

PARLIAMENT OF VICTORIA

Public Accounts and Estimates Committee



2023–24 Financial and Performance Outcomes Questionnaire

Department of Health

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Introduction – Financial and Performance Outcomes Questionnaire

The Committee’s inquiry into the 2023–24 Financial and Performance Outcomes examines:

- the Government’s actual versus budgeted expenditure and revenue
- the actual versus target performance outcomes at a departmental/agency level
- other expenditure unforeseen at the time of preparing the 2023–24 Budget and outcomes achieved.

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

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

This questionnaire seeks information on the departmental/agency financials for the 2023–24 financial year, what was achieved during the year and how that compares to expectations.

Timeline and format

Responses to this questionnaire are due by **5.00pm on Friday 8 November 2024**.

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

Consistency with the budget papers

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

Basis of consolidation

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

Guidance

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

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Section A: Output variances and program outcomes

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

For all initiatives that were completed in 2023–24 please provide details of the expected outcomes for the community and the actual outcomes achieved to date. Please use initiatives names as specified in *Budget Paper No. 3: Service Delivery* and link the initiative to the responsible output(s) and portfolio(s).

Initiative	Year and funding allocated		Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated				
Prevention and early intervention of chronic and preventable health conditions	2023-24	\$41,852,000	June 2024	Funding for a suite of primary care services that aim to prevent and provide early intervention for chronic and preventable health conditions.	<p>Delivery of skin cancer prevention and early detection campaigns.</p> <p>Delivery of the SunSmart Program in school settings, reaching over 700,000 children and their families with a focus on supporting sun protection habits and reducing UV exposure and future skin cancer risk.</p> <p>Delivery of a targeted health workforce <i>Dermoscopy for Victorian General Practice Program</i> to 60 health professionals in rural and regional Victoria.</p>	Community Health Care (Health)

					<p>Continuation of Priority Primary Care Centres extended to end June 2024, and GP Respiratory Clinics extended to end October 2023.</p> <p>Extended 'Support for Asylum Seeker' initiative for another year, which provided primary health care, mental health support, case coordination, and basic needs and homelessness assistance to people seeking asylum who were ineligible for safety net supports, including Medicare and income support.</p> <p>Funding boosted refugee health nurse and bicultural worker capacity in the Refugee Health Program, delivering culturally appropriate health care, referrals, and education to newly arrived and at-risk refugees.</p>	
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					Additional hours of community-based health care support. This initiative contributed to the following performance measures: 'community health care' (1,116,000 hours in 2023-24), 'small rural health care – community health care' (102,318 hours in 2023-24).	
Pathways to Home	2023-24	\$9,100,000	July 2024	Support for people with disability who are well enough to leave hospital to transition to home-like settings while waiting for NDIS plans, freeing hospital beds.	This program supported 129 patients to transition out of hospital in 2023-24, freeing up over 3,600 bed days. The program has now concluded but health services continue to partner with disability providers to facilitate discharge of patients out of hospital where this is appropriate and preferred by the patient.	Admitted Services (Health)
Mpox Vaccination Program	2023-24	\$19,800,000	May 2024	Continuation of the Mpox vaccination program to limit spread of this disease.	Purchase, storage and distribution of mpox vaccines. Delivery of a targeted outbreak program.	Health Protection (Health)
Supporting local communities and	2023-24	\$200,000	June 2024	Funding to provide community-based services, including	Grants provided to MHA Care, Extended Families	Community Health Care (Health)

