public hospitals.
- Electricity use includes a one per cent estimate in 2023–24 due to some data being unavailable from electricity providers at the time of reporting.

Office-based (department and statutory agencies)**EL1 Total electricity consumption**

Electricity source	2023–24 MWh	2022–23 MWh	2021–22 MWh
Purchased	3,602	2,495	2,219
Self-generated	0	0	0
EL1 Total electricity consumption	3,602	2,495	2,219

EL2 On-site electricity generated

Nil

EL3 On-site installed generation capacity

Nil

EL4 Total electricity offsets

Offset type	2023–24 MWh	2022–23 MWh	2021–22 MWh
GreenPower	58	38	52
RPP (Renewable power percentage in the grid)	677	469	414
EL4 Total electricity offsets	736	507	467

Data limitations, explanatory notes and opportunities for further improvement:

- Occupied floor space is used when the department and its agencies share offices with other entities with data apportioned using estimated occupied floor space.
- 2023–24 data includes all main department offices and agencies. Offices with a full-time equivalent staff of less than 10 have been excluded as emissions were deemed to be insignificant.

Cemeteries

EL1 Total electricity consumption

Electricity source	2023–24 MWh	2022–23 MWh	2021–22 MWh
Purchased	4,232	3,891	2,194
Self-generated	135	112	17
EL1 Total electricity consumption	4,368	4,003	2,211

EL2 On-site electricity generated

Electricity destination	2023–24 MWh	2022–23 MWh	2021–22 MWh
Consumption behind-the-meter			
Solar electricity	135	112	17
Total consumption behind-the-meter	135	112	17
Exports			
Solar electricity	118	118	13
Total electricity exported	118	118	13
EL2 Total on-site electricity generated	253	231	30

EL3 On-site installed generation capacity

Generation source	2023–24 MW	2022–23 MW	2021–22 MW
Solar system	0.17	0.17	0.17
EL3 Total on-site installed generation capacity	0.17	0.17	0.17

EL4 Total electricity offsets

Offset type	2023–24 MWh	2022–23 MWh	2021–22 MWh
GreenPower	3,382	1,356	238
RPP (Renewable power percentage in the grid)	796	7306	408
EL4 Total electricity offsets	4178	2086	646

Data limitations, explanatory notes and opportunities for further improvement:

- Data for solar electricity export 2023–24 and 2022–23 captures Geelong Cemeteries Trust and Ballarat Cemeteries Trust. Data for solar electricity export 2021–22 captures Ballarat Cemeteries Trust.
- Data for GreenPower for 2023–24 captures Greater Metropolitan Cemeteries Trust, Southern Metropolitan Trust and Geelong Cemeteries Trust. Data for Greenpower for 2022–23 captures Geelong Cemeteries Trust and Greater Metropolitan Cemeteries Trust. Data for Greenpower for 2021–22 captures Greater Metropolitan Cemeteries Trust.

Stationary fuel use

Health services

F1 Total fuels used in buildings and machinery

Fuel type	2023–24 TJ	2022–23 TJ	2021–22 TJ
Natural gas	3,124	3,334	2,717
LPG	76	83	87
Diesel	5	5	5
Petrol	0.03	0.00	0.01
Green and air-dried wood	1.04	0.13	
F1 Total fuels used in buildings	3,206	3,422	2,809

F2 Greenhouse gas emissions from stationary fuel consumption

Fuel type	2023–24 Tonnes CO ₂ -e	2022–23 Tonnes CO ₂ -e	2021–22 Tonnes CO ₂ -e
Natural gas	161,003	171,791	140,000
LPG	4,615	5,011	5,298
Diesel	317	369	317
Petrol	2	0.18	1
Green and air-dried wood	1	0.16	
F2 Greenhouse gas emissions from stationary fuel consumption	165,938	177,172	145,615

Data limitations, explanatory notes and opportunities for further improvement:

- Diesel data is from emergency diesel generators installed at public hospital sites where data is available.
- In 2023–24, public health service natural gas data includes a one per cent estimate due to some data being unavailable from gas providers at the time of reporting.
- Green and air-dried wood use is associated with the biomass boilers installed at Beaufort and Skipton Health Service.

Office-based (department and statutory agencies)

F1 Total fuels used in buildings and machinery

Fuel type	2023–24 MJ	2022–23 MJ	2021–22 MJ
Natural gas	4,996,582	4,079,405	2,414,890
F1 Total fuels used in buildings	4,996,582	4,079,405	2,414,890

F2 Greenhouse gas emissions from stationary fuel consumption

Fuel type	2023–24 Tonnes CO₂-e	2022–23 Tonnes CO₂-e	2021–22 Tonnes CO₂-e
Natural gas	257	210	124
F2 Greenhouse gas emissions from stationary fuel consumption	257	210	124

Data limitations, explanatory notes and opportunities for further improvement:

- 2023–24 data includes all main department offices and agencies. Offices with a full-time equivalent staff of less than 10 have been excluded as emissions were deemed to be insignificant.
- Occupied floor space is used when the department and its agencies share offices with other entities with data apportioned using estimated occupied floor space.
- Total gas use for these sites remains largely unchanged and therefore the increase in gas use reported here is likely due to the revised calculation method.

Cemeteries**F1 Total fuels used in buildings and machinery**

Fuel type	2023–24 MJ	2022–23 MJ	2021–22 MJ
Natural gas	49,841,532	43,332,543	9,220,781
LPG	3,766,610	3,344,750	2,019,599
Diesel	–	–	–
Petrol	–	–	–
F1 Total fuels used in buildings	53,608,142	46,677,293	11,240,380

F2 Greenhouse gas emissions from stationary fuel consumption

Fuel type	2023–24 Tonnes CO₂-e	2022–23 Tonnes CO₂-e	2021–22 Tonnes CO₂-e
Natural gas	2,568	2,233	475
LPG	228	203	122
Diesel	–	–	–
Petrol	–	–	–
F2 Greenhouse gas emissions from stationary fuel consumption	2,797	2,436	598

Data limitations, explanatory notes and opportunities for further improvement:

- LPG use captures the Geelong Cemeteries Trust only.

Transportation

Health services

T1 Total energy used in transportation within the entity

Fuel type and vehicle category	2023–24 MJ	2022–23 MJ	2021–22 MJ
Hospital emergency transport			
Diesel – road vehicles	212,496,868	167,803,850	164,430,592
Gasoline/petrol – road vehicles	26,297,098	25,508,765	22,999,168
Aviation fuel	163,467,955	173,124,371	159,708,335
Total hospital emergency transport	402,261,921	366,436,986	347,138,095
Health services vehicle fleet			
Diesel – road vehicles	38,605,366	35,111,989	30,445,619
Gasoline/petrol – road vehicles	94,934,491	75,152,045	68,380,143
E10 ethanol blend – road vehicles	3,327,603	6,371,678	584,935
LPG – road vehicles	33,643	36,355	69,111
Electricity (transport energy)	247,407		
Total health service vehicle fleet	137,148,512	116,672,068	99,479,808
Total energy used in transportation	539,410,433	483,109,053	446,617,902

T2 Number and proportion of vehicles

N/A

T3 Greenhouse gas emissions from vehicle fleet

Fuel type and vehicle category	2023–24 Tonnes CO ₂ -e	2022–23 Tonnes CO ₂ -e	2021–22 Tonnes CO ₂ -e
Hospital emergency transport			
Diesel – road vehicles	14,962	11,815	11,578
Gasoline/petrol – road vehicles	1,778	1,725	1,555
Aviation fuel	11,477	12,155	11,213
Total hospital emergency transport	28,217	25,695	24,346
Health services vehicle fleet			
Diesel – road vehicles	2,719	2,473	2,145
Gasoline/petrol – road vehicles	6,419	5,082	4,624
E10 ethanol blend – road vehicles	203	388	36
LPG – road vehicles	2	2	4
Electricity (transport energy)	45	–	–
Total health services vehicle fleet	9,388	7,945	6,808
Total greenhouse gas emissions in transportation	37,605	33,640	31,154

T4 Total distance travelled by commercial air travel

Travel type	2023–24 pkm	2022–23 pkm	2021–22 pkm
Commercial air travel for business purposes by entity staff on commercial or charter aircraft	11,269,466	7,416,938	372,154

Data limitations, explanatory notes and opportunities for further improvement:

- Air travel data includes data from Melbourne Health, Mercy Public, Monash Health, Royal Women's Hospital, St Vincent's Hospital Melbourne and Ambulance Victoria. The significant increase is likely associated with the return to business as usual following the COVID-19 pandemic.
- Vehicle fleet data includes data from around two-thirds of public hospitals and health services.

Office-based (department and statutory agencies)**T1 Total energy used in transportation (vehicle fleet) within the entity**

Engine/fuel type and vehicle category	2023–24 MJ	2022–23 MJ	2021–22 MJ
Petrol			
Non-executive fleet – gasoline/petrol	1,170,071	1,776,331	1,754,457
Non-executive fleet – hybrid gasoline/petrol	769,072	776,337	278,046
Non-executive fleet – State Government Vehicle Pool gasoline/petrol	770,858–	1,246,252	3,751,388
Total petrol	2,710,001	3,798,920	5,783,890
Diesel			
Non-executive fleet – diesel	619,804	590,974	275,226
Total diesel	619,804	590,974	275,226
Total energy used in transportation (vehicle fleet)	329,805	4,389,893	6,059,116

T2 Number and proportion of vehicles

Engine/fuel type and vehicle category	2023–2024 No. (%)	2022–2023 No (%)	2021–2022 No (%)
Road vehicles	97 (100%)	103 (100%)	107 (100%)
Passenger vehicles	97 (100%)	103 (100%)	107 (100%)
Internal combustion engines	97 (100%)	103 (100%)	107 (100%)
Gasoline/petrol	30 (31%)	42 (41%)	47 (44%)
Diesel/biodiesel	19 (20%)	16 (15%)	12 (11%)
Hybrid	41 (42%)	43 (42%)	47 (44%)
Plug-in hybrid electric vehicle	3 (3%)	N/A	N/A
Range-extended electric vehicle	4 (4%)	2 (2%)	1 (1%)

T3 Greenhouse gas emissions from transportation (vehicle fleet)

Engine/fuel type and vehicle category	2023–24 Tonnes CO ₂ -e	2022–23 Tonnes CO ₂ -e	2021–22 Tonnes CO ₂ -e
Petrol			
Non-executive fleet – gasoline/petrol	79	120	119
Non-executive fleet – hybrid gasoline/petrol	52	52	19
Non-executive fleet – State Government Vehicle Pool gasoline/petrol	52	84	254
Total petrol	183	257	391
Diesel			
Non-executive fleet – diesel	44	42	19
Total diesel	44	42	19
Total greenhouse gas emissions from transportation (vehicle fleet)	227	298	410

T4 Total distance travelled by commercial air travel

Travel type	2023–24 pkm	2022–23 pkm	2021–22 pkm
Commercial air travel for business purposes by entity staff on commercial or charter aircraft	917,334	880,025	172,258

Data limitations, explanatory notes and opportunities for further improvement:

- 2023–24 data includes all main department offices and agencies. Offices with a full-time equivalent staff of less than 10 have been excluded as emissions were deemed to be insignificant.
- Significant increase in air travel is likely associated with return to normal post the COVID-19 pandemic.

Cemeteries**T1 Total energy used in transportation (vehicle fleet) within the entity**

Engine/fuel type and vehicle category	2023–24 MJ	2022–23 MJ	2021–22 MJ
Petrol			
Executive fleet – gasoline	314,212.60	–	–
Non-road gasoline in vehicles	151,171	27,357	40,352
Total petrol	465,384	27,357	40,352
Petrol (E10)			
Executive fleet – E10	–	–	–
Total petrol (E10)	–	–	–
Diesel			
Non-executive fleet – diesel	1,662,896	235,468	98,808
Executive fleet – diesel	2,485,161	–	–
Non-road diesel oil in vehicles	1,593,408	223,876	247,048
Total diesel	5,741,464	459,344	345,856
Total energy used in transportation (vehicle fleet)	6,206,848	486,701	386,208

T3 Greenhouse gas emissions from vehicle fleet

Engine/fuel type and vehicle category	2023–24 Tonnes CO₂-e	2022–23 Tonnes CO₂-e	2021–22 Tonnes CO₂-e
Petrol			
Executive fleet – gasoline	21	N/A	N/A
Non-road gasoline in vehicles	10.22	1.85	2.73
Total petrol	31.47	1.85	2.73
Petrol (E10)			
Executive fleet – E10	N/A	N/A	N/A
Total Petrol (E10)	N/A	N/A	N/A
Diesel			
Executive fleet – diesel	175	N/A	N/A
Non-executive fleet – diesel	117	17	7
Non-road diesel oil in vehicles	112	16	17
Total diesel	404	32	24
Total greenhouse gas emissions from vehicle fleet	436	34	27

T4 Total distance travelled by commercial air travel**Travel type**

Commercial air travel for business purposes by entity staff on commercial or charter aircraft	137,465	10,024	6,452
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Data limitations, explanatory notes and opportunities for further improvement:

- FRD 24 is a new requirement for Class A cemeteries. The department will continue to work with Class A cemeteries to improve future reporting.
- T1 and T3 data 2023–24 does not capture Greater Metropolitan Trust.
- T1 and T3 data 2021–22 and 2022–23 captures Ballarat Cemeteries Trust.
- Commercial air travel for 2023–24 captures Ballarat Cemeteries Trust, Geelong Cemeteries Trust, Greater Metropolitan Cemeteries Trust and Southern Metropolitan Cemeteries Trust. Higher values in total distance travelled by commercial air travel compared to prior years can be attributed to the participation of these cemetery trusts (except Ballarat Cemeteries Trust) in a study tour in Europe.
- Commercial air travel for 2022–23 and 2021–22 captures Ballarat Cemeteries Trust.

Total energy use

Health services

E1 Total energy usage from fuels

Fuel type	2023–24 TJ	2022–23 TJ	2021–22 TJ
Total energy usage from stationary fuels (F1)	3,206	3,422	2,809
Total energy usage from transport (T1)	539	483	447
Total energy usage from fuels	3,746	3,905	3,255

E2 Total energy usage from electricity

Energy type	2023–24 TJ	2022–23 TJ	2021–22 TJ
Total energy usage from electricity	2,471	2,377	2,323

E3 Total energy usage by renewable and non-renewable sources

Source	2023–24 TJ	2022–23 TJ	2021–22 TJ
Renewable	556	486	447
Non-renewable	5,660	5,796	5,131

E4 Units of stationary energy used (normalised)

Normalised measure	2023–24	2022–23	2021–22
Energy per unit of bed-day (Length Of Stay +Aged Care OBD) [MJ/OBD]	755	809	760
Energy per unit of floor space [MJ/m ²]	1,450	1,493	1,369

Data limitations, explanatory notes and opportunities for further improvement:

- OBD – occupied bed day: the total number of bed days of all admitted patients and public sector residential aged care beds accommodated during the reporting period, taken from a count of the number of inpatients at about midnight each day.

Office-based (department and statutory agencies)

E1 Total energy usage from fuels

Fuel type	2023–24 MJ	2022–23 MJ	2021–22 MJ
Total energy usage from stationary fuels (F1)	4,996,582	4,079,405	2,414,890
Total energy usage from transport (T1)	2,558,948	4,389,893	6,059,116
Total energy usage from fuels	7,555,529	8,469,299	8,474,006

E2 Total energy usage from electricity

	2023–24 MJ	2022–23 MJ	2021–22 MJ
Total energy usage from electricity	12,967,794	8,980,475	7,989,359

E3 Total energy usage by renewable and non-renewable sources

Source	2023–24 MJ	2022–23 MJ	2021–22 MJ
Renewable	2,648,310	1,824,809	1,680,860
Non-renewable	17,875,012	15,624,966	14,782,504

E4 Units of stationary energy used (normalised)

Normalised measure	2023–24	2022–23	2021–22
Energy per unit of floor space [MJ/m ²]	456	174	295

Data limitations, explanatory notes and opportunities for further improvement:

- Occupied floor space is used when the department and its agencies share offices with other entities with data apportioned using estimated occupied floor space.
- The department significantly consolidated occupied floor space potentially leading to the increase in energy use per unit of floor space.

Cemeteries**E1 Total energy usage from fuels**

Fuel type	2023–24 MJ	2022–23 MJ	2021–22 MJ
Total energy usage from stationary fuels (F1)	53,608,142	46,677,293	11,240,380
Total energy usage from transport (T1)	6,206,848	486,701	386,208
Total energy usage from fuels	59,814,990	47,163,994	11,626,588

E2 Total energy usage from electricity

Energy type	2023–24 MJ	2022–23 MJ	2021–22 MJ
Total energy usage from electricity	15,724,112	14,411,743	7,959,993

E3 Total energy usage by renewable and non-renewable sources

Source	2023–24 MJ	2022–23 MJ	2021–22 MJ
Renewable	15,528,652	7,913,653	2,388,420
Non-renewable	60,010,450	53,662,083	17,198,161

E4 Units of stationary energy used (normalised)

Normalised measure	2023–24	2022–23	2021–2022
Energy per interment	2,800.88	2,209.65	664.68
Energy per unit of floor space [MJ/m ²]	933	822	258

Data limitations, explanatory notes and opportunities for further improvement:

- 2021–22 data for E1, E2, E3, and E4 indicators captures Ballarat Cemeteries Trust, Geelong Cemeteries Trust and Greater Metropolitan Cemeteries Trust.
- Normalised measure regarding floor space includes normalisers for Great Metropolitan Cemeteries Trust, Southern Metropolitan Cemeteries Trust, Remembrance Parks Central Victoria, Geelong Cemeteries Trust and Ballarat Cemeteries Trust.
- Interment – includes total burials, cremations and mausoleum interments.

Greenhouse gas emissions

Health services

G1 Total Scope 1 (direct) greenhouse gas emissions

Emission source	2023–24 Tonnes CO₂-e	2022–23 Tonnes CO₂-e	2021–22 Tonnes CO₂-e
GHG emissions from stationary fuel (F2)	165,938	177,172	145,615
GHG emissions from vehicle fleet (T3)	37,560	33,640	31,154
F2 and T3 by greenhouse gas			
Carbon dioxide	202,803	210,110	176,162
Methane	335	356	295
Nitrous Oxide	360	346	313
Total F2 and T3	203,498	210,813	176,769
Medical/refrigerant gases			
Desflurane	86	65	67
Isoflurane	10	18	21
Methoxyflurane whistles	18	15	
Nitrous oxide	7,427	5,326	4,871
Sevoflurane	1,026	944	785
Refrigerant gases	1,351	1,193	16
Total medical/refrigerant gases	9,919	7,561	5,760
Total Scope 1 (direct) greenhouse gas emissions	213,417	218,374	182,529

G2 Total Scope 2 (indirect electricity) greenhouse gas emissions

Emission source	2023–24 Tonnes CO₂-e	2022–23 Tonnes CO₂-e	2021–22 Tonnes CO₂-e
Cogenerated electricity			22,582
Electricity	426,973	432,103	435,266
Electricity for road vehicles from public or private chargers	10		
Steam			11,757
Total Scope 2 (indirect electricity) greenhouse gas emissions	426,983	432,103	469,604

G3 Total Scope 3 (other indirect) greenhouse gas emissions associated with commercial air travel, waste disposal and other indirect emissions

Emission source

Commercial air travel	2,959	1,942	104
Waste emissions	46,812	44,467	40,639
Indirect emissions from stationary energy	67,636	68,475	59,657
Indirect emissions from transport energy	20,823	18,153	12,350
Paper emissions	471	443	854
Any other Scope 3 emissions	7,938	7,622	7,585
Total Scope 3 greenhouse gas emissions	146,639	141,103	121,189
Total reported greenhouse gas emissions per bed day (t CO₂-e/bed day)	0.10	0.11	0.11

Data limitations, explanatory notes and opportunities for further improvement:

- The department changed its cogeneration energy procurement service agreement in October 2021. This has resulted in an increase in natural gas use and associated Scope 1 emissions and a corresponding decrease in the amount of cogeneration electricity and associated Scope 2 emissions being reported.
- Medical gas reporting is based on manual uploads by health services. Data gaps may exist due to data unavailability at the time of reporting. The department will continue to work with health services to improve data quality.

Office-based (department and statutory agencies)

G1 Total Scope 1 (direct) greenhouse gas emissions

Emission source	2023–24 Tonnes CO ₂ -e	2022–23 Tonnes CO ₂ -e	2021–22 Tonnes CO ₂ -e
Scope 1 GHG emissions from stationary fuel (F2)	257	210	124
Scope 1 GHG emissions from vehicle fleet (T3)	227	298	410
F2 and T3 by greenhouse gas			
Carbon dioxide	482	507	533
Methane	.56	0	0
Nitrous Oxide	1	1	1
Total F2 and T3	484	509	535
Total Scope 1 (direct) greenhouse gas emissions	484	509	535

G2 Total Scope 2 (indirect electricity) greenhouse gas emissions

Emission source	2023–24 Tonnes CO ₂ -e	2022–23 Tonnes CO ₂ -e	2021–22 Tonnes CO ₂ -e
Electricity	2,400	1,714	1,648
Total Scope 2 (indirect electricity) greenhouse gas emissions	2,400	1,714	1,648

G3 Total Scope 3 (other indirect) greenhouse gas emissions associated with commercial air travel, waste disposal and other indirect emissions

Emission source	2023–24 Tonnes CO ₂ -e	2022–23 Tonnes CO ₂ -e	2021–22 Tonnes CO ₂ -e
Commercial air travel	169	154	31
Waste emissions (WR5)	47	71	26
Indirect emissions from stationary energy	320	237	192
Indirect emissions from transport energy	227	215	53
Any other Scope 3 emissions	17	13	9
Total Scope 3 greenhouse gas emissions	780	690	312

Data limitations, explanatory notes and opportunities for further improvement:

- Occupied floor space is used when the department and its agencies share offices with other entities with data apportioned using estimated occupied floor space.
- 2023–24 data includes all main department offices and agencies. Offices with a full-time equivalent staff of less than 10 have been excluded as emissions were deemed to be insignificant.

Cemeteries

G1 Total Scope 1 (direct) greenhouse gas emissions

Emission source	2023–24 Tonnes CO ₂ -e	2022–23 Tonnes CO ₂ -e	2021–22 Tonnes CO ₂ -e
Scope 1 GHG emissions from stationary fuel (F2)	2,797	2,436	598
Scope 1 GHG emissions from vehicle fleet (T3)	436	34	27
F2 and T3 by greenhouse gas			
Carbon dioxide	3,221	2,463	622
Methane	6	5	1
Nitrous oxide	5	2	1
Total F2 and T3	3,232	2,470	625
Total Scope 1 (direct) greenhouse gas emissions	3,232	2,470	625

G2 Total Scope 2 (indirect electricity) greenhouse gas emissions

Emission source	2023–24 Tonnes CO ₂ -e	2022–23 Tonnes CO ₂ -e	2021–22 Tonnes CO ₂ -e
Electricity	2,815	2,710	1,604
Total Scope 2 (indirect electricity) greenhouse gas emissions	2,815	2,710	1,604

G3 Total Scope 3 (other indirect) greenhouse gas emissions associated with commercial air travel, waste disposal and other indirect emissions

Emission source	2023–24 Tonnes CO ₂ -e	2022–23 Tonnes CO ₂ -e	2021–22 Tonnes CO ₂ -e
Commercial air travel	43	3	2
Waste emissions	138	30	33
Indirect emissions from stationary energy	627	567	220
Indirect emissions from transport energy	121	6	2
Any other Scope 3 emissions	351	288	251
Total Scope 3 greenhouse gas emissions	1,280	893	508

Data limitations, explanatory notes and opportunities for further improvement:

- FRD 24 is a new requirement for Class A cemeteries and limited data is available for this reporting period. The department will continue to work with the cemeteries to improve future reporting.
- Commercial air travel for 2023–24 captures Ballarat Cemeteries Trust, Geelong Cemeteries Trust, Southern Metropolitan Cemeteries Trust and Greater Metropolitan Trust. Commercial air travel for 2022–23 and 2021–22 captures Ballarat Cemeteries Trust.

Sustainable buildings and infrastructure

Health services

B1 Environmentally sustainable design

The Victorian Health Building Authority (VHBA) administers the *Guidelines for sustainability in health care capital works*. These guidelines:

- > set minimum design targets for the department's healthcare capital works
- > require a suite of standard practice items
- > allocate a dedicated budget to invest in sustainability initiatives and climate adaptation measures.

During 2023–24, the VHBA completed technical sustainability reviews and provided specialist advice to 35 projects to ensure consistent and effective application of the guidelines. Projects reviewed include the new Melton Hospital, Casey Hospital Emergency expansion, Austin Emergency Department stabilisation, Northern Hospital redevelopment, Ballarat Base Hospital redevelopment, the new Footscray Hospital, and the public sector residential aged care program.

A key focus of the technical sustainability reviews in 2023–24 was to deliver projects in alignment with the government announcement in July 2023 that new public and government-owned buildings would be all-electric. Other areas of focus included electrification for existing assets, air tightness of the building, future proofing for electric vehicles, reduction of embodied carbon, and seeking opportunities to increase the recycled content of construction materials.

B5 Environmental performance ratings

National Australian Built Environment Rating System (NABERS) public hospitals ratings 2022–23

	NABERS star rating						Undisclosed ^a	Assessed	Exempt ^b	Total
	1	2	3	4	5	6				
	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
NABERS public hospitals energy	3	14	32	49	30	3	2	133	10	143
NABERS public hospitals water	8	9	27	40	29	13	7	133	10	143

Explanatory notes:

- 1 star = making a start, 2 stars = below average, 3 stars = average, 4 stars = good, 5 stars = excellent, 6 stars = market leading.
- There are 143 hospital buildings within the health portfolio, however, ten hospital building were exempt due to their peer grouping or other event leading to their ineligibility. In total, during 2023–24, 133 building were assessed using 2022–23 data.

Office-based (department and statutory agencies)

B2 New entity leases to preference higher-rated offices

The department continues to consider environmental performance when assessing lease opportunities. The department's buildings have the following NABERS ratings:

- > 50 Lonsdale Street has a 5.5 star NABERS energy rating.
- > 2 Lonsdale Street has a 5.0 star NABERS energy rating.
- > 35 Collins Place has a 4.0 star NABERS energy rating.
- > 570 Bourke Street has a 5.0 star NABERS energy rating.

B3 NABERS energy ratings of newly completed/occupied entity-owned office buildings and substantial tenancy fit-outs

Many of the offices leased by the department have been assessed using the NABERS rating system. This indicator was introduced in 2022–23. The department will continue to work to improve reporting for future reports.

Sustainable procurement

The Victorian Government's *Social procurement framework* outlines the department's sustainable procurement objective. The framework applies to Victorian Government departments and agencies when they procure goods, services and construction. The department's annual *Social procurement strategy 2022–23*, identifies social and environmental outcomes for both construction and non-construction procurement activities.

See the [Social procurement framework](#) disclosure in Section 4 of this report for more information on this.

The department continues to implement initiatives to comply with the 2022–23 statewide ban on the use of single-use plastics, including drinking straws, cutlery, plates, drink stirrers, cotton bud sticks, and expanded polystyrene food service items and drink containers. The ban covers the supply and distribution of these objects.

a 'Undisclosed' indicates hospitals that do not meet the minimum benchmark for their peer group to receive a rating.

b Exempt hospitals include specialist hospitals that are unable to be rated under NABERS, or sites unable to provide the required operational data for the rating period

Water use

Health services

W1 Total units of metered water consumed

Water source	2023–24 kl	2022–23 kl	2021–22 kl
Potable water	4,730,494	4,403,862	4,177,230
Rainwater, alternate supply and reused water	136,386	56,966	66,721
Total water consumption	4,866,882	4,460,828	4,243,952

W2 Units of metered water consumed (normalised)

Normalised measure	2023–24	2022–23	2021–22
Water per unit OBD [kL/OBD]	0.65	0.62	0.63
Water per unit of floor space [kL/m ²]	1.24	1.15	1.13

Data limitations, explanatory notes and opportunities for further improvement:

- 2022–23 data includes a 10 per cent estimate due to some billing data being unavailable at the time of reporting.
- OBD – occupied bed day: Total number of bed days of all admitted patients and public sector residential aged care beds accommodated during the reporting period, taken from a count of the number of inpatients at about midnight each day.
- Rainwater, alternative supply and reused water includes rainwater, reject dialysis water and Class A recycled water. Data is provided from three health services. Reductions in the volume of non-potable water used are due to a combination of factors, including reduced opportunities to use non-potable water in clinical areas and less source water to capture for reuse.

Office-based (department and statutory agencies)

W1 Total units of metered water consumed

Water source	2023–24 kL	2022–23 kL	2021–22 kL
Potable water	9,868	7,588	5,163
Total water consumption	9,868	7,588	5,163

W2 Units of metered water consumed (normalised)

Normalised measure	2023–24	2022–23	2021–22
Water per unit of floor space [kL/m ²]	0.25	0.10	0.15

Data limitations, explanatory notes and opportunities for further improvement:

- Occupied floor space is used when the department and its agencies share offices with other entities with data apportioned using estimated occupied floor space.
- 2023–24 data includes all main department offices and agencies. Offices with a full-time equivalent staff of less than 10 have been excluded as emissions were deemed to be insignificant.
- Office-based water use data for the last quarter for 2023–24 includes estimates, due to some data being unavailable from water retailers at the time of reporting.

Cemeteries

W1 Total units of metered water consumed

Water source	2023–24 kL	2022–23 kL	2021–22 kL
Potable water	191,169	163,750	133,952
Reused water	41,200	N/A	N/A
Total water consumption	232,369.14	163,749.72	133,951.74

Data limitations, explanatory notes and opportunities for further improvement:

- FRD 24 is a new requirement for Class A cemeteries. The department will continue to work with the cemeteries to improve future reporting.
- Data for reused water 2023–24 captures Remembrance Parks Central Victoria.

Waste and recycling

Health services

WR1 Total units of waste disposed

Waste stream and disposal method	2023–24 Tonnes (%)	2022–23 Tonnes (%)	2021–22 Tonnes (%)
Landfill			
General waste	30470	27,956	24175
Total landfill	30,470 (65%)	27,956 (62%)	27,956 (60%)
Offsite treatment			
Clinical waste – incinerated	892 (2%)	803 (2%)	481 (1%)
Clinical waste – sharps	494 (1%)	467 (1%)	473 (1%)
Clinical waste – treated	4,442 (10%)	5,239 (11%)	6,288 (13%)
Total offsite treatment	5,828 (13%)	6,509 (14%)	7,242 (16%)
Recycling/recovery (disposal)			
Cardboard	4,049 (9%)	4,035 (9%)	3,620 (8%)
Commingled	3,246 (7%)	3,632 (8%)	3,294 (7%)
Paper (confidential and recycling)	1,785 (4%)	1,637 (4%)	1,269 (3%)
Other recycling	1,295 (3%)	984 (2%)	944 (2%)
Total recycling/recovery (disposal)	10,374 (22%)	10,288 (22%)	9,127 (20%)
Total units of waste disposed	46,673	44,754	40,544

WR2 Percentage of office sites covered by dedicated collection services for each waste stream

N/A

WR3 Total units of waste disposed (normalised)

Normalised measure	2023–24 kg/PPT	2022–23 kg/PPT	2021–22 kg/PPT
Total waste to landfill per patient treated (kg general waste)/PPT	2.60	2.52	2.31
Total waste to offsite treatment per patient treated (kg offsite treatment)/PPT	0.50	0.59	0.69
Total waste recycled and reused per patient treated (kg recycled and reused)/PPT	0.89	0.93	0.87

WR4 recycling rate

	2023–24	2022–23	2021–22
Calculation inputs			
Recyclable and organic materials [tonnes]	10,374	10,288	9,127
Total waste [tonnes]	46,673	44,754	40,544
Recycling rate [%]	22%	22%	20%

WR5 Greenhouse gas emissions associated with waste disposal

Emissions source	2023–24 Tonnes CO₂-e	2022–23 Tonnes CO₂-e	2021–22 Tonnes CO₂-e
Waste disposal	46,812	44,467	40,639

Data limitations, explanatory notes and opportunities for further improvement:

- Other recycling includes recycling of batteries, blister packs, e-waste, fluorescent tubes, grease traps, mattresses, metals, mobile phones, organics (food), organics (garden), other recycling, packaging plastics/films, polystyrene foam, PVC, reused beds, and furniture, reused medical supplies and equipment, reused textiles, sterilization wraps, toner & print cartridges and wood.
- Data on the proportion of sites with dedicated collection services was not available for 2023–24. The department will continue to work with health services to improve data collection and reporting.
- PPT – per patient treated, which is an aggregation of occupied bed days, separations and emergency department presentations.

Office-based (department and statutory agencies)

WR1 Total units of waste disposed

Waste stream and disposal method	2023–24 kg (%)	2022–23 kg (%)	2021–22 kg (%)
Landfill			
General waste	29,295 (68%)	44,512 (65%)	16,421 (48%)
Total landfill	29,295 (68%)	44,512 (65%)	16,421 (48%)
Recycling/recovery (disposal)			
Commingled	3,836 (9%)	4,590 (7%)	17,716 (51%)
Organics (food)	3,408 (8%)	3,688 (5%)	303 (1%)
Paper (confidential)	5,789 (13%)	14,135 (21%)	N/A
Paper (recycling)	636 (1%)	1,921 (3%)	N/A
Toner & print cartridges	N/A	25 (<1%)	N/A
Total recycling/recovery (disposal)	13,669	24,359	18,019
Total units of waste disposed	42,964	68,871	34,440

WR2 Percentage of office sites covered by dedicated collection services for each waste stream

N/A

WR3 Total units of waste disposed (normalised)

Normalised measure	2024–23 Kg/FTE	2022–23 Kg/FTE	2021–22 Kg/FTE
Total waste general waste per FTE (kg general waste)/FTE	11	13	5
Total waste commingled per FTE (kg commingled)/FTE	1	1	6
Total waste organics (food) per FTE (kg organics (food))/FTE	1	1	0.1
Total waste paper (confidential) per FTE (kg paper (confidential))/FTE	2	4	N/A
Total waste paper (recycling) per FTE (kg paper (recycling))/FTE	0	1	N/A
Total waste toner & print cartridges per FTE (kg toner & print cartridges)/FTE	0	0.007	N/A
Total waste disposed per FTE (kg Total waste disposed)/FTE	15	21	11

WR4 Recycling rate

	2023–24	2022–23	2021–22
Calculation inputs			
Weight of recyclable and organic materials [kg]	13,669	24,359	18,019
Weight of total waste [kg]	42,964	68,871	34,440
Recycling rate [%]	32%	35%	52%

WR5 Greenhouse gas emissions associated with waste disposal

Emissions source	2023–24 Tonnes CO ₂ -e	2022–23 Tonnes CO ₂ -e	2021–22 Tonnes CO ₂ -e
Waste disposal	47	71	26

Data limitations, explanatory notes and opportunities for further improvement:

- Occupied floor space is used when the department and its agencies share offices with other entities with data apportioned using estimated occupied floor space.
- 2023–24 data includes all main department offices and agencies. Offices with a full-time equivalent staff of less than 10 have been excluded as emissions were deemed to be insignificant.
- Data on the proportion of sites with dedicated collection services was not available for 2023–24. The department will continue to work to improve data collection and reporting.
- Office-base waste data was provided by Bintracker for 2023–24.
- FTE = full-time staff equivalent

Cemeteries**WR1 Total units of waste disposed**

Waste stream and disposal method	2023–24 kg (%)	2022–23 kg (%)	2021–22 kg (%)
Landfill			
General waste	105,844 (80%)	22,800 (96%)	25,200 (97%)
Total landfill	105,844 (80%)	22,800 (96%)	25,200 (97%)
Recycling/recovery (disposal)			
Batteries	10 (0.01%)	10	10
Cardboard	3,441 (2.6%)	800	600
Commingled	3,960 (3%)	N/A	N/A
E-waste	100 (0.08%)	100 (0.42%)	100 (0.39)
Metals	3442 (2.6%)	N/A	N/A
Organics (garden)	14560 (11%)	N/A	N/A
Paper (confidential)	1,094 (0.8%)	N/A	N/A
Toner & print cartridges	50 (0.04%)	20 (0.08%)	20 (0.08%)
Total recycling/recovery (disposal)	26,657 (20%)	930	730
Total units of waste disposed	132503	23,730	25,930

WR4 Recycling rate

	2023–2024	2022–2023	2021–2022
Calculation inputs			
Weight of recyclable and organic materials [kg]	26,658	930	730
Weight of total waste [kg]	132,503	23,730	25,930
Recycling rate [%]	20%	4%	3%

WR5 Greenhouse gas emissions associated with waste disposal

Emissions source	2023–24 Tonnes CO₂-e	2022–23 Tonnes CO₂-e	2021–22 Tonnes CO₂-e
Waste disposal	138	30	33

Data limitations, explanatory notes and opportunities for further improvement:

- FRD 24 is a new requirement for Class A cemeteries. The department will continue to work with Class A cemeteries to improve future reporting.
- Paper (confidential) 2023–24, for both kilograms and percentage rate, captures Geelong Cemeteries Trust.
- General waste data for cemeteries 2023–24 in this report only includes information from Ballarat General Cemeteries Trust, Geelong Cemeteries Trust and Remembrance Parks Central Victoria. The department will work with the remaining cemeteries trusts to improve data capturing for future reporting.
- Recycling/recovery (disposal) data 2023–24 in this report only includes information from Ballarat General Cemeteries Trust and Geelong Cemeteries Trust. The department will work with the remaining cemeteries trusts to improve data capturing for future reporting.
- Data for batteries and E-waste, for both kilograms and percentage rate, captures Ballarat Cemeteries Trust.
- Data for organics (garden) 2023–24 captures Geelong Cemeteries Trust.

Additional departmental information available on request

In compliance with Financial Reporting Direction 22 issued under the *Financial Management Act 1994*, information on the items listed below has been retained by the department and is available on request, subject to the provisions of the *Freedom of Information Act 1982*.

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

Requests may be made in writing to:

Chief Communications Officer
GPO Box 4057
Melbourne VIC 3001

[Email DH Communications Enquiries](mailto:dhcommunicationsenquiries@health.vic.gov.au)
<dhcommunicationsenquiries@health.vic.gov.au>

Ministerial Statement of expectations

The Department of Treasury and Finance's *Statement of expectations framework for regulators* is designed to facilitate a dialogue between ministers, departments and regulators to identify the government's priorities and emerging risks and to establish a process for addressing these priorities through regulators' business planning processes.

Statements of expectations aim to establish clear expectations for regulator performance and improvement between responsible ministers and regulators.

There are 12 health regulators within the Health portfolio that are subject to the *Statement of expectations framework for regulators*. Of these, the following 10 regulators are internal to the department:

- > Child Safe Standards Regulator
- > Communicable Disease Section
- > Medicines and Poisons Regulation
- > Environmental Health Regulation and Compliance – Legionella Team
- > Environmental Health Regulation and Compliance – Pesticide Safety Team
- > Environmental Health Regulation and Compliance – Radiation Team
- > Food Safety Unit
- > Health Service Facilities Regulation Unit
- > Tobacco and E-Cigarettes Team
- > Water Unit.

We also support the following two external regulators:

- > Victorian Assisted Reproductive Treatment Authority
- > Victorian Pharmacy Authority.

The Minister for Health issued statements of expectations to these regulators on 1 July 2023, available at [The Department's Ministerial Statements of Expectations for regulators webpage](http://www.health.vic.gov.au/ministerial-statements-of-expectations) <www.health.vic.gov.au/ministerial-statements-of-expectations>.

Financial Management Compliance Attestation Statement

I, Euan Wallace, as the Responsible Body, certify that the Department of Health has no Material Compliance Deficiency with respect to the applicable Standing Directions under the *Financial Management Act 1994* and Instructions.



Euan Wallace
Secretary
Department of Health

6 September 2024

Asset management accountability framework maturity assessment

This disclosure summarises the department's assessment of maturity against the requirements of the *Asset management accountability framework* (AMAF). The AMAF is a non-prescriptive, devolved accountability model of asset management that requires compliance with 41 mandatory requirements. These requirements can be found on the [Department of Treasury and Finance AMAF website](https://www.dtf.vic.gov.au/infrastructure-investment/asset-management-accountability-framework) <<https://www.dtf.vic.gov.au/infrastructure-investment/asset-management-accountability-framework>>.

The department's target maturity rating is 'competence', meaning systems and processes fully in place, consistently applied and systematically meeting the AMAF requirements, including a continuous improvement process to expand system performance above AMAF minimum requirements.

The following text and the charts on the following page summarise the results of the department's AMAF assessment.

Leadership and accountability (requirements 1–19)

There is no material non-compliance reported in this category. The department has met some of its target maturity level in this category but did not comply with some requirements in the category. A plan for improvement is in place to improve the department's maturity rating in these areas.

Planning (requirements 20–23)

There is no material non-compliance reported in this category. The department has met some of its target maturity level in this category but did not comply with some other requirements. A plan for improvement is in place to improve the department's maturity rating in these areas.

Acquisition (requirements 24 and 25)

The department has met its target maturity level in this category.

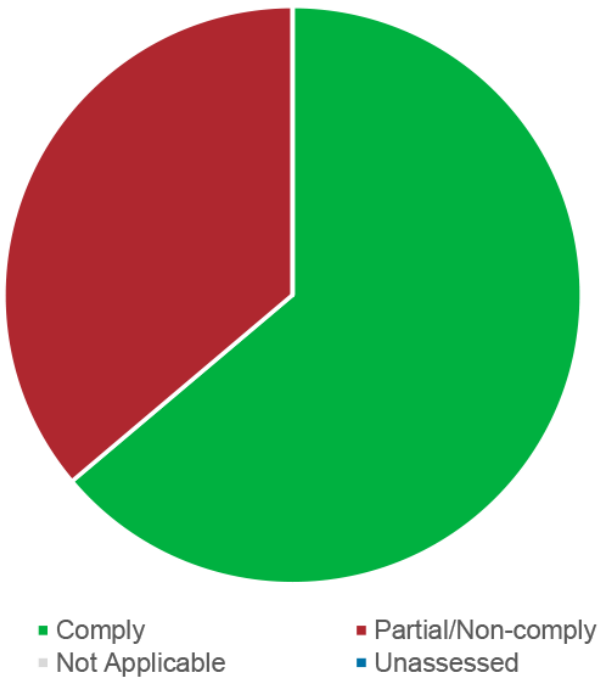
Operation (requirements 26–40)

There is no material non-compliance reported in this category. The department did not comply with the requirements in the areas of monitoring and preventative action and information management. A plan for improvement is in place to improve the department’s maturity rating in these areas.

Disposal (requirement 41)

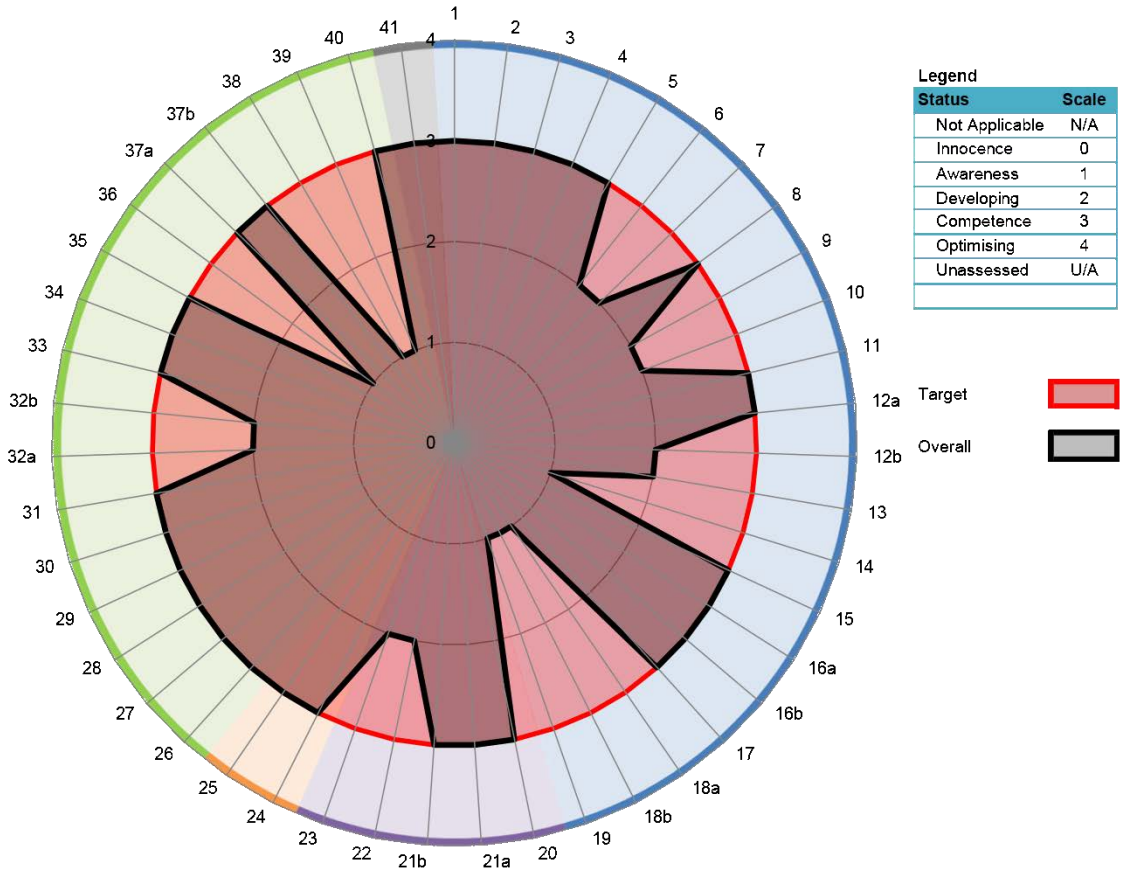
The department has met its target maturity level in this category.

AMAF Compliance



Compliance and maturity rating tool

Asset management maturity



Department of Health: Financial statements for the financial year ended 30 June 2024

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Declaration in the financial statements

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

We further state that, in our opinion, the information set out in the Comprehensive operating statement, Balance sheet, Cash flow statement, Statement of changes in equity and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2024 and financial position of the department as at 30 June 2024.

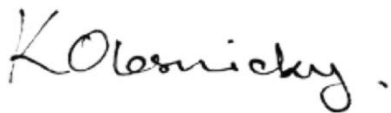
At the time of signing, we are not aware of any circumstance which would render any particulars included in the financial statements to be misleading or inaccurate.

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



Euan Wallace
Secretary
Department of Health

Melbourne
5 September 2024



Karen Olesnicky
Chief Finance Officer
Department of Health

Melbourne
5 September 2024

Independent auditor's report

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Independent Auditor's Report

To the Secretary of the Department of Health

Opinion	<p>I have audited the financial report of the Department of Health (the department) which comprises the:</p> <ul style="list-style-type: none"> • balance sheet as at 30 June 2024 • comprehensive operating statement for the year then ended • statement of changes in equity for the year then ended • cash flow statement for the year then ended • notes to the financial statements, including material accounting policy information • declaration in the financial statements. <p>In my opinion the financial report presents fairly, in all material respects, the financial position of the department as at 30 June 2024 and its financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the <i>Financial Management Act 1994</i> and applicable Australian Accounting Standards.</p>
Basis for Opinion	<p>I have conducted my audit in accordance with the <i>Audit Act 1994</i> which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the <i>Auditor's Responsibilities for the Audit of the Financial Report</i> section of my report.</p> <p>My independence is established by the <i>Constitution Act 1975</i>. My staff and I are independent of the department in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 <i>Code of Ethics for Professional Accountants</i> (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code.</p> <p>I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.</p>
Secretary's responsibilities for the financial report	<p>The Secretary of the department is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the <i>Financial Management Act 1994</i>, and for such internal control as the Secretary determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.</p> <p>In preparing the financial report, the Secretary is responsible for assessing the department's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.</p>

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Auditor's responsibilities for the audit of the financial report

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

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

- identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the department's internal control
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Secretary
- conclude on the appropriateness of the Secretary's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the department's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the department to cease to continue as a going concern.
- evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Secretary regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

MELBOURNE
12 September 2024



Roberta Skliros
as delegate for the Auditor-General of Victoria

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Comprehensive operating statement for the financial year ended 30 June 2024

	Note	2024 \$M	2023 \$M
Revenue and income from transactions			
Output appropriations	2.3	14,689.1	14,784.0
Special appropriations	2.3	3,127.6	2,962.2
Grants	2.4.1	1,176.0	2,407.7
Fair value of assets and services received free of charge or for nominal consideration	2.4.2	0.4	7.0
Other income	2.4.3	89.9	119.4
Total revenue and income from transactions		19,083.0	20,280.3
Expenses from transactions			
Employee benefits	3.1.1(a)	551.4	526.1
Depreciation and amortisation	5.1.1	42.1	37.7
Interest expense	7.1.2	75.1	37.5
Maintenance		0.8	0.9
Grants and other expense transfers	3.1.2	17,719.7	19,232.4
Fair value of assets and services provided free of charge or for nominal consideration	3.1.3	36.0	305.8
Other operating expenses	3.1.4	406.9	555.3
Total expenses from transactions		18,832.0	20,695.7
Net result from transactions (net operating balance)		250.9	(415.5)
Other economic flows included in net result			
Net gain/(loss) on non-financial assets ⁽ⁱ⁾	9.2(a)	(134.8)	(522.0)
Net gain/(loss) on financial instruments ⁽ⁱⁱ⁾	9.2(b)	1.1	1.7
Other gains/(losses) from other economic flows	9.2(c)	1.3	21.7
Total other economic flows included in net result		(132.4)	(498.6)
Net result		118.5	(914.1)
Other economic flows – other comprehensive income			
Items that will not be reclassified to net result			
Changes in physical asset revaluation surplus	9.3	343.6	100.4
Total other economic flows – other comprehensive income		343.6	100.4
Comprehensive result		462.0	(813.7)

The comprehensive operating statement should be read in conjunction with the notes to the financial statements.

This format is aligned to AASB 1049 *Whole of Government and General Sector Financial Reporting*.

Note:

- (i) 'Net gain/(loss) on non-financial assets' includes unrealised and realised gains/(losses) from revaluations, impairments, and disposals of all physical assets and intangible assets, except when these are taken through the asset revaluation surplus.
- (ii) 'Net gain/(loss) on financial instruments' includes bad and doubtful debts from other economic flows, unrealised and realised gains/(losses) from revaluations, impairments and reversals of impairment, and gains/(losses) from disposals of financial instruments.

Balance sheet as at 30 June 2024

	Note	2024 \$M	2023 \$M
Assets			
Financial assets			
Cash and deposits	7.3	120.5	531.7
Receivables	6.1	4,157.3	4,505.7
Loans	6.2	15.2	63.4
Total financial assets		4,293.0	5,100.7
Non-financial assets			
Inventories	6.6	166.2	336.6
Property, plant and equipment	5.1	4,023.1	2,470.7
Intangible assets	5.2	37.3	35.9
Other non-financial assets	6.3	71.9	135.2
Total non-financial assets		4,298.5	2,978.4
Total assets		8,591.5	8,079.1
Liabilities			
Financial liabilities			
Payables	6.4	1,910.5	2,750.1
Borrowings	7.1	1,980.3	1,096.8
Employee-related provisions	3.1.1(b)	123.8	140.3
Other provisions	6.5	57.1	22.1
Other financial liabilities	6.7	37.3	19.1
Total financial liabilities		4,108.9	4,028.4
Total liabilities		4,108.9	4,028.4
Net assets		4,482.6	4,050.7
Equity			
Accumulated surplus/(deficit)		3,472.5	3,357.0
Physical asset revaluation surplus	9.3	941.1	597.6
Contributed capital		69.0	96.2
Net worth		4,482.6	4,050.7

The balance sheet should be read in conjunction with the notes to the financial statements.

Cash flow statement for the financial year ended 30 June 2024

	Note	2024 \$M	2023 \$M
Cash flows from operating activities			
Receipts			
Output appropriations		14,629.6	14,407.8
Special appropriations		3,127.6	2,962.2
Funds from other authorities		1,587.7	2,692.6
Other receipts		93.5	124.2
GST recovered from Australian Taxation Office ⁽ⁱ⁾		500.7	498.3
Total receipts		19,939.1	20,685.0
Payments			
Grants and other expense transfers		(18,980.4)	(18,701.6)
Employee benefits		(568.2)	(574.1)
Supplies and services		(455.7)	(827.6)
Interest and other costs of finance paid		(0.3)	(37.5)
Maintenance		(1.0)	(1.0)
Total payments		(20,005.5)	(20,141.8)
Net cash flows from/(used in) operating activities	7.3.1	(66.4)	543.2
Cash flows from investing activities			
Proceeds from the sale of non-financial assets		1.1	1.0
Client loans repaid		8.7	11.8
Payment for non-financial assets		(358.6)	(117.1)
Net cash flows from/(used in) investing activities		(348.8)	(104.4)
Cash flows from financing activities			
Net receipts/(payments) for advances		(2.8)	(16.3)
Cash received/(paid) from activities transferred in/(out) – machinery of government changes		2.0	1.3
Owner contributions by Victorian Government - appropriation for capital expenditure purposes		36.4	15.0
Payments of capital contributions		(36.2)	(11.2)
Repayment of borrowings and principal portion of lease liability ⁽ⁱⁱ⁾		4.8	(2.3)
Net cash flows from/(used in) financing activities		4.0	(13.5)
Net increase/(decrease) in cash and deposits		(411.2)	425.3
Cash and deposits at beginning of financial year		531.7	106.3
Cash and deposits at the end of financial year	7.3	120.5	531.7

The cash flow statement should be read in conjunction with the notes to the financial statements.

Notes:

- (i) Goods and services tax (GST) recovered from the Australian Taxation Office is presented on a net basis.
- (ii) The department has recognised cash payments for the principal portion of lease payments as financing activities, and cash payments for the interest portion as operating activities consistent with the presentation of interest payments and short-term lease payments for leases and low-value assets as operating activities.

Statement of changes in equity for the financial year ended 30 June 2024

	Note	Physical asset revaluation surplus Total \$M	Accumulated surplus/ (deficit) Total \$M	Contributed capital Total \$M	Total Total \$M
Balance at 1 July 2022		497.2	4,269.8	96.2	4,863.2
Prior period adjustments ⁽ⁱ⁾	9.3	–	1.2	–	1.2
Restated balance at 1 July 2022		497.2	4,271.1	96.2	4,864.4
Net result for the year		–	(914.1)	–	(914.1)
Changes in physical asset revaluation surplus	9.3	100.4	–	–	100.4
Administrative restructure – net assets received	4.3	–	–	1.3	1.3
Capital contributions by Victorian State Government		–	–	16.3	16.3
Capital contributions to agencies		–	–	(11.0)	(11.0)
Capital transferred to administered entity		–	–	(6.6)	(6.6)
Balance at 30 June 2023		597.6	3,357.0	96.2	4,050.7
Prior period adjustments ⁽ⁱⁱ⁾	9.3	–	(3.0)	–	(3.0)
Restated balance at 1 July 2023		597.6	3,354.0	96.2	4,047.7
Net result for the year		–	118.5	–	118.5
Changes in physical asset revaluation surplus	9.3	343.6	–	–	343.6
Administrative restructure – net assets received	4.3	–	–	–	–
Entities consolidated pursuant to section 53(1)(b) of the FMA – net assets received		–	–	2.0	2.0
Capital contributions by Victorian State Government		–	–	36.4	36.4
Capital contributions to agencies		–	–	(32.0)	(32.0)
Capital transferred to administered entity		–	–	(33.5)	(33.5)
Balance at 30 June 2024		941.1	3,472.5	69.0	4,482.6

The statement of changes in equity should be read in conjunction with the notes to the financial statements.

Notes:

- (i) The prior period adjustment in 2023 relates to the capitalisation of expenditure on land for Ambulance Victoria at 13 Sustainable Drive, Craigieburn.
- (ii) The prior period adjustment in 2024 relates to expensing of capitalised land at 28-34 Lydiard Street, Ballarat purchased by Grampians Health.

Notes to and forming part of the financial statements for the financial year ended 30 June 2024

1. About this report

The Department of Health (the department) is a government department of the State of Victoria (the state), established pursuant to an order made by the Premier under the *Public Administration Act 2004*. It is an administrative agency acting on behalf of the Crown.

Its principal address is:

Department of Health
50 Lonsdale Street
Melbourne VIC 3000

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

Basis of preparation

These financial statements cover the department as an individual reporting entity and include all the controlled activities of the department.

Where control of an entity is obtained during the financial year, its results are included in the comprehensive operating statement from the date on which control commenced. Where control ceases during the financial year, the entity's results are included for that part of the period in which control existed. Where entities adopt dissimilar accounting policies and their effect is considered material, adjustments are made to ensure consistent policies are adopted in these financial statements.

The following Administrative Office has been consolidated into the department's financial statements under s. 45(4) of the FMA:

- Safer Care Victoria.

Pursuant to a determination made by the Assistant Treasurer under s. 53(1)(b) of the FMA, the department's financial statements include:

- Mental Health Tribunal
- Victorian Collaborative Centre for Mental Health and Wellbeing
- Victorian Assisted Reproductive Treatment Authority
- Mental Health and Wellbeing Commission

All entities included in the department's financial statements under s. 53(1)(b) of the FMA are reported in aggregate and are not controlled by the department. In preparing financial statements for the department, all material transactions and balances between the entities are eliminated.

These financial statements are presented in Australian dollars and the historical cost convention is used unless a different measurement basis is specifically disclosed in the note associated with the item measured on a different basis.

The accrual basis of accounting has been applied in the preparation of these financial statements, except for cash flow information, whereby assets, liabilities, equity, income and expenses are recognised in the reporting period to which they relate, regardless of when cash is received or paid.

Consistent with the requirements of AASB 1004 *Contributions*, contributions by owners (that is, contributed capital and its repayment) are treated as equity transactions and, therefore, do not form part of the income and expenses of the department.

Additions to net assets which have been designated as contributions by owners are recognised as contributed capital. Other transfers that are in the nature of contributions to or distributions by owners have also been designated as contributions by owners.

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

Judgements, estimates and assumptions are required to be made about the financial information being presented. The significant judgements made in the preparation of these financial statements are disclosed in the notes where amounts affected by those judgements are disclosed. Estimates and associated assumptions are based on professional judgements derived from historical experience and various other factors that are believed to be reasonable under the circumstances. Actual results may differ from these estimates. All relevant judgements are included in the applicable notes.

Revisions to accounting estimates are recognised in the period in which the estimate is revised and also in future periods that are affected by the revision. Judgements and assumptions made by management in applying Australian Accounting Standards (AAS) that have significant effect on the financial statements and estimates are disclosed in the notes under the heading 'Significant judgement'.

The financial statements have been prepared on a going-concern basis.

All amounts in the financial statements have been rounded to the nearest million (\$M) unless otherwise stated.

Where applicable, the comparative figures have been restated to align with the presentation in the current year.

Compliance information

These general purpose financial statements have been prepared in accordance with the FMA and applicable AASs which include Interpretations issued by the Australian Accounting Standards Board (AASB). In particular, they are presented in a manner consistent with the requirements of AASB 1049 *Whole of Government and General Government Sector Financial Reporting*.

Where appropriate, those AAS paragraphs applicable to not-for-profit entities have been applied. Accounting policies selected and applied in these financial statements ensure that the resulting financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions or other events is reported.

These annual financial statements were authorised for issue by the Secretary of the Department of Health on 5 September 2024.

2. Funding delivery of our services

Introduction

The department's overall objective is to develop and deliver policies, programs and services to help Victorians stay healthy and safe and to deliver a world-class healthcare system that leads to better health outcomes for all Victorians.

To enable the department to fulfil its objective and provide outputs as described in section 4 'Disaggregated financial information by output', it receives income predominantly from the accrual-based parliamentary appropriations and also from the supply of services.

Structure

- 2.1 Summary of revenue and income that fund the delivery of our services
- 2.2 Appropriations
- 2.3 Summary of compliance with annual parliamentary and special appropriations
- 2.4 Revenue and income from transactions
 - 2.4.1 Grants
 - 2.4.2 Fair value of assets and services received free of charge or for nominal consideration
 - 2.4.3 Other income
- 2.5 Annotated income agreements

2.1 Summary of revenue and income that fund the delivery of our services

	Note	2024 \$M	2023 \$M
Output appropriations ⁽ⁱ⁾	2.2,2.3	14,689.1	14,784.0
Special appropriations	2.2,2.3	3,127.6	2,962.2
Grants and other income transfers ⁽ⁱⁱ⁾	2.4.1	1,176.0	2,407.7
Fair value of assets and services received free of charge or for nominal consideration	2.4.2	0.4	7.0
Other income	2.4.3	89.9	119.4
Total revenue and income from transactions		19,083.0	20,280.3

Notes:

(i) 2023 includes the state contribution to the Victorian State Pool Account for activity-based funding in scope of the National Health Reform Agreement (refer to Note 3.1.2). Output appropriations contain only State Pool funding.

(ii) 2023 includes funding through the National Partnership on COVID-19 Response which ceased on 31 December 2022.

Revenue and income that fund delivery of the department's services are accounted for consistently with the requirements of the relevant accounting standards in the following notes.

2.2 Appropriations

Once annual parliamentary appropriations are applied by the Treasurer, they become controlled by the department and are recognised as income when applied to the purposes defined under the relevant Appropriations Act.

Output appropriations: Income from the outputs the department provides to the government is recognised when those outputs have been delivered and the relevant minister has certified delivery of those outputs in accordance with specified performance criteria.

Special appropriations: Under ss. 3.6.11, 4.4.11, 4.6.8, 5.4.6, and 6A.4.4(1) of the *Gambling Regulation Act 2003* and s. 114 of the *Casino Control Act 1991*, income related to the Hospitals and Charities Fund is recognised when the amounts appropriated for that purpose are due and payable by the department. The department also receives special appropriations to contribute to mental health services under the *Mental Health and Wellbeing Act 2022* and for various purposes approved under s. 10 of the FMA.

2.3 Summary of compliance with annual parliamentary and special appropriations

The following table discloses the details of the various annual parliamentary appropriations received by the department for the year.

In accordance with accrual output-based management procedures, 'provision of outputs' and 'additions to net assets' are disclosed as 'controlled' activities of the department. Administered transactions are those that are undertaken on behalf of the state over which the department has no control or discretion (refer to Note 4.2).

	Appropriation Act		FMA				Total parliamentary authority \$M	Appropriations applied \$M	Variance \$M
	Annual appropriation \$M	Advance from Treasurer \$M	Section 29 ⁽ⁱ⁾ \$M	Section 30 ⁽ⁱⁱ⁾ \$M	Section 32 \$M	Section 35 advances \$M			
2024									
Controlled									
Provision of outputs	12,539.2	2,104.4	470.2	131.2	24.3	–	15,269.4	14,689.1	580.3 ⁽ⁱⁱⁱ⁾
Additions to net assets	419.1	–	43.1	(131.2)	–	–	331.0	5.6	325.4 ^(iv)
Administered									
Payments made on behalf of the state	–	–	–	–	–	–	–	–	–
Total	12,958.4	2,104.4	513.3	–	24.3	–	15,600.4	14,694.7	905.7
2023									
Controlled									
Provision of outputs	12,207.7	2,200.8	433.9	83.3	43.8	399.3	15,368.8	14,784.0	584.8 ^(v)
Additions to net assets	131.6	–	58.3	(83.3)	–	–	106.5	8.6	98.0 ^(vi)
Administered									
Payments made on behalf of the state	–	–	–	–	–	–	–	–	–
Total	12,339.2	2,200.8	492.1	–	43.8	399.3	15,475.3	14,792.6	682.7

Notes:

(i) Refer to Note 2.5 for further detail.

(ii) Transfer from the additions to net assets authority to appropriation for provision of outputs mainly relates to capital projects that are delivered via non-portfolio agencies, and design and feasibility studies costs which will not be capitalised and result in output appropriation costs to the department.

(iii) The provision of outputs variance of \$580.3 million comprises \$156.4 million relating to funding for services and projects that will be sought in 2024–25, and \$423.8 million relating to output appropriation authority not applied in 2023–24. The unapplied authority primarily reflects Treasurer's Advance funding not required and special appropriations applied instead of output appropriation due to higher mental health and wellbeing levy revenues.

(iv) The additions to net assets variance of \$325.4 million comprises \$37.5 million relating to funding for capital projects that will be sought in 2024–25 and outyears, and \$287.9 million relating to appropriation authority not applied in 2023–24. The unapplied authority reflects depreciation equivalent funding being utilised as the funding source in accordance with the *Resource Management Framework*.

(v) The provision of outputs variance of \$584.8 million comprised \$60.1 million relating to funding for services and projects that were requested in 2023–24, and \$524.7 million relating to output appropriation authority not applied in 2022–23. The unapplied authority primarily reflected higher gaming and mental health and wellbeing levy revenue received, unutilised Advance to Treasurer, savings and funding re-cashflowed to deliver outputs in 2022–23 and outyears.

(vi) The additions to net assets variance of \$98 million comprised \$49.7 million relating to funding for capital projects that were requested in 2023–24 and outyears, and \$48.3 million relating to appropriation authority not applied in 2022–23. The unapplied authority reflected funding re-cashflowed to deliver capital projects in 2023–24 and outyears.

The following table discloses the details of compliance with special appropriations:

Authority	Purpose	Appropriation applied	
		2024 \$M	2023 \$M
Section 4.4.11 and 4.6.8 of the <i>Gambling Regulation Act 2003</i>	Contribution to the Hospitals and Charities Fund	–	163.9
Section 35 of the <i>Gambling Taxation Act 2023</i>	Contribution to the Hospitals and Charities Fund	156.6	–
Section 5.4.6 of the <i>Gambling Regulation Act 2003</i>	Contribution to the Hospitals and Charities Fund	659.1	594.1
Section 114 of the <i>Casino Control Act 1991</i>	Contribution to the Hospitals and Charities Fund	–	9.8
Section 9 of the <i>Gambling Taxation Act 2023</i>	Contribution to the Hospitals and Charities Fund	8.7	–
Section 3.6.11 of the <i>Gambling Regulation Act 2003</i>	Contribution to the Hospitals and Charities Fund	1,081.3	1,061.7
Section 6A.4.4(1) of the <i>Gambling Regulation Act 2003</i>	Contribution to the Hospitals and Charities Fund	–	12.0
Section 27 of the <i>Gambling Taxation Act 2023</i>	Contribution to the Hospitals and Charities Fund	12.6	–
Section 743 of the <i>Mental Health and Wellbeing Levy Act 2022</i>	Contribution to mental health services funding	1,200.6	1,105.0
Section 10 of the FMA	Access to various Commonwealth grants – provision of outputs	8.6	15.7
Total special appropriations – Provision of outputs		3,127.6	2,962.2
Section 10 of the FMA	Access to various Commonwealth grants-additions to net assets	30.8	7.7
Total special appropriations – Additions to net assets		30.8	7.7
Total special appropriations		3,158.4	2,969.9

2.4 Revenue and income from transactions

2.4.1 Grants

	2024 \$M	2023 \$M
Income recognised under AASB 1058	1,165.3	2,399.1
Revenue recognised under AASB 15	10.7	8.6
Total grants	1,176.0	2,407.7
Represented by:		
Victorian Government		
Department of Treasury and Finance	0.1	0.1
Department of Education and Training	2.7	130.2
Department of Families, Fairness and Housing	9.2	22.0
Department of Energy, Environment and Climate Action	8.4	10.2
Department of Justice and Community Safety	13.6	1.3
Department of Jobs, Skills, Industry and Regions	2.5	3.1
Department of Premier and Cabinet	8.3	–
Department of Transport and Planning	3.3	–
Court Services Victoria	1.1	5.3
Other public bodies	–	8.4
Commonwealth Government		
Victorian State Pool Account ⁽ⁱ⁾	1,116.1	2,218.5
Other Australian jurisdictions		
Departments and agencies from other Australian jurisdictions	10.7	8.7
Total grants	1,176.0	2,407.7

Notes:

- (i) 2023 includes funding of \$0.9 billion through the National Partnership on COVID–19 Response which ceased on 31 December 2022.

Significant judgement: Grants revenue and income

The department has made judgement on the recognition of grants revenue and income, as income of not-for-profit entities, where they do not contain sufficiently specific performance obligations. Revenue from grants that are enforceable and with sufficiently specific performance obligations is accounted for as revenue from contracts with customers, and is recognised when the department satisfies the performance obligation by providing the relevant services to the agencies. Income from grants to construct the capital assets that are controlled by the department is recognised progressively as the asset is constructed. The progressive percentage costs incurred are used to recognise income because these most closely reflect the progress to completion, with costs incurred as the works are done.

Grants recognised under AASB 1058 *Income of Not-for-Profit Entities*

The department has determined that the grant income included in the table above under AASB 1058 has been earned under arrangements that are either not enforceable and/or linked to sufficiently specific performance obligations.

Income from grants without any sufficiently specific performance obligations, or that are not enforceable, is recognised when the department has an unconditional right to receive the cash, which usually coincides with receipt of cash. On initial recognition of the asset, the department recognises any related contributions by owners, increases in liabilities, decreases in assets, and revenue ('related amounts') in accordance with other Australian Accounting Standards. Related amounts may take the form of:

- contributions by owners, in accordance with AASB 1004 *Contributions*
- revenue or a contract liability arising from a contract with a customer, in accordance with AASB 15 *Revenue from Contracts with Customers*
- a lease liability, in accordance with AASB 16 *Leases*
- a financial instrument, in accordance with AASB 9 *Financial Instruments*, or
- a provision, in accordance with AASB 137 *Provisions, Contingent Liabilities and Contingent Assets*.

Grants recognised under AASB 15 Revenue from Contracts with Customers

Revenue from grants that are enforceable and with sufficiently specific performance obligations are accounted for as revenue from contracts with customers under AASB 15. Revenue is recognised when the department satisfies the performance obligation by providing the relevant services to the relevant organisations. This is recognised based on the consideration specified in the funding agreement and to the extent that it is highly probable a significant reversal of the revenue will not occur. The funding payments are normally received in advance or shortly after the relevant obligation is satisfied.

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

	2024 \$M	2023 \$M
Plant and equipment received at fair value	0.4	0.1
Resources received free of charge	–	6.9
Total fair value of assets and services received free of charge or for nominal consideration	0.4	7.0

Contributions of resources received free of charge or for nominal consideration are recognised at their fair value when recipient obtains control over the resources, irrespective of whether these contributions are subject to restrictions or conditions over their use, unless received from another government department or agency as a consequence of a restructuring of administrative arrangements. In the latter case, such a transfer is recognised at its carrying value.

Voluntary services: Contributions in the form of services are only recognised when a fair value can be reliably determined and the services would have been purchased if not received as a donation. The department did not receive any voluntary services and does not use volunteers to deliver its services.

2.4.3 Other income

	2024 \$M	2023 \$M
State trust accounts ⁽ⁱ⁾	88.6	119.5
Other miscellaneous income ⁽ⁱⁱ⁾	1.3	(0.1)
Total other income	89.9	119.4

Notes:

(i) Includes reimbursement for the supply of services to DFFH through a shared service arrangement.

(ii) Negative balance relates to the discount interest on loans and advances to health agencies.

Other income includes income received from department-controlled trust funds and is recognised when the department gains control over the funds. It also includes income received from the Treasury Trust.

2.5 Annotated income agreements

The department is permitted under s. 29 of the FMA to have certain income annotated to the annual appropriation. The income which forms part of a s. 29 agreement is recognised by the department and the receipts paid into the consolidated fund as an administered item. At the point of income recognition, s. 29 provides for an equivalent amount to be added to the annual appropriation.