high-quality care for Victorians				Home and Community Care Program for Younger People, health services for vulnerable and disadvantaged Victorians and palliative care.	Australia, and healthAbility.	
Doing what matters for local communities	2023-24	\$210,000	July 2024	<p>A \$60,000 grant to The Water Well Project to deliver tailored education sessions to communities from migrant, refugee and asylum seeker backgrounds to help them navigate the health system.</p> <p>A \$150,000 grant to Radio Lollipop to improve the experience of children at Monash Children's Hospital to be paid in 23-24.</p>	<p>Water Well program agreement reached, program plan developed, and funding allocated.</p> <p>In August 2023, a one-off grant of \$150,000 was provided to Radio Lollipop Australia.</p> <p>In addition to general running costs, the grant is used for training and recruitment and to provide a portable 'Lolli Trolley', which is a portable radio desk that is moved around the hospital for children who are unable to leave their bed.</p>	Community Health Care (Health)
Mental health and alcohol and other drugs emergency department hubs in regional Victoria	2022-23	\$3,500,000	June 2024	Funding was provided to plan hubs at Bendigo, Ballarat and Shepparton.	Planning activities were completed for all three sites.	Mental Health Clinical Care (Health)

<p>Mental Health and Wellbeing Connect centres</p>	<p>2021-22</p>	<p>\$54,500,000</p>	<p>July 2024</p>	<p>Funding was provided over four years to establish and deliver eight new Family and Carer-led Centres across Victoria. The initiative was part of a \$92.7 million, four-year investment into support for families and carers of people with mental health challenges.</p>	<p>Eight family and carer-led centres (now called Mental Health and Wellbeing Connect centres) have now been established across regional and metropolitan Victoria. The Centres deliver tailored support and resources for families and carers of individuals experiencing mental health challenges. Centres were established through a statewide consultation process led by Tandem, with families, carers, kin and supporters and service providers.</p> <p>Initial delivery of the centres commenced in August 2023 with full-service delivery from July 2024. The operational funding is ongoing.</p> <p>A workforce of 113 staff, 87 per cent of whom are employed in designated lived experience positions, is now</p>	<p>Mental Health Community Support Services (Health)</p>
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					<p>recruited and trained to deliver the innovative service model. This includes roles in peer work, community engagement, family therapy, and management.</p> <p>A statewide coordinator has been appointed to oversee the development of practice, workforce and the Connect centre service model development.</p>	
Establishment and delivery of opt-out non-legal advocacy and expanded legal representation	2021-22	\$47,500,000	September 2023	<p>Funding was provided over five years to establish and deliver an opt-out non-legal advocacy service and expanded legal representation for consumers subject to, or at risk of, compulsory treatment orders. Funding was also provided to develop the new <i>Mental Health and Wellbeing Act 2022</i>.</p>	<p>An opt-out non-legal advocacy service and expanded legal representation has been established from 1 September 2023, with commencement of the <i>Mental Health and Wellbeing Act 2022</i>. This has included a database and information sharing systems and recruitment of staff. The service is delivered by Independent Mental Health Advocacy.</p>	RC 5.3 Mental Health Clinical Care Output

					<p>Advocacy provided from 1 Sept – 31 March 2024:</p> <ul style="list-style-type: none"> • High intensity services (advocacy and self-advocacy): 15,721 • Low intensity services: 16,907 • Notifications (contact attempts – based on 1st call; 2nd call, SMS etc.): 29,581. <p>Funding for this service is continuing to support operations.</p>	
Implementing the new Mental Health and Wellbeing Act	2023-24	\$23.6m	September 2023 (Commission established, Act Implementation, MHWC VCC activities ongoing)	<p>Funding is provided to support the establishment and operations of new and existing entities under the new <i>Mental Health and Wellbeing Act 2022</i>. This includes the Mental Health and Wellbeing Commission, the Victorian Collaborative Centre for Mental Health and Wellbeing, the Office of the Chief Psychiatrist, and the Mental Health Tribunal.</p>	<ul style="list-style-type: none"> • The <i>Mental Health and Wellbeing Act 2022</i> established the Mental Health and Wellbeing Commission on 1 September 2023. • The Victorian Collaborative Centre for Mental Health and Wellbeing and the Mental Health Tribunal continued under the new Act, having been established under previous Acts. 	Mental Health Clinical Care (Health)