The following is a listing of annotated income agreements under s. 29 of the FMA approved by the Treasurer:

	2024 \$M	2023 \$M
User charges, or sales of goods and services		
Albury Wodonga Health (Capital)	1.6	1.6
Albury Wodonga Health (Output)	125.7	122.9
Department of Veteran Affairs Hospital Services (Output)	55.8	55.3
Health Technology Services (Output)	3.1	4.7
Transport Accident Commission Agreement (Output)	109.4	93.4
	295.6	277.9
Commonwealth specific purpose payments		
National Partnership Agreements		
Adult Public Dental Services (Output)	26.9	43.9
Community Health and Hospitals Program – Victorian Children's Colorectal Service (Output)	–	1.2
Community Health and Hospitals Program – Barwon Women's and Children's Hospital (Capital)	20.0	20.0
Community Health and Hospitals Program – Regional Cancer Treatment Centres for Radiation Therapy (Capital)	–	1.7
Community Health and Hospitals Program – Paediatric Emergency Facilities (Capital)	15.0	15.0
Community Health and Hospitals Program – Aikenhead Centre for Medical Discovery (Output)	–	10.0
Community Health and Hospitals Program – Swan Hill District Hospital (Capital)	–	20.0
Community Health and Hospitals Program – Establishment of an Eating Disorders Treatment Centre (Capital)	6.5	–
Encouraging More Clinical Trials in Australia (Output)	0.2	0.2
Essential Vaccines (Output)	3.6	4.2
Health Services – National Bowel Cancer Screening Program (Output)	2.1	1.9
Health Services – OzFoodNet (Output)	0.3	0.3
Health Services – Vaccine-Preventable Diseases Surveillance Program (Output)	0.2	0.2
Japanese Encephalitis Virus Mitigation (Output)	–	4.2
Lymphoedema Compression Garment Scheme (Output)	0.5	0.5
Comprehensive Palliative Care (Output)	–	5.8
Specialist Dementia Care Program (Output)	1.1	1.0
National Mental Health and Suicide Prevention – Bilateral Schedules (Output)	5.5	1.0
Stillbirth autopsies and investigations (Output)	1.8	–
Surge Capacity for BreastScreen Australia (Output)	2.4	–
World-class newborn bloodspot screening program (Output)	3.0	–
Expansion of the John Flynn Prevocational Doctor Program (Output)	3.6	–
Medicare Urgent Care Clinics (Output)	15.3	–
Primary Care Pilots (Output)	18.2	–
Access to HIV Treatment (Output)	5.1	–

	2024 \$M	2023 \$M
Other		
Aged Care Assessment (Output)	34.1	33.2
Rural Junior Doctor Training Innovation Fund (Output)	–	0.1
National Rural Generalist Pathway (Output)	1.4	1.4
Regional Assessment Services (Output)	37.2	36.3
Human Biosecurity Services (formerly Human Quarantine Services) (Output)	0.1	0.1
Australian Teletrials Program (Output)	2.8	2.1
Commonwealth Mental Health Peer Workforce Scholarships (Output)	0.2	0.3
National Reform Agenda for Organ and Tissue Donation (Output)	10.6	9.6
Commonwealth Take Home Naloxone Program (Output)	0.1	–
	217.6	214.2
Total annotated income agreements	513.3	492.1

3. The cost of delivering services

Introduction

This section provides an account of the expenses incurred by the department in delivering services and outputs. In section 2 'Funding delivery of our services', the funds that enable the provision of services were disclosed and in this note the costs associated with the provision of services are recorded. Section 4 'Disaggregated financial information by output' discloses aggregated information in relation to the income and expenses by output.

Structure

3.1 Expenses incurred in delivery of services

3.1.1 Employee benefits

3.1.2 Grants and other expense transfers

3.1.3 Fair value of assets provided free of charge or for nominal consideration

3.1.4 Other operating expenses

3.1 Expenses incurred in delivery of services

	Note	2024 \$M	2023 \$M
Employee benefits	3.1.1(a)	551.4	526.1
Grants and other expense transfers	3.1.2	17,719.7	19,232.4
Maintenance		0.8	0.9
Fair value of assets provided free of charge or for nominal consideration	3.1.3	36.0	305.8
Other operating expenses	3.1.4	406.9	555.3
Total expenses incurred in delivery of services		18,714.8	20,620.5

3.1.1 Employee benefits

3.1.1(a) Employee benefits in the comprehensive operating statement

	2024 \$M	2023 \$M
Defined contribution superannuation expense	37.9	39.4
Defined benefit superannuation expense	0.9	1.2
Termination benefits	39.8	0.9
Salaries and wages, annual leave and long service leave	472.9	484.6
Total employee benefits	551.4	526.1

Employee benefits include all costs related to employment, including salaries and wages, leave entitlements, fringe benefits tax, termination benefits, payroll tax and WorkCover premiums.

The amount recognised in the comprehensive operating statement in relation to superannuation is employer contributions for members of both defined benefit and defined contribution superannuation plans that are paid or payable during the reporting period. The department does not recognise any defined benefit liabilities because it has no legal or constructive obligation to pay future benefits relating to its employees. Instead, the Department of Treasury and Finance discloses in its annual financial statements the net defined benefit cost related to the members of these plans as an administered liability (on behalf of the state as the sponsoring employer).

Termination benefits are payable when employment is terminated before normal retirement date, or when an employee accepts an offer of benefits in exchange for the termination of employment. Termination benefits are recognised when the department is demonstrably committed to terminating the employment of current employees according to a detailed formal plan without possibility of withdrawal or providing termination benefits as a result of an offer made to encourage voluntary redundancy.

3.1.1(b) Employee benefits in the balance sheet

Provision is made for benefits accruing to employees in respect of annual leave and long service leave (LSL) for services rendered to the reporting date and recorded as an expense during the period the services are delivered.

	2024 \$M	2023 \$M
Current provisions		
Annual leave		
Unconditional and expected to be settled within 12 months	29.3	33.7
Unconditional and expected to be settled after 12 months	12.4	14.8
Maternity leave		
Unconditional and expected to be settled within 12 months	5.0	5.0
Long service leave		
Unconditional and expected to be settled within 12 months	6.2	5.3
Unconditional and expected to be settled after 12 months	40.2	47.0
Provisions for on-costs		
Unconditional and expected to be settled within 12 months	6.7	6.6
Unconditional and expected to be settled after 12 months	10.5	11.0
Total current provisions for employee benefits	110.3	123.4
Non-current provisions		
Conditional long service leave entitlements	11.2	14.3
Provisions for on-costs	2.2	2.5
Total non-current provisions for employee benefits	13.4	16.9
Total provisions for employee benefits	123.8	140.3

Reconciliation of movement in on-cost provision

	2024 \$M	2023 \$M
Opening balance	20.1	20.9
Additional provisions recognised	9.4	9.7
Reductions arising from payments/other sacrifices of future economic benefits	(9.9)	(10.2)
Unwinding of discount and effect of changes in the discount rate	(0.2)	(0.3)
Closing balance	19.4	20.1
Current	17.2	17.5
Non-current	2.2	2.5

Annual leave and sick leave: Liabilities for annual leave and on-costs are recognised as part of the provisions for employee benefits as 'current liabilities' because the department does not have an unconditional right to defer settlements of these liabilities.

The annual leave liability is classified as a current liability and measured at the undiscounted amount expected to be paid, as the department does not have an unconditional right to defer settlement of the liability for at least 12 months after the end of the reporting period.

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

Employment on-costs such as payroll tax, workers' compensation and superannuation are not employee benefits. They are disclosed separately as a component of the provision for employee benefits when the employment to which they relate has occurred.

Unconditional LSL is disclosed as a current liability, even where the department does not expect to settle the liability within 12 months because it will not have the unconditional right to defer the settlement of the entitlement should an employee take leave within 12 months.

The components of this current LSL liability are measured at present value where the department does not expect to wholly settle within 12 months. The components of current LSL liability are measured at nominal value where the department expects to settle within 12 months.

Conditional LSL is disclosed as a non-current liability. There is an unconditional right to defer the settlement of the entitlement until the employee has completed the requisite years of service. This non-current LSL liability is measured at present value.

Any gain or loss following the revaluation of the present value of non-current LSL liability is recognised as a transaction, except to the extent that a gain or loss arises due to changes in bond interest rates for which it is then recognised as an 'other economic flow' in the net result.

3.1.1(c) Superannuation contributions

Employees of the department are entitled to receive superannuation benefits and the department contributes to both defined benefit and defined contribution plans. The defined benefit plans provide benefits based on years of service and final average salary.

As noted in Note 3.1.1(a), the defined benefit liability is recognised in the Department of Treasury and Finance as an administered liability. However, superannuation contributions paid or payable for the reporting period are included as part of employee benefits in the comprehensive operating statement of the department.

	Paid contribution for the year		Contribution outstanding at year end	
	2024 \$M	2023 \$M	2024 \$M	2023 \$M
Defined benefit plans				
State superannuation fund	0.9	1.2	–	–
Defined contribution plans				
Aware Super	20.7	15.3	–	–
Other	17.2	24.1	–	–
Total	38.8	40.6	–	–

3.1.2 Grants and other expense transfers

	2024 \$M	2023 \$M
State contributions to the Victorian State Pool Account ⁽ⁱ⁾	7,494.5	8,488.0
Public health services and hospitals ⁽ⁱⁱ⁾		
Monash Health	509.9	824.8
Melbourne Health	473.4	388.9
Alfred Health	462.4	391.4
Western Health	393.3	302.5
Austin Health	393.0	353.6
Grampians Health	362.2	296.4
Eastern Health	356.2	351.3
Peter MacCallum Cancer Centre	354.2	353.0
Northern Health	332.1	339.7
The Royal Children's Hospital	274.7	313.0
Barwon Health	263.8	444.9
Albury Wodonga Health	242.2	246.7
Bendigo Health	238.3	262.0
Dental Health Services Victoria	235.6	213.0
Peninsula Health	207.4	292.2
Latrobe Regional Hospital	151.9	227.6
The Royal Women's Hospital	115.1	97.9
South West Healthcare	110.2	66.4
Goulburn Valley Health	100.0	92.8
Maryborough District Health Service	56.9	20.3
Mildura Base Public Hospital	55.1	88.3
Northeast Health Wangaratta	49.6	56.6
Bass Coast Health	38.5	59.9
Central Highlands Rural Health	36.7	44.1
Echuca Regional Health	36.2	23.8
NCN Health	33.6	34.5
Other public hospitals with payments totalling less than \$30 million	708.4	635.4
	6,590.9	6,820.9
Denominational hospitals ⁽ⁱⁱⁱ⁾		
St Vincent's Hospital (Melbourne) Limited	203.2	277.0
Mercy Health	157.9	141.4
Other denominational hospitals with payments totalling less than \$30 million	4.1	3.3
	365.1	421.8
Ambulance services		
Ambulance Victoria	1,156.9	1,234.1
	1,156.9	1,234.1
Other state government agencies		
Victorian Institute of Forensic Mental Health	228.7	137.9
HealthShare Victoria	58.9	51.6
Victorian Health Promotion Foundation	45.7	44.7
Department of Health – Administered ^(iv)	19.2	175.4
Other state government agencies with payments totalling less than \$30 million	97.1	43.3
	449.6	452.9

	2024 \$M	2023 \$M
Local councils		
Wyndham City Council	9.5	9.2
Casey City Council	8.6	9.5
Hume City Council	7.0	7.1
Whittlesea City Council	6.8	6.7
City of Greater Geelong	6.2	6.2
City of Greater Dandenong	5.3	6.0
Melton Shire Council	5.1	–
Other local councils with payments totalling less than \$5 million	105.4	100.5
	154.0	150.1
Commonwealth Government		
National Blood Authority	154.1	162.4
Other Commonwealth Government with payments totalling less than \$30 million	3.2	(2.2)
	157.2	160.2
Non-government agencies and individuals		
BreastScreen Victoria Inc	57.7	60.7
Cohealth Ltd	57.7	50.3
Wellways Australia Ltd	43.1	48.5
Wesley Mission Victoria	37.0	36.3
Bolton Clarke	33.0	31.9
Mind Australia	32.4	48.5
Eastern Access Community Health Inc	31.8	36.0
Other non-government agencies and individuals with payments totalling less than \$30 million	1,059.0	1,168.3
	1,351.6	1,504.4
Total grants and other expense transfers	17,719.7	19,232.4

Notes:

- (i) Represents the activity-based funding in scope of the National Health Reform Agreement paid to the health agencies through the Victorian State Pool Account. Includes Commonwealth contributions to Hospital Services Payments through the National Partnership on COVID-19 Response.
- (ii) As defined in schedules 1 and 5 of the *Health Services Act 1988*.
- (iii) As defined in schedule 2 of the *Health Services Act 1988*.
- (iv) Repayment of cash to the consolidated fund.

Transactions in which the department provides goods, services, assets (or extinguishes a liability) or labour to another party without receiving approximately equal value in return are categorised as 'Grant and other expense transfers'. Grants can either be operating or capital in nature.

Grants and other transfers to third parties (other than contribution to owners) are recognised as an expense in the reporting period in which they are paid or payable. They include transactions such as grants, subsidies and other transfer payments to public health agencies, public and denominational hospitals, other state government agencies, local councils and non-government agencies and individuals, and the state contribution to the Victorian State Pool Account. The Victorian State Pool Account in the National Health Funding Pool is an administered trust established to record the activity-based funding contributions for Victoria by the Commonwealth and the state under the National Health Reform Agreement.

The state contributions to the Victorian State Pool Account represent activity-based funding in scope of the National Health Reform Agreement from Victoria to health agencies through the administered trust. The transactions of this administered trust are disclosed in Note 4.2.

Grants paid directly to health agencies and other entities by the department are disclosed in this Note by recipient. These payments include block-funded services under the National Health Reform Agreement and the National Partnership on COVID-19 Response and a range of other grant payments for services that are out of scope of the National Health Reform Agreement and the National Partnership on COVID-19 Response. This includes aged care subsidies, home and community care payments and community-based drug and alcohol services.

The 2023 figures include six months of grant payments for the National Partnership on COVID-19 Response due to the expiry of the funding agreement on 31 December 2022.

3.1.3 Fair value of assets provided free of charge or for nominal consideration

	2024 \$M	2023 \$M
Resources provided free of charge ⁽ⁱ⁾	36.0	305.8
Total fair value of assets provided free of charge or for nominal consideration	36.0	305.8

Note:

- (i) Resources provided free of charge represents the cost of inventory distributed to health services, other departments and agencies during the year. The predominant items distributed were personal protective equipment and rapid antigen test kits.

Contributions of resources provided free of charge or for nominal consideration are recognised at their fair value on distribution, irrespective of whether restrictions or conditions are imposed over the use of the resources. The exception to this would be when the resource is provided to another government department (or agency) as a consequence of a restructuring of administrative arrangements, in which case such a transfer will be recognised at its carrying value.

3.1.4 Other operating expenses

	2024 \$M	2023 \$M
Accommodation and property services ⁽ⁱ⁾	34.6	47.2
Administrative costs	173.4	269.7
Variable lease expenses	0.2	0.4
Information, communications and technology costs	163.9	197.2
Medicines and drugs / pharmacy supplies	26.5	20.3
Direct care operating costs	8.3	20.6
Total other operating expenses	406.9	555.3

Note:

- (i) Figures relate to office accommodation and associated costs.

Other operating expenses generally represent the day-to-day running costs incurred in normal operations. They also include bad debts expense from transactions that are mutually agreed.

4. Disaggregated financial information by output

Introduction

The department is predominantly funded by accrual-based parliamentary appropriations for the provision of outputs. This section provides a description of the departmental outputs delivered during the year along with the objectives of those outputs.

This section disaggregates revenue and expenses that enable the delivery of services (described in section 2 'Funding delivery of our services') by output and records the allocation of expenses incurred (described in section 3 'The cost of delivering services') also by output, which form part of controlled balances of the department.

It also provides information on items administered in connection with these outputs.

Judgement is required in allocating income and expenditure to specific outputs. For the period under review there were no amounts unallocated.

The distinction between controlled and administered items is based on whether the department has the ability to deploy the resources in question for its own benefit (controlled items) or whether it does so on behalf of the state (administered). The department remains accountable for transactions involving administered items, but it does not recognise these items in its financial statements. The department has classified transactions and balances of the Victorian State Pool Account in the National Health Funding Pool as administered items because the department transacts these items on behalf of the state under the National Health Reform Agreement between the Commonwealth and the state.

Structure

4.1 Departmental outputs

- 4.1.1 Departmental outputs—Descriptions and objectives
- 4.1.2 Departmental outputs—Controlled income and expenses
- 4.1.3 Departmental outputs—Controlled assets and liabilities

4.2 Administered (non-controlled) items

- 4.2.1 Administered income and expenses
- 4.2.2 Administered assets and liabilities
- 4.2.3 Administered grants and other expense transfers

4.3 Restructuring of administrative arrangements

4.1 Departmental outputs

4.1.1(a) Departmental outputs—Descriptions and objectives

Output 1: Admitted Services

Acute and sub-acute patient services (elective and non-elective) provided at Victorian metropolitan and rural public hospitals.

Output 2: Non-Admitted Services

This output provides planned non-admitted services that require an acute setting to ensure the best outcome for a patient. These services provide access to medical, nursing, midwifery and allied health professionals for assessment, diagnosis and treatment; ongoing specialist management of chronic and complex conditions in collaboration with community providers; pre- and post-hospital care; maternity care; and related diagnostic services, such as pathology and imaging.

Output 3: Emergency Services

This output relates to emergency presentations at reporting hospitals with emergency departments. It aims to provide high-quality, accessible health and community services, specifically in improving waiting times for emergency services.

Output 4: Health Workforce Training and Development

This output relates to grants provided to Victorian health services to support the training and development of the health workforce. This output aims to provide career pathways and contribute towards a stable, ongoing accredited workforce in the health sector in Victoria.

Output 5: Residential Aged Care

This output includes delivery of services for older Victorians requiring ongoing care and support in a residential aged care setting.

Output 6: Aged Care Assessment

This output includes delivery of comprehensive assessment of older Victorians' requirements for treatment and residential aged care services.

Output 7: Aged Support Services

This output includes delivery of a range of community services that support older Victorians, such as eye care services, Personal Alert Victoria services, and pension-level Supported Residential Services.

Output 8: Home and Community Care Program for Younger People

This output includes delivery of a range of community-based nursing, allied health and support services enabling younger people, who have difficulties with the activities of daily living, to maintain their independence and to participate in the community.

Output 9: Ambulance Emergency Services

Emergency road, rotary and fixed air wing patient treatment and transport services provide timely and high-quality emergency ambulance services. Timely and high-quality emergency ambulance services contribute to high-quality, accessible health and community services for all Victorians.

Output 10: Ambulance Non-Emergency Services

Non-emergency road, rotary and fixed air wing patient treatment and transport services provide access to timely, high-quality non-emergency ambulance services. High-quality non-emergency ambulance services contribute to high-quality, accessible health and community services for all Victorians. The output supports departmental priorities through provision of patient transport officers to service non-emergency, pre- and post-hospital patients.

Output 11: Drug Prevention and Control

Encourages all Victorians to minimise the harmful effects of alcohol and other drugs by providing a comprehensive range of strategies which focus on enhanced community and professional education, targeted prevention and early intervention programs, community and residential treatment services, and the use of effective regulation.

Output 12: Drug Treatment and Rehabilitation

Assists the community and individuals to control and reduce the harmful effects of illicit and licit drugs, including alcohol, in Victoria through the provision of community-based non-residential and residential treatment services, education and training, and support services.

Output 13: Mental Health Clinical Care

This output provides a range of inpatient residential and community-based clinical services to people with mental illness and their families, so that those experiencing mental health problems can access timely, high-quality care and support to recover and live successfully in the community.

Output 14: Mental Health Community Support Services

A range of rehabilitation and support services provided to youth and adults with a psychiatric disability, and their families and carers, so that those experiencing mental health problems can access timely, high-quality care and support to recover and reintegrate into the community.

Output 15: Community Health Care

This output includes delivery of a range of community care and support services, including counselling, allied health and nursing, that enable people to continue to live independently in the community.

Output 16: Dental Services

This output includes delivery of a range of dental health services to support health and wellbeing in the community.

Output 17: Maternal and Child Health and Early Parenting Services

This output involves the provision of community-based maternal and child health services available to all families with children.

Output 18: Medical Research

This output supports maintaining Victoria's position as a leader in health and medical research and supports health services, academic partners and research institutes to undertake research through investment, facilitating access to data and systems, and creating links to policy and program areas. This is focused on reducing health inequities and translating research into policy and practice, enabling more Victorians to lead healthier lives, while strengthening commercialisation opportunities. Medical Research output was transferred to the Department of Jobs, Skills, Industry and Regions as part of the machinery government change effective 1 February 2024.

Output 19: Health Protection

Protects the health of Victorians through a range of prevention programs, including regulation, surveillance and the provision of statutory services.

Output 20: Health Advancement

Improves the general health and wellbeing of Victorians through the provision of community information and the fostering of healthy behaviours.

Output 21: Emergency Management

Training in emergency management preparedness, planning, response, relief and recovery.

Output 22: Small Rural Services – Acute Health

Admitted and non-admitted services delivered by small rural services, including elective and non-elective surgical and medical care, urgent care services, and maternity services.

Output 23: Small Rural Services – Aged Care

This output includes delivery of in-home, community-based and residential care services for older people, delivered in small rural towns.

Output 24: Small Rural Services – Home and Community Care Services

This output includes delivery of community-based nursing, allied health and support services for younger people who have difficulty with the activities of daily living, delivered by small rural services to support them to be more independent and to participate in the community.

Output 25: Small Rural Services – Primary Health

This output includes delivery of in-home, community-based and primary health services delivered by small rural services and designed to promote health and wellbeing and prevent the onset of more serious illness.

Output 26: Shared Services

Shared Services output reflects the range of corporate services that the department provides to other Victorian Government departments.

Further details on the objectives of each output can be found in the *2023–24 State Budget Paper No. 3 – Service Delivery*.

4.1.2 Departmental outputs—Controlled income and expenses

A. 2024—Outputs 1–13

	Admitted Services	Non-Admitted Services	Emergency Services	Health Workforce Training	Residential Aged Care	Aged Care Assessment	Aged Support Services	Home & Community	Ambulance Emergency	Ambulance Non-Emergency	Drug Prevention	Drug Treatment	Mental Health Clinical Care
Year ended 30 June 2024	1	2	3	4	5	6	7	8	9	10	11	12	13
Output ⁽ⁱ⁾	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M
Revenue and income from transactions													
Output appropriations	8,818.9	1,127.7	577.7	264.2	129.1	53.8	77.1	209.2	946.0	141.6	29.6	236.9	438.0
Special appropriations	1,490.2	112.7	53.7	0.2	13.3	6.7	11.6	–	64.8	12.1	0.8	9.4	1,235.6
Grants	119.4	96.6	19.0	110.8	–	–	–	–	–	–	–	18.5	557.0
Fair value of assets and services received free of charge or for nominal consideration	0.4	–	–	–	–	–	–	–	–	–	–	–	–
Other income	8.9	–	–	–	–	–	–	–	–	–	–	–	0.5
Total revenue and income from transactions	10,437.8	1,337.1	650.4	375.2	142.4	60.5	88.6	209.2	1,010.7	153.7	30.4	264.8	2,231.2
Expenses from transactions													
Employee benefits	247.7	5.0	2.3	6.8	10.9	0.7	4.8	1.1	5.9	1.0	7.1	6.4	83.6
Depreciation and amortisation	14.5	–	–	–	3.3	–	0.2	0.1	0.1	–	0.1	0.6	15.2
Interest expense	75.1	–	–	–	–	–	–	–	–	–	–	–	0.1
Maintenance	0.5	–	–	–	0.1	–	–	–	–	–	–	–	0.1
Grants and other expense transfers	9,699.2	1,223.3	607.7	342.9	160.0	49.3	77.0	176.6	927.3	174.8	25.7	301.1	2,245.8
Fair value of assets provided free of charge or for nominal consideration	28.5	–	–	–	–	–	–	–	–	–	–	–	–
Other operating expenses	209.2	2.0	1.2	1.8	2.9	0.3	4.2	2.1	1.6	–	6.2	10.4	27.3
Total expenses from transactions	10,274.6	1,230.4	611.1	351.4	177.2	50.3	86.2	179.9	934.9	175.8	39.1	318.4	2,372.0
Net result from transactions (net operating balance)	163.1	106.7	39.3	23.8	(34.8)	10.3	2.5	29.3	75.8	(22.1)	(8.7)	(53.6)	(140.8)
Other economic flows included in net result													
Net gain/(loss) on non-financial assets	(26.0)	–	–	–	–	–	0.1	–	–	–	–	–	0.1
Net gain/(loss) on financial instruments	1.0	–	–	–	–	–	–	–	–	–	–	–	–
Other gains/(losses) from other economic flows	0.8	–	–	–	–	–	–	–	–	–	–	–	0.1
Total other economic flows included in net result	(24.2)	–	–	–	–	–	0.1	–	–	–	–	–	0.2
Net result	139.0	106.7	39.3	23.8	(34.8)	10.3	2.6	29.3	75.8	(22.1)	(8.7)	(53.6)	(140.6)

Note:

(i) Refer to Note 4.1.1(a) for output descriptions.

B. 2024 (continued)—Outputs 14–26 and total of outputs 1–26

	Mental Health Community	Community Health Care	Dental Services	Maternal & Child Health	Medical Research	Health Protection	Health Advancement	Emergency Management	Small Rural-Acute	Small Rural-Aged Care	Small Rural-Home	Small Rural-Primary	Shared Services	Total
Year ended 30 June 2024	14	15	16	17	18	19	20	21	22	23	24	25	26	Total
Output ⁽ⁱ⁾	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M
Revenue and income from transactions														
Output appropriations	129.0	333.8	241.0	185.2	30.8	274.3	104.9	18.0	245.3	56.2	4.9	15.8	–	14,689.19
Special appropriations	20.8	32.1	31.8	0.1	–	13.9	5.4	0.7	1.9	6.8	–	2.9	–	3,180.8
Grants	3.5	8.7	0.4	0.2	–	81.0	0.9	–	160.0	–	–	–	–	1,176.0
Fair value of assets and services received free of charge or for nominal consideration	–	–	–	–	–	–	–	–	–	–	–	–	–	0.4
Other income	–	2.7	–	–	–	1.1	–	3.0	0.3	–	–	–	73.3	89.9
Total revenue and income from transactions	153.3	377.4	273.2	185.5	30.8	370.4	111.2	21.8	407.5	63.0	4.9	18.8	73.3	19,083.0
Expenses from transactions														
Employee benefits	4.1	14.1	5.4	10.1	2.6	66.5	10.8	10.0	5.5	0.6	–	(0.2)	38.7	551.4
Depreciation and amortisation	–	5.9	–	0.2	–	1.3	0.1	–	0.3	–	–	0.2	–	42.1
Interest expense	–	0.0	–	–	–	0.0	–	–	–	–	–	–	–	75.1
Maintenance	–	0.1	–	–	–	0.0	–	–	–	–	–	–	–	0.8
Grants and other expense transfers	145.0	354.0	242.9	161.4	27.9	210.5	96.7	7.5	391.5	48.2	4.9	18.6	–	17,719.7
Fair value of assets provided free of charge or for nominal consideration	–	–	–	–	–	7.5	–	–	–	–	–	–	–	36.0
Other operating expenses	1.0	5.3	3.5	12.7	0.4	62.9	2.8	4.2	0.9	0.3	–	0.1	43.9	406.9
Total expenses from transactions	150.1	379.3	251.7	184.3	30.8	348.7	110.5	21.7	398.1	49.1	4.9	18.8	82.7	18,832.0
Net result from transactions (net operating balance)	3.3	(1.9)	21.5	1.2	–	21.7	0.6	–	9.4	13.9	–	–	(9.3)	250.9
Other economic flows included in net result														
Net gain/(loss) on non-financial assets	–	–	–	–	–	(109.0)	–	–	–	–	–	–	–	(134.8)
Net gain/(loss) on financial instruments	–	–	–	–	–	–	–	–	0.1	–	–	–	–	1.1
Other gains/(losses) from other economic flows	–	–	–	–	–	0.3	–	–	–	–	–	–	–	1.3
Total other economic flows included in net result	–	–	–	–	–	(108.7)	–	–	0.1	–	–	–	–	(132.4)
Net result	3.3	(1.9)	21.5	1.2	–	(87.0)	0.6	–	9.5	13.9	–	–	(9.3)	118.5

Note:

(i) Refer to Note 4.1.1(a) for output descriptions.

C. 2023–Outputs 1–13

	Admitted Services	Non-Admitted Services	Emergency Services	Health Workforce Training	Residential Aged Care	Aged Care Assessment	Aged Support Services	Home & Community	Ambulance Emergency	Ambulance Non-Emergency	Drug Prevention	Drug Treatment	Mental Health Clinical Care
Year ended 30 June 2023	1	2	3	4	5	6	7	8	9	10	11	12	13
Output ⁽ⁱ⁾	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M
Revenue and income from transactions													
Output appropriations	9,010.2	1,137.0	539.0	159.3	113.5	54.3	67.4	215.1	981.5	140.1	36.1	264.1	362.9
Special appropriations	1,428.0	110.6	52.8	0.2	13.1	6.6	11.4	–	63.6	11.9	0.7	9.2	1,139.2
Grants	1,127.6	97.6	–	282.5	–	–	–	–	–	0.7	–	19.7	564.9
Fair value of assets and services received free of charge or for nominal consideration	2.6	–	–	–	–	–	–	–	–	–	–	–	–
Other income	40.3	–	–	0.3	–	–	–	–	–	–	–	–	–
Total revenue and income from transactions	11,608.7	1,345.3	591.7	442.3	126.6	60.9	78.8	215.1	1,045.1	152.7	36.8	293.1	2,066.9
Expenses from transactions													
Employee benefits	220.9	11.0	1.5	6.3	7.6	0.3	5.1	2.2	4.5	0.7	6.0	4.1	66.7
Depreciation and amortisation	15.6	–	–	–	1.6	–	0.2	–	–	–	0.1	3.2	9.5
Interest expense	37.5	–	–	–	–	–	–	–	–	–	–	–	–
Maintenance	0.7	–	–	–	–	–	–	–	–	–	–	–	0.1
Grants and other expense transfers	11,119.2	1,227.7	550.7	410.3	99.6	49.9	67.4	180.6	971.4	168.8	25.3	287.0	2,150.8
Fair value of assets provided free of charge or for nominal consideration	183.2	–	–	–	–	–	–	–	–	–	–	–	–
Other operating expenses	279.6	8.4	1.3	10.1	4.4	0.4	3.7	3.0	2.2	2.6	5.2	5.4	35.8
Total expenses from transactions	11,856.8	1,247.1	553.4	426.7	113.1	50.6	76.3	185.8	978.0	172.1	36.5	299.6	2,263.0
Net result from transactions (net operating balance)	(248.1)	98.2	38.3	15.6	13.5	10.3	2.5	29.4	67.1	(19.4)	0.3	(6.6)	(196.1)
Other economic flows included in net result													
Net gain/(loss) on non-financial assets ⁽ⁱ⁾	(420.1)	–	–	–	–	–	0.1	–	–	–	–	–	0.1
Net gain/(loss) on financial instruments	1.5	–	–	–	–	–	–	–	0.1	–	–	–	–
Other gains/(losses) from other economic flows	20.6	–	–	–	–	–	–	–	–	–	–	–	0.2
Total other economic flows included in net result	(398.0)	–	–	–	–	–	0.1	–	0.1	–	–	–	0.3
Net result	(646.1)	98.2	38.3	15.6	13.5	10.3	2.5	29.4	67.2	(19.4)	0.3	(6.6)	(195.8)

Notes:

(i) Refer to Note 4.1.1(a) for output descriptions.

D. 2023 (continued)—Outputs 14–26 and total of outputs 1–26

	Mental Health Community	Community Health Care	Dental Services	Maternal & Child Health	Medical Research	Health Protection	Health Advancement	Emergency Management	Small Rural-Acute	Small Rural-Aged Care	Small Rural-Home	Small Rural-Primary	Shared Services	Total
Year ended 30 June 2023	14	15	16	17	18	19	20	21	22	23	24	25	26	Total
Output ⁽ⁱ⁾	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M
Revenue and income from transactions														
Output appropriations	130.5	398.2	197.3	147.2	67.6	287.5	109.1	13.6	276.2	55.0	4.7	16.5	–	14,784.0
Special appropriations	20.4	31.5	31.2	–	–	14.3	5.4	0.6	1.9	6.7	–	2.9	–	2,962.2
Grants	2.0	2.4	3.2	0.2	–	153.7	0.1	3.2	150.0	–	–	–	–	2,407.7
Fair value of assets and services received free of charge or for nominal consideration	–	–	–	–	–	4.4	–	–	–	–	–	–	–	7.0
Other income	–	0.3	–	–	–	0.7	–	2.9	(0.4)	–	–	–	75.2	119.4
Total revenue and income from transactions	152.8	432.5	231.7	147.3	67.6	460.7	114.7	20.3	427.7	61.7	4.7	19.4	75.2	20,280.3
Expenses from transactions														
Employee benefits	3.7	10.3	3.1	9.2	1.2	105.6	10.9	7.7	5.6	0.2	–	0.8	30.9	526.1
Depreciation and amortisation	–	5.1	–	–	–	1.8	0.1	–	0.2	–	–	0.1	–	37.7
Interest expense	–	–	–	–	–	–	–	–	–	–	–	–	–	37.5
Maintenance	–	0.1	–	–	–	–	–	–	–	–	–	–	–	0.9
Grants and other expense transfers	151.9	403.4	202.7	123.9	65.4	389.6	99.6	5.7	415.2	43.5	4.7	18.3	–	19,232.4
Fair value of assets provided free of charge or for nominal consideration	–	–	–	–	–	122.5	–	–	–	–	–	–	–	305.8
Other operating expenses	4.0	5.0	4.6	16.4	1.4	115.9	3.1	3.6	0.9	0.3	–	0.2	38.0	555.3
Total expenses from transactions	159.6	423.9	210.3	149.6	68.1	735.4	113.7	17.1	421.9	44.0	4.7	19.4	68.9	20,695.7
Net result from transactions (net operating balance)	(6.7)	8.5	21.4	(2.2)	(0.5)	(274.7)	1.0	3.3	5.8	17.7	–	–	6.3	(415.5)
Other economic flows included in net result														
Net gain/(loss) on non-financial assets	–	–	–	–	–	(102.0)	–	–	–	–	–	–	–	(522.0)
Net gain/(loss) on financial instruments	–	–	–	–	–	–	–	–	0.1	–	–	–	–	1.7
Other gains/(losses) from other economic flows	–	–	–	–	–	0.3	–	–	0.1	–	–	–	0.1	21.7
Total other economic flows included in net result	–	–	–	–	–	(101.7)	–	–	0.2	–	–	–	0.1	(498.6)
Net result	(6.7)	8.5	21.4	(2.2)	(0.5)	(376.4)	1.0	3.3	6.0	17.7	–	–	6.4	(914.1)

Notes:

(i) (Refer to Note 4.1.1(a) for output descriptions.)

4.1.3 Departmental outputs—Controlled assets and liabilities

A. 2024—Outputs 1–13

	Admitted Services	Non-Admitted Services	Emergency Services	Health Workforce Training	Residential Aged Care	Aged Care Assessment	Aged Support Services	Home & Community	Ambulance Emergency	Ambulance Non-Emergency	Drug Prevention	Drug Treatment	Mental Health Clinical Care
Year ended 30 June 2024	1	2	3	4	5	6	7	8	9	10	11	12	13
Output ⁽ⁱ⁾	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M
Assets													
Financial assets	3,095.0	209.4	165.6	90.9	56.9	(0.3)	6.8	8.3	222.6	28.9	(0.4)	57.7	79.7
Non-financial assets	2,919.9	1.8	0.7	—	193.6	0.1	5.6	4.6	3.2	1.3	0.3	144.9	561.3
Total assets	6,014.9	211.2	166.3	90.9	250.5	(0.2)	12.4	12.9	225.8	30.2	(0.1)	202.6	641.0
Liabilities													
Financial liabilities	3,609.6	82.4	40.1	23.3	11.7	2.0	8.1	7.4	73.6	11.9	4.2	10.9	105.4
Total liabilities	3,609.6	82.4	40.1	23.3	11.7	2.0	8.1	7.4	73.6	11.9	4.2	10.9	105.4
Net assets	2,405.3	128.8	126.2	67.6	238.8	(2.2)	4.3	5.5	152.2	18.3	(4.3)	191.8	535.7

Note:

(i) Refer to Note 4.1.1(a) for output descriptions.

B. 2024 (continued)—Outputs 14–26 and total of outputs 1–26

	Mental Health Community	Community Health Care	Dental Services	Maternal & Child Health	Medical Research	Health Protection	Health Advancement	Emergency Management	Small Rural-Acute	Small Rural-Aged Care	Small Rural-Home	Small Rural-Primary	Shared Services	Total
Year ended 30 June 2024	14	15	16	17	18	19	20	21	22	23	24	25	26	
Output ⁽ⁱ⁾	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M
Assets														
Financial assets	45.9	54.1	34.4	47.7	27.8	(36.4)	18.8	(2.5)	36.7	25.2	5.2	2.5	12.5	4,293.0
Non-financial assets	(0.0)	362.6	1.3	7.4	0.1	45.3	2.3	1.5	24.6	(0.0)	(0.0)	16.0	0.0	4,298.5
Total assets	45.9	416.7	35.7	55.1	27.9	8.9	21.1	(1.0)	61.3	25.2	5.2	18.5	12.5	8,591.5
Liabilities														
Financial liabilities	1.8	16.4	8.3	1.5	0.2	53.9	4.5	4.7	22.4	4.3	1.1	1.0	(1.5)	4,108.9
Total liabilities	1.8	16.4	8.3	1.5	0.2	53.9	4.5	4.7	22.4	4.3	1.1	1.0	(1.5)	4,108.9
Net assets	44.1	400.3	27.4	53.6	27.7	(45.0)	16.6	(5.7)	39.0	20.9	4.1	17.5	14.0	4,482.6

Note:

(i) Refer to Note 4.1.1(a) for output descriptions.

C. 2023–Outputs 1–13

	Admitted Services	Non-Admitted Services	Emergency Services	Health Workforce Training	Residential Aged Care	Aged Care Assessm't	Aged Support Services	Home & Community	Ambulance Emergency	Ambulance Non-Emergency	Drug Prevention	Drug Treatment	Mental Health Clinical Care
Year ended 30 June 2023	1	2	3	4	5	6	7	8	9	10	11	12	13
Output ⁽ⁱ⁾	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M
Assets													
Financial assets	3,837.7	216.2	177.0	67.2	55.7	(0.1)	7.6	9.4	266.5	32.5	(0.1)	48.1	66.5
Non-financial assets	1,840.3	0.9	0.3	0.0	116.1	(0.0)	3.2	2.1	1.5	1.3	0.4	99.4	416.8
Total assets	5,678.0	217.1	177.3	67.2	171.8	(0.1)	10.8	11.5	268.0	33.8	0.3	147.5	483.3
Liabilities													
Financial liabilities	3,422.1	65.8	32.6	32.2	11.6	1.9	8.2	7.3	101.2	9.6	4.5	8.4	100.3
Non-financial liabilities	19.1	–	–	–	–	–	–	–	–	–	–	–	–
Total liabilities	3,441.3	65.8	32.6	32.2	11.6	1.9	8.2	7.3	101.2	9.6	4.5	8.4	100.3
Net assets	2,236.8	151.3	144.7	35.0	160.1	(2.0)	2.6	4.2	166.8	24.3	(4.3)	139.0	383.1

Note:

(i) Refer to Note 4.1.1(a) for output descriptions.

D. 2023 (continued)–Outputs 14–26 and total of outputs 1–26

	Mental Health Community	Community Health Care	Dental Services	Maternal & Child Health	Medical Research	Health Protection	Health Advancement	Emergency Management	Small Rural-Acute	Small Rural-Aged Care	Small Rural-Home	Small Rural-Primary	Shared Services	Total
Year ended 30 June 2023	14	15	16	17	18	19	20	21	22	23	24	25	26	
Output ⁽ⁱ⁾	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M
Assets														
Financial assets	44.7	70.2	24.2	42.3	16.1	31.2	20.3	(1.7)	29.1	26.4	5.4	2.5	5.8	5,100.7
Non-financial assets	0.0	314.1	0.6	0.0	0.1	159.7	1.6	0.7	11.5	0.0	(0.0)	7.4	0.5	2,978.4
Total assets	44.7	384.3	24.8	42.3	16.2	190.9	21.9	(1.0)	40.6	26.4	5.4	9.9	6.3	8,079.1
Liabilities														
Financial liabilities	3.2	17.0	8.5	2.4	67.3	60.1	5.1	5.6	24.2	4.1	1.1	1.0	3.9	4,009.3
Non-financial liabilities	–	–	–	–	–	–	–	–	–	–	–	–	–	19.1
Total liabilities	3.2	17.0	8.5	2.4	67.3	60.1	5.1	5.6	24.2	4.1	1.1	1.0	3.9	4,028.4
Net assets	41.5	367.4	16.3	40.0	(51.1)	130.7	16.8	(6.6)	16.4	22.3	4.3	8.9	2.5	4,050.7

Note:

(i) Refer to Note 4.1.1(a) for output descriptions.

4.2 Administered (non-controlled) items

Administered income includes Commonwealth and state contributions to the Victorian State Pool Account, taxes, fees and fines and the proceeds from the sale of administered surplus land and buildings. Administered expenses include payments made on behalf of the state and payments into the consolidated fund. Administered assets include government income earned but yet to be collected. Administered liabilities include government expenses incurred but yet to be paid. Except as otherwise disclosed, administered resources are accounted for on an accrual basis using the same accounting policies adopted for recognition of the department-controlled items in the financial statements. Both the department-controlled items and these administered items are consolidated into the financial statements of the state.

The department does not gain control over assets arising from taxes, fines and regulatory fees, consequently no income is recognised in the department's financial statements. The department collects these amounts on behalf of the state. Accordingly, the amounts are disclosed as income in the schedule of Administered Items.

4.2.1 Administered income and expenses

A. 2024–Outputs 1–13

	Admitted Services	Non-Admitted Services	Emergency Services	Health Workforce Training	Residential Aged Care	Aged Care Assessment	Aged Support Services	Home & Community	Ambulance Emergency	Ambulance Non-Emergency	Drug Prevention	Drug Treatment	Mental Health Clinical Care
Year ended 30 June 2024	1	2	3	4	5	6	7	8	9	10	11	12	13
Output ⁽ⁱ⁾⁽ⁱⁱ⁾	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M
Administered revenue and income from transactions													
Commonwealth contribution to the Victorian State Pool Account	4,785.6	607.6	395.8	108.0	–	–	–	–	–	–	–	14.5	785.4
State contribution to the Victorian State Pool Account	5,729.5	871.6	540.4	–	–	–	–	–	–	–	–	–	372.2
Commonwealth grants	10.6	–	–	1.4	–	34.1	–	37.2	–	–	–	0.1	–
Sales of goods and services	249.9	4.9	17.8	–	0.3	–	–	–	–	–	–	0.7	13.9
Appropriations - payments made on behalf of the state	–	–	–	–	–	–	–	–	–	–	–	–	–
Interest income	4.6	–	–	–	–	–	–	–	–	–	–	–	–
Fees	–	–	–	–	–	–	–	–	–	–	1.2	–	–
Grants	46.4	–	–	–	–	–	–	–	–	–	–	–	–
Other	3.1	–	–	–	–	–	–	–	–	–	–	–	–
Fair value of assets and services received free of charge or for nominal consideration	–	–	–	–	–	–	–	–	–	–	–	–	–
Total administered revenue and income from transactions	10,829.6	1,484.1	954.0	109.3	0.3	34.1	–	37.2	–	–	1.2	15.3	1,171.5
Administered expenses from transactions													
Grants and other expense transfers	10,520.9	1,368.1	884.2	–	–	–	–	–	–	–	–	–	596.9
Employee benefits	–	–	–	–	–	–	–	–	–	–	–	–	–
Other operating expenses	–	–	–	0.1	–	–	–	–	–	–	–	–	–
Payments into the consolidated fund	273.2	4.9	17.8	1.4	4.1	34.1	–	37.2	–	–	1.2	1.3	15.6

	Mental Health Community	Community Health Care	Dental Services	Maternal & Child Health	Medical Research	Health Protection	Health Advancement	Emergency Management	Small Rural-Acute	Small Rural-Aged Care	Small Rural-Home	Small Rural-Primary	Total
Year ended 30 June 2024	14	15	16	17	18	19	20	21	22	23	24	25	Total
Output ⁽ⁱ⁾⁽ⁱⁱ⁾	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M
Interest income	–	–	–	–	–	–	–	–	–	–	–	–	4.6
Fees	–	–	–	–	–	12.3	–	–	–	–	–	–	13.6
Grants	–	–	–	–	–	–	–	–	–	–	–	–	46.4
Other	–	–	–	–	–	–	–	–	–	–	–	–	3.1
Fair value of assets and services received free of charge or for nominal consideration	–	–	–	–	–	–	–	–	–	–	–	–	–
Total administered revenue and income from transactions	0.2	5.1	–	–	2.8	113.2	–	–	151.7	–	–	–	14,909.5
Administered expenses from transactions													
Grants and other expense transfers	–	–	–	–	–	–	–	–	–	–	–	–	13,370.1
Employee benefits	–	–	–	–	–	–	–	–	–	–	–	–	–
Other operating expenses	–	–	–	–	–	–	–	–	–	–	–	–	0.1
Payments into the consolidated fund	0.2	4.7	–	–	2.8	12.4	–	–	3.0	–	–	–	413.9
Payment from the Victorian State Pool Account to the department-controlled entity	–	0.4	–	–	–	100.8	–	–	148.8	–	–	–	1,116.1
Fair value of assets provided free of charge or for nominal consideration	–	–	–	–	–	–	–	–	–	–	–	–	–
Total administered expenses from transactions	0.2	5.1	–	–	2.8	113.2	–	–	151.7	–	–	–	14,900.2
Total administered net result from transactions	–	(0.0)	–	–	–	–	–	–	–	–	–	–	9.3
Administered other economic flows included in net result													
Net gain/(loss) on non-financial assets	–	(2.0)	–	–	–	–	–	–	–	–	–	–	(14.2)
Other gains/(losses) from other economic flows	–	–	–	–	–	–	–	–	–	–	–	–	0.3
Total administered other economic flows	–	(2.0)	–	–	–	–	–	–	–	–	–	–	(13.9)
Administered net result	–	(2.0)	–	–	–	–	–	–	–	–	–	–	(4.6)

Notes:

(i) Refer to Note 4.1.1(a) for output descriptions.

(ii) Output 26 Shared Services is not applicable for administered entity.

C. 2023–Outputs 1–13

	Admitted Services	Non-Admitted Services	Emergency Services	Health Workforce Training	Residential Aged Care	Aged Care Assessment	Aged Support Services	Home & Community	Ambulance Emergency	Ambulance Non-Emergency	Drug Prevention	Drug Treatment	Mental Health Clinical Care
Year ended 30 June 2023	1	2	3	4	5	6	7	8	9	10	11	12	13
Output ⁽ⁱ⁾⁽ⁱⁱ⁾	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M
Administered revenue and income from transactions													
Commonwealth contribution to the Victorian State Pool Account	2,959.5	700.0	326.0	214.0	–	–	–	–	–	–	–	24.7	1,107.1
State contribution to the Victorian State Pool Account	6,926.2	862.8	496.8	–	–	–	–	–	–	–	–	–	307.3
Commonwealth grants	891.4	–	–	1.5	–	69.5	–	–	–	–	–	–	0.2
Sales of goods and services	226.1	6.7	17.6	0.6	–	–	–	–	–	–	–	0.7	17.9
Appropriations – payments made on behalf of the state	–	–	–	–	–	–	–	–	–	–	–	–	–
Interest income	2.6	–	–	–	–	–	–	–	–	–	–	–	–
Fees	–	–	–	–	–	–	–	–	–	–	1.1	–	–
Grants	147.8	–	–	–	–	–	–	–	–	–	–	–	–
Other	49.7	–	–	–	–	–	–	–	–	–	–	–	–
Fair value of assets and services received free of charge or for nominal consideration	–	–	–	–	–	–	–	–	–	–	–	–	–
Total administered revenue and income from transactions	11,203.4	1,569.4	840.4	216.1	–	69.5	–	–	–	–	1.1	25.4	1,432.4
Administered expenses from transactions													
Grants and other expense transfers	10,358.2	1,363.0	831.4	–	–	–	–	–	–	–	–	–	545.6
Employee benefits	–	–	–	–	–	–	–	–	–	–	–	–	–
Other operating expenses	–	–	–	–	–	–	–	–	–	–	–	–	–
Payments into the consolidated fund	382.0	6.7	17.6	2.1	–	69.5	–	3.9	–	18.0	1.1	0.7	0.3
Payment from the Victorian State Pool Account to the department-controlled entity	568.4	124.6	–	214.0	–	–	–	–	–	–	–	24.7	883.7
Fair value of assets provided free of charge or for nominal consideration	–	–	–	–	–	–	–	–	–	–	–	–	–
Total administered expenses from transactions	11,308.6	1,494.2	849.0	216.1	–	69.5	–	3.9	–	18.0	1.1	25.4	1,429.5
Total administered net result from transactions	(105.2)	75.2	(8.6)	–	–	–	–	(3.9)	–	(18.0)	–	–	2.9

	Mental Health Community	Community Health Care	Dental Services	Maternal & Child Health	Medical Research	Health Protection	Health Advancement	Emergency Management	Small Rural-Acute	Small Rural-Aged Care	Small Rural-Home	Small Rural-Primary	Total
Year ended 30 June 2023	14	15	16	17	18	19	20	21	22	23	24	25	Total
Output ⁽ⁱ⁾⁽ⁱⁱ⁾	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M
Total administered revenue and income from transactions	0.3	4.5	–	0.3	1.9	237.4	–	–	251.9	–	–	–	15,853.8
Administered expenses from transactions													
Grants and other expense transfers	–	–	–	–	–	–	–	–	–	–	–	–	13,098.1
Employee benefits	–	–	–	–	–	–	–	–	–	–	–	–	–
Other operating expenses	–	–	–	–	–	–	–	–	–	–	–	–	0.1
Payments into the consolidated fund	–	0.3	–	–	1.9	84.3	–	–	2.4	–	–	–	590.7
Payment from the Victorian State Pool Account to the department-controlled entity	–	0.6	–	–	–	153.1	–	–	249.5	–	–	–	2,218.5
Fair value of assets provided free of charge or for nominal consideration	–	–	–	–	–	0.5	–	–	–	–	–	–	0.5
Total administered expenses from transactions	–	0.9	–	–	1.9	237.9	–	–	251.9	–	–	–	15,907.9
Total administered net result from transactions	0.3	3.6	–	0.3	–	(0.5)	–	–	–	–	–	–	(54.0)
Administered other economic flows included in net result													
Net gain/(loss) on non-financial assets	–	–	–	–	–	(4.6)	–	–	–	–	–	–	(6.1)
Other gains/(losses) from other economic flows	–	–	–	–	–	–	–	–	–	–	–	–	(0.3)
Total administered other economic flows	–	–	–	–	–	(4.6)	–	–	–	–	–	–	(6.4)
Administered net result	0.3	3.6	–	0.3	–	(5.1)	–	–	–	–	–	–	(60.4)

Notes:

(i) Refer to Note 4.1.1(a) for output descriptions.

(ii) Output 26 Shared Services is not applicable for administered entity

4.2.2 Administered assets and liabilities

	2024 \$M	2023 \$M
Administered assets		
Financial assets		
Receivables	509.6	1,404.6
Total administered assets	509.6	1,404.6
Administered liabilities		
Financial liabilities		
Amounts payable to the consolidated fund	21.7	5.9
Payables	487.9	1,398.8
Total administered liabilities	509.6	1,404.6
Total administered net assets	–	–

4.2.3 Administered grants and other expense transfers

	2024 \$M	2023 \$M
Public health services, public and denominational hospitals ⁽ⁱ⁾⁽ⁱⁱ⁾		
Monash Health	1,910.6	1,797.0
Western Health	1,058.9	881.7
Alfred Health	985.6	959.2
Eastern Health	978.4	976.9
Melbourne Health	868.7	964.5
Austin Health	813.4	836.9
Northern Health	704.7	661.0
Barwon Health	673.8	637.4
The Royal Children's Hospital	592.0	549.7
St Vincents Hospital Melbourne Limited	585.9	552.2
Peninsula Health	580.1	566.4
Grampians Health	436.8	414.3
Mercy Hospitals Victoria Limited	424.8	414.8
Bendigo Health	370.9	358.1
Goulburn Valley Health	269.4	267.0
The Royal Women's Hospital	235.5	239.5
Latrobe Regional Hospital	231.8	218.1
Peter MacCallum Cancer Institute	187.7	181.4
Albury Wodonga Health	175.4	167.3
South West Healthcare	158.3	155.6
Northeast Health Wangaratta	153.5	150.4
Mildura Base Public Hospital	125.3	123.9
Royal Victorian Eye & Ear Hospital	117.7	112.0
West Gippsland Healthcare Group	98.9	97.0
Bass Coast Health	89.2	75.5
Bairnsdale Regional Health Service	83.3	82.1
Echuca Regional Health	74.7	76.5
Central Gippsland Health Service	71.1	69.9
Western District Health Service	50.6	49.6
Swan Hill District Health	48.7	48.3

	2024 \$M	2023 \$M
Colac Area Health	34.9	33.9
Other public health services, public and denominational hospitals with payments totalling less than \$30 million	202.2	200.3
	13,392.9	12,918.2
Commonwealth Government		
National Medical Stockpile (Personal Protective Equipment and Rapid Antigen Tests)	–	6.9
COVID-19 Rapid Test Concessional Access Program	–	93.0
	–	99.8
Other		
Cross Border with other jurisdictions	(23.1)	81.8
Other accrual adjustments	0.3	–
Other organisations with payments totalling less than \$10 million	–	(1.8)
	(22.8)	80.0
Total grants and other expense transfers	13,370.1	13,098.1

Notes:

- (i) As defined in schedules 1, 2 and 5 of the *Health Services Act 1988*.
- (ii) Funds are contributed into the Victorian State Pool Account by the Commonwealth and the state in accordance with the National Health Reform Agreement (refer to Note 3.1.2).

4.3 Restructuring of administrative arrangements

The Victorian Government issued an administrative order on 2 October 2023 and another on 22 February 2024, restructuring some of its activities via machinery of government change. As part of the machinery of government restructure:

- The Department of Health (as transferor) transferred the Medical Research function to the Department of Jobs, Skills, Industry and Regions (as transferee) effective from 1 February 2024. The net assets transferred to the department are at the carrying amount of those assets in the department's balance sheet immediately after the transfer.
- The Department of Health (as transferor) transferred the Victorian Health Building Authority to the Department of Transport and Planning (as transferee) effective from 2 April 2024. The Department of Health retains the ownership of the land and buildings. The Department of Transport and Planning will be engaged by the department to manage its land and building assets. No net assets have been transferred to the Department of Transport and Planning as a result of this arrangement.

Function	Transferor	Transferee	\$M
Medical Research	Department of Health	Department of Jobs, Skills, Industry and Regions	–
Victorian Health Building Authority	Department of Health	Department of Transport	–

The net asset transfer was treated as a contribution of capital by the state.

	2024 Transfer in \$M	2024 Transfer out \$M	2024 Net transfer \$M
Assets			
Receivables	0.3	–	0.3
Liabilities			
Employee-related provisions	(0.3)	–	(0.3)
Net assets recognised/(transferred)	–	–	–
Net capital contribution from the Crown			–

5. Key assets available to support output delivery

Introduction

The department controls infrastructure and other investments that are utilised in fulfilling its objectives and conducting its activities. They represent the key resources that have been entrusted to the department to be utilised for delivery of its outputs.

Fair value measurement

Where the assets included in this section are carried at fair value, additional information is disclosed in Note 8.3 in connection with how those fair values were determined.

Structure

5.1 Total property, plant and equipment

5.1(a) Total right-of-use assets

5.1(b) Total service concession assets

5.1.1 Depreciation and amortisation

5.1.2 Reconciliation of movements in carrying values of property, plant and equipment

5.2 Intangible assets

5.1 Total property, plant and equipment

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2024 \$M	2023 \$M	2024 \$M	2023 \$M	2024 \$M	2023 \$M
Land at fair value	781.5	671.1	–	–	781.5	671.1
Buildings at fair value	896.8	650.4	(29.0)	(25.2)	867.9	625.2
Plant, equipment and vehicles at fair value	39.8	35.7	(34.0)	(31.7)	5.8	4.0
Motor vehicles at fair value	4.1	3.3	(1.3)	(1.4)	2.8	1.9
Assets under construction at cost	2,365.1	1,168.4	–	–	2,365.1	1,168.4
Net carrying amount	4,087.3	2,528.9	(64.2)	(58.3)	4,023.1	2,470.7

5.1(a) Total right-of-use assets

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2024 \$M	2023 \$M	2024 \$M	2023 \$M	2024 \$M	2023 \$M
Buildings at fair value	17.5	11.4	(8.6)	(6.5)	8.9	4.9
Plant and equipment at fair value	11.7	9.6	(8.9)	(7.4)	2.7	2.2
Motor vehicles at fair value	4.1	3.3	(1.3)	(1.4)	2.8	1.9
Net carrying amount	33.3	24.3	(18.8)	(15.3)	14.4	9.0

	Land \$M	Buildings \$M	Plant and equipment \$M	Motor vehicles \$M	Total \$M
Opening balance – 1 July 2023	–	4.9	2.2	1.9	9.0
Additions	–	1.7	1.8	–	3.5
Transfers	–	–	–	–	–
Lease modifications	–	4.5	0.3	1.4	6.2
Disposals	–	–	–	–	–
Depreciation	–	(2.1)	(1.6)	(0.5)	(4.2)
Closing balance – 30 June 2024	–	8.9	2.7	2.8	14.4
Opening balance – 1 July 2022	–	7.7	2.8	1.8	12.3
Additions	–	–	–	0.9	0.9
Transfers	–	–	–	0.2	0.2
Lease modifications	–	(1.1)	0.7	–	(0.3)
Disposals	–	–	–	(0.5)	(0.5)
Depreciation	–	(1.7)	(1.4)	(0.4)	(3.5)
Closing balance – 30 June 2023	–	4.9	2.2	1.9	9.0

5.1(b) Total service concession assets

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2024 \$M	2023 \$M	2024 \$M	2023 \$M	2024 \$M	2023 \$M
Land at fair value	515.9	487.7	–	–	515.9	487.7
Buildings at fair value	859.3	618.9	(1.1)	–	858.2	618.9
Net carrying amount	1,375.2	1,106.6	(1.1)	–	1,374.1	1,106.6

Initial recognition

Items of property, plant and equipment are measured initially at cost and subsequently revalued at fair value less accumulated depreciation and impairment. Where an asset is acquired for no or nominal consideration, the cost is the asset's fair value at the date of acquisition. Assets transferred as part of a machinery of government change are transferred at their carrying amount.

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

The cost of leasehold improvements is capitalised and depreciated over the shorter of the remaining term of the leases or their estimated useful lives.

Right-of-use asset acquired by lessees – Initial measurement

The department recognises a right-of-use asset and a lease liability at the lease commencement date. The right-of-use asset is initially measured at cost, which comprises the initial amount of the lease liability adjusted for:

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

Service concession assets (under AASB 1059 *Service Concession Arrangements: Grantors*) – Initial measurement

The department initially recognises service concession assets and service concession assets under construction, including land, buildings, equipment and intangible assets, at current replacement cost in accordance with the cost approach to fair value in AASB 13 *Fair Value Measurement*. Where existing assets and assets under construction, including land, buildings, equipment and intangible assets, meet the definition of service concession assets under AASB 1059, the department reclassifies the existing assets as service concession assets and measures the assets at current replacement cost in accordance with the cost approach to fair value in AASB 13 as at the date of reclassification.

Subsequent measurement

Property, plant and equipment, as well as right-of-use assets under leases and service concession assets, are subsequently measured at fair value less accumulated depreciation and impairment. Fair value is determined with regard to the asset's highest and best use (considering legal or physical restrictions imposed on the asset, public announcements or commitments made in relation to the intended use of the asset) and is summarised below by asset category.

Right-of-use asset – Subsequent measurement

The department depreciates the right-of-use assets on a straight-line basis from the lease commencement date to the earlier of the end of the useful life of the right-of-use asset or the end of the lease term. The right-of-use assets are also subject to revaluation.

In addition, the right-of-use asset is periodically reduced by impairment losses, if any, and adjusted for certain remeasurements of the lease liability.

Service concession assets – Subsequent measurement

Service concession assets are subject to revaluation as required by Financial Reporting Direction (FRD) 103 *Non-financial physical assets*. An independent valuation of the departments' specialised land and specialised buildings was performed by the Valuer-General Victoria. The calculation was performed using the market approach adjusted for community service obligation (CSO). The effective date of the valuation is 30 June 2024.

When revalued, the fair value of service concession assets will be determined as follows:

Non-specialised land and non-specialised buildings are valued using the market approach, whereby assets are compared to recent comparable sales or sales of comparable assets that are considered to have nominal value.

Specialised land and specialised buildings: The market approach is used for specialised land, although is adjusted for the CSO to reflect the specialised nature of the land being valued.

The CSO adjustment is a reflection of the valuer's assessment of the impact of restrictions associated with an asset to the extent that is also equally applicable to market participants.

For the majority of the department's specialised buildings, the current replacement cost method is used, adjusting for the associated depreciation.

Vehicles are valued using the current replacement cost method. The department acquires new vehicles and at times disposes of them before the end of their economic life. The process of acquisition, use and disposal in the market is managed by experienced fleet managers in the department who set the relevant depreciation rates during use to reflect the utilisation of the vehicles.

Fair value for **plant and equipment** is determined using the current replacement cost method.

Refer to Note 8.3.2 for additional information on fair value determination of property, plant and equipment.

Impairment of property, plant and equipment

The recoverable amount of primarily non-cash generating assets of not-for-profit entities, which are typically specialised in nature and held for continuing use of their service capacity, is expected to be materially the same as fair value determined under AASB 13 *Fair Value Measurement*, with the consequence that AASB 136 *Impairment of Assets* does not apply to such assets that are regularly revalued.

5.1.1 Depreciation and amortisation

Charge for the period

	2024 \$M	2023 \$M
Buildings	0.6	0.6
Health and welfare	0.6	0.6
Plant, equipment and vehicles	0.7	0.5
Health and welfare	0.7	0.5
Intangible assets	4.7	5.7
Health and welfare	4.7	5.7
Right-of-use assets	4.2	3.5
Buildings	2.1	1.7
Plant and equipment	1.6	1.4
Motor vehicles	0.5	0.4
Service concession assets	32.0	27.4
Buildings	32.0	27.4
Aggregate depreciation and amortisation allocated	42.1	37.7
Total depreciation and amortisation	42.1	37.7

All buildings, plant, equipment, vehicles and other non-current physical assets that have finite useful lives are depreciated. The exceptions to this rule include items under assets held for sale and land.

Depreciation is calculated on a straight-line basis at rates that allocate the asset value over its estimated useful life.

Typical estimated useful lives for the different asset classes for the current and prior year are included in the table below:

Asset class	2024	2023
Buildings	5 to 55 years	5 to 55 years
Plant, equipment and vehicles	3 to 15 years	3 to 15 years
Intangible assets	3 to 20 years	3 to 20 years

The estimated useful lives were reviewed and adjusted on 1 July 2023 to reflect the expected useful life of each asset class. The previous and revised useful lives are disclosed in the above table. The residual values and depreciation method are reviewed at the end of each annual reporting period, and adjustments are made where appropriate.

Right-of-use assets are generally depreciated over the shorter of the asset's useful life or the lease term. Where the department obtains ownership of the underlying leased asset or if the cost of the right-of-use asset reflects that the entity will exercise a purchase option, the entity depreciates the right-of-use asset over its useful life.

Leasehold improvements are depreciated over the shorter of the lease term or their useful lives.

5.1.2 Reconciliation of movements in carrying values of property, plant and equipment

	Land at fair value \$M	Buildings at fair value \$M	Plant, equipment and vehicles at fair value \$M	Motor vehicles at fair value \$M	Assets under construc- tion at cost \$M	Total \$M
Balance at 1 July 2023	671.1	625.2	4.0	1.9	1,168.4	2,470.7
Additions	95.1	5.6	3.8	1.9	1,172.2	1,278.6
Disposals	(31.5)	(5.1)	–	(0.6)	–	(37.1)
Net revaluation increments/(decrements)	46.8	223.2	–	–	73.6	343.6
Depreciation and amortisation	–	(34.6)	(2.3)	(0.5)	–	(37.5)
Fair value of assets received free of charge or for nominal consideration	–	–	–	0.3	–	0.3
Fair value of assets provided free of charge or for nominal consideration	–	–	–	(0.2)	–	(0.2)
Transfers in/(out) of assets under construction	–	49.0	–	–	(49.0)	–
Other changes	–	4.5	0.3	–	–	4.7
Balance at 30 June 2024	781.5	867.9	5.8	2.8	2,365.1	4,023.1
Balance at 1 July 2022	660.8	509.2	4.2	1.8	582.1	1,758.1
Additions	5.1	–	1.4	0.8	638.1	645.5
Disposals	–	(0.1)	(0.5)	(0.5)	–	(1.1)
Net revaluation increments/(decrements)	–	63.5	–	–	36.9	100.4
Depreciation and amortisation	–	(29.7)	(1.8)	(0.4)	–	(32.0)
Fair value of assets received free of charge or for nominal consideration	–	–	–	0.1	–	0.1
Fair value of assets provided free of charge or for nominal consideration	–	–	–	–	–	–
Transfers in/(out) of assets under construction	5.2	83.5	–	–	(88.7)	–
Other changes	–	(1.1)	0.7	–	–	(0.3)
Balance at 30 June 2023	671.1	625.2	4.0	1.9	1,168.4	2,470.7

5.2 Intangible assets

	2024 \$M	2023 \$M
Gross carrying amount		
Opening balance	119.4	113.3
Additions from internal development	6.0	12.1
Disposals or classified as held for sale	–	(6.0)
Closing balance	125.5	119.4
Accumulated amortisation and impairment		
Opening balance	(83.5)	(77.8)
Amortisation of intangible produced assets	(4.7)	(5.7)
Closing balance	(88.2)	(83.5)
Net book value at end of financial year	37.3	35.9

Initial recognition

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

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

Subsequent measurement

Intangible produced assets with finite useful lives, are amortised as an 'expense from transactions' on a straight-line basis over their useful lives. Produced intangible assets have useful lives of between 3 and 20 years.

Service concession intangible assets recognised by applying AASB 1059 *Service Concession Arrangements: Grantors* are subsequently measured at fair value (current replacement cost).

Impairment of intangible assets

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

6. Other assets and liabilities

Introduction

This section sets out those assets and liabilities that arose from department-controlled operations.

Structure

- 6.1 Receivables
- 6.2 Loans
 - 6.2.1 Ageing analysis of contractual loans
- 6.3 Other non-financial assets
- 6.4 Payables
 - 6.4.1 Maturity analysis of contractual payables
- 6.5 Other provisions
 - 6.5.1 Reconciliation of movements in other provisions
- 6.6 Inventories
- 6.7 Other non-financial liabilities

6.1 Receivables

	2024 \$M	2023 \$M
Current receivables		
<i>Contractual</i>		
Other receivables	448.7	857.7
<i>Less allowance for impairment losses of contractual receivables</i>	(2.4)	(5.0)
	446.3	852.7
<i>Statutory</i>		
Amounts owing from Victorian Government	893.2	958.8
Goods and services tax (GST) input tax credit recoverable	13.1	14.6
	906.4	973.4
Total current receivables	1,352.7	1,826.1
Non-current receivables		
<i>Statutory</i>		
Amounts owing from Victorian Government	2,804.7	2,679.6
	2,804.7	2,679.6
Total non-current receivables	2,804.7	2,679.6
Total receivables	4,157.3	4,505.7

Contractual receivables are classified as financial instruments and categorised as 'financial assets at amortised costs'. They are initially recognised at fair value plus any directly attributable transaction costs. The department holds the contractual receivables with the objective to collect the contractual cash flows and therefore subsequent to initial measurement they are measured at amortised cost using the effective interest method, less any impairment.

Statutory receivables do not arise from contracts and are recognised and measured similarly to contractual receivables (except for impairment) but are not classified as financial instruments for disclosure purposes. The department applies AASB 9 *Financial Instruments* for initial measurement of the statutory receivables and, as a result, statutory receivables are initially recognised at fair value plus any directly attributable transaction costs. Amounts recognised from the Victorian Government represent funding for all commitments incurred and are drawn from the consolidated fund as the commitments fall due.

Details about the department's impairment policies, the department's exposure to credit risks and the calculation of the loss allowance are set out in Note 8.1.3.

6.2 Loans

	2024 \$M	2023 \$M
Current loans		
<i>Contractual</i>		
Loans	6.3	8.7
Total current loans	6.3	8.7
Non-current loans		
<i>Contractual</i>		
Loans	9.0	54.7
Total non-current loans	9.0	54.7
Total loans	15.2	63.4

The department has provided loans and advances to health agencies. Loans are initially recognised at fair value plus any directly attributable transaction costs. Subsequent to initial measurement they are measured at amortised cost using the effective interest method, less any impairment.

Defaults and breaches: The department had no defaults or breaches on any of its loans during 2023–24.

6.2.1 Ageing analysis of contractual loans

	Carrying amount \$M	Not past due \$M	Past due			
			Less than 1 month \$M	1–3 months \$M	3 months –1 year \$M	1–5 years \$M
2024						
Loans	15.2	15.2	–	–	–	–
Total	15.2	15.2	–	–	–	–
2023						
Loans	63.4	63.4	–	–	–	–
Total	63.4	63.4	–	–	–	–

6.3 Other non-financial assets

	2024 \$M	2023 \$M
Prepayments	71.9	135.2
Total other non-financial assets	71.9	135.2

Prepayments represent payments in advance of receipt of goods and services or that part of expenditure made in one accounting period covering a term extending beyond that period.

6.4 Payables

	2024 \$M	2023 \$M
Current payables		
<i>Statutory</i>		
Fringe benefits tax payable	(0.4)	(0.2)
<i>Contractual</i>		
Employee benefits payable	4.2	5.8
Supplies and services	28.2	52.0
Amounts payable to government agencies	500.3	1,457.5
Capital works	0.5	0.6
Other	0.2	(0.6)
Total current payables	533.0	1,515.1
Non-current payables		
<i>Contractual</i>		
Amounts payable to government agencies	1,377.5	1,234.9
Total non-current payables	1,377.5	1,234.9
Total payables	1,910.5	2,750.1

Payables consist of:

- **contractual payables**, classified as financial instruments and measured at amortised cost. Accounts payable represent liabilities for goods and services provided to the department prior to the end of the reporting period that are unpaid, and
- **statutory payables**, recognised and measured similarly to contractual payables, but are not classified as financial instruments and not included in financial liabilities at amortised cost, because they do not arise from contracts.

Payables for supplies and services have an average credit period of 30 days.

The terms and conditions of amounts payable to the government and agencies vary according to the particular agreements and as they are not legislative payables, they are not classified as financial instruments.

The value of loans and other amounts guaranteed by the Treasurer is disclosed in contingent liabilities.

6.4.1 Maturity analysis of contractual payables ⁽ⁱ⁾

	Carrying amount \$M	Nominal amount \$M	Less than 1 month \$M	Maturity dates			
				1–3 months \$M	3 months – 1 year \$M	1–5 years \$M	5+ years \$M
2024							
Payables	1,910.9	1,910.9	128.8	97.6	307.0	–	1,377.5
Total	1,910.9	1,910.9	128.8	97.6	307.0	–	1,377.5
2023							
Payables	2,750.3	2,750.3	147.4	70.1	1,297.9	–	1,234.9
Total	2,750.3	2,750.3	147.4	70.1	1,297.9	–	1,234.9

Note:

(i) Maturity analysis is presented using the contractual undiscounted cash flows.

6.5 Other provisions

	2024 \$M	2023 \$M
Current provisions		
Insurance claims	5.5	7.8
Onerous contracts	38.8	–
Total current provisions	44.4	7.8
Non-current provisions		
Make-good provision	3.0	2.2
Insurance claims	9.8	12.2
Total non-current provisions	12.7	14.4
Total other provisions	57.1	22.1

Other provisions are recognised when the department has a present obligation, the future sacrifice of economic benefits is probable, and the amount of the provision can be measured reliably. The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at reporting date, taking into account the risks and uncertainties surrounding the obligation.

Where a provision is measured using the cash flows estimated to settle the present obligation, its carrying amount is the present value of those cash flows, using a discount rate that reflects the time value of money and risks specific to the provision.

6.5.1 Reconciliation of movements in other provisions

	Make– good 2024 \$M	Insurance claims 2024 \$M	Onerous contracts 2024 \$M	Total 2024 \$M
Opening balance	2.2	20.0	–	22.1
Onerous contracts	–	–	38.8	38.8
Additional/(reduced) provisions recognised	0.8	–	–	0.8
Reductions arising from payments/claims handling expenses/other sacrifices of future economic benefits	–	(6.0)	–	(6.0)
Actuarial revaluations of insurance claims liability inclusive of risk margin	–	0.6	–	0.6
Unwinding of discount and effect of changes in the discount rate	–	0.7	–	0.7
Closing balance	3.0	15.3	38.8	57.1

When some or all of the economic benefits required to settle a provision are expected to be received from a third party, the receivable is recognised as an asset if it is virtually certain that recovery will be received and the amount of the receivable can be measured reliably.

The **make-good provision** is recognised in accordance with the lease agreement over the building facilities. The department must remove any leasehold improvements from the leased building and restore the premises to its original condition at the end of the lease term.

Insurance claims: The department engaged the Victorian Managed Insurance Authority (VMIA) under a claims administration agreement to manage non-medical indemnity claims resulting from public healthcare incidents occurring on or after 1 July 2005. These claims are managed by VMIA on behalf of the department under a service level agreement. VMIA has engaged an independent actuary to determine these liability provisions in accordance with the Institute of Actuaries of Australia's professional standard PS300. The estimation of outstanding claims liabilities is based on actuarial modelling including analysis of claims experience, loss trends, risk exposure data and industry data.