				Funding is provided for continued operations of the eight interim Regional Bodies.	<ul style="list-style-type: none"> Interim Regional Bodies continued operating. 	
Safer digital healthcare program 2023-24	2023-24	\$19.3m	June 2024	The Safer Digital Care program provides critical cybersecurity capability to the Victoria health sector, to enable health services to detect, prevent and respond to cybersecurity breaches.	<p>The Safer Digital Care program has continued to provide critical cybersecurity capability to the Victorian health sector. Through the renewal of a range of cyber tools health services across the state have been able to detect, prevent and respond to cybersecurity breaches.</p> <p>Over 361 million malicious emails (76%) have been blocked and 41 thousand health service staff received security awareness training.</p> <p>12 health services have now gone live with Disaster Recovery as a Service (DRaaS) with four more underway and due to be finalised by 2025.</p>	Admitted Services (Health)

Victoria's pandemic program	2023-24	\$44.0m	June 2024	<ul style="list-style-type: none"> • Maintenance of COVID-19 enduring framework • Conclusion of the Rapid Antigen Testing (RAT) program • Grants to support priority communities to respond to public health risk and events 	<ul style="list-style-type: none"> • Public Health and Wellbeing Act 2008 review tabled in parliament - preparation of proposed government response • Conclusion of RAT program • Ongoing review of Victoria's pandemic preparedness • Transition of COVID-19 from emergency response to routine notifiable condition. 	Health Protection
LGBTIQA+ Strategy implementation	2022-23 2023-24	\$0.7m \$0.7m	June 2024	<ul style="list-style-type: none"> • Two multidisciplinary clinics in Ballarat and Preston delivering gender affirming care for trans and gender diverse adults (includes linking people with GP services, allied health, peer navigator support, counselling, psychology and specialist outreach services from the Austin). Statewide delivery of training to health 	<ul style="list-style-type: none"> • More than 1,000 people were assisted at the clinics each year since 2020. • Around 700 health professionals have been trained in gender affirming healthcare each year since 2020. This includes GPs, nurses, allied health professionals, social workers and counsellors from across metropolitan, 	Community Health Care

				professionals to improve the quality of services for trans and gender diverse Victorians.	<p>regional and rural Victoria.</p> <ul style="list-style-type: none"> Evaluation found that people reported feeling safer and more empowered to achieve their desired health outcomes, and all GPs that attended training reported feeling increased confidence and competence in providing trans and gender diverse healthcare. 	
Responding to community-based healthcare demand and delivering enhanced service responses	2022-23 2023-24	\$6.5m \$0.8m	June 2024	<ul style="list-style-type: none"> Additional hours of community-based health support for vulnerable populations (2022-23) Enhanced integration of GPs within community health services (2023-24) 	<p>Additional hours of community-based health support for vulnerable populations</p> <p>This initiative contributed to the following BP3 performance measure: 'community health care' (1,054,000 hours in 2022-23), 'small rural health care – community health care' (103,569 hours in 2022-23).</p> <p>Enhanced integration of GPs within community health services.</p>	Community Health Care

Strengthening Victoria's interface with the National Disability Insurance Scheme (NDIS)	2022-23 2023-24	\$41.4m \$39.3m	June 2024	<p>Maintenance of home and community care services for people not eligible for the NDIS who have difficulty with activities of daily living.</p> <p>Continued support for people with disability who are ineligible for the NDIS to receive the aids and equipment they need to continue living independently.</p> <p>Youth Outreach Recovery Support (YORS) continued psychosocial support program.</p>	<ul style="list-style-type: none"> Maintenance of home and community care services for people not eligible for the NDIS who have difficulty with activities of daily living. Continued support for people with disability who are ineligible for the NDIS to receive the aids and equipment they need to continue living independently. Continued psychosocial support program for young people aged 16-25 years, with mental health conditions and requiring recovery-oriented support. Promoting independent living and capacity building. 	Home and Community Care Program for Younger People Mental Health and Wellbeing
Supporting new Victorian parents (including Healthy Mothers, Healthy Babies)	2020-21 2021-22 2022-23 2023-24	\$2.7m \$4.5m \$6m \$7.4m	June 2024	Continued delivery of Maternal and Child Health (MCH) service in line with population growth.	Continued delivery of MCH service in line with population growth.	Primary, Community and Dental Health