Onerous contracts: Present obligations arising under onerous contracts are recognised as a provision to the extent that the present obligation exceeds the estimated economic benefits to be received. The provision has been measured based on the unavoidable costs of meeting the contractual obligations. The unavoidable costs are the lower of the costs of fulfilling the contract and any compensation or penalties from the failure to fulfill the contract.

6.6 Inventories

	2024 \$M	2023 \$M
Inventories held for distribution:		
Opening balance – at cost	336.6	1,020.2
Additions	0.7	144.7
Distributed as resources given free of charge	(35.8)	(305.9)
Loss of service potential	(135.3)	(522.4)
Total inventories ⁽ⁱ⁾	166.2	336.6

Note:

- (i) Reduction in COVID-19 inventories impairment due to expiration, obsolescence and adjustments to current replacement cost under AASB 102 *Inventories*.

Inventories held for distribution to public health agencies, other state government departments and not-for-profit organisations include personal protective equipment and rapid antigen test kits to assist in response to the COVID-19 pandemic.

The inventories are initially recognised at purchase cost, distributed as resources given free of charge using the weighted average cost formula, and adjusted for any loss of service potential due to expired stock.

The bases used in assessing loss of service potential for inventories held for distribution include technical or functional obsolescence and are measured at current replacement cost. Technical obsolescence occurs when an item still functions for some or all of the tasks it was originally acquired to do, but no longer matches existing technologies. Functional obsolescence occurs when an item no longer functions in the same way as when it was first acquired, becomes obsolete or unfit for purpose, loses the ability to be used, loses the ability to be distributed, or is only able to provide less than its full usefulness to the receiving party.

6.7 Other financial liabilities

	2024 \$M	2023 \$M
PPP-related financial liabilities	37.3	19.1
Total other financial liabilities	37.3	19.1

The financial liabilities relate to the New Footscray Hospital Project.

7. How we financed our operations

Introduction

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

This section includes disclosures of balances that are financial instruments (such as borrowings and cash balances).

Notes 8.1 and 8.3 provide additional, specific financial instrument disclosures.

Structure

7.1 Borrowings

7.1.1 Maturity analysis of borrowings

7.1.2 Interest expense

7.2 Leases

7.2.1 Leases

7.3 Cash flow information and balances

7.3.1 Reconciliation of net result for the period to net cash flow from operating activities

7.4 Trust account

7.4.1 Trust account balances

7.4.2 Trust account – Legislative references and nature

7.5 Commitments for expenditure

7.5.1 Total commitments payable

7.5.2 Public private partnership commitments

7.5.3 AASB 1059 *Service Concession Arrangements: Grantors*

7.1 Borrowings

	2024 \$M	2023 \$M
Current borrowings		
Advances from Victorian Government	13.6	14.7
Lease liabilities	4.3	3.3
Total current borrowings	17.8	18.0
Non-current borrowings		
Advances from Victorian Government	4.2	46.2
PPP-related financial liabilities	1,950.9	1,029.0
Lease liabilities	7.4	3.5
Total non-current borrowings	1,962.5	1,078.7
Total borrowings	1,980.3	1,096.8

Borrowings are classified as financial instruments. All interest-bearing liabilities are initially recognised at the fair value of the consideration received, less directly attributable transaction costs. The measurement basis subsequent to initial recognition depends on whether the department has categorised its interest-bearing liabilities as either 'financial liabilities designated at fair value through profit or loss', or financial liabilities at 'amortised cost'. The classification depends on the nature and purpose of the interest-bearing liabilities. The department determines the classification of interest-bearing liabilities at initial recognition.

Defaults and breaches: During the current and previous financial year, there were no defaults or breaches of required conditions in relation to any of the borrowings.

Advances from Victorian Government are advances from the Department of Treasury and Finance. These advances are non-interest bearing.

Lease liabilities are secured by the assets leased. Leases are effectively secured as the rights to the leased assets revert to the lessor in the event of default.

PPP-related financial liabilities arise on uncommissioned PPPs where either a service concession asset or an item of property, plant and equipment is in construction.

7.1.1 Maturity analysis of borrowings

	Carrying amount \$M	Nominal amount \$M	Maturity dates				
			Less than 1 month \$M	1–3 months \$M	3 months –1 year \$M	1–5 years \$M	5+ years \$M
2024							
Advances from Victorian Government	17.8	17.8	13.1	–	0.4	4.2	–
PPP-related financial liabilities	1,950.9	3,025.4	0.2	3.1	–	908.7	2,113.4
Lease liabilities	11.6	11.6	0.6	0.8	2.8	7.4	–
Total	1,980.3	3,054.8	13.9	3.9	3.2	920.3	2,113.4
2023							
Advances from Victorian Government	60.9	60.9	12.2	–	2.5	46.2	–
PPP-related financial liabilities	1,029.0	1,654.8	1.3	0.0	7.2	573.9	1,072.5
Lease liabilities	6.8	7.3	0.7	0.5	2.5	3.6	–
Total	1,096.8	1,723.0	14.2	0.6	12.2	623.6	1,072.5

7.1.2 Interest expense

	2024 \$M	2023 \$M
Interest on lease liabilities	0.3	0.1
Interest on PPP-related financial liabilities ⁽ⁱ⁾	74.9	37.4
Total interest expense	75.1	37.5

Note:

- (i) Interest is recognised in relation to capital payments for the Frankston Hospital Redevelopment and the New Footscray Hospital Project. As the financial liability builds up during the construction period, the interest accrued on the liability will increase accordingly.

Interest expense includes costs incurred in connection with the borrowing of funds and includes interest on bank overdrafts and short-term and long-term borrowings, amortisation of discounts or premiums relating to borrowings and interest components of finance lease repayments.

Interest expense is recognised in the period in which it is incurred.

The department recognises borrowing costs immediately as an expense, even where they are directly attributable to the acquisition, construction or production of a qualifying asset.

7.2 Leases

7.2.1 Leases

Information about leases for which the department is a lessee is presented below.

The department's leasing activities

The department leases various IT data centres, property, equipment and motor vehicles. The lease contracts are typically made for fixed periods of 1 to 5 years. The department leases some office accommodation which are short-term leases of 12 months or less. The department has elected not to recognise right-of-use assets and lease liabilities for these leases.

The department entered into various printing contracts. The payments are based on consumption. The department considers these printing payments as variable lease payments.

Leases at significantly below-market terms and conditions

The department entered into a number of land leases with lease terms ranging from 5 years to indefinite. These lease contracts specified lease payments of \$1 per annum. In accordance with FRD 103 *Non-financial physical assets*, the below-market leases were recognised at cost.

7.2.1(a) Right-of-use assets

Right-of-use assets are presented in Note 5.1(a).

7.2.1(b) Amounts recognised in the comprehensive operating statement

The following amounts relating to leases are recognised in the comprehensive operating statement:

	2024 \$M	2023 \$M
Amounts recognised in the comprehensive operating statement		
Interest expense on lease liabilities	0.3	0.1
Variable lease payments, not included in the measurement of lease liabilities	0.2	0.4
Total amount recognised in the comprehensive operating statement	0.5	0.5

7.2.1(c) Amounts recognised in the cash flow statement

The following amounts relating to leases are recognised in the cash flow statement:

	2024 \$M	2023 \$M
Total cash outflow for leases	4.6	4.1

For any new contracts entered into, the department considers whether a contract is or contains a lease. A lease is defined as 'a contract, or part of a contract, that conveys the right to use an asset (the underlying asset) for a period of time in exchange for consideration'. To apply this definition, the department assesses whether the contract meets three key evaluations:

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

This policy is applied to contracts entered into, or changed, on or after 1 July 2019.

Separation of lease and non-lease components

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

Recognition and measurement of leases as a lessee

Lease liability – initial measurement

Lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease if that rate is readily determinable or the department's incremental borrowing rate.

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

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

Lease liability – subsequent measurement

Subsequent to initial measurement, the lease liability will be reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification, or if there are changes in in-substance fixed payments. When the lease liability is remeasured, the corresponding adjustment is reflected in the right-of-use asset, or profit and loss if the right-of-use asset is already reduced to zero.

Short-term leases and leases of low-value assets

The department has elected to account for short-term leases and leases of low-value assets using practical expedients. Instead of recognising a right-of-use asset and lease liability, the payments in relation to these types of leases are recognised as an expense in the comprehensive operating statement on a straight-line basis over the lease term.

Below-market/peppercorn leases

Right-of-use assets under leases at significantly below-market terms and conditions that are entered into principally to enable the department to further its objectives, are initially and subsequently measured at cost. These right-of-use assets are depreciated on a straight-line basis over the shorter of the lease term or the estimated useful lives of the assets.

Presentation of right-of-use assets and lease liabilities

The department presents right-of-use assets as 'property, plant and equipment' unless they meet the definition of investment property, in which case they are disclosed as 'investment property' in the balance sheet. Lease liabilities are presented as 'borrowings' in the balance sheet.

7.3 Cash flow information and balances

Cash and deposits, including cash equivalents, comprise cash on hand and cash at bank, deposits at call and those highly liquid investments with an original maturity of three months or less, which are held for the purpose of meeting short-term cash commitments rather than for investment purposes and are readily convertible to known amounts of cash with an insignificant risk of changes in value.

	2024 \$M	2023 \$M
Total cash and deposits disclosed in the balance sheet		
Cash at bank ⁽ⁱ⁾	16.9	9.8
Funds held in trust ⁽ⁱⁱ⁾	103.6	521.8
Balance as per cash flow statement	120.5	531.7

Notes:

- (i) Cash balance includes the Casey Hospital Escrow Account of \$13.8 million (2023: \$3.1 million) which is used to facilitate state government funding and payments to the project company for the Casey Hospital Project and Expansion Project, and the timing of payments.
- (ii) Refer to Note 7.4.1 for the trust account balances.

Due to the state's investment policy and funding arrangements, the department does not hold a large cash reserve in its bank accounts. Cash received from generation of income is generally paid into the state's bank account ('public account'). Similarly, payments made to suppliers and creditors are made via the public account.

7.3.1 Reconciliation of net result for the period to net cash flow from operating activities

	2024	2023
	\$M	\$M
Net result for the period	118.5	(914.1)
Non-cash movements		
(Gain)/loss on sale of non-financial assets	134.8	522.0
Depreciation and amortisation	42.1	37.7
Interest expense	74.9	–
Change in net market values of VMIA liability	0.8	(4.4)
Other income from investing activities	(0.9)	0.1
Net gain/(loss) on financial instruments	(1.1)	(1.7)
Other gains or losses from other economic flows	(1.3)	(21.7)
Resources (received)/provided free of charge	35.6	298.7
Movements in assets and liabilities		
(Increase)/decrease in receivables	382.7	(76.3)
(Increase)/decrease in prepayments	7.1	7.9
Increase/(decrease) in payables	(840.0)	871.0
Increase/(decrease) in provisions	(19.1)	(38.4)
(Increase)/decrease in inventories	(0.5)	(137.6)
Net cash flows from/(used in) operating activities	(66.4)	543.2

7.4 Trust account

7.4.1 Trust account balances

The department has responsibility for transactions and balances relating to trust funds held on behalf of third parties external to the department. Funds managed on behalf of third parties are not recognised in these financial statements as they are managed on a fiduciary and custodial basis, and therefore are not controlled by the department.

Any earnings on the funds held pending distribution are also applied to the trust funds under management as appropriate.

The following is a listing of trust account balances relating to trust accounts controlled and administered by the department. No trust accounts were closed during 2023–24.

	2024						2023					
	Opening balance as at 1 July 2023 \$M	Machinery of Government – transfer in/(out) \$M	Total receipts \$M	Total payment \$M	Non-cash movement \$M	Closing balance as at 30 June 2024 \$M	Opening balance as at 1 July 2022 \$M	Machinery of Government – transfer in/(out) \$M	Total receipts \$M	Total payments \$M	Non-cash movement \$M	Closing balance as at 30 June 2023 \$M
Controlled trusts												
Casey Hospital Escrow Account ⁽ⁱ⁾	3.1	–	–	–	10.7	13.8	4.0	–	–	–	(0.9)	3.1
Health State Managed Fund	2.2	–	2,099.0	2,127.7	28.7	2.2	2.2	–	2,089.1	2,066.8	(22.3)	2.2
Hospitals and Charities Fund	25.9	–	1,963.1	1,939.7	(18.5)	30.8	11.0	–	1,987.7	1,961.8	(11.0)	25.9
Public Health Fund	383.4	–	353.6	408.5	(328.4)	–	0.2	–	1,032.7	2,272.6	1,623.1	383.4
Mental Health Capital Fund	–	–	5.5	5.5	–	–	–	–	–	–	–	–
Treasury Trust	78.6	–	36.2	56.6	8.4	66.7	66.0	–	60.0	80.6	33.3	78.6
Inter-Departmental Transfer Trust	30.3	–	112.8	131.5	(9.6)	2.1	11.6	1.3	248.7	252.8	21.5	30.3
Vehicle Lease Trust Account	1.4	–	0.5	0.1	–	1.8	1.0	–	0.5	0.1	–	1.4
Victorian Health Promotion Fund	–	–	45.7	45.7	–	–	–	–	43.2	43.2	–	–
Departmental Suspense Account	–	–	–	–	–	–	–	–	–	–	–	–
Total controlled trusts	524.9	–	4,616.4	4,715.3	(308.7)	117.4	96.1	1.3	5,461.9	6,677.9	1,643.7	524.9

Note:

(i) Casey Hospital Escrow Account balances are included in the 'Cash at bank'. Refer to Note 7.3.

	2024						2023					
	Opening balance as at 1 July 2023 \$M	Machinery of Government – transfer in/(out) \$M	Total receipts \$M	Total payments \$M	Non-cash movement \$M	Closing balance as at 30 June 2024 \$M	Opening balance as at 1 July 2022 \$M	Machinery of Government – transfer in/(out) \$M	Total receipts \$M	Total payments \$M	Non-cash movement \$M	Closing balance as at 30 June 2023 \$M
Administered trusts												
National Health Funding Pool – Victorian State Pool Account	–	–	14,485.9	14,486.2	0.3	–	–	–	15,250.4	15,316.6	66.2	–
Public Service Commuter Club	(0.1)	–	0.1	0.1	–	(0.1)	(0.1)	–	0.1	0.1	–	(0.1)
Revenue Suspense Account	4.8	–	0.1	–	–	4.9	4.2	–	–	–	0.6	4.8
Total administered trusts	4.7	–	14,486.1	14,486.3	0.3	4.8	4.1	–	15,250.5	15,316.7	66.8	4.7

Note:

(i) Casey Hospital Escrow Account balances are included in the 'Cash at bank'. Refer to Note 7.3.

7.4.2 Trust account—Legislative references and nature

Controlled trusts

Casey Hospital Escrow Account

Established to manage and control payments to the contractor for the completion of the Casey Hospital refurbishment.

Health State Managed Fund

Established under the *Health (Commonwealth State Funding Arrangements) Act 2012* for the purpose of receiving funding for block grants, teaching, training and research.

Hospitals and Charities Fund

Established under the *Health Services Act 1988* to record funding for health service agencies. Monies are paid into the fund from the *Gambling Regulation Act 2003*, *Casino Control Act 1991* and s. 10 of the FMA.

Public Health Fund

Established by the Assistant Treasurer in accordance with the National Health Reform Agreement to allow the department to access public health funding contributions paid by the Commonwealth through the Victorian State Pool Account and to apply the funding to deliver public health activities managed by the state.

Mental Health Capital Fund

Established under s. 19 of the FMA for stage 3 of the redevelopment of Thomas Embling Hospital, and to provide funding to the Mental Health Capital Renewal Fund to improve the quality and amenity of mental health and alcohol and other drugs facilities across Victoria.

Treasury Trust

Established to record the receipt and disbursement of unclaimed monies and other funds held in trust. Utilisation of the trust balance or any material variations to budgeted expenditure in subsequent years requires formal approval from the relevant Cabinet committee or the Treasurer.

Inter-Departmental Transfer Trust

Established under s. 19 of the FMA by the Assistant Treasurer to record inter-departmental transfers when no other trust arrangement exists. Utilisation of the trust balance or any material variations to budgeted expenditure in subsequent years requires formal approval from the relevant Cabinet committee or the Treasurer.

Vehicle Lease Trust Account

Established to record transactions relating to the government's vehicle pool and fleet management business.

Victorian Health Promotion Fund

Established under s. 32 of the *Tobacco Act 1987*, prior to the abolition by the High Court in July 1997 of taxes on tobacco products. Following the High Court decision, the Act was amended and the source of funding was specified by the Treasurer under s. 32(3a).

Departmental Suspense Account

Short-term clearing account pending correct identification of payments.

Administered trusts

National Health Funding Pool – Victorian State Pool Account

Established under the *Health (Commonwealth State Funding Arrangements) Act 2012* to record funding made available by the Commonwealth and the state under the National Health Reform Agreement.

Public Service Commuter Club

Established to record the receipt of amounts associated with the Public Service Commuter Club Scheme and deductions from club members' salaries as well as to record payment to the Public Transport Corporation.

Revenue Suspense Account

Short-term clearing account pending correct identification of receipts.

Victorian Natural Disasters Relief Fund

Established for the purpose of granting assistance to persons who suffer losses as a result of flood, bushfires and other natural disasters.

7.5 Commitments for expenditure

Commitments for future expenditure include operating and capital commitments arising from contracts. These commitments are recorded below at their nominal value and inclusive of GST. These future expenditures cease to be disclosed as commitments once the related liabilities are recognised in the balance sheet. The following commitments have not been recognised as liabilities in the financial statements.

7.5.1 Total commitments payable ⁽ⁱ⁾

	2024 \$M	2023 \$M
(a) Capital expenditure commitments ⁽ⁱⁱ⁾		
Less than 1 year	1,319.5	1,172.6
Longer than 1 year and not longer than 5 years	890.2	775.3
Longer than 5 years	–	–
Total capital commitments	2,209.7	1,947.9
(b) Accommodation expenses payable ⁽ⁱⁱ⁾⁽ⁱⁱⁱ⁾		
Less than 1 year	32.0	36.7
Total accommodation expenses payable	32.0	36.7
(c) Other expenditure commitments ⁽ⁱⁱ⁾		
Less than 1 year	231.6	201.2
Longer than 1 year and not longer than 5 years	106.1	112.2
Longer than 5 years	31.2	–
Total other expenditure commitments	369.0	313.3
Total commitments other than PPP	2,610.7	2,297.9
(d) Commissioned PPP funding commitments		
1. The Royal Women's Hospital		
Less than 1 year	56.9	52.2
Longer than 1 year and not longer than 5 years	251.5	244.4
Longer than 5 years	235.7	294.6
Total The Royal Women's Hospital commitments	544.2	591.2
2. Monash Health		
Less than 1 year	38.6	39.8
Longer than 1 year and not longer than 5 years	132.8	135.4
Longer than 5 years	15.3	49.2
Total Monash Health commitments	186.8	224.5
3. The Royal Children's Hospital		
Less than 1 year	175.8	169.5
Longer than 1 year and not longer than 5 years	775.0	747.5
Longer than 5 years	1,697.8	1,874.2
Total The Royal Children's Hospital commitments	2,648.5	2,791.2
4. Peter MacCallum Cancer Centre		
Less than 1 year	169.4	164.6
Longer than 1 year and not longer than 5 years	578.2	648.2
Longer than 5 years	1,336.7	1,395.7
Total Peter MacCallum Cancer Centre commitments	2,084.3	2,208.6
5. Bendigo Health		
Less than 1 year	87.8	81.3
Longer than 1 year and not longer than 5 years	392.0	378.2
Longer than 5 years	1,442.4	1,526.6
Total Bendigo Health commitments	1,922.1	1,986.0
Total commissioned PPP funding commitments	7,385.9	7,801.5

	2024 \$M	2023 \$M
(e) Uncommissioned PPP commitments		
1. New Footscray Hospital		
Longer than 1 year and not longer than 5 years	368.4	651.4
Longer than 5 years	3,173.1	4,150.1
Total New Footscray Hospital commitments	3,541.5	4,801.5
2. Frankston Hospital Redevelopment		
Longer than 1 year and not longer than 5 years	202.9	140.8
Longer than 5 years	3,814.8	4,349.5
Total Frankston Hospital Redevelopment commitments	4,017.7	4,490.3
Total uncommissioned PPP commitments	7,559.2	9,291.8
Total commitments for expenditure (inclusive of GST)	17,555.7	19,391.2
Less GST recoverable from the ATO	1,588.4	1,755.6
Total commitments for expenditure (exclusive of GST)	15,967.4	17,635.6

Notes:

- (i) For future finance lease and non-cancellable operating lease payments that are recognised on the balance sheet, refer to Note 7.2.
- (ii) GST is not included in some of the above commitments as they relate to either input taxed or exempt goods and services.
- (iii) The department has an occupancy agreement (ending in June 2025) with the Department of Government Services for office accommodation at various locations across Victoria and other related services, including management fee, repairs and maintenance, cleaning, security, utilities, etc. A significant judgement was made that the occupancy agreement is a service contract (rather than a 'lease' as defined in AASB 16 *Leases*). The cost for the accommodation and other related services is expensed (refer to Note 3.1.4) based on the agreed payments as per the occupancy agreement.

Commissioned public private partnership funding commitments

The Minister for Health entered into six long-term contracts with various private sector consortiums for the design, construction, maintenance and financing of hospital infrastructure assets, one for the Royal Women's Hospital, the Royal Children's Hospital, the Victorian Comprehensive Cancer Centre (Peter MacCallum Cancer Centre), and Bendigo Hospital (Bendigo Health), and two for Casey Hospital (Monash Health). These arrangements are referred to as public private partnerships (PPPs).

The respective health agency is the operator of the PPP infrastructure assets and consequently recognises the associated assets, finance lease liabilities, transactions and commitments to the private sector provider in their own financial statements. For additional information relating to these balances, transactions and commitments (including present value information) refer to the relevant health agencies' financial reports.

In the table above, the department has disclosed the total nominal amounts due to the private sector consortiums, as the department has agreed to fund these amounts on behalf of the relevant health sector agencies to satisfy the terms of the PPP arrangements. These amounts include the principal, interest, maintenance and ancillary services payments required over the remaining terms of the contracts. These payments will be funded via appropriation revenue and will be recognised as a grant expense to the health agency.

Note 7.5.2 Public private partnership commitments

The department sometimes enters into arrangements with private sector participants to design and construct or upgrade assets used to provide public services. These arrangements usually include the provision of operational and maintenance services for a specified period of time. These arrangements are often referred to as public private partnerships (PPP).

A PPP usually takes one of two main forms. In the more common form, the department pays the operator over the arrangement period, subject to specified performance criteria being met. At the date of commitment to the principal provisions of the arrangement, these estimated periodic payments are allocated between a component related to the design and construction or upgrading of the asset and components related to the ongoing operation and maintenance of the asset. The former component is accounted for as either a lease, a service concession arrangement or construction of an item of property, plant and equipment. The remaining components are accounted for as commitments for operating costs, which are expensed in the comprehensive operating statement as they are incurred. The other, less common form of PPP is one in which the department grants to an operator, for a specified period of time, the right to collect fees from users of the PPP asset, in return for which the operator constructs the asset and has the obligation to supply agreed-upon services, including maintenance of the asset for the period of the concession. These private sector entities typically lease land, and sometimes state works, from the department and construct infrastructure. At the end of the concession period, the land and state works, together with the constructed facilities, will be returned to the department.

AASB 1059 *Service Concession Arrangements: Grantors* applies to arrangements where an operator provides public services, using a service concession asset, on behalf of the state and importantly, the operator manages at least some of the public service at its own discretion. The state must also control the asset for AASB 1059 to apply. This means that certain PPP arrangements will not be within the scope of AASB 1059 and will continue to be accounted for as either leases or assets being constructed by the state and conversely, certain arrangements that are not PPP (such as certain external service arrangements) could be captured within the scope of AASB 1059. The department has determined which arrangements should be accounted for under AASB 1059 and details of these are included in Note 7.5.3 below.

PPP commitments ⁽ⁱ⁾

	2024				2023			
	Liability	Capital contribution	Other commitments	Total commitments	Liability	Capital contribution	Other commitments	Total commitments
	Discounted value	Nominal value	Present value	Nominal value	Discounted value	Nominal value	Present value	Nominal value
	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M
Uncommissioned PPPs ^{(ii)(iii)(iv)}								
New Footscray Hospital ^{(v)(vi)}	504.6	573.0	1,054.1	3,541.5	1,019.7	573.0	1,055.1	4,801.5
Frankston Hospital Redevelopment ^(vii)	626.8	–	1,057.6	4,017.7	916.8	–	995.6	4,490.3
Subtotal	1,131.4	573.0	2,111.7	7,559.2	1,936.5	573.0	2,050.7	9,291.8
Total commitments for PPPs	1,131.4	573.0	2,111.7	7,559.2	1,936.5	573.0	2,050.7	9,291.8

Notes:

- (i) The discounted values of the minimum lease payments for uncommissioned PPPs have been discounted to the projects' expected dates of commissioning, and the present values of other commitments have been discounted to 30 June of the respective financial years. After adjusting for GST, the discounted values of minimum lease payments reflect the expected impact on the balance sheet when the PPPs are commissioned.
- (ii) The discounted values of the minimum lease payments have not been totalled for the uncommissioned PPPs due to individual PPPs having different expected dates of commissioning.
- (iii) The total commitments will not equal the sum of the PPP-related liabilities and other commitments because they are discounted, whereas total commitments are at nominal value.
- (iv) For uncommissioned PPPs relating to service concessions or recognised as assets under construction under AASB 116 *Property, Plant and Equipment*, the asset and liability are recognised progressively during the construction term and therefore not recognised in the table above.
- (v) On 10 March 2021, the State Government of Victoria entered into a PPP contract with Plenary Health to deliver the New Footscray Hospital Project. The contract expires on 9 September 2050. The department will be reimbursed by Victoria University for the state contribution relating to the construction of the Victoria University project components. It has been determined that this arrangement represents the construction of an item of property, plant and equipment in the scope of AASB 116 because the private sector consortium will not operate the hospital once constructed. The hospital will be operated by Western Health.
- (vi) The liability discounted value is the total discounted capital commitments in relation to hospital assets, less amounts recorded in the balance sheet as liability.
- (vii) On 13 April 2022, the State Government of Victoria entered into a PPP contract with Exemplar Health to deliver the Frankston Hospital Redevelopment Project. The contract expires on 16 January 2051. It has been determined that this arrangement represents the construction of an item of property, plant and equipment in the scope of AASB 116 because the private sector consortium will not operate the hospital once constructed. The hospital will be operated by Peninsula Health.

7.5.3 AASB 1059 Service Concession Arrangements: Grantors

For arrangements within the scope of AASB 1059, at initial recognition the department records a service concession asset (SCA) at current replacement cost in accordance with the cost approach to fair value under AASB 13 *Fair Value Measurement*, with a related liability, which could be a financial liability, an accrued revenue liability (referred to as the 'Grant of a Right to the Operator' or GORTO liability) or a combination of both.

The nature of the liability and subsequent accounting depends on the consideration exchanged in the arrangement between the department and the operator.

The department initially recognised the liability at the same amount as the SCA, adjusted by the amount of any consideration from the department to the operator, or from the operator to the department.

Exception to this occurs when the department reclassifies an existing asset to an SCA. When this occurs, no liability is recognised unless additional consideration is provided to the operator. Instead, the department recognises an SCA and a corresponding liability for the amounts spent on the upgrade/expansion work.

A **financial liability** is recognised where the department has a contractual obligation to pay the operator for providing the SCA. It is measured in accordance with AASB 9 *Financial Instruments* and is recognised as a borrowing (Note 7.1). The liability is increased by interest charges (Note 7.1.2), based on the interest rate implicit in the arrangement. Where the interest rate is not specified in the arrangement, the prevailing market rate of interest for a similar instrument with similar credit ratings is used. The liability is reduced by any payments made by the department to the operator as required by the contract.

The department has arrangements in place with two private hospitals and other non-public entities, where the private hospitals and non-public entities operate the department-owned assets, including land, buildings and equipment, to deliver health services to the general public. The department maintains the ownership and control of the assets throughout the arrangements and does not incur any related liability.

8. Risks, contingencies and valuation judgements

Introduction

The department is exposed to risk from its activities and outside factors. In addition, it is often necessary to make judgements and estimates associated with recognition and measurement of items in the financial statements. This section sets out financial instruments specific information (including exposures to financial risks), as well as those items that are contingent in nature or require a higher level of judgement to be applied, which for the department relates mainly to fair value determination.

Structure

- 8.1 Financial instruments specific disclosures
 - 8.1.1 Financial instruments: Categorisation
 - 8.1.2 Financial instruments: Net holding gain/(loss) on financial instruments by category
 - 8.1.3 Financial risk management objectives and policies
- 8.2 Contingent assets and contingent liabilities
- 8.3 Fair value determination
 - 8.3.1 Fair value determination of financial assets and liabilities
 - 8.3.2 Fair value determination of non-financial physical assets

8.1 Financial instruments specific disclosures

Introduction

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

Guarantees issued on behalf of the department are financial instruments because, although authorised under statute, terms and conditions for each financial guarantee may vary and are subject to an agreement.

Categories of financial assets

Financial assets at amortised cost are recognised if both of the following criteria are met and the assets are not designated as fair value through net result:

- the assets are held by the department to collect the contractual cash flows, and
- the assets' contractual terms give rise to cash flows that are solely payments of principal and interest.

These assets are initially recognised at fair value plus any directly attributable transaction costs and subsequently measured at amortised cost using the effective interest method less any impairment.

The department recognises the following assets in this category:

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

Categories of financial liabilities

Financial liabilities at amortised cost are initially recognised on the date they are originated. They are initially measured at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, these financial instruments are measured at amortised cost with any difference between the initially recognised amount and the redemption value being recognised in profit and loss over the period of the interest-bearing liability, using the effective interest rate method. The department recognises the following liabilities in this category:

- payables (excluding statutory payables)
- borrowings (including lease liabilities).

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

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

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

- the right to receive cash flows from the asset has expired, or
- the department retains the right to receive cash flows from the asset, but has assumed an obligation to pay them in full without material delay to a third party under a ‘pass through’ arrangement, or
- the department has transferred its right to receive cash flows from the asset and either:
 - has transferred substantially all the risks and rewards of the asset, or
 - has neither transferred nor retained substantially all the risks and rewards of the asset, but has transferred control of the asset.

Where the department has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of the department’s continuing involvement in the asset.

Derecognition of financial liabilities: A financial liability is derecognised when the obligation under the liability is discharged, cancelled or expired.

When an existing financial liability is replaced by another from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, such an exchange or modification is treated as a derecognition of the original liability and the recognition of a new liability. The difference in the respective carrying amounts is recognised as an ‘other economic flow’ in the comprehensive operating statement.

8.1.1 Financial instruments: Categorisation

	Cash and deposits \$M	Financial assets at amortised cost \$M	Financial liabilities at amortised cost \$M	Total \$M
2024				
Contractual financial assets				
Cash and deposits	120.5	–	–	120.5
Receivables ⁽ⁱ⁾	–	446.3	–	446.3
Loans	–	15.2	–	15.2
Total contractual financial assets	120.5	461.5	–	582.0
Contractual financial liabilities				
Payables ⁽ⁱ⁾	–	–	1,910.9	1,910.9
Borrowings ⁽ⁱ⁾	–	–	1,967.1	1,967.1
Total contractual financial liabilities	–	–	3,878.0	3,878.0

	Cash and deposits \$M	Financial assets at amortised cost \$M	Financial liabilities at amortised cost \$M	Total \$M
2023				
Contractual financial assets				
Cash and deposits	531.7	–	–	531.7
Receivables ⁽ⁱ⁾	–	852.7	–	852.7
Loans	–	63.4	–	63.4
Total contractual financial assets	531.7	916.1	–	1,447.8
Contractual financial liabilities				
Payables ⁽ⁱ⁾	–	–	2,750.3	2,750.3
Borrowings ⁽ⁱ⁾	–	–	1,084.6	1,084.5
Total contractual financial liabilities	–	–	3,834.9	3,834.8

Note:

(i) The total amounts disclosed here exclude statutory amounts, for example, amounts owing to/from Victorian Government and GST input tax credits recoverable and taxes payable. Refer to Note 6.1 for the breakdown of contractual and statutory receivables, Note 6.4 for the breakdown of contractual and statutory payables, and Note 7.1 for the breakdown of borrowings.

8.1.2 Financial instruments: Net holding gain/(loss) on financial instruments by category

	Total interest income/ (expense) \$M	Total \$M
2024		
Contractual financial assets		
Cash and deposits	–	–
Receivables ⁽ⁱ⁾	–	–
Loans	–	–
Total contractual financial assets	–	–
Contractual financial liabilities		
Payables ⁽ⁱ⁾	–	–
Borrowings	(75.1)	(75.2)
Total contractual financial liabilities	(75.1)	(75.2)
2023		
Contractual financial assets		
Cash and deposits	–	–
Receivables ⁽ⁱ⁾	–	–
Loans	–	–
Total contractual financial assets	–	–
Contractual financial liabilities		
Payables ⁽ⁱ⁾	–	–
Borrowings	(37.5)	(37.5)
Total contractual financial liabilities	(37.5)	(37.5)

Note:

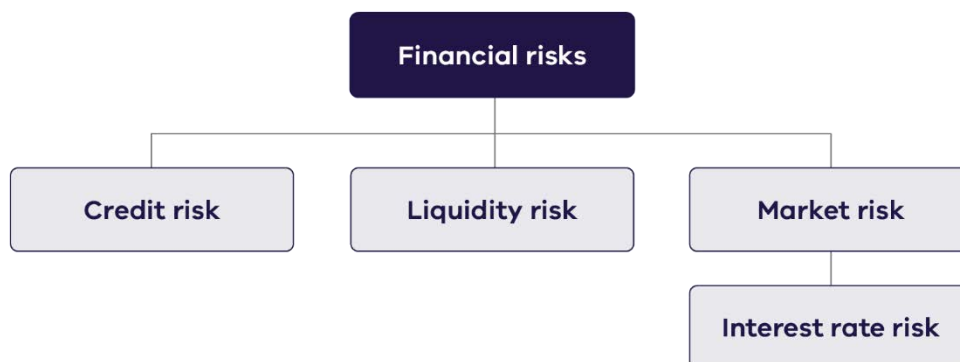
(i) The total amounts disclosed here exclude statutory amounts, for example, amounts owing to/from the Victorian Government and GST input tax credits recoverable and taxes payable.

The net holding gains or losses disclosed above are determined as follows:

- for cash and cash equivalents, loans and receivables, the net gain or loss is calculated by taking the movement in the fair value of the asset and the interest income, minus any impairment recognised in the net result.
- for financial liabilities measured at amortised cost, the net gain or loss is the interest expense.

8.1.3 Financial risk management objectives and policies

The department is exposed to a number of financial risks, including:



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

Details of the significant accounting policies and methods adopted, including the criteria for recognition, the basis of measurement and the basis on which income and expenses are recognised, with respect to each class of financial asset and financial liability, are disclosed in Note 8.3.1.

The main purpose in holding financial instruments is to prudentially manage the department's financial risks within the government policy parameters.

The department's main financial risks include credit risk, liquidity risk and interest rate risk. The department manages these financial risks in accordance with its risk management policy.

The department uses different methods to measure and manage the different risks to which it is exposed. Primary responsibility for the identification and management of financial risks rests with the accountable officer of the department.

8.1.3.1 Financial instruments: credit risk

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

Credit risk associated with the department's contractual financial assets is minimal because the main debtor is the Victorian Government. For debtors other than the Victorian Government, it is the department's policy to only deal with entities with high credit ratings of a minimum triple-B rating and to obtain sufficient collateral or credit enhancements, where appropriate.

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

Provision of impairment for financial assets is calculated based on past experience and current and expected changes in client credit ratings, or based on the assumptions about risk of default and expected credit loss rates.

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

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

There was no material change to the department's credit risk profile in 2023–24.

Credit quality of contractual financial assets

	Financial institutions double-A credit rating \$M	Government agencies double-A credit rating \$M	Credit ratings not disclosed \$M	Total \$M
2024				
Cash and deposits (not assessed for impairment due to materiality)	16.9	103.6	–	120.5
Contractual receivables applying the simplified approach for impairment ⁽ⁱ⁾	–	402.3	44.0	446.3
Loans	–	15.2	–	15.2
Statutory receivables (with no impairment loss recognised)	13.1	3,697.9	–	3,711.0
Total financial assets	30.0	4,219.0	44.0	4,293.0
2023				
Cash and deposits (not assessed for impairment due to materiality)	9.8	521.8	–	531.7
Contractual receivables applying the simplified approach for impairment ⁽ⁱ⁾	–	826.4	26.4	852.7
Loans	–	63.4	–	63.4
Statutory receivables (with no impairment loss recognised)	14.6	3,638.4	–	3,653.0
Total financial assets	24.4	5,050.0	26.4	5,100.8

Note:

(i) The total amounts disclosed here exclude statutory amounts, for example, amounts owing from Victorian Government, GST input tax credits recoverable and other taxes payable.

Impairment of financial assets under AASB 9 *Financial Instruments*

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

Contractual receivables at amortised cost

The department applies the AASB 9 simplified approach for all contractual receivables to measure expected credit losses using a lifetime expected loss allowance based on the assumptions about risk of default and expected loss rates. The department has grouped contractual receivables on shared credit risk characteristics and days past due and selected the expected credit loss rate based on the department's past history, existing market conditions, as well as forward-looking estimates at the end of financial year.

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

	Gross amount \$M	Not past due and not impaired ⁽ⁱ⁾ \$M	Past due				Total \$M
			Less than 1 month \$M	1–3 months \$M	3 months –1 year \$M	1–5 years \$M	
2024							
Expected loss rate		0%	3%	3%	3%	57%	
Gross carrying amount of contractual receivables	448.7	424.4	7.5	6.0	7.6	3.2	
Loss allowance		–	0.2	0.2	0.2	1.8	2.4
2023							
Expected loss rate		0%	18%	0%	33%	49%	
Gross carrying amount of contractual receivables	857.7	836.1	10.1	3.8	4.2	3.5	
		–	1.8	–	1.4	1.7	4.9

Note:

(i) The amounts disclosed here include repayments of borrowings that are not scheduled to be repaid in the next 12 months.

The average credit period for receivables is 30 days.

Reconciliation of movement in the loss allowance for contractual receivables is shown as follows:

	2024 \$M	2023 \$M
Balance at beginning of the year	(5.0)	(20.1)
Increase in provision recognised in the net result	0.8	13.0
Reversal of provision of receivables written off during the year as uncollectible	1.8	2.1
Balance at the end of the year	(2.4)	(5.0)

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

Statutory receivables at amortised cost

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

Both statutory receivables and investments in debt instruments are considered to have low credit risk, taking into account the counter party's credit rating, risk of default and capacity to meet contractual cash flow obligations in the near term. As a result, the loss allowance recognised for these financial assets during the period was limited to 12 months expected losses. No loss allowance has been recognised.

8.1.3.2 Financial instruments: liquidity risk

Liquidity risk arises from being unable to meet financial obligations as they fall due. The department operates under the government's fair payments policy of settling financial obligations within 30 days and, in the event of a dispute, of making payments within 30 days from the date of resolution.

The department is exposed to liquidity risk mainly through the financial liabilities as disclosed in the face of the balance sheet and the amounts related to financial guarantees. The department manages its liquidity risk by:

- close monitoring of its short-term and long-term borrowings by senior management, including monthly reviews on current and future borrowing levels and requirements
- maintaining an adequate level of uncommitted funds that can be drawn at short notice to meet its short-term obligations
- holding investments and other contractual financial assets that are readily tradeable in the financial markets
- careful maturity planning of its financial obligations based on forecasts of future cash flows
- a high credit rating for the State of Victoria (Moody's Investor Services, Standard & Poor's double-A, which assists in accessing debt market at a lower interest rate).

The department's exposure to liquidity risk is deemed insignificant based on prior periods' data and current assessment of risk.

The carrying amount detailed in Notes 6.4.1 and 7.1.1, of contractual financial liabilities recorded in the financial statements, represents the department's maximum exposure to liquidity risk.

8.1.3.3 Financial instruments: market risk

The department's exposure to market risk is primarily through interest rate risk. The department's exposure to other price risks is insignificant. Objectives, policies and processes used to manage the risk are disclosed below.

Sensitivity disclosure analysis and assumptions

Taking into account past performance, future expectations, economic forecasts, and management's knowledge and experience of the financial markets, the department believes the following movements are 'reasonably possible' over the next 12 months:

- A shift of +1% and -1% (2023: +2% and -2%) in market interest rates (AUD) from year-end cash deposits.

The loans include loans and advances provided to the health services. These loans are not subject to the consumer price index (CPI), therefore, CPI sensitivity analysis is not required.

The tables that follow show the impact on the department's net result and equity for each category of financial instrument held by the department at the end of the reporting period if the above movements were to occur.

Interest rate risk

Fair value interest rate risk is the risk that the fair value of a financial instrument will fluctuate because of changes in market interest rates. The department does not hold any interest-bearing financial instruments that are measured at fair value, and therefore has no exposure to fair value interest rate risk.

Cash flow interest rate risk is the risk that the future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The department has minimal exposure to cash flow interest rate risks through cash and deposits and term deposits.

Exposure to interest rate risk is insignificant and might arise primarily through the department's interest-bearing assets. Minimisation of risk is achieved by mainly undertaking fixed rate or non-interest-bearing financial instruments. For financial liabilities, the department mainly incurs financial liabilities with relatively even maturity profiles.

The carrying amounts of financial assets and financial liabilities that are exposed to interest rates and the department's sensitivity to interest rate risk are set out in the table that follows.

Interest rate exposure of financial instruments

	Weighted average effective interest rate %	Carrying amount \$M	Interest rate exposure		
			Fixed interest rate \$M	Variable interest rate \$M	Non- interest bearing \$M
2024					
Financial assets					
Cash and deposits	2.3%	120.5	–	13.8	106.7
Receivables ⁽ⁱ⁾		446.3	–	–	446.3
Loans	0.0%	15.2	–	–	15.2
Total financial assets		582.0	–	13.8	568.2
Financial liabilities					
Payables ⁽ⁱ⁾		1,910.9	–	–	1,910.9
Borrowings ⁽ⁱ⁾	3.8%	1,967.1	1,438.0	524.5	4.6
Total financial liabilities		3,878.0	1,438.0	524.5	1,915.5
2023					
Financial assets					
Cash and deposits	1.6%	531.7	–	3.1	528.6
Receivables ⁽ⁱ⁾		852.7	–	–	852.7
Loans	0.0%	63.4	–	–	63.4
Total financial assets		1,447.8	–	3.1	1,444.7
Financial liabilities					
Payables ⁽ⁱ⁾		2,750.3	–	–	2,750.3
Borrowings ⁽ⁱ⁾	3.0%	1,084.5	829.8	206.1	48.6
Total financial liabilities		3,834.8	829.8	206.1	2,798.9

Note:

(i) The carrying amounts disclosed here exclude statutory amounts, for example, amounts owing to/from Victorian Government and GST input tax credits recoverable and taxes payable.

Interest rate risk sensitivity analysis

	Carrying amount \$M	Interest rate risk	
		-1% Net result \$M	+1% Net result \$M
2024			
Contractual financial assets			
Cash and deposits ⁽ⁱ⁾⁽ⁱⁱ⁾	120.5	(0.3)	0.3
Receivables ^{(iii)(iv)}	446.3	–	–
Loans ^(iv)	15.2	–	–
Total impact	582.0	(0.3)	0.3
Contractual financial liabilities			
Payables ^(iv)	1,910.9	–	–
Borrowings ^{(iv)(v)}	1,967.1	(5.2)	5.2
Total impact	3,878.0	(5.2)	5.2

	Carrying amount \$M	Interest rate risk	
		-2% Net result \$M	+2% Net result \$M
2023			
Contractual financial assets			
Cash and deposits ⁽ⁱ⁾⁽ⁱⁱ⁾	531.7	(0.1)	0.1
Receivables ^{(iii)(iv)}	852.7	–	–
Loans	63.4	–	–
Total impact	1,447.8	(0.1)	0.1
Contractual financial liabilities			
Payables ^(iv)	2,750.3	–	–
Borrowings ^{(iv)(v)}	1,084.5	(4.1)	4.1
Total impact	3,834.8	(4.1)	4.1

Notes:

- (i) All cash and deposits are held in Australian dollars and were held on deposits at fixed and variable interest rates. This item is not subject to any other identified risk sensitivities.
- (ii) Majority of cash and deposits are funds held in trust, which are not subject to the interest rate risk.
- (iii) The carrying amount is denominated in Australian dollars and is non-interest bearing. This item is not subject to the identified risk sensitivities.
- (iv) The total amounts disclosed here exclude statutory amounts, for example, amounts owing to/from Victorian Government and GST input tax credits recoverable and taxes payable.
- (v) Borrowings are denominated in Australian dollars. \$11.6 million (2023: \$6.8 million) relates to lease liabilities and \$1,951 million (2023: \$1,029 million) relates to PPP financial liabilities.

8.2 Contingent assets and contingent liabilities

Contingent assets and contingent liabilities are not recognised in the balance sheet, but are disclosed by way of a disclosure and, if quantifiable, are stated at nominal value. Contingent assets and liabilities are presented inclusive of GST receivable or payable respectively.

Contingent assets

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

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

There were no contingent assets as at 30 June 2024.

Contingent liabilities

Contingent liabilities are:

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

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

	2024 \$M	2023 \$M
Quantifiable contingent liabilities		
The department has estimated that potential liability exists in respect of a number of legal actions instigated by clients and their representatives, employees and others, and other contractual liabilities.	0.1	18.8
Total	0.1	18.8

Non-quantifiable contingent liabilities

In response to the concerns of some health services, the department has undertaken to provide certain health services adequate cash flow support to enable these health services to meet their current and future obligations as and when they fall due in the 2024–25 financial year, should this be required. In line with processes already established by the department, it is expected that each health service that has been pledged this support will:

- continue to provide monthly advice on its financial position, including the likelihood of any short-term liquidity issues
- commit to achieve the agreed budget targets, and all other requirements of their service agreements or statement of priorities in 2024–25.

The department has other potential obligations which arise from legal actions and that are non-quantifiable at this time.

8.3 Fair value determination

Significant judgement: Fair value measurements of assets and liabilities

Fair value determination requires judgement and the use of assumptions. This section discloses the most significant assumptions used in determining fair values. Changes to assumptions could have a material impact on the results and financial position of the department.

This section sets out information on how the department determined fair value for financial reporting purposes. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The following assets and liabilities are carried at fair value:

- financial assets and liabilities at fair value through 'other comprehensive income'
- land, buildings, plant and equipment.

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

The department determines the policies and procedures for determining fair values for both financial and non-financial assets and liabilities as required.

Fair value hierarchy

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

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

The department determines whether transfers have occurred between levels in the hierarchy by reassessing categorisation (based on the lowest level input that is significant to the fair value measurement as a whole) at the end of each reporting period.

The Valuer-General Victoria (VGV) is the department's independent valuation agency. The department, in conjunction with VGV, monitors changes in the fair value of each asset and liability through relevant data sources to determine whether revaluation is required.

How this section is structured

For those assets and liabilities for which fair values are determined, the following disclosures are provided:

- carrying amount and the fair value (which would be the same for those assets measured at fair value)
- which level of the fair value hierarchy was used to determine the fair value:
 - in respect of those assets and liabilities subject to fair value determination using Level 3 inputs:
 - a reconciliation of the movements in fair values from the beginning of the year to the end
 - details of significant unobservable inputs used in the fair value determination.

This section is divided between disclosures in connection with fair value determination for financial instruments (refer to Note 8.3.1) and non-financial physical assets (refer to Note 8.3.2).

8.3.1 Fair value determination of financial assets and liabilities

The fair values and net fair values of financial assets and liabilities are determined as follows:

- Level 1 - the fair value of financial instruments with standard terms and conditions and traded in active markets are determined with reference to quoted market prices
- Level 2 - the fair value is determined using inputs other than quoted prices that are observable for the financial asset or liability, either directly or indirectly
- Level 3 - the fair value is determined in accordance with generally accepted pricing models based on discounted cash flow analysis using unobservable market inputs.

The department currently holds a range of financial instruments that are recorded in the financial statements where the carrying amounts are a reasonable approximation of fair values, due to their short-term nature or with the expectation that they will be paid in full by the end of the 2023–24 reporting period.

The fair value of the financial instruments is the same as the carrying amounts.

8.3.2 Fair value determination of non-financial physical assets

Fair value measurement hierarchy

2024	Carrying amount \$M	Fair value measurement at end of reporting period using:		
		Level 1 ⁽ⁱ⁾ \$M	Level 2 ⁽ⁱ⁾ \$M	Level 3 ⁽ⁱ⁾ \$M
Land at fair value				
Non-specialised land	132.4	–	132.4	–
Specialised land	649.1	–	52.1	596.9
Total land at fair value	781.5	–	184.5	596.9
Buildings at fair value				
Non-specialised buildings	16.3	–	7.3	8.9
Specialised buildings	850.8	–	1.4	849.5
Total buildings at fair value	867.1	–	8.7	858.4
Plant, equipment and vehicles at fair value				
Plant and equipment	5.8	–	–	5.8
Total plant, equipment and vehicles at fair value	5.8	–	–	5.8

2023	Carrying amount \$M	Fair value measurement at end of reporting period using:		
		Level 1 ⁽ⁱ⁾ \$M	Level 2 ⁽ⁱ⁾ \$M	Level 3 ⁽ⁱ⁾ \$M
Land at fair value				
Non-specialised land	19.4	–	19.4	–
Specialised land	651.7	–	90.6	561.0
Total land at fair value	671.1	–	110.1	561.0
Buildings at fair value				
Non-specialised buildings	12.1	–	7.2	4.9
Specialised buildings	611.8	–	1.8	610.0
Total buildings at fair value	623.9	–	9.0	614.9
Plant, equipment and vehicles at fair value				
Plant and equipment	4.0	–	–	4.0
Total plant, equipment and vehicles at fair value	4.0	–	–	4.0

Note:

- (i) Classified in accordance with the fair value hierarchy. The department, in conjunction with the VGV, monitors the changes in the fair value of each asset and liability through relevant data sources to determine whether revaluation is required.

Non-specialised land and non-specialised buildings are valued using the market approach, whereby assets are compared to recent comparable sales or sales of comparable assets that are considered to have nominal value.

An independent valuation was performed by the Valuer-General Victoria to determine fair value using the market approach. Valuation of the assets was determined by analysing comparable sales and allowing for share, size, topography, location and other relevant factors specific to the asset being valued. The effective date of the valuation is 30 June 2024.

The non-specialised land and non-specialised buildings do not contain significant, unobservable adjustments, these assets are classified as Level 2 under the market approach.

Specialised land and specialised buildings: The market approach is used for specialised land, although this may be adjusted for a community service obligation (CSO) to reflect the specialised nature of the land being valued.

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

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

An independent valuation of the departments' specialised land and specialised buildings was performed by the Valuer-General Victoria. The calculation was performed using the market approach adjusted for CSO. The effective date of the valuation is 30 June 2024.

Vehicles are valued using the current replacement cost method. The department acquires new vehicles and at times disposes of them before the end of their economic life. The process of acquisition, use and disposal in the market is managed by experienced fleet managers in the department who set relevant depreciation rates during use to reflect the utilisation of the vehicles.

Plant and equipment is held at fair value. When plant and equipment is specialised in use, such that it is rarely sold other than as part of a going concern, fair value is determined using the current replacement cost method.

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

For all assets measured at fair value, the current use is considered the highest and best use.

Reconciliation of Level 3 fair value movements

	Specialised land \$M	Non- specialised buildings \$M	Specialised buildings \$M	Plant and equipment \$M	Motor vehicles \$M	Total \$M
2024						
Opening balance	561.0	4.9	610.0	4.0	–	1,179.9
Additions	9.9	6.1	4.0	4.1	–	24.1
Capitalisation of work in progress	–	–	–	–	–	–
Disposals	(16.6)	–	(4.5)	(2.3)	–	(23.4)
Gains or losses recognised in net result						
Depreciation	–	(2.1)	(31.1)	–	–	(33.2)
Subtotal of gains or losses recognised in net result	–	(2.1)	(31.1)	–	–	(33.2)
Gains or losses recognised in other economic flows – other comprehensive income						
Net revaluation increments/(decrements)	42.6	–	222.1	–	–	264.7
Subtotal of gains or losses recognised in other economic flows	42.6	–	222.1	–	–	264.7
Closing balance	596.9	8.9	849.5	5.8	–	1,461.1
	Specialised land \$M	Non- specialised buildings \$M	Specialised buildings \$M	Plant and equipment \$M	Motor vehicles \$M	Total \$M
2023						
Opening balance	550.7	7.7	491.1	4.2	0.0	1,053.8
Additions	5.1	–	–	2.2	–	7.3
Capitalisation of work in progress	5.2	–	83.1	–	–	88.3
Disposals	–	(1.1)	–	(0.5)	–	(1.6)
Gains or losses recognised in net result						
Depreciation	–	(1.7)	(26.8)	(1.8)	–	(30.3)
Subtotal of gains or losses recognised in net result	–	(1.7)	(26.8)	(1.8)	–	(30.3)
Gains or losses recognised in other economic flows – other comprehensive income						
Net revaluation increments/(decrements)	–	–	62.5	–	–	62.5
Subtotal of gains or losses recognised in other economic flows	–	–	62.5	–	–	62.5
Closing balance	561.0	4.9	610.0	4.0	–	1,179.9

Description of significant unobservable inputs to Level 3 valuations

	Valuation technique	Significant unobservable inputs
Non-specialised land	Market approach	Not applicable
Specialised land	Market approach	Community Service Obligation (CSO) adjustment (rate 10-40%)
Non-specialised buildings	Market approach	Not applicable
Specialised buildings	Current replacement cost	Direct cost per square metre
		Useful life of specialised buildings
Plant and equipment	Current replacement cost	Useful life of equipment
Vehicles	Current replacement cost	Useful life of vehicles

Significant unobservable inputs have remained unchanged since June 2023.

9. Other disclosures

Introduction

This section includes additional material disclosures required by accounting standards or otherwise for the understanding of this financial report.

Structure

- 9.1 Ex-gratia expenses
- 9.2 Other economic flows included in net result
- 9.3 Reserves
- 9.4 Responsible persons
- 9.5 Remuneration of executives
- 9.6 Related parties
- 9.7 Remuneration of auditors
- 9.8 Subsequent events
- 9.9 Other accounting policies
- 9.10 Australian Accounting Standards issued that are not yet effective
- 9.11 Glossary of technical terms
- 9.12 Style conventions

9.1 Ex-gratia expenses

Ex-gratia expenses are the voluntary payments of money or other non-monetary benefit that are not made either to acquire goods, services or other benefits for the entity or to meet a legal liability, or to settle or resolve a possible legal liability of or claim against the entity.

There were no ex-gratia expense items greater than or equal to \$5,000 in the current financial year (2023: \$21,403).

9.2 Other economic flows included in net result

Other economic flows are changes in the volume or value of an asset or liability that do not result from transactions. Other gains/(losses) from other economic flows include the gains or losses from:

- inventories impairment due to expiration, obsolescence and adjustments to current replacement cost under AASB 102 *Inventories*
- the revaluation of the present value of the long service leave liability due to changes in the bond interest rates
- other revaluations on the value of outstanding insurance claims and liabilities and the effects of changes in actuarial assumptions
- bad debt expenses.

	2024 \$M	2023 \$M
(a) Net gain/(loss) on non-financial assets		
Revenue from disposal of non-financial physical assets		
Motor vehicles	1.1	1.0
Total revenue from disposal of non-financial physical assets	1.1	1.0
Costs on disposal of non-financial physical assets		
Motor vehicles	0.6	0.5
Total costs on disposal of non-financial physical assets	0.6	0.5
Write down of inventory	(135.3)	(522.4)
Net gain/(loss) on non-financial assets	(134.8)	(522.0)
(b) Net gain/(loss) on financial instruments		
Net gain/(loss) on financial instruments and statutory receivables/payables	1.1	1.7
Total net gain/(loss) on financial instruments	1.1	1.7
(c) Other gains/(losses) from other economic flows		
Net gain/(loss) arising from revaluation of long service leave liability	0.9	1.7
Revaluation and adjustments of insurance claims	(0.5)	6.9
Net (increase)/decrease in provision for doubtful debts and bad debts	0.8	13.0
Total other gains/(losses) from other economic flows	1.3	21.7

9.3 Reserves

	2024 \$M	2023 \$M
(a) Accumulated surplus/(deficit)		
Balance at beginning of financial year	3,357.0	4,269.8
Prior period adjustments ⁽ⁱ⁾⁽ⁱⁱ⁾	(3.0)	1.2
Restated balance at beginning of financial year	3,354.0	4,271.1
Net result for the year	118.5	(914.1)
Balance at the end of financial year	3,472.5	3,357.0
(b) Physical asset revaluation surplus		
Balance at beginning of financial year	597.6	497.2
Revaluation increments/(decrements) of land and buildings ⁽ⁱⁱⁱ⁾	343.6	100.4
Balance at the end of financial year	941.1	597.6
(c) Contributed capital		
Balance at beginning of financial year	96.2	96.2
Administrative instrument transfers - net assets received/(transferred)	–	1.3
Entities consolidated pursuant to section 53(1)(b) of the FMA – net assets received	2.0	–
Capital contributions to health agencies	(32.0)	(11.0)
Capital contributions by Victorian State Government	36.4	16.3
Capital transferred to administered entity	(33.5)	(6.6)
Balance at the end of financial year	69.0	96.2
Total equity	4,482.6	4,050.7
Physical asset revaluation surplus – represented by:		
– Land	313.3	266.5
– Buildings	627.9	331.1
Total physical assets revaluation surplus	941.1	597.6

Notes:

- (i) The prior period adjustment in 2023 relates to the capitalisation of expenditure on land for Ambulance Victoria at 13 Sustainable Drive, Craigieburn.
- (ii) The prior period adjustment in 2024 relates to expensing of capitalised land at 28-34 Lydiard Street, Ballarat purchased by Grampians Health.
- (iii) Movements in the physical asset revaluation reserve arise from the revaluation of land and buildings and the impairment of land and buildings that were previously revalued.

9.4 Responsible persons

In accordance with the Directions of the Assistant Treasurer under the FMA, the following disclosures are made for the responsible persons for the reporting period.

Names

The persons who held the positions of ministers and accountable officer in the department were as follows:

Relevant office	Minister or accountable officer	From	To
Minister for Health	The Hon Mary-Anne Thomas MP	1 Jul 2023	30 Jun 2024
Minister for Health Infrastructure	The Hon Mary-Anne Thomas MP	1 Jul 2023	30 Jun 2024
Minister for Medical Research	The Hon Mary-Anne Thomas MP	1 Jul 2023	2 Oct 2023
Minister for Ambulance Services	The Hon Gabrielle Williams MP	1 Jul 2023	2 Oct 2023
	The Hon Mary-Anne Thomas MP	2 Oct 2023	30 Jun 2024
Minister for Mental Health	The Hon Gabrielle Williams MP	1 Jul 2023	2 Oct 2023
	The Hon Ingrid Stitt MP	2 Oct 2023	30 Jun 2024
Minister for Disability, Ageing and Carers	The Hon. Lizzie Blandthorn MP	1 Jul 2023	2 Oct 2023
Minister for Ageing	The Hon Ingrid Stitt MP	2 Oct 2023	30 Jun 2024
Minister for Children	The Hon Lizzie Blandthorn MP	2 Oct 2023	30 Jun 2024
Secretary, Department of Health	Euan Wallace	1 Jul 2023	30 Jun 2024

The persons who acted in the positions of ministers and of accountable officer in the department were as follows:

Relevant office	Acting minister or accountable officer	From	To
Minister for Health	The Hon. Gabrielle Williams MP	8 Sep 2023	24 Sep 2023.
	The Hon. Ingrid Stitt MP	15 Jan 2024	22 Jan 2024
Minister for Health Infrastructure	The Hon. Gabrielle Williams MP	8 Sep 2023	24 Sep 2023
	The Hon. Ingrid Stitt MP	15 Jan 2024	22 Jan 2024
Minister for Medical Research	The Hon. Gabrielle Williams MP	8 Sep 2023	24 Sep 2023
Minister for Ambulance Services	The Hon. Ingrid Stitt MP	15 Jan 2024	22 Jan 2024
Minister for Mental Health	The Hon. Mary-Anne Thomas MP	25 Dec 2023	14 Jan 2024
Minister for Ageing	The Hon. Mary-Anne Thomas MP	25 Dec 2023	14 Jan 2024
Minister for Children	The Hon. Ros Spence MP	29 Dec 2023	5 Jan 2024
	The Hon. Natalie Hutchins MP	6 Jan 2024	18 Jan 2024
Secretary, Department of Health	Jacinda De Witts	12 Aug 2023	25 Aug 2023
	Jacinda De Witts	10 Oct 2023	22 Oct 2023
	Jacinda De Witts	22 Apr 2024	29 Apr 2024
	Katherine Whetton	28 Jun 2024	30 Jun 2024

Remuneration

Remuneration received or receivable by the accountable officer (Secretary) in connection with the management of the department during the reporting period was in the range of \$670,000 – \$679,000 (2023: \$650,000 - \$659,999).

9.5 Remuneration of executives

The numbers of executive officers, other than ministers and accountable officer, and their total remuneration during the reporting period are shown in the table below. Total annualised employee equivalent provides a measure of full-time equivalent executive officers over the reporting period.

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

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

Post-employment benefits include pensions and other retirement benefits paid or payable on a discrete basis when employment has ceased.

Other long-term benefits include long service leave, other long service benefit or deferred compensation.

Termination benefits include termination of employment payments, such as severance packages.

Remuneration of executive officers (including key management personnel disclosed in Note 9.6)	Total remuneration	
	2024 \$M	2023 \$M
Short-term employee benefits	54.3	50.7
Post-employment benefits	5.3	4.8
Other long-term benefits	1.3	1.3
Termination benefits	4.2	0.1
Total remuneration ⁽ⁱ⁾⁽ⁱⁱ⁾⁽ⁱⁱⁱ⁾	65.1	56.9
Total number of executives ⁽ⁱⁱ⁾⁽ⁱⁱⁱ⁾	300	276
Total annualised employee equivalent ^{(ii)(iii)(iv)}	222.3	218.4

Notes:

- (i) Remuneration of key management personnel seconded from other departments is not included.
- (ii) Total figures include the Chief Finance Officer (CFO), who delivered services as an executive officer to the department but was employed by the Department of Treasury and Finance.
- (iii) Include executives from VHBA as the financial responsibility remains with the department for 2023–24.
- (iv) Annualised employee equivalent is based on the time fraction worked over the reporting period.

9.6 Related parties

The department is a wholly owned and controlled entity of the State of Victoria.

The following administrative office has been consolidated into the department's financial statements under s. 45(4) of the FMA:

- Safer Care Victoria.

The following entities have been consolidated into the department's financial statements pursuant to the determination made by the Assistant Treasurer under s. 53(1)(b) of the FMA:

- Mental Health Tribunal
- Victorian Collaborative Centre for Mental Health and Wellbeing
- Victorian Assisted Reproductive Treatment Authority
- Mental Health and Wellbeing Commission.

Related parties of the department and the abovementioned administrative office and entity include:

- all key management personnel and their close family members and personal business interests (controlled entities, joint ventures and entities they have significant influence over)
- all Cabinet ministers and their close family members
- all departments and public sector entities that are controlled and consolidated into the whole of state consolidated financial statements.

All related party transactions have been entered into on an arm's length basis.

Significant transactions with government-related entities

The department received funding from and made payments to the consolidated fund of \$17.816.69 million (2023: \$17,746.2 million) and \$413.9 million (2023: \$590.7 million) respectively.

Refer to Note 3.1.2 for other government-related entity transactions.

Key management personnel of the department include the portfolio ministers, The Hon Mary-Anne Thomas MP, The Hon Gabrielle Williams MP, The Hon Lizzie Blandthorn MP, The Hon Ingrid Stitt MP; the Secretary, Euan Wallace; and members of the senior executive team, which includes:

Entity	Key management personnel	Position title	From	To
Department of Health	Jodie Geissler	Deputy Secretary, Hospitals and Health Services (formerly Commissioning and System Improvement) ⁽ⁱ⁾	6 Aug 2023	30 Jun 2024
Department of Health	Louise McKinlay	Acting Deputy Secretary, Hospitals and Health Services (formerly Commissioning and System Improvement) ⁽ⁱ⁾	1 Jul 2023	5 Aug 2023
Department of Health	Katherine Whetton	Deputy Secretary, Mental Health and Wellbeing	1 Jul 2023	30 Jun 2024
Department of Health	Zoe Wainer	Deputy Secretary, Community and Public Health (formerly Public Health) ⁽ⁱ⁾	1 Jul 2023	30 Jun 2024
Department of Health	Chris Hotham	Deputy Secretary, Health Infrastructure ⁽ⁱⁱ⁾	1 Jul 2022	17 Dec 2023
Department of Health	Nicole Brady	Deputy Secretary, System Planning (formerly Reform and Planning) ⁽ⁱ⁾	1 Jul 2023	30 Jun 2024
Department of Health	Daen Dorazio	Deputy Secretary, Health Finance Funding and Investment (formerly Corporate Services) ⁽ⁱ⁾	1 Jul 2023	30 Jun 2024
Department of Health	Jacinda de Witts	Deputy Secretary, People Operations Legal and Regulation (formerly Regulatory, Risk, Integrity and Legal) ⁽ⁱ⁾	1 Jul 2023	30 Jun 2024
Department of Health	Lance Emerson	Deputy Secretary, eHealth (former Chief Executive Officer of Victorian Agency for Health Information) ⁽ⁱ⁾	1 Jul 2023	30 Jun 2024
Department of Health	Megan Bourke-O'Neil	Chief Executive Officer, Victorian Health Building Authority ⁽ⁱⁱ⁾	18 Dec 2023	1 Apr 2024
Department of Health	Nicole McCartney	Chief Aboriginal Health Advisor	1 Jul 2023	30 Jun 2024
Department of Health	Simone Williams	Chief Communications and Engagement Officer	1 Jul 2023	30 Jun 2024
Department of Health	Karen Olesnicky	Chief Finance Officer	1 Jul 2023	30 Jun 2024

Notes:

(i) Changes in position titles effective from 20 February 2024 due to restructure.

(ii) Health Infrastructure Division ceased to exist from 18 December 2023 due to restructure.

Key management personnel of the entity consolidated pursuant to s. 53(1)(b) of the FMA into the department's financial statements include:

Entity	Key management personnel	Position title	From	To
Safer Care Victoria	Michael Roberts	Chief Executive Officer	1 Jul 2023	23 Feb 2024
	Louise McKinlay	Acting Chief Executive Officer	24 Feb 2024	16 Jun 2024
	Anna Love	Acting Chief Executive Officer	17 Jun 2024	30 Jun 2024

Key management personnel of the entity consolidated pursuant to s. 53(1)(b) of the FMA into the department's financial statements include:

Entity	Key management personnel	Position title	From	To
Mental Health Tribunal	Matthew Carroll	President	1 Jul 2023	30 Jun 2024
Victorian Collaborative Centre for Mental Health and Wellbeing	Eleanor Williams	Acting Chief Executive Officer	1 Jul 2023	15 Oct 2023
	Dan Brown	Acting Chief Executive Officer	16 Oct 2023	22 Dec 2023
	Katie Jones	Acting Chief Executive Officer	22 Dec 2023	8 Jan 2024
	Sarah Wilson	Chief Executive Officer ⁽ⁱ⁾	8 Jan 2024	30 Jun 2024
	Carolyn Gillespie	Chief Executive Officer ⁽ⁱ⁾	8 Jan 2024	30 Jun 2024
Victorian Assisted Reproductive Treatment Authority	James Florent	Chief Executive Officer	1 Jul 2023	30 Jun 2024
Mental Health and Wellbeing Commission ⁽ⁱⁱ⁾	Simon McKenzie	Chief Executive Officer	25 Sep 2023	30 Jun 2024

Notes:

(i) The role was shared by two executives during the same time period.

(ii) Mental Health and Wellbeing Commission commenced operations from 1 September 2023.

Remuneration of key management personnel

The compensation detailed below excludes the salaries and benefits the portfolio ministers received. The Ministers' remuneration and allowances are set by the *Parliamentary Salaries and Superannuation Act 1968* and are reported in the state's *Annual Financial Report*.

Compensation of KMPs	Department of Health ⁽ⁱ⁾		Administrative offices ⁽ⁱⁱ⁾		Other section 53 ⁽ⁱⁱⁱ⁾	
	2024 \$M	2023 \$M	2024 \$M	2023 \$M	2024 \$M	2023 \$M
Short-term employee benefits	4.6	4.6	0.4	0.3	1.1	0.5
Post-employment benefits	0.3	0.3	–	–	0.1	–
Other long-term benefits	0.1	0.1	–	–	–	–
Total ^{(iv)(v)}	5.0	5.0	0.4	0.3	1.2	0.5

Notes:

(i) Remuneration of KMPs seconded from other departments is not included.

(ii) The figures include remuneration of KMPs for Safer Care Victoria.

(iii) The figures include remuneration of KMPs for the Mental Health Tribunal, the Victorian Collaborative Centre for Mental Health and Wellbeing, Victorian Assisted Reproductive Treatment Authority and the Mental Health and Wellbeing Commission.

(iv) Total figures include the remuneration of the CFO, who delivered services as an executive officer to the department but was employed by the Department of Treasury and Finance.

(v) Note that KMPs are also reported in the disclosure of remuneration of accountable officers (refer to Note 9.5) and in the disclosure of remuneration of executive officers (refer to Note 9.6).

Transactions and balances with key management personnel and other related parties

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

Outside of normal citizen-type transactions, there were no material related party transactions that involved key management personnel, their close family members and their personal business interests with the department, the administrative office or its s. 53(1)(b) entity.

No provision has been required, nor any expense recognised, for impairment of receivables from related parties.

Lance Emerson, Deputy Secretary of eHealth is a board director of Australian Red Cross Lifeblood, a not-for-profit organisation which is funded through the federal, state and territory governments. A total of \$22.5 million was paid to Australian Red Cross Lifeblood on terms and conditions equivalent for those that prevail in arm's length transactions under the State's procurement process. The fund provided is to enable Australian Red Cross Lifeblood to supply the community with safe, high-quality blood and blood products, as well as organ and bone marrow services for transplantation.

All other transactions that have occurred with KMP and their related parties have not been considered material for disclosure. In this context, transactions are only disclosed when they are considered necessary to draw attention to the possibility that the department's financial position and profit or loss may have been affected by the existence of related parties, and by transactions and outstanding balances, including commitments, with such parties.

9.7 Remuneration of auditors

	2024 \$M	2023 \$M
Victorian Auditor-General's Office - audit of the financial report	483,600	465,000

9.8 Subsequent events

No matters or circumstances have arisen since 30 June 2024 that significantly affect the information disclosed in the 2023–24 financial statements.

9.9 Other accounting policies

Contributions by owners

Consistent with the requirements of AASB 1004 *Contributions*, contributions by owners (that is, contributed capital and its repayment) are treated as equity transactions and, therefore, do not form part of the income and expenses of the department.

Additions to net assets that have been designated as contributions by owners are recognised as contributed capital. Other transfers that are in the nature of contributions to or distributions by owners have also been designated as contributions by owners.

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

9.10 Australian Accounting Standards issued that are not yet effective

Certain new and revised accounting standards have been issued but are not effective for the 2023–24 reporting period. These accounting standards have not been applied to the financial statements.

AASB 2022-10 Amendments to Australian Accounting Standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities

AASB 2022-10 amends AASB 13 *Fair Value Measurement* by adding authoritative implementation guidance and illustrative examples for fair value measurements of non-financial assets of not-for-profit public sector entities not held primarily for their ability to generate net cash inflows.

Among other things, the standard:

- specifies that an entity needs to consider whether an asset's highest and best use differs from its current use only when it is held for sale or held for distributions to owners under AASB 5 *Non-current Assets Held for Sale and Discontinued Operations* or if it is highly probable that it will be used for an alternative purpose

- clarifies that an asset's use is 'financially feasible' if market participants would be willing to invest in the asset's service capacity, considering both the capacity to provide needed goods or services and the resulting costs of those goods and services
- specifies that if both market selling price and some market participant data required to fair value the asset are not observable, an entity needs to start with its own assumptions and adjust them to the extent that reasonably available information indicates that other market participants would use different data
- provides guidance on the application of the cost approach to fair value, including the nature of costs to be included in a reference asset and identification of economic obsolescence.

This standard applies prospectively to annual periods beginning on or after 1 January 2024, with earlier application permitted.