				Delivery of Healthy Mothers Healthy Babies program across nine rural and regional areas	Delivery of Healthy Mothers Healthy Babies program across nine rural and regional areas	
Coronavirus (COVID-19) health response	2020-21 2021-22 2022-23 2023-24	\$2906m \$37.6m \$6.1m \$6.3m	June 2024	Embed enduring COVID-19 notifications and response mechanisms and systems into mainstream public health operations	COVID-19 management transitioned and embedded into routine disease notification and monitoring practices	Public Health

Question 2 (all departments) Program outcomes

Outcomes reflect the impact on the community of the goods and services provided by a department. The questions in this section relate to the outcomes that the department contributed to in 2023–24.

- a) Using the table below, please outline the five programs that delivered the most important outcomes in the community¹ achieved by the department in 2023–24, including:
- i. The name of the program
 - ii. The output(s) and portfolio(s) responsible for delivery of the program
 - iii. The program objectives
 - iv. The actual outcome achieved
 - v. The actions taken to deliver the actual outcome (i.e. the most important elements/essential parts that led the department to deliver the outcome).

Program		Output(s) and portfolio(s)	Program objectives	Description of actual outcome achieved	Description of the actions taken to deliver the actual outcome
1.	Planned surgery performance	Admitted Services (Health)	To improve planned surgery performance and address backlog of deferred care in the wake of the COVID-19 pandemic.	209,925 planned surgeries. There were 57,476 Victorians on the preparation list as of 30 June 2024, a positive reduction of 13,846 (19.4%) from 30 June 2023 (71,322).	The COVID Catch Up Plan (the Plan) aimed to address the backlog of deferred care in the wake of the COVID-19 pandemic. The Plan did this by increasing public activity; maximising private capacity; workforce initiatives to support and upskill perioperative staff; and uplifting capital and infrastructure investment. The Plan formally concluded on 30 June 2024. As a result of the Plan, the planned surgery system is now more resilient and capable with larger permanent capacity and an engaged and motivated workforce. The department continues to build on this work through the Planned Surgery Reform Blueprint.

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

				Timeliness metrics also improved throughout 2023-24 with 66.3% of Category 2 patients treated in time in Q4 2023-24, an increase of 7.5% from Q4 2022-23; and 84.5% of Category 3 patients treated in time in Q4 2023-24, an increase of 9.7% from Q4 2022-23. ²	
2.	Better@Home	Admitted Services (Health)	Provide care to patients in their own homes and virtually.	More than 420,000 bed days were delivered at home to 72,000 patients in 2023-24 – an increase of over 20,000 bed days compared to last year ³ .	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. Care at home 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 ⁴ .
3.	Victorian Virtual Emergency Department (VVED)	Emergency Services	Treat patients in their own home	In 2023-24, the VVED saw over 195,924,000	The Victorian Virtual Emergency Department (VVED) – is a free public health service for non-life-threatening

² Victorian Health Services Performance 2024-25 Q1 data release, <https://vahi.vic.gov.au/reports/victorian-health-services-performance/planned-surgery>

³ [Department of Health Annual Report 2023-24](#), p 24-25

⁴ [Department of Health Annual Report 2023-24](#), p 24-25

		(Health)	and avoid unnecessary trips to the emergency department.	patients and the average diversion rate for this period was 86%. Of those referred by AV, 77 per cent did not need to go to ED ⁵	emergencies. The service has helped over 80 per cent of its patients avoid an unnecessary trip to hospital.
4.	Dental/smile squad: schools visited	Dental Services (Health)	The School Dental Program (Smile Squad) offers free oral health check-ups and free follow-up care to all children attending government primary and secondary schools in Victoria.	2023-24 BP3 performance measures: Schools visited by Smile Squad Target: 200 Result: 523 Students examined by Smile Squad Target: 50,000 Result: 48,626 Students receiving treatment by Smile Squad Target: 7,500 Result: 12,960	This program is an exemplar of prevention and early intervention, investing early in oral health to prevent more serious dental caries in later childhood and adulthood. The higher expected variances for the number of schools visited (523) and number of students treated (12,960) reflects the continued improvement in activity levels as compared to last year. The number of students examined increased year-on-year by 53%. The program improves children’s access to oral health care and education, resulting in better health outcomes into adulthood and will reduce oral health inequalities and future demand on public dental health services. Over time, the program is also 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.

⁵ Ambulance Victoria Annual Report 2023-24, p. 27

5.	Community Pharmacists pilot	Community Health Care (Health)	Provides treatment for some common conditions in community pharmacies.	As of 30 June 2024, 760 community pharmacies are participating. Of these, 206 (27%) are in rural or regional towns where it can be difficult to see a general practitioner. New pharmacies are continuing to join ⁶ . Over 13,000 services have been provided and over 76% of these services have benefitted women who have accessed treatment for UTIs or for the resupply of an oral contraceptive pill ⁶ .	<p>\$19.97⁷ million was provided to deliver a 12-month pilot to test a model of care based on structured prescribing of Schedule 4 medicines by pharmacists. Under the pilot detailed clinical protocols for four clinical streams and training for pharmacists were developed. Appropriately trained pharmacists working in approved pharmacies have been able to consult with patients using an electronic form which supported their decision-making and aligned with protocols.</p> <p>The Victorian Community Pharmacist Statewide pilot commenced on 27 October 2024.</p> <p>During the pilot, participating community pharmacists are able to practice under a structured prescribing model to provide:</p> <ul style="list-style-type: none"> • treatment for shingles (aged 18 years and over) • treatment for flare-up of mild plaque psoriasis (aged 18 years or over) • request a resupply of select contraceptive pills without needing a prescription (aged 16-50 years). • women and gender diverse people (aged 18 - 65 years) can access treatment for uncomplicated urinary tract infections • Pharmacist immunisers can provide some vaccinations for travel and other health vaccines including hepatitis A, hepatitis B, poliomyelitis and typhoid.
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⁶ [2023-24 Department of Health Annual Report](#), p. 24

					<p>The pilot aims to increase access to affordable primary health care, ensuring Victorians can get the healthcare they need quickly and locally.</p> <p>Consultations are free for four of the pilot services, which ensures there is no financial barrier for access.</p> <p>Medication costs to patients mirror the co-payment level they would be eligible for if the medication had been prescribed by a GP.</p>
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- b) Using the table below, please outline the five least performing programs that did not deliver their planned outcomes in the community by the department in 2023–24, including:
- i. The name of the program
 - ii. The output(s) and portfolio(s) responsible for delivery of the program
 - iii. The program objectives
 - iv. The actual outcome achieved
 - v. Explanation for not achieving the planned outcome (including a description of what actions were taken to try and achieve the planned outcome).

Program		Output(s) and portfolio(s)	Program objectives	Description of actual outcome achieved	Detailed explanation for not delivering the planned outcome
1.	Health workforce: total funded FTE	Health Workforce Training and Development (Health)	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	<p>2023-24 Output performance measure: Additional student clinical placement days</p> <p>Target: 80,000</p> <p>Result: 0</p> <p>Number of filled Victorian Rural</p>	<p>This measure has been discontinued, as it was a temporary measure with one-off funding that concluded in 2022-23.</p> <p>Low demand from trainees resulted in activity lower than target. This is reflective of the broader challenges</p>

			<p>pathways and contribute towards a stable, ongoing accredited workforce in the health sector in Victoria.</p>	<p>Generalist Year 3 positions Target: 38 Result: 27</p> <p>Number of undergraduate nursing and midwifery scholarships supported Target: 5,000 Result: 2,569</p> <p>Total funded FTE (early graduate) allied health positions in public system Target: 700 Result: 653</p>	<p>rural health services have historically experienced in recruiting junior doctors.</p> <p>Actual demand was lower than forecasted. While scholarships were available and uncapped, university places were not increased.</p> <p>The original modelling was based on up to 100% eligibility. In practice the outcome was lower than the target due to the application of these criteria including:</p> <ul style="list-style-type: none"> • be domestic students. • be enrolled in and studying an approved course. <p>The result is lower than the target due to a demand driven outcome based on eligibility criteria. The outcome reflects the number of approved allied health positions for eligible individuals.</p>
2.	Emergency patient waiting times (time to treatment)	Emergency Services (Health)	That 80% of emergency patients are treated within clinically recommended	71.1% of emergency patients were treated within clinically recommended 'time to treatment' ⁸ .	The result was lower than the target due to emergency departments continuing to face sustained pressure due to changes in patient complexity and seasonal pressures related to an increase in respiratory cases ⁹ . 100 per cent of category 1 patients continue to be treated immediately.

⁸ [2023-24 Department of Health Annual Report](#), p. 231

⁹ [2023-24 Department of Health Annual Report](#), p.231

			'time to treatment'.		This result is an improvement on the 2022-23 outcome of 65.3% ¹⁰ .
3.	Mental health emergency patients admitted within 8 hours	Mental Health Clinical Care (Mental Health)	That 80% of emergency department presentations depart to a mental health bed within 8 hours of arrival.	46.8% of mental health clients presenting to the emergency department were provided a mental health bed within 8 hours.	<p>The 2023-24 results show that the performance of the acute mental health and wellbeing system is improving as a result of investment in inpatient mental health beds but that optimised performance has not yet been achieved.</p> <p>Specifically, the 2023-24 result is lower than the target as the demand for inpatient bed-based services continues to face pressures due to an increase in people presenting with complex and high care-needs, often requiring intensive care area beds. Ability to admit patients to mental health beds in a timely manner has also be affected by planned and unplanned bed closures across 2023-24 due to capital works and workforce shortages.¹¹</p> <p>This result is an improvement on the 2022-23 outcome of 39.5%.¹² This demonstrates that the government's investment in new bed capacity is beginning to improve patient flow and access.</p>
4.	Ambulance: proportion of transfers within 40 mins	Ambulance Services (Ambulance Service)	That 90% of ambulance patient transfers are within 40 minutes.	64.9% of ambulance patient transfers were within 40 minutes ¹³ .	<p>The 2023-24 results show continued improvement in performance, most likely as a result of both the investment in ambulance and emergency department services and the dedicated improvement program (Timely Emergency Care Collaborative).</p> <p>The 2023-24 result was lower than the target due to emergency departments continuing to face sustained</p>

¹⁰ [2022-23 Department of Health Annual Report](#), p. 5

¹¹ [2023-24 Department of Health Annual Report](#), p. 240

¹² [2022-23 Department of Health Annual Report](#), p. 62

¹³ [2023-24 Department of Health Annual Report](#), p. 231

					<p>pressure due to changes in patient complexity and seasonal pressures related to an increase in respiratory cases¹⁴.</p> <p>This result is an improvement on the 2022-23 outcome of 61.4%¹⁵.</p>
5.	General dental: patients treated	Dental Services (Health)	<p>2023-24 BP3 performance measures:</p> <p>Persons treated Target: 332,150</p> <p>Priority and emergency clients treated Target: 249,100</p>	<p>2023-24 BP3 performance measures:</p> <p>Persons treated Result: 286,669</p> <p>Priority and emergency clients treated Result: 219,870</p>	<p>The result was lower than the target due to the increased complexity of dental treatments requiring multiple clinic visits, resulting from a targeted approach to reducing waitlists. Workforce challenges have also affected the outcome.</p> <p>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.</p>

¹⁴ [2023-24 Department of Health Annual Report](#), p. 231

¹⁵ [2022-23 Department of Health Annual Report](#), p. 53

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

- a) Please identify all output(s) and portfolio(s) (and relate them to departmental programs) for which the department received additional funding after the 2023–24 Budget.

For each output, please quantify the additional funding, indicate the source of the additional funding (e.g. Treasurer's Advance, unused prior years appropriations under s32 of the *Financial Management Act 1994* (Vic), supplementation through a Temporary Advance under section 35 of the FMA, or any possible sources of funding as listed in the Resource Management Framework (2024), (section 4)) and explain why additional funding was required after funding was allocated in the Budget.

Treasurer's Advance funding in the table below includes funding released from contingency identified in Question 4.

Output(s) and portfolio(s)	Program	Program objectives	Funding allocated in 2023–24 Budget	Additional funding (\$ million)	Source of additional funding as per the Resource Management Framework	Funding utilised 2023–24	Reasons why additional funding was required
Various outputs and portfolios	Provision of outputs carryover from 2022-23 into 2023-24	The carryover ensures the continued delivery of State and Commonwealth Government initiatives announced in previous budgets.	0.0	22.6	Section 32 of the FMA	22.6	Budget allocated in 2022-23 but requested for carryover into 2023-24. This was predominantly made up of funding for Commonwealth National Programs including Palliative and Aged Care.
Various outputs and portfolios	Additional funding for community service organisations indexation	To provide funding to fund the Fair Work Outcome for Community Service	0.0	17.6	Treasurer's Advance	17.6	Additional funding required to assist with the rising cost of service delivery and support the sustainability of community sector jobs.

		Organisations (CSO) to support jobs in the sector, enable sustainable delivery of a broad range of services, and alleviate financial concerns raised by the sector.					
Admitted Services and Small Rural Services (Health)	Additional funding for our hospitals	Funding is provided to support service delivery levels and performance in Victoria's hospitals	0.0	1,449.1	Treasurer's Advance	1,449.1	Funding is provided to ensure Victoria's hospitals have long-term certainty to transition from the COVID-19 service response to ongoing operational activities. This multi-year funding supports critical hospital care through clinical and non-clinical staff, procuring medicines and equipment for patients, and operating services including emergency departments, inpatient wards, and operating theatres. A portion of this funding also addresses the health sector impacts of the COVID-19 pandemic.
Health Protection (Health)	Additional resources in Public Sector	To implement and evaluate upper room Germicidal	0.0	8.2	Treasurer's Advance	8.2	To conduct phase 2 of the Germicidal Ultraviolet Project being conducted under the Airborne Infection Control in

	Residential Aged Care Facilities	Ultraviolet as an intervention to reduce the transmission of COVID-19 and influenza in Public Sector Residential Aged Care Centres.					Public Sector Residential Aged Care Facilities program.
Admitted Services (Health)	Adjustment for reduction in Commonwealth funding under the National Health Reform Agreement (NHRA)	Funding is provided to support service delivery levels and performance in Victoria's hospitals	0.0	144.9	Treasurer's Advance	144.9	With the removal of the NHRA's minimum funding Guarantee in 2022-23 the Commonwealth recalled funding that was paid above hospitals' activity generated for that year. The final amount recalled under the NHRA was \$205.8m and this funding was not available for recall in 2023-24 from health services. A Treasurer's Advance was required to maintain funding to health services.
Community Health Care (Health)	Community Pharmacist Prescribing Pilot	To test a model of care based on structured prescribing of Schedule 4 medicines by pharmacists.	0.0	2.0	Treasurer's Advance	2.0	To implement a State Government election commitment to deliver a 12-month pilot to test a model of care based on structured prescribing of Schedule 4 medicines by pharmacists.
Various outputs and portfolios	Department operational funding	Funding for Departments COVID-19 Debt	0.0	5.5	Treasurer's Advance	5.5	To fund the COVID-19 Debt levy for payroll tax paid to State Revenue Office.

		levy contribution. This funding was for the increase in payroll tax for COVID-19 Levy					
Admitted Services (Health)	Enabling a high-quality, efficient public pathology system	Funding