AASB 17 Insurance Contracts, AASB 2022-8 Amendments to Australian Accounting Standards – Insurance Contracts: Consequential Amendments and AASB 2022-9 Amendments to Australian Accounting Standards – Insurance Contracts in the Public Sector

AASB 17 replaces AASB 4 *Insurance Contracts*, AASB 1023 *General Insurance Contracts* and AASB 1038 *Life Insurance Contracts* for not-for-profit public sector entities for annual reporting periods beginning on or after 1 July 2026.

AASB 2022-9 amends AASB 17 to make public sector-related modifications (for example, it specifies the pre-requisites, indicators and other considerations in identifying arrangements that fall within the scope of AASB 17 in a public sector context). This Standard applies for annual reporting periods beginning on or after 1 July 2026.

AASB 2022-8 makes consequential amendments to other Australian Accounting Standards so that public sector entities are permitted to continue to apply AASB 4 and AASB 1023 to annual periods before 1 July 2026. This Standard applies for annual reporting periods beginning on or after 1 January 2023.

The department is currently in the process of assessing the potential impact of these standards and amendments.

A number of other standards and amendments have also been issued that apply to future reporting periods, however they are not expected to have any significant impact on the financial statements in the period of initial application.

9.11 Glossary of technical terms

The following is a summary of the major technical terms used in this report.

Actuarial gains or losses on superannuation defined benefit plans are changes in the present value of the superannuation defined benefit liability resulting from:

- experience adjustments (the effects of differences between the previous actuarial assumptions and what has actually occurred)
- the effects of changes in actuarial assumptions.

Administered item generally refers to a department lacking the capacity to benefit from that item in the pursuit of the entity's objectives and to deny or regulate the access of others to that benefit.

Amortisation is the expense that results from the consumption, extraction or use over time of a non-produced physical or intangible asset. This expense is classified as an 'other economic flow'.

Borrowings refers to interest-bearing liabilities mainly raised from public borrowings raised through the Treasury Corporation of Victoria, finance leases and other interest-bearing arrangements. Borrowings also include non-interest-bearing advances from government that are acquired for policy purposes.

Commitments include those operating, capital and other outsourcing commitments arising from non-cancellable contractual or statutory sources.

Comprehensive result is the amount included in the operating statement representing total change in net worth other than transactions with owners as owners.

Controlled item generally refers to the capacity of a department to benefit from that item in the pursuit of the entity's objectives and to deny or regulate the access of others to that benefit.

Current grants are amounts payable or receivable for current purposes for which no economic benefits of equal value are receivable or payable in return.

Depreciation is an expense that arises from the consumption through wear or time of a produced physical or intangible asset. This expense is classified as a 'transaction' and so reduces the 'net result from transaction'.

Effective interest method is the method used to calculate the amortised cost of a financial asset or liability and of allocating interest over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash flows through the expected life of the financial instrument or, where appropriate, a shorter period.

Employee benefits expenses includes all costs related to employment including salaries and wages, leave entitlements, redundancy payments, defined benefits superannuation plans, and defined contribution superannuation plans.

Ex-gratia expenses mean the voluntary payment of money or other non-monetary benefit (for example a write off) that is not made either to acquire goods, services or other benefits for the entity or to meet a legal liability, or to settle or resolve a possible legal liability or claim against the entity.

Finance lease is a lease that transfers substantially all the risks and rewards incidental to ownership of an underlying asset.

Financial asset is any asset that is:

- (a) cash
- (b) an equity instrument of another entity
- (c) a contractual or statutory right:
 - to receive cash or another financial asset from another entity, or
 - to exchange financial assets or financial liabilities with another entity under conditions that are potentially favourable to the entity, or
- (d) a contract that will or may be settled in the entity's own equity instruments and is:
 - a non-derivative for which the entity is or may be obliged to receive a variable number of the entity's own equity instruments, or
 - a derivative that will or may be settled other than by the exchange of a fixed amount of cash or another financial asset for a fixed number of the entity's own equity instruments.

Financial instrument is any contract that gives rise to a financial asset of one entity and a financial liability or equity instrument of another entity.

Financial liability is any liability that is:

- (a) a contractual or statutory obligation:
 - to deliver cash or another financial asset to another entity, or
 - to exchange financial assets or financial liabilities with another entity under conditions that are potentially unfavourable to the entity, or
- (b) a contract that will or may be settled in the entity's own equity instruments and is:
 - a non-derivative for which the entity is or may be obliged to deliver a variable number of the entity's own equity instruments, or
 - a derivative that will or may be settled other than by the exchange of a fixed amount of cash or another financial asset for a fixed number of the entity's own equity instruments. For this purpose, the entity's own equity instruments do not include instruments that are themselves contracts for the future receipt or delivery of the entity's own equity instruments.

Financial statements comprise:

- (a) a balance sheet as at the end of the year
- (b) a comprehensive operating statement for the year
- (c) a statement of changes in equity for the year
- (d) a statement of cash flows for the year
- (e) notes comprising a summary of significant accounting policies and other explanatory information
- (f) comparative information in respect of the preceding year as specified in paragraphs 38 of AASB 101 *Presentation of Financial Statements*
- (g) a balance sheet as at the beginning of the preceding year when an entity applies an accounting policy retrospectively or makes a retrospective restatement of items in its financial statements, or when it reclassifies items in its financial statements in accordance with paragraph 41 of AASB 101.

Grants and other expense transfers are transactions in which one unit provides goods, services, assets (or extinguishes a liability) or labour to another unit without receiving approximately equal value in return. Grants can either be operating or capital in nature.

While grants to governments may result in the provision of some goods or services to the transferor, they do not give the transferor a claim to receive directly benefits of approximately equal value. For this reason, grants are referred to by the AASB as involuntary transfers and are termed non-reciprocal transfers. Receipt and sacrifice of approximately equal value may occur, but only by coincidence. For example, governments are not obliged to provide commensurate benefits, in the form of goods or services, to particular taxpayers in return for their taxes.

Grants can be paid as general purpose grants which refer to grants that are not subject to conditions regarding their use. Alternatively, they may be paid as specific purpose grants which are paid for a particular purpose and/or have conditions attached regarding their use.

General government sector comprises all government departments, offices and other bodies engaged in providing services free of charge or at prices significantly below their cost of production. General government services include those that are mainly non-market in nature, those that are largely for collective consumption by the community and those that involve the transfer or redistribution of income. These services are financed mainly through taxes, or other compulsory levies and user charges.

Grants for on-passing are grants paid to one institutional sector (for example a state general government entity) to be passed on to another institutional sector (for example local government or a private non-profit institution).

Intangible assets represent identifiable non-monetary assets without physical substance.

Interest expense represents costs incurred in connection with borrowings. It includes interest on advances, loans, overdrafts, bonds and bills, deposits, interest components of lease repayments, service concession financial liabilities and amortisation of discounts or premiums in relation to borrowings.

Interest income includes unwinding over time of discounts on financial assets and interest received on bank term deposits and other investments.

Investment properties are properties held to earn rentals or for capital appreciation or both. Investment properties exclude properties held to meet service delivery objectives of the State of Victoria.

Leases are rights conveyed in a contract, or part of a contract, to use an asset (the underlying asset) for a period of time in exchange for consideration.

Net acquisition of non-financial assets (from transactions) is the purchase (and other acquisition) of non-financial assets less sales (or disposals) of non-financial assets less depreciation plus changes in inventories and other movements in non-financial assets. It includes only those increases or decreases in non-financial assets resulting from transactions and therefore excludes write offs, impairment write downs and revaluations.

Net financial liabilities are calculated as liabilities less financial assets, other than equity in public non-financial corporations (PNFC) and public financial corporations (PFC). This measure is broader than net debt as it includes significant liabilities, other than borrowings (for example accrued employee liabilities such as superannuation and long service leave entitlements). For the PNFC and PFC sectors, it is equal to negative net financial worth.

Net financial worth is equal to financial assets minus liabilities. It is a broader measure than net debt as it incorporates provisions made (such as superannuation, but excluding depreciation and bad debts) as well as holdings of equity. Net financial worth includes all classes of financial assets and liabilities, only some of which are included in net debt.

Net operating balance or **net result from transactions** is a key fiscal aggregate and is revenue from transactions minus expenses from transactions. It is a summary measure of the ongoing sustainability of operations. It excludes gains and losses resulting from changes in price levels and other changes in the volume of assets. It is the component of the change in net worth that is due to transactions and can be attributed directly to government policies.

Net result is a measure of financial performance of the operations for the period. It is the net result of items of income, gains and expenses (including losses) recognised for the period, excluding those that are classified as other economic flows - other comprehensive income.

Net worth is calculated as assets less liabilities, which is an economic measure of wealth.

Non-financial assets are all assets that are not financial assets. It includes inventories, land, buildings, plant and equipment, and intangible assets.

Non-financial public sector represents the consolidated transactions and assets and liabilities of the general government and PNFC sectors. In compiling statistics for the non-financial public sector, transactions and debtor/creditor relationships between sub-sectors are eliminated to avoid double counting.

Non-produced assets are assets needed for production that have not themselves been produced. They include land, subsoil assets, and certain intangible assets. Non-produced intangibles are intangible assets needed for production that have not themselves been produced. They include constructs of society such as patents.

Operating result is a measure of financial performance of the operations for the period. It is the net result of items of revenue, gains and expenses (including losses) recognised for the period, excluding those that are classified as 'other non-owner movements in equity'. Refer also to 'net result'.

Other economic flows included in net result are changes in the volume or value of an asset or liability that do not result from transactions. In simple terms, other economic flows are changes arising from market remeasurements. They include gains and losses from disposals, revaluations and impairments of non-current physical and intangible assets; actuarial gains and losses arising from defined benefit superannuation plans; fair value changes of financial instruments.

Other economic flows – other comprehensive income comprises items (including reclassification adjustments) that are not recognised in net result as required or permitted by other Australian Accounting Standards. They include changes in physical asset revaluation surplus; share of net movement in revaluation surplus of associates and joint ventures; and gains and losses on remeasuring available-for-sale financial assets.

Other operating expenses generally represent the cost of goods sold and the day-to-day running costs, including maintenance costs, incurred in the normal operations of the department.

Payables include short and long-term accounts payable, grants, taxes and interest payable.

Produced assets include buildings, plant and equipment, inventories, cultivated assets and certain intangible assets. Intangible produced assets may include computer software, motion picture films and research and development costs (which do not include the start-up costs associated with capital projects).

Public financial corporations are bodies primarily engaged in the provision of financial intermediation services or auxiliary financial services. They are able to incur financial liabilities on their own account (for example by taking deposits, issuing securities or providing insurance services). Estimates are not published for the public financial corporation sector.

Public non-financial corporation sector comprises bodies mainly engaged in the production of goods and services (of a non-financial nature) for sale in the market place at prices that aim to recover most of the costs involved (for example water and port authorities). In general, PNFCs are legally distinguishable from the governments which own them.

Receivables includes amounts owing from government through appropriation receivable, short and long-term accounts receivable, accrued investment income, grants, taxes and interest receivable.

Rental income and income from services includes rental income under operating leases and income from the provision of services.

Service Concession Arrangement is a contract effective during the reporting period between a grantor and an operator in which:

- (a) the operator has the right of access to the service concession asset (or assets) to provide public services on behalf of the grantor for a specified period of time
- (b) the operator is responsible for at least some of the management of the public services provided through the asset and does not act merely as an agent on behalf of the grantor, and
- (c) the operator is compensated for its services over the period of the service concession arrangement.

Transactions are those economic flows that are considered to arise as a result of policy decisions, usually an interaction between two entities by mutual agreement. They also include flows within an entity, such as depreciation, where the owner is simultaneously acting as the owner of the depreciating asset and as the consumer of the service provided by the asset. Taxation is regarded as mutually agreed interactions between the government and taxpayers. Transactions can be in kind (for example assets provided/given free of charge or for nominal consideration) or where the final consideration is cash. In simple terms, transactions arise from the policy decisions of the government.

9.12 Style conventions

Figures in the tables and in the text have been rounded. Discrepancies in tables between totals and sums of components reflect rounding. Percentage variations in all tables are based on the underlying unrounded amounts.

The notation used in the tables is as follows:

- zero, or rounded to zero
- (xxxx) negative numbers
- 20xx year end
- 20xx-xx year period.

The financial statements and notes are presented based on the illustration for a government department in the 2023–24 model report for Victorian Government departments. The presentation of other disclosures is generally consistent with the other disclosures made in earlier publications of the department's annual reports.

Appendices

6.1 Budget portfolio outcomes

The budget portfolio outcomes provide comparisons between the actual financial statements of all general government sector entities in the portfolio and the forecast financial information (initial budget estimates) published in Budget Paper No. 5 Statement of Finances 2023–24 (BP5).

The budget portfolio outcomes comprise the comprehensive operating statement, balance sheet, statement of cash flows, statement of changes in equity, and administered items statement for the financial year 2023–24.

The budget portfolio outcomes have been prepared on a consolidated basis and include all general government sector entities within the portfolio. Financial transactions and balances are classified into either controlled or administered categories consistent with the published statements in BP5.

The budget portfolio outcomes statements are not subject to audit by the Victorian Auditor-General's Office and are not prepared on the same basis as the department's financial statements as they include the consolidated financial information of the following entities:

- > the Department of Health
- > public hospitals and public health services
- > multipurpose services
- > Ambulance Victoria
- > HealthShare Victoria
- > Victorian Assisted Reproductive Treatment Authority
- > Victorian Institute of Forensic Mental Health
- > Mental Health Tribunal
- > Tweddle Child and Family Health Service
- > The Queen Elizabeth Centre
- > Victorian Health Promotion Foundation.

The budget portfolio outcomes statements include funding from the Commonwealth Government and revenue from the sale of services attributed to the department from the state government. They also include income and expenses associated with funding for the National Health Reform Agreement, which is reported in the department's administered accounts.

Funding arrangements under the National Health Reform Agreement

The 2023–24 administered items statement reflects the funding contributions from the state and Commonwealth through the Victorian State Pool Account under the arrangements of the National Health Reform Agreement (NHRA).

NHRA arrangements provide Victorian and Commonwealth activity-based funding directly to health services from the Victorian State Pool Account, which is overseen by the Administrator of the National Health Funding Pool. This is reported in the department's administered accounts.

The administered accounts include the state and Commonwealth contributions to activity-based funding, cross-border contributions, payment to the department's controlled entity of Commonwealth contributions for block-funded health agencies, as well as NHRA public health funding.

Financial performance – operating statement

In 2023–24, the portfolio recorded an actual net result from transactions of \$1,061 million deficit compared with a 2023–24 published budgeted deficit of \$272 million.

The variance between the budgeted and actual deficit is mainly due to increased payments to non-government organisations such as denominational hospitals and community health services. In addition, there was an increase in health service costs for outsourced services.

Financial position – balance sheet

Total assets are \$5,408 million higher than the published budget. This is mostly attributed to the 5 yearly scheduled revaluation of land and building assets across the portfolio in accordance with Financial Reporting Direction FRD103.

Total liabilities are \$224 million higher than the published budget as a result of higher public health services' lease liability.

Cash flows

The overall cash position at the end of the 2023–24 financial year is \$2,784 million, which is \$1,571 million lower than the published budget for 2023–24.

The variance is mainly driven by lower cash held in portfolio health agencies as at 30 June 2024.

Detailed financial results for the 2023–24 portfolio budget and actual results are included in the following pages.

Comprehensive operating statement for the financial year ended 30 June 2024

	2023–24 Actual \$M	2023–24 Revised Budget \$M	2023–24 Published Budget \$M	Variation to published budget %	Notes
Net result from continuing operations					
Income from transactions					
Output appropriations	14,689	14,408	12,941	14%	(a)
Special appropriations	3,128	3,111	3,008	4%	
Interest	181	179	179	1.2%	
Sales of goods and services	1,759	2,025	2,021	-13%	
Grants	8,603	8,590	8,835	-3%	
Fair value of assets and services received free of charge or for nominal consideration	3	0	0	0%	
Other income	1,074	824	818	31%	(b)
Total income from transactions	29,437	29,137	27,801	6%	
Expenses from transactions					
Employee benefits	18,346	17,592	17,273	6%	
Depreciation and amortisation	1,509	1,501	1,501	0%	
Interest expense	246	223	244	1%	
Grants and other transfers	1,248	1,514	1,400	-11%	
Other operating expenses	9,150	8,149	7,654	20%	(c)
Total expenses from transactions	30,499	28,980	28,073	9%	
Net result from transactions (net operating balance)	(1,061)	157	(272)	291%	
Other economic flows included in net result					
Net gain/(loss) on non-financial assets	(122)	(162)	1	-20886%	
Net gain/(loss) on financial instruments and statutory receivables/payables	(37)	(26)	(26)	45%	
Other gains/(losses) from other economic flows	23	(8)	(8)	-397%	
Total other economic flows included in net result	(136)	(196)	(33)	311%	
Net result	(1,197)	(39)	(304)	293%	
Other economic flows – other comprehensive income					
Adjustment to accumulated surplus/(deficit) due to a change in accounting policy	38	0	0	0%	
Changes in non-financial asset revaluation surplus	6,520	71	91	7096%	(d)
Financial assets available-for-sale reserve	2	0	0	0%	
Other	71	0	0	0%	
Total other economic flows – other comprehensive income	6,631	71	91	7218%	
Comprehensive result	5,434	32	(214)	-2641%	

(a) The actual output appropriation increase from the published budget reflects additional funding for new policy initiatives approved by government and funding released from central contingency.

(b) Other income was higher than the published budget mainly due to increases in other private activity fees across most Health services.

(c) Other operating expenses were higher due to increased payments to denominational health services and additional funding for Government policy decisions approved post 23–24 Budget. In addition, there were increases in the costs of health services, such as outsourced services and external contract staff.

(d) The increase in asset revaluation surplus is due to the five-year scheduled revaluation on land and buildings in accordance with Financial Reporting Direction FRD103 Non-Financial Physical Assets.

Balance sheet as at 30 June 2024

	2023–24 Actual \$M	2023–24 Revised Budget \$M	2023–24 Published Budget \$M	Variation to published budget %	Notes
Assets					
Financial assets					
Cash and deposits	2,784	3,866	4,355	-36%	(a)
Receivables	4,572	4,632	4,429	3%	
Other financial assets	495	489	489	1%	
Investments accounted for using equity method	0	1	1	-70%	
Total financial assets	7,851	8,988	9,274	-15%	
Non-financial assets					
Inventories	322	274	62	421%	(b)
Non-financial assets classified as held for sale	2	–	–	0%	
Property, plant and equipment	31,963	25,066	25,362	26%	(c)
Investment properties	148	146	146	1%	
Intangible assets	207	177	181	15%	
Other	295	356	356	-17%	
Total non-financial assets	32,937	26,020	26,107	26%	
Total assets					
Liabilities					
Payables	3,410	2,982	3,799	-10%	
Borrowings	4,920	4,787	4,603	7%	
Provisions	5,079	4,784	4,784	6%	
Total liabilities	13,409	12,553	13,185	2%	
Net assets					
Equity					
Accumulated surplus/(deficit)	3,127	3,913	3,647	-15%	
Reserves	18,785	12,658	12,678	48%	
Contributed capital	5,467	5,884	5,870	-7%	
Total equity	27,379	22,455	22,195	23%	

(a) Cash and deposits are lower than budget due to health services having to draw down on cash balances to meet higher expenditures.

(b) COVID RATs and PPE stock are higher than budget due to a reduction in PPE and RAT kits distributed to various organisations.

(c) Higher property, plant and equipment balance compared to the published budget is due to the five-year scheduled revaluation of land and buildings in accordance with Financial Reporting Direction FRD103 Non-Financial Physical Assets.

Statement of cash flows for the financial year ended 30 June 2024

	2023–24 Actual \$M	2023–24 Revised budget \$M	2023–24 Published budget \$M	Variation to published budget %
Cash flows from operating activities				
Receipts				
Receipts from government	19,447	18,743	17,408	12%
Receipts from other entities	8,427	9,103	9,348	-10%
Goods and Services Tax recovered from the ATO	10	(6)	(6)	-272%
Interest received	180	178	178	1%
Dividends received	6	9	9	-31%
Other receipts	1,146	916	873	31%
Total receipts	29,218	28,943	27,811	5%
Payments				
Payments of grants and other transfers	(1,247)	(1,514)	(1,400)	-11%
Payments to suppliers and employees	(27,408)	(26,404)	(24,398)	12%
Goods and Services Tax paid to the ATO	(3)	1	1	-641%
Interest and other costs of finance	(246)	(150)	(152)	62%
Other payments	(1)	0	0	0%
Total payments	(28,904)	(28,068)	(25,950)	11%
Net cash flows from/(used in) operating activities	314	875	1,861	-83%
Cash flows from investing activities				
Net investment	34	6	6	465%
Payments for non-financial assets	(1621)	(1,520)	(2,001)	-19%
Proceeds from sale of non-financial assets	29	3	3	873%
Net (purchase)/disposal of investments – policy purposes	(4)	0	0	0%
Net cash flows from/(used in) investing activities	(1,561)	(1,511)	(1,992)	-22%
Cash flows from financing activities				
Owner contributions by state government	76	497	483	-84%
Repayment of right of use leases	(303)	(245)	(247)	23%
Net borrowings	13	6	6	133%
Net cash flows from/(used in) financing activities	(214)	258	242	-188%
Net increase (decrease) in cash and cash equivalents	(1,461)	(379)	110	-1433%
Cash and cash equivalents at the beginning of the financial year	4,245	4,245	4,245	-13%
Cash and cash equivalents at the end of the financial year	2784	3,866	4,355	-23%

Statement of changes in equity for the financial year ended 30 June 2024

	2023–24 Actual \$M	2023–24 Revised budget \$M	2023–24 Published budget \$M	Variation to published budget %
Accumulated funds	3,952	3,952	3,952	0%
Adjustment due to change in accounting policy	38	–	–	–
Transactions with owners in their capacity as owners	334	–	–	–
Comprehensive result	(1,197)	(39)	(304)	293%
Accumulated surplus/(deficit)	3,127	3,913	3,647	–14%
Net contributions by owners	5,387	5,387	5,387	0%
Transactions with owners in their capacity as owners	80	497	483	–84%
Contributions by owners	5,467	5,884	5,870	–7%
Physical asset revaluation reserve	11,840	11,840	11,840	0%
Transactions with owners in their capacity as owners	6,145	71	91	6682%
Comprehensive result	–	–	–	–
Physical asset revaluation reserve	17,986	11,911	11,931	51%
Financial assets available-for-sale reserve	747	747	747	0%
Other reserves	52	–	–	–
Other reserves	799	747	747	7%
Changes in equity	27,379	22,455	22,195	23%

Administered items statement for the financial year ended 30 June 2024

	2023–24 Actual \$M	2023–24 Revised Budget \$M	2023–24 Published Budget \$M	Variation to published budget %	Notes
Administered Income					
Interest	5	3	3	55%	
Sales of goods and services	309	270	274	13%	
Grants	14,593	14,745	14,152	3%	
Other income	3	10	10	–68%	
Total administered income	14,910	15,028	14,439	3%	
Administered Expenses					
Grants and other transfers	13,452	13,518	13,021	3%	
Payments into consolidated fund	414	391	362	14%	(a)
Expenses on behalf of the state	1,034	1,120	1,057	–2%	
Total administered expenses	14,900	15,030	14,440	3%	
Income less expenses	9	(2)	(2)	–729%	
Other economic flows included in net result					
Net gain/(loss) on non-financial assets	(14)	2	2	–1048%	
Total other economic flows included in net result	(14)	2	2	–1026%	
Net result	(4)	0	0	0%	
Total other economic flows – Other comprehensive income	64	0	(0)	0%	
Comprehensive result	59	0	0	0%	
Administered Assets					
Cash and deposits	5	5	5	2%	
Receivables	505	550	1,400	–64%	(b)
Total administered assets	510	555	1,405	–64%	
Administered liabilities					
Payables	488	549	1,399	–65%	(c)
Total administered liabilities	488	549	1,399	–65%	
Net assets	22	6	6	270%	

(a) Higher actual payments into the Consolidated Fund due to additional Commonwealth grants revenue for specific purpose payments and the Treasurer's decision to return unspent trust fund retained earnings back to Consolidated Revenue.

(b) Administered receivables are lower than budget mainly due to the finalisation of the state repayment to the Victoria State Pool Account for the National Health Reform Agreement and the National Partnership on COVID-19 Response funding not being earned.

(c) Administered payables are lower than budget mainly due to the finalisation of the payment from the Victoria State Pool Account to the Commonwealth for unearned funding relating to COVID-19 response and activity-based funding.

6.2 Objective Indicators

The department reports its effectiveness in delivering on its objectives through the reporting of objective indicators, as set out in its *Strategic plan 2023–27*.

The results in the table below represent the most recent data. This is the first time these objective indicators have been reported, therefore only one year of data is provided. Where survey data has been sourced for a result, a 95 per cent confidence interval (CI) has been used. A confidence interval gives the range of values the measure would likely fall between if data was collected from everyone in Victoria. The value used for the measure has been calculated from a subset of people in the Victorian population.

Results

	Unit of measure	Description	2023–24
Admitted stay seven days or longer ^a	Percent	Acute admitted patients whose total length of stay in hospital was seven days or more	16.0%
Hospital-acquired complications ^a	Number per 10,000 separations	Public hospitalisations involving a hospital-acquired complication	164.0
Hospital patients treated with dignity and respect	Percent	Patients who report feeling they were treated with dignity and respect in a hospital setting	96.0% (95% CI: 95.9% to 96.1%)
Excess deaths	Number	Additional deaths occurring beyond what would typically be expected	2,656.2
Heat-related emergency department presentations during heatwaves	Number per 100,000 population	Heat-related emergency department presentations during heatwaves, on days defined as heatwaves by the Bureau of Meteorology	3.5
SafeScript-monitored prescription drug involved in overdose deaths.	Number per 100,000 population	Overdose deaths involving target drugs monitored by SafeScript	NA ^b
Babies born with low birth weight	Percent	Babies born less than 2,500 grams. Data includes livebirths following a termination of pregnancy for any indication and livebirths with lethal congenital anomalies	5.3%
Children aged 0-9 years hospitalised for dental conditions ^a	Number per 100,000 population	Children aged 0–9 years hospitalised for dental conditions	254.2
Aboriginal people who feel connected to culture and community	Percent	Aboriginal and Torres Strait Islander people living in Victoria who feel strongly or somewhat connected to culture and community	40.5% ^c (95% CI: 34.0% – 47.3%)
Total carbon dioxide (CO ₂) emissions attributed to public health services ^d	Tonnes (CO ₂ equivalent)	Total greenhouse gas emissions from the Victorian public health sector	797,941

a Measure is based on data that are subject to continuous change or were incomplete at the time of reporting. Reported results for the current reporting period may change in subsequent years.

b Data unavailable at time of publishing.

c Reporting period is the 2023 calendar year.

d Reporting period is from April 2023 to March 2024.

	Unit of measure	Description	2023–24
Low value colonoscopies ^a	Proportion	Screening and diagnostic colonoscopy procedures that may not meet clinical guidance for best care	0.9%
Potentially preventable hospitalisations ^a	Number per 1,000 population	Public hospitalisations for potentially preventable conditions per 1,000 population	22.2
Patients hospitalised for selected conditions who did not receive appropriate screening	Percent	Public hospitalisations for selected conditions where patients did not have a screening event within the condition's recommended timeframe.	NA ^b

6.3 Output Performance Measures

The department reports output performance using 201 quantity, quality, timeliness and cost performance measures set out in *2023–24 Budget Paper No. 3 – Service Delivery*. Results in the tables below are coded according to:

- ✓ Performance target achieved or exceeded (105 measures)
- Performance target not achieved – within five per cent variance (34 measures)
- Performance target not achieved – exceeds five per cent variance (57 measures)
- N/A Performance not rated (5 measures)

Admitted Services

Acute and sub-acute patient services (elective and non-elective) provided at Victorian metropolitan and rural public hospitals.

Performance measures	Unit of measure	2023–24 target	2023–24 actual	Variation (%)	Result
Quantity					
Palliative separations	number	7,816	8,909	14.0%	✓
The result is well above the target set for 2023–24, and is a 5.27% increase on the previous year. Contributing factors include the additional capacity that was introduced at one metropolitan health service, and several health services experiencing growth in demand throughout the financial year.					
Sub-acute care separations	number	39,600	34,922	–11.7%	■
The result is lower than the target. While admitted sub-acute care separations from hospitals have not met the target, the result shows continued recovery on historic admitted activity. Wider sector review shows growing non-admitted sub-acute activity across community-based programs supporting care closer to home, demonstrating overall growth across total admitted and non-admitted sub-acute activity.					
Total separations – all hospitals	number (thousand)	2,088	2,127	1.9%	✓
NWAU (National weighted activity unit) funded separations – all hospitals except small rural health services	number (thousand)	1,894	1,935	2.2%	✓
Perinatal mortality rate per 1 000 of babies of Aboriginal mothers, using rolling 3-year average	rate per 1000	8.7	11.2	2.5%	○
Number of patients admitted from the elective surgery waiting list	number	240,000	209,902	–12.5%	■
The result is lower than the target due to continued pressures on health services across Victoria post-pandemic, including but not limited to COVID-19 outbreaks, high demand for endoscopy procedures, rates of emergency surgery and increased demand on emergency departments and inpatient beds in Victoria's public hospitals.					
NWAU (National weighted activity unit) funded emergency separations – all hospitals	number (thousand)	774	707.5	–8.6%	■
Preliminary result. The result is predominantly demand driven; it is lower than the target in part due to a gradual return to pre-COVID levels.					
Quality					
Eligible newborns screened for hearing deficit before one month of age	per cent	98	97.8	–0.2%	○
Hand hygiene compliance	per cent	85	86.7	1.7%	✓
Healthcare worker immunisation – influenza	per cent	92	93	1.0%	✓
Preliminary result.					

Performance measures	Unit of measure	2023–24 target	2023–24 actual	Variation (%)	Result
Intensive Care Unit central line associated blood stream infections (CLABSI) per 1 000 device days The result is higher than the target. The rate is so low that most variation is considered within expected variation. The Victorian Hospital Acquired Infection Surveillance System (VICNISS) is having discussions with Safer Care Victoria regarding re-examination of this target.	rate	0.0	0.6	N/A	■
Major trauma patients transferred to a major trauma service Preliminary result.	per cent	88	91.5	3.5%	✓
Percentage of patients who reported positive experiences of their hospital stay	per cent	95	92.1	-2.9%	○
Perinatal and child mortality reports received, reviewed and classified The result is lower than the target because the Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM) reviews all cases of perinatal and child mortality on a calendar year basis, with a lag of six months. All cases are expected to be closed later in the year.	per cent	100	58.7	-41.3%	■
Public hospitals accredited	per cent	100	100	0.0%	✓
Patient reported hospital cleanliness The result is higher than the target, which is a positive result. The adult inpatient results are interim and indicative only. The result is based on the Victorian Healthcare Experience Survey.	per cent	70	86	16.0%	✓
Staphylococcus aureus bacteraemias (SAB) infections per 10 000 patient days	rate	1	0.7	-0.3%	✓
Unplanned readmission after treatment for acute myocardial infarction	per cent	4	4.1	0.1%	○
Unplanned readmission after treatment for heart failure	per cent	11.3	10.3	-1.0%	✓
Unplanned readmission after hip replacement surgery	per cent	6	6.8	0.8%	○
Unplanned readmission after paediatric tonsillectomy and adenoidectomy	per cent	3.7	4.6	0.9%	○
Unplanned readmission after knee replacement surgery	per cent	5.5	5.6	0.1%	○
Timeliness					
Non-urgent (Category 3) elective surgery patients admitted within 365 days The 2023–24 result was lower than the target, however the result is an improvement of 7.6 per cent on 2022–23. The Planned Care Recovery and Reform program will continue to implement strategies to improve throughput and timeliness, in alignment with the <i>Planned surgery reform blueprint</i> .	per cent	95	81	-14.0%	■
Semi-urgent (Category 2) elective surgery patients admitted within 90 days The 2023–24 result was lower than the target, however the result is an improvement of 8.9 per cent on 2022–23. The Planned Care Recovery and Reform program will continue to implement strategies to improve timeliness, in alignment with the <i>Planned surgery reform blueprint</i> .	per cent	83	64.1	-18.9%	■
Urgent (Category 1) elective surgery patients admitted within 30 days	per cent	100	100	0.0%	✓
Cost					
Total Output Cost The 2023–24 actual outcome primarily reflects additional funding to support the health sector.	\$ million	14,475.1	16,067.5	11.0%	■

Non-admitted Services

This output provides planned non-admitted services that require an acute setting to ensure the best outcome for a patient. These services provide access to: medical, nursing, midwifery and allied health professionals for assessment, diagnosis and treatment; ongoing specialist management of chronic and complex conditions in collaboration with community providers; pre- and post-hospital care; maternity care; and related diagnostic services, such as pathology and imaging.

Performance measures	Unit of measure	2023–24 target	2023–24 actual	Variation (%)	Result
Quantity					
Community palliative care episodes	number	18,980	16,051	-15.4%	■
The result is consistent with previous years. Data quality may impact representation of true activity. This is being addressed to ensure greater accuracy.					
Health Independence program direct contacts	number (thousand)	1,599	1,697.3	6.1%	✓
Preliminary result.					
Patients treated in Specialist Outpatient Clinics –unweighted	number (thousand)	2,007	2,107	5.0%	✓
Preliminary result.					
Quality					
Post-acute clients not readmitted to acute hospital	per cent	90	95	5.0%	✓
Preliminary result.					
Timeliness					
Health Independence program clients contacted within three days of referral	per cent	85	87.6	2.6%	✓
Preliminary result.					
Cost					
Total Output Cost	\$ million	2,223.0	2,442.7	9.9%	■
The 2023–24 actual outcome primarily reflects higher than expected own-source revenue in health services and an alignment of service delivery commitments across outputs.					

Emergency Services

This output relates to emergency presentations at reporting hospitals with emergency departments. It aims to provide high-quality, accessible health and community services, specifically in improving waiting times for emergency services.

Performance measures	Unit of measure	2023–24 target	2023–24 actual	Variation (%)	Result
Quantity					
Emergency presentations	number (thousand)	2,017	1,955	-3.1%	✓
Quality					
Emergency patients that did not wait for treatment	per cent	<5	4.6	-0.4%	✓
Emergency patients re-presenting to the emergency department within 48 hours of previous presentation	per cent	<6	6.3	0.3%	○

Performance measures	Unit of measure	2023–24 target	2023–24 actual	Variation (%)	Result
Patients' experience of emergency department care The result is lower than the target according to emergency department presentation complaints, which highlighted poor discharge planning (making and following care plans), premature discharging without a diagnosis (examination and monitoring), communication challenges (dismissing patients, disrespect) and being neglected as key areas of concern.	per cent	85	76.7	-8.3%	■
Timeliness					
Emergency Category 1 treated immediately	per cent	100	100	0.0%	✓
Emergency patients treated within clinically recommended 'time to treatment' The result was lower than the target due to emergency departments continuing to face sustained pressure as a result of changes in patient complexity and seasonal pressures related to an increase in respiratory cases.	per cent	80	71.1	-8.9%	■
Emergency patients with a length of stay of less than four hours The result was lower than the target due to emergency departments continuing to face sustained pressure as a result of changes in patient complexity and seasonal pressures related to an increase in respiratory cases.	per cent	75	54	-21.0%	■
Proportion of ambulance patient transfers within 40 minutes The result was lower than the target due to emergency departments continuing to face sustained pressure as a result of changes in patient complexity and seasonal pressures related to an increase in respiratory cases.	per cent	90	64.9	-25.1%	■
Cost					
Total Output Cost	\$ million	989.6	994.1	0.5%	○

Health Workforce Training and Development

This output relates to grants provided to Victorian health services to support the training and development of the health workforce. This output aims to provide career pathways and contribute towards a stable, ongoing accredited workforce in the health sector in Victoria.

Performance measures	Unit of measure	2023–24 target	2023–24 actual	Variation (%)	Result
Quantity					
Additional student clinical placement days This measure has been discontinued, as it was a temporary measure with one-off funding that concluded in 2022-23.	number	80,000	0	-100.0%	■
Clinical placement student days (medicine)	number	385,000	385,000	0.0%	✓
Clinical placement student days (nursing and midwifery)	number	405,000	405,000	0.0%	✓
Clinical placement student days (allied health)	number	160,000	160,000	0.0%	✓
Number of filled Victorian Rural Generalist Year 3 positions The result is lower than the target because this measure is demand driven.	number	38	27	-28.9%	■
Funded post graduate nursing and midwifery places at Diploma and Certificate level	number	970	970	0.0%	✓
Number of nurse practitioner candidates supported The result is higher than the target as an additional ten nurse practitioner scholarships were funded in 2023–24 through the Victorian Nurse Practitioner Program.	number	50	60	20.0%	✓
Number of undergraduate nursing and midwifery scholarships supported The result is lower than the target because this measure is demand driven, based on eligibility criteria. The outcome reflects the number of scholarships approved for eligible individuals.	number	5,000	2,569	-48.6%	■

Performance measures	Unit of measure	2023–24 target	2023–24 actual	Variation (%)	Result
Scholarships for refresher programs and re-entry to practice courses for nurses and midwives	number	250	247	-1.2%	○
Sign-on bonuses for nursing and midwifery graduates	number	2,715	2,724	0.3%	✓
Total funded FTE (early graduate) allied health positions in public system	number	700	653	-6.7%	■
The result is lower than the target because this measure is demand driven.					
Total funded FTE (early graduate) medical positions in public system	number	1,525	1,525	0.0%	✓
Total funded FTE (early graduate) nursing and midwifery positions in public system	number	1,925	1,925	0.0%	✓
Quality					
Learner satisfaction about their feeling of safety and wellbeing while undertaking their program of study at health services	per cent	80	97	17.0%	✓
The result was higher than the target because of a commitment to quality experience and continuous improvement.					
Cost					
Total Output Cost	\$ million	440.3	374.0	-15.1%	✓
The 2023–24 actual outcome primarily reflects alignment of service delivery commitments across outputs.					

Residential Aged Care

This output includes delivery of services for older Victorians requiring ongoing care and support in a residential aged care setting.

Performance measures	Unit of measure	2023–24 target	2023–24 actual	Variation (%)	Result
Quantity					
Available bed days	days	1,153,718	1,094,629	-5.1%	■
The result is lower than the target due to the temporary closure of some facilities resulting from redevelopments underway to modernise them.					
Quality					
Residential care services accredited	per cent	100	100	0.0%	✓
Cost					
Total Output Cost	\$ million	454.3	534.9	17.7%	■
The 2023–24 actual outcome primarily reflects higher than expected own-source revenue in health services.					

Aged Care Assessment

This output includes delivery of comprehensive assessment of older Victorians' requirements for treatment and residential aged care services.

Performance measures	Unit of measure	2023–24 target	2023–24 actual	Variation (%)	Result
Quantity					
Aged care assessments	number	59,000	58,942	-0.1%	○
Timeliness					
Average waiting time (calendar days) from referral to assessment	days	16	13	-18.8%	✓
The result was lower than the target. This is a positive result and means that on average people are waiting 13 days, 3 days sooner than the target of 16 days for an aged care assessment.					
Percentage of high-priority clients assessed within the appropriate time in all settings	per cent	90	90	0.0%	✓
Percentage of low-priority clients assessed within the appropriate time in all settings	per cent	90	64	-26.0%	■
The result is lower than the target due to the impact on workforce capacity of ongoing reform uncertainty, staffing shortages and recruitment challenges faced by the sector, which are Australia-wide problems.					
Percentage of medium-priority clients assessed within the appropriate time in all settings	per cent	90	99	9.0%	✓
The result is higher than the target. This is a positive result reflecting that medium-priority clients being assessed within the appropriate time more than 90% of the time.					
Cost					
Total Output Cost	\$ million	60.4	60.5	0.2%	○

Aged Support Services

This output includes delivery of a range of community services that support Victorians, such as eye care services, Personal Alert Victoria services, and pension-level Supported Residential Services.

Performance measures	Unit of measure	2023–24 target	2023–24 actual	Variation (%)	Result
Quantity					
Personal alert units allocated	number	24,621	24,621	0.0%	✓
Victorian Eyecare Service (occasions of service)	number	75,800	68,809	-9.2%	■
The lower result is due to persistent issues such as workforce shortages, increasing costs of services delivered in regional locations, and underreporting in regional locations where services are delivered by private optometry clinics.					
Clients accessing aids and equipment	number	27,002	25,343	-6.1%	■
The result was lower than the target due to workforce capacity issues which impact organisation performance.					
Quality					
Funded research and service development projects for which satisfactory reports have been received	per cent	100	100	0.0%	✓
Clients satisfied with the aids and equipment services system	per cent	90	97	7.0%	✓
The result is higher than the target. This is a positive result reflecting that clients remain satisfied with the delivery of this service.					

Performance measures	Unit of measure	2023–24 target	2023–24 actual	Variation (%)	Result
Timeliness					
Applications for aids and equipment acknowledged in writing within 10 working days	per cent	95	99.4	4.4%	✓
Cost					
Total Output Cost	\$ million	67.7	88.7	30.9%	■
The 2023–24 actual outcome reflects alignment of service delivery commitments across outputs.					

Home and Community Care Program for Younger People

This output includes delivery of a range of community-based nursing, allied health and support services enabling younger people who have difficulties with the activities of daily living to maintain their independence and to participate in the community.

Performance measures	Unit of measure	2023–24 target	2023–24 actual	Variation (%)	Result
Quantity					
Home and Community Care for Younger People – number of clients receiving a service	number	60,000	59,397	–1.0%	○
Home and Community Care for Younger People – hours of service delivery	hours (thousand)	1,000	1,023	2.3%	✓
Cost					
Total Output Cost	\$ million	192.9	209.2	8.4%	■
The 2023–24 actual outcome reflects funding provided for government policy commitments and alignment of service delivery from other outputs.					

Ambulance Emergency Services

Emergency road, rotary and fixed-wing aircraft patient treatment and transport services provide timely and high-quality emergency ambulance services. Timely and high-quality emergency ambulance services contribute to high-quality, accessible health and community services for all Victorians.

Performance measures	Unit of measure	2023–24 target	2023–24 actual	Variation (%)	Result
Quantity					
Community Service Obligation emergency road and air transports	number	283,266	N/A	N/A	N/A
Reporting of activity against this measure has been impacted by protected industrial action, which commenced in March 2024.					
Statewide emergency air transports	number	4,030	N/A	N/A	N/A
Reporting of activity against this measure has been impacted by protected industrial action, which commenced in March 2024.					
Statewide emergency road transports	number	518,329	497,739	–4.0%	○
Treatment without transport	number	119,877	N/A	N/A	N/A
Reporting of activity against this measure has been impacted by protected industrial action, which commenced in March 2024.					
Quality					
Audited cases attended by Community Emergency Response Teams (CERT) meeting clinical practice standards	per cent	90	99.7	9.7%	✓
The result was higher than the target. Performance above target is a positive outcome for this measure.					
Audited cases statewide meeting clinical practice standards	per cent	95	100	5.0%	✓

Performance measures	Unit of measure	2023–24 target	2023–24 actual	Variation (%)	Result
Proportion of adult patients suspected of having a stroke who were transported to a stroke unit with thrombolysis facilities within 60 minutes	per cent	95	98.6	3.6%	✓
Proportion of patients experiencing severe cardiac or traumatic pain whose level of pain is reduced significantly	per cent	90	92.1	2.1%	✓
Proportion of patients very satisfied or satisfied with overall services delivered by paramedics	per cent	95	94.4	-0.6%	○
Timeliness					
Proportion of emergency (Code 1) incidents responded to within 15 minutes – statewide	per cent	85	66.3	-18.7%	■
<p>The result was lower than the target due to ongoing elevated demand for ambulance services (Code 1 cases), increased patient acuity, and system flow constraints, which continue to impact resource availability and, consequently, response times. Targeted initiatives aimed at improving system flow and reducing demand for ambulance and emergency department services have positively impacted ambulance response performance. However, the progress of some of these initiatives has been negatively impacted by a range of factors, including seasonal pressures.</p>					
Proportion of emergency (Code 1) incidents responded to within 15 minutes in centres with more than 7,500 population	per cent	90	70.2	-19.8%	■
<p>The result was lower than the target due to ongoing elevated demand for ambulance services (Code 1 cases), increased patient acuity, and system flow constraints, which continue to impact resource availability and, consequently, response times. Targeted initiatives aimed at improving system flow and reducing demand for ambulance and emergency department services have positively impacted ambulance response performance. However, the progress of some of these initiatives has been negatively impacted by a range of factors, including seasonal pressures.</p>					
Cost					
Total Output Cost	\$ million	1,268.7	1,234.5	-2.7%	✓
The 2023–24 actual outcome primarily reflects lower than expected own-source revenue in health services.					

Ambulance Non-Emergency Services

Non-emergency road, rotary and fixed-wing aircraft patient treatment and transport services provide access to timely, high-quality non-emergency ambulance services. High-quality non-emergency ambulance services contribute to high-quality, accessible health and community services for all Victorians.

Performance measures	Unit of measure	2023–24 target	2023–24 actual	Variation (%)	Result
Quantity					
Community Service Obligation non-emergency road and air transports	number	230,376	N/A	N/A	N/A
Reporting of activity against this measure has been impacted by protected industrial action, which commenced in March 2024.					
Statewide non-emergency air transports	number	3,333	N/A	N/A	N/A
Reporting of activity against this measure has been impacted by protected industrial action, which commenced in March 2024.					
Statewide non-emergency road transports	number	309,922	291,507	-5.9%	■
Below-target activity levels reflect a lower demand for services.					
Quality					
Audited cases statewide meeting clinical practice standards	per cent	95	100	5.0%	✓
Cost					
Total Output Cost	\$ million	183.7	198.9	8.3%	■
The 2023–24 actual outcome primarily reflects alignment of service delivery commitments across outputs.					

Drug Prevention and Control

Encourages all Victorians to minimise the harmful effects of alcohol and other drugs by providing a comprehensive range of strategies, which focus on enhanced community and professional education, targeted prevention and early intervention programs, community and residential treatment services, and effective regulation.

Performance measures	Unit of measure	2023–24 target	2023–24 actual	Variation (%)	Result
Quantity					
Number of phone contacts from family members seeking support	number	10,682	10,091	-5.5%	■
The result was lower than the target due to a shift in preference toward accessing support and information through web-based resources rather than phone-based support. (Reference result against target for 'Number of telephone, email, website contacts and requests for information on alcohol and other drugs' performance measure below).					
Needles and syringes provided through the Needle and Syringe program	number (thousand)	10,170	11,229	10.4%	✓
The result was higher than the target due to adequate stock being available and syringe services being able to support high demand. The result indicates strong demand for needle and syringe services. High use of the needle and syringe exchange is likely to reduce the incidence of blood-borne viruses among those who inject drugs.					
Number of telephone, email, website contacts and requests for information on alcohol and other drugs	number (thousand)	4,200	10,592	152.2%	✓
Preliminary result. The result was higher than the target due the demand for self-directed support and information seeking, which is enabled by access to Telehealth and web-based support options. The results for this measure continue to show a steady increase.					
Quality					
Percentage of pharmacotherapy permit applications processed within 24 business hours of receipt	per cent	100	100	0.0%	✓
Timeliness					
Percentage of new licences and permits issued to health services or businesses for the manufacture, use or supply of drugs and poisons within six weeks following receipt of full information	per cent	100	100	0.0%	✓
Percentage of treatment permits for medical practitioners or nurse practitioners to prescribe Schedule 8 drugs assessed within four weeks	per cent	80	100	20.0%	✓
The result was higher than the target due to streamlining of processes.					
Cost					
Total Output Cost	\$ million	41.3	39.4	-4.5%	○
The 2023–24 actual outcome reflects request for budget to be carried over into 2024–25.					

Drug Treatment and Rehabilitation

Assists the community and individuals to control and reduce the harmful effects of illicit and licit drugs, including alcohol, in Victoria through the provision of community-based non-residential and residential treatment services, education and training, and support services.

Performance measures	Unit of measure	2023–24 target	2023–24 actual	Variation (%)	Result
Quantity					
Clients on the Pharmacotherapy program Preliminary result.	number	14,630	15,106	3.3%	✓
Commenced courses of treatment – community-based drug treatment services The result was higher than the target due to increasing demand for alcohol and other drug treatment services. An increase in the availability of telehealth has enabled a greater volume of service delivery and a broader reach, including for consumers who are not able to attend the service in person. Telehealth also enables load sharing between services.	number	9,239	12,364	33.8%	✓
Number of drug treatment activity units – residential services The result was lower than the target due to a number of issues, including increasing client complexity. In addition, operational challenges reported by residential services (for example, workforce shortages) may be impacting the capacity of providers.	number	78,845	66,352	–15.8%	■
Number of drug treatment activity units – community-based services	number	97,855	99,454	1.6%	✓
Workers complying with Alcohol and Other Drug (AOD) Minimum Qualification Strategy requirements Preliminary result.	per cent	85	85	0.0%	✓
Quality					
Percentage of new clients accessing services (with no access in prior five years) The result was lower than the target due to client complexity and the need for longer continuous or sporadic treatment. These issues affect a service's ability to take on new clients.	per cent	50	40.2	–9.8%	■
Percentage of residential rehabilitation clients remaining in treatment for ten days or more The result was higher than the target due improved engagement in services and an increase in required supports to manage complexity of presentations to alcohol and other drug services, thereby creating a greater likelihood of treatment success.	per cent	80	85.1	5.1%	✓
Number of treatment events ending in the reference period where a significant treatment goal is achieved The result was higher than the target due to continuous growth in demand for alcohol and other drug services. Presentations are complex and more people are seeking support for alcohol and other drug (and related) issues.	number	7,385	26,355	256.9%	✓
Percentage of residential withdrawal clients remaining in treatment for two days or more The result was higher than the target. This result reflects high demand for community-based withdrawal treatment and demonstrates that a high number of treatment courses are completed successfully, thereby opening a pathway to residential rehabilitation services. Similarly, the result for residential services is explained by continued growth in demand for services. Presentations are complex and more people are seeking support for alcohol and other drug (and related) issues.	per cent	80	95.7	15.7%	✓
Timeliness					
Median wait time between intake and assessment The result was higher than the target due to system demand pressures, including workforce shortages.	days	10	13	30.0%	■

Performance measures	Unit of measure	2023–24 target	2023–24 actual	Variation (%)	Result
Median wait time between assessment and commencement of treatment	days	20	41	105.0%	■
The result was higher than the target due to system demand pressures, including workforce shortages and increased client complexity requiring longer treatment periods.					
Cost					
Total Output Cost	\$ million	331.1	315.8	-4.6%	○
The 2023–24 actual outcome reflects request for budget to be carried over into 2024–25.					

Mental Health Clinical Care

Provides a range of inpatient residential and community-based clinical services to people with mental illness, and their families so that those experiencing mental health problems can access timely, high-quality care and support to recover and live successfully in the community. This output also includes training and development of the mental health and wellbeing workforce.

Performance measures	Unit of measure	2023–24 target	2023–24 actual	Variation (%)	Result
Quantity					
Clinical inpatient separations	number	31,165	26,674	-14.4%	■
The result was lower than the target due to mental health bed closures across the age ranges. Closures are often planned (for example, for refurbishment works), but some are unplanned (for example, because of services experiencing workforce shortages or infrastructure damage).					
Number of community service hours (child and adolescent)	number (thousand)	340	340	0.0%	✓
Number of community service hours (adult)	number (thousand)	1,304	1,431	9.7%	✓
The result was higher than the target due to more service delivery hours being delivered. Growth in community mental health activity reflects additional funding allocated in 2023–24, improved recruitment to vacancies in community services, investment in new community mental health facilities, and improved data reporting.					
Number of community service hours (aged)	number (thousand)	196	181	-7.7%	■
The result was lower than the target due to health services still facing some challenges in recruiting the specialist workforce needed to support older consumers.					
Number of consumers accessing clinical mental health services – adult	number	67,746	67,019	-1.1%	○
Number of consumers accessing clinical mental health services – child and adolescent	number	13,762	14,873	8.1%	✓
The result was higher than the target due to more young consumers being able to access clinical mental health care. This can be linked to the government's investment in community mental health growth for infant, child and youth services.					
Number of consumers accessing clinical mental health services – older persons	number	8,854	11,680	31.9%	✓
The result was higher than the target due to expanded services and more older adults being able to access clinical mental health care. It indicates the system is experiencing significant demand for clinical mental health support for older persons.					
Percentage of community cases newly opened	per cent	50	78	28.0%	✓
The result was higher than the target due to expanded services and more new consumers being able to access clinical mental health care in community settings.					
Percentage of occupied bed days (residential)	per cent	80	71	-9.0%	■
The result was lower than the target due to a number of residential beds being closed as a result of staffing shortages, capital works and refurbishment.					
Percentage of occupied bed days (sub-acute)	per cent	80	75	-5.0%	○

Performance measures	Unit of measure	2023–24 target	2023–24 actual	Variation (%)	Result
Quality					
Number of designated mental health services achieving or maintaining accreditation under the National Safety and Quality in Health Service Standards	number	21	21	0.0%	✓
Percentage of consumers followed up within 7 days of separation – inpatient (CAMHS)	per cent	88	90	2.0%	✓
Percentage of consumers followed up within 7 days of separation – inpatient (adult)	per cent	88	91	3.0%	✓
Percentage of consumers followed up within 7 days of separation – inpatient (older persons)	per cent	88	94	6.0%	✓
<p>The result was higher than the target due to services being able to follow up more consumers. Outpatient follow up of consumers within seven days after discharge from an inpatient stay can help to prevent further admissions. Many health services have experienced considerable success in recruiting workforce for their community mental health teams over the past 18 months. Coupled with additional growth funding and facilities investment in 2023–24, health services have been able to deliver additional community-based activity to consumers. This includes more capacity for community follow-up when a consumer is discharged from inpatient care.</p>					
Percentage of admissions with a preadmission contact – inpatient	per cent	61	71	10.0%	✓
<p>The result was higher than the target due to health services being able to admit more patients in a planned way (step-up care). While health services have focused on transforming their services in line with the recommendations in the Royal Commission into Victoria's Mental Health System and requirements of the new <i>Mental Health and Wellbeing Act 2022</i>, these reforms will take time to fully mature. Health services have undertaken significant work to embed the principles of these reforms into the care they provide to consumers.</p>					
Percentage of consumers who rated their overall experience of care with a service in the last 3 months as positive	per cent	80	70	-10.0%	■
<p>The result was lower than the target. While this is an improvement from last year of 4 per cent, the department will continue to work with services to improve the consumer experience. While health services have focused on transforming their services in line with the recommendations in the Royal Commission into Victoria's Mental Health System and requirements of the new <i>Mental Health and Wellbeing Act 2022</i>, these reforms will take time to fully mature. Health services have undertaken significant work to embed the principles of these reforms into the care they provide to consumers.</p>					
Percentage of families/carers reporting a 'very good' or 'excellent' overall experience of the service	per cent	80	45	-35.0%	■
<p>The result was lower than the target. The department will continue to work with services to improve carer experience. While health services have focused on transforming their services in line with the recommendations in the Royal Commission into Victoria's Mental Health System and requirements of the new <i>Mental Health and Wellbeing Act 2022</i>, these reforms will take time to fully mature. Health services have undertaken significant work to embed the principles of these reforms into the care they provide to consumers.</p>					
Percentage of families/carers who report they were 'always' or 'usually' felt their opinions as a carer were respected	per cent	90	74	-16.0%	■
<p>The result was lower than the target. The department will continue to work with services to improve carer experience. While health services have focused on transforming their services in line with the recommendations in the Royal Commission into Victoria's Mental Health System and requirements of the new <i>Mental Health and Wellbeing Act 2022</i>, these reforms will take time to fully mature. Health services have undertaken significant work to embed the principles of these reforms into the care they provide to consumers.</p>					
Percentage of mental health consumers reporting they 'usually' or 'always' felt safe using this service	per cent	90	87	-3.0%	○
Percentage of re-admissions within 28 days of separation – inpatient (CAMHS)	per cent	14	16	2.0%	○
Percentage of re-admissions within 28 days of separation – inpatient (adult)	per cent	14	13	-1.0%	✓

Performance measures	Unit of measure	2023–24 target	2023–24 actual	Variation (%)	Result
Percentage of re-admissions within 28 days of separation – inpatient (older persons)	per cent	7	8	1.0%	○
While there has been considerable improvement in the delivery of community mental health services, health services continue to struggle to recruit the specialist workforce needed to support the older adult cohort. The department will continue to work with health services as part of the establishment of new aged streaming at area mental health services.					
Percentage of mental health-related emergency department presentations with a length of stay of less than 4 hours	per cent	81	42	-39.0%	■
The result was lower than the target due to multiple systemic factors, including sustained high levels of complex mental health emergency department presentations, workforce shortages, and high demand for inpatient care.					
Percentage of new consumers accessing services (with no access in prior five years)	per cent	45	39	-6.0%	■
The result was lower than the target due to the increasing complexity and acuity of consumers presenting to mental health services, resulting in longer lengths of treatment across various service streams.					
Rate of seclusion episodes per 1 000 occupied bed days – inpatient (CAMHS)	per cent	5	8.1	3.1%	○
Rate of seclusion episodes per 1 000 occupied bed days – inpatient (adult and forensic)	per cent	8	7.6	-0.4%	✓
Rate of seclusion episodes per 1 000 occupied bed days – inpatient (older persons)	per cent	5	0.7	-4.3%	✓
The result is lower than the target, which is a positive result, tending towards zero seclusion of consumers.					
Timeliness					
Percentage of departures from emergency departments to a mental health bed within 8 hours	per cent	80	46.8	-33.2%	■
The result was lower than the target due to multiple systemic factors, including sustained high levels of complex mental health emergency department presentations, workforce shortages, and high demand for inpatient care. Temporary bed closures can also impact this result.					
Cost					
Total Output Cost	\$ million	2,736.2	2,552.8	-6.7%	✓
The 2023–24 actual outcome reflects requests for budget to be re-cashflowed and carried over into 2024–25					

Mental Health Community Support Services

A range of rehabilitation and support services provided to youth and adults with a psychiatric disability, and their families and carers, so that those experiencing mental health problems can access timely, high-quality care and support to recover and reintegrate into the community.

Performance measures	Unit of measure	2023–24 target	2023–24 actual	Variation (%)	Result
Quantity					
Bed days	number	62,744	52,302	-16.6%	■
The result is lower than the target as more care has been delivered in non-bed based services, reflecting the type of care required by consumers.					
Client Support Units	number	6,406	51,008	696.3%	✓
The fixed-term Youth Outreach Recovery Support program was included in these results. A revision of the target is required to reflect only ongoing funded activity.					

Performance measures	Unit of measure	2023–24 target	2023–24 actual	Variation (%)	Result
Clients receiving community mental health support services	number	391	3,658	835.5%	✓
Targets set in 2022–23 and 2023–24 reflected the cessation of Mental Health Community Support Services Individual Client Support Packages as part of the transition to the National Disability Insurance Scheme (NDIS). The result was higher than target due to a lower number of clients transitioning to the NDIS.					
Cost					
Total Output Cost	\$ million	188.4	153.2	-18.7%	✓
The 2023–24 actual outcome primarily relates to the alignment of service delivery across outputs as well as a request to have budget carried over into 2024–25.					

Community Health Care

This output includes delivery of a range of community care and support services, including counselling, allied health and nursing, that enable people to continue to live independently in the community.

Performance measures	Unit of measure	2023–24 target	2023–24 actual	Variation (%)	Result
Quantity					
Rate of admissions for ambulatory care sensitive chronic conditions for Aboriginal Victorians ^a	rate per 1000	14.4	22.1	7.7%	■
The result is higher than the target, likely due to several factors, including Aboriginal Victorians' limited access to culturally safe health services and after-hours options and delays in seeking care during the COVID-19 pandemic. The outcome of the Voice Referendum and the Yoorrook Justice Commission hearings proceedings may have made Aboriginal Victorians reluctant to seek primary care from mainstream general practitioners, which could have led to higher rates of presentations in emergency departments.					
Service delivery hours in community health care	number (thousand)	1,064	1,116	4.9%	✓
Quality					
Agencies with an Integrated Health Promotion plan that meets the stipulated planning requirements	per cent	95	95	0.0%	✓
Cost					
Total Output Cost	\$ million	324.7	394.4	21.4%	■
The 2023–24 actual outcome primarily reflects additional Commonwealth funding paid directly to agencies, additional government policy commitments and changes to agency own-source revenue.					

Dental Services

This output includes delivery of a range of dental health services to support health and wellbeing in the community.

Performance measures	Unit of measure	2023–24 target	2023–24 actual	Variation (%)	Result
Quantity					
Persons treated	number	332,150	286,669	-13.7%	■
The result was lower than the target due to increased complexity of treatment requiring multiple clinic visits, resulting from a targeted approach to reducing waitlists. Workforce challenges have also affected the outcome. The department is supporting Dental Health Services Victoria to improve the current approach to managing waiting lists and investing in initiatives to increase the oral health workforce.					

a Actuals reported in DHHS/DH annual reports for 2019–20, 2020–21, 2021–22 and 2022–23 were incorrect for performance measure 'Rate of admissions for ambulatory care sensitive chronic conditions for Aboriginal Victorians'. Please see Appendix 5 'Addendum to Previous Reporting Error' for corrections.

Performance measures	Unit of measure	2023–24 target	2023–24 actual	Variation (%)	Result
Priority and emergency clients treated	number	249,100	219,870	-11.7%	■
The result was lower than the target due to increased complexity of treatment requiring multiple clinic visits, resulting from a targeted approach to reducing waitlists. Workforce challenges have also affected the outcome. The department is supporting Dental Health Services Victoria to improve the current approach to managing waiting lists and investing in initiatives to increase the oral health workforce.					
Children participating in the Smiles 4 Miles oral health promotion program	number	49,000	60,000	22.4%	✓
Preliminary result. The result was higher than the target due to increased funding for staff and promotional materials, boosting the program's reach to more children in early childhood services.					
Schools visited by Smile Squad	number	200	523	161.5%	✓
The result was higher than the target due to actual service delivery numbers being higher than originally estimated and reflects the continued improvement in activity levels.					
Students examined by Smile Squad	number	50,000	48,626	-2.7%	○
Students receiving treatment by Smile Squad	number	7,500	12,960	72.8%	✓
The result was higher than the target due to actual service delivery numbers being higher than originally estimated and reflects the continued improvement in activity levels.					
Timeliness					
Waiting time for dentures	months	22	11.7	-46.8%	✓
The result was lower than that target due to the ongoing impact of the additional investment provided in 2021–22 to target waitlists and provide additional services. The effects of the additional investment are expected to diminish, bringing the result in line with set target. This is a positive result.					
Percentage of Dental Emergency Triage Category 1 clients treated within 24 hours	per cent	90	92	2.0%	✓
Waiting time for general dental care	months	23	16.1	-30.0%	✓
The result was lower than the target due to the ongoing impact of the additional investment provided in 2021–22 to target waitlists and provide additional services. The effects of the additional investment are expected to diminish, bringing the result in line with set target. This is a positive result.					
Cost					
Total Output Cost	\$ million	250.7	283.0	12.9%	■
The 2023–24 actual outcome primarily reflects funding for Public Dental Services for Adults – 2023–2025.					

Maternal and Child Health and Early Parenting Services

This output involves the provision of community-based maternal and child health services available to all families with children.

Performance measures	Unit of measure	2023–24 target	2023–24 actual	Variation (%)	Result
Quantity					
Hours of additional support delivered through the Enhanced Maternal and Child Health program	number	248,000	248,000	0.0%	✓
Preliminary result.					
Total number of Maternal and Child Health Service clients (aged 0 to 1 year)	number	80,000	71,500	-10.6%	■
Preliminary result. The result was lower than the target due to a lower than projected Victorian birthrate.					

Performance measures	Unit of measure	2023–24 target	2023–24 actual	Variation (%)	Result
Timeliness					
Children aged 0 to 1 month enrolled at maternal and child health services from birth notifications Preliminary result.	per cent	99	99	0.0%	✓
Cost					
Total Output Cost The 2023–24 actual outcome primarily reflects additional government policy commitments and changes to agency own-source revenue.	\$ million	179.7	187.3	4.2%	○

Health Protection

Protects the health of Victorians through a range of prevention programs including regulation, surveillance and the provision of statutory services.

Performance measures	Unit of measure	2023–24 target	2023–24 actual	Variation (%)	Result
Quantity					
Inspections of cooling towers	number	1,300	1,277	-1.8%	○
Inspections of radiation safety management licences The result was lower than the target due to competing priorities.	number	480	452	-5.8%	■
Percentage of Aboriginal children fully immunised at 60 months	per cent	97	95	-2.0%	○
Number of HIV and sexually transmissible infections tests conducted at PRONTO! The result is lower than the target due to the reduced HIV testing rate, with operational capacity diverted to address mpox outbreak. Despite these challenges, the service continues to implement strategies to increase testing rates.	number	12,500	8,654	-30.8%	■
Women screened for breast cancer by BreastScreen Victoria The result was higher than the target. An increase in state funding to BreastScreen Victoria has enabled more screening appointments for Victorians.	number	267,000	282,878	5.9%	✓
Percentage of newborns having a newborn bloodspot screening test Preliminary result.	per cent	98	98	0.0%	✓
Persons screened for prevention and early detection of health conditions – pulmonary tuberculosis screening The result is lower than the target due to less tuberculosis screening being required following a reduction in the number of cases of people who spent a significant time in a high-risk setting during their infectious period.	number	2,000	1,537	-23.2%	■
Percentage of Aboriginal mothers who smoked during pregnancy As the department did not set a target for 2023–24 it was difficult to know whether the result was negative or needs improvement. Safer Care Victoria will set a target for 2024–25 which will allow for improved reporting.	per cent	N/A	36	N/A	✓
Quality					
Calls to food safety hotlines that are answered	per cent	97	98	1.0%	✓
Percentage of adolescents (aged 15) fully immunised for HPV	per cent	80	84	4.0%	✓
Immunisation coverage – at five years of age	per cent	95	94	-1.0%	○
Immunisation coverage – at two years of age	per cent	95	91	-4.0%	○

Performance measures	Unit of measure	2023–24 target	2023–24 actual	Variation (%)	Result
Public health emergency response calls dealt with within designated plans and procedure timelines	per cent	100	100	0.0%	✓
Timeliness					
Anaphylaxis notifications attributed to food in people with a known allergy are acted upon within one day of notification	per cent	97	95	-2.0%	○
Comments on proposals and applications to amend the ANZ Food Standards Code are provided within timeframes specified by Food Standards Australia New Zealand (FSANZ)	per cent	100	100	0.0%	✓
Percentage of food recalls acted upon within 24 hours of notification	per cent	97	100	3.0%	✓
Infectious disease outbreaks responded to within 24 hours	per cent	100	100	0.0%	✓
Participation rate of women in target age range screened for breast cancer	per cent	54	52	-2.0%	○
Cost					
Total Output Cost	\$ million	482.4	356.8	-26.0%	✓
The 2023–24 actual outcome primarily reflects lower than expected demand-driven spending relating to government-approved COVID initiatives.					

Health Advancement

Improves the general health and wellbeing of Victorians through the provision of community information and the fostering of healthy behaviours.

Performance measures	Unit of measure	2023–24 target	2023–24 actual	Variation (%)	Result
Quantity					
Persons completing the Life! – Diabetes and Cardiovascular Disease Prevention program	number	5,616	5,515	-1.8%	○
Number of education or monitoring visits of tobacco or e-cigarette retailers	number	1,500	2,962	97.5%	✓
Preliminary result. The result was higher than the target because local government councils often undertake retailer education as part of their food safety inspections.					
Number of sales to minors test purchases undertaken	number	3,000	2,160	-28.0%	■
Preliminary result. The result was lower than the target due to councils continuing to have challenges employing young people to undertake test purchasing, which was first impacted by the COVID-19 pandemic and is now being impacted by safety concerns related to illicit tobacco and vaping.					
Number of education or monitoring visits of smoke-free areas	number	3,500	7,350	110.0%	✓
Preliminary result. The result was higher than the target because local government councils undertake education visits for smoke-free areas as part of their food safety inspections.					
Quality					
Local Government Authorities with Municipal Public Health and Wellbeing Plans	per cent	100	100	0.0%	✓
Local Public Health Units with local population health plans reflecting statewide public health and wellbeing priorities	per cent	100	100	0.0%	✓

Performance measures	Unit of measure	2023–24 target	2023–24 actual	Variation (%)	Result
Cost					
Total Output Cost	\$ million	109.3	111.2	1.7%	○

Emergency Management

Training in emergency management preparedness, planning, response, relief, and recovery.

Performance measures	Unit of measure	2023–24 target	2023–24 actual	Variation (%)	Result
Quantity					
Number of people trained in emergency management	number	2,000	3,587	79.4%	✓
<p>The result is higher than the target due to increased training requirements to support high-risk seasonal preparedness and increased training and exercising within health services, following a period of very little training being delivered during the COVID-19 pandemic. As health services catch up on their Major Incident Medical Management and Support (MIMMS) and EmergoTrain programs, it is expected that these numbers will return to normal over the next year. The department's Emergency Management training numbers will fluctuate based on core and surge staff requiring training i.e.: whether or not there are major emergencies that require the department to deliver just-in-time training.</p>					

Cost

Total Output Cost	\$ million	15.5	21.8	40.8%	■
<p>The 2023–24 actual outcome reflects the impact of the machinery of government change that effected the transfer of medical research functions to the Department of Jobs, Skills, Industry and Regions.</p>					

Small Rural Services – Acute Health

Admitted and non-admitted services delivered by small rural services, including elective and non-elective surgical and medical care, urgent care services, and maternity services.

Performance measures	Unit of measure	2023–24 target	2023–24 actual	Variation (%)	Result
Quantity					
NWAU Eligible Separations	number (thousand)	30	31	3.3%	✓
<p>Preliminary result.</p>					
Small Rural Urgent Care Presentations	number (thousand)	93	96.1	3.3%	✓
Quality					
Percentage of health services accredited	per cent	100	100	0.0%	✓
Cost					
Total Output Cost	\$ million	442.5	464.5	5.0%	■
<p>The 2023–24 actual outcome primarily reflects additional funding to support the health sector.</p>					

Small Rural Services – Aged Care

This output includes delivery of in home, community-based and residential care services for older people, delivered in small rural towns.

Performance measures	Unit of measure	2023–24 target	2023–24 actual	Variation (%)	Result
Quantity					
Small rural available bed days	number	701,143	706,201	0.7%	✓
Quality					
Residential care services accredited	per cent	100	100	0.0%	✓
Cost					
Total Output Cost	\$ million	256.4	328.4	28.1%	■
The 2023–24 actual outcome primarily reflects higher than expected Commonwealth Residential Contribution paid directly to agencies.					

Small Rural Services – Home and Community Care

This output includes delivery of community-based nursing, allied health and support services for younger people who have difficulty with the activities of daily living, delivered by small rural services to support them to be more independent and to participate in the community.

Performance measures	Unit of measure	2023–24 target	2023–24 actual	Variation (%)	Result
Quantity					
Home and Community Care for Younger People – hours of service delivery	hours	51,000	50,165	-1.6%	○
Cost					
Total Output Cost	\$ million	11.7	4.9	-57.8%	✓
The 2023–24 actual outcome primarily relates to the alignment of service delivery across outputs.					

Small Rural Services – Primary Health

This output includes delivery of in home, community-based and primary health services delivered by small rural services and designed to promote health and wellbeing, and prevent the onset of more serious illness.

Performance measures	Unit of measure	2023–24 target	2023–24 actual	Variation (%)	Result
Quantity					
Service delivery hours in community health care	number	87,400	102,318	17.1%	✓
The result is higher than the target due to small rural health services' flexible funding model that supports them to flexibly meet the needs of their community for primary care.					
Cost					
Total Output Cost	\$ million	25.1	21.9	-12.8%	✓
The 2023–24 actual outcome primarily reflects lower than estimated Commonwealth and own-source revenue in small rural health services, and alignment of service delivery across outputs.					

6.4 Addendum to Previous Reporting Error

The performance measure ‘Rate of admissions for ambulatory care sensitive chronic conditions for Aboriginal Victorians’ was reported incorrectly in the Department of Health and Human Services and the Department of Health annual reports from 2019–20 to 2022–23.

The table below details the error and the correction for each previous financial year.

Performance measure: Rate of admissions for ambulatory care sensitive chronic conditions for Aboriginal Victorians

Year	Unit of measure	Previously reported actual (error)	Corrected actual
2019–20	rate per 1000	14.4	21.9
2020–21	rate per 1000	14.4	19.1
2021–22	rate per 1000	14.4	18.7
2022–23	rate per 1000	14.4	23.0

6.5 Disclosure index

This annual report is prepared in accordance with all relevant Victorian legislation and pronouncements. This index facilitates identification of the department's compliance with statutory disclosure requirements.

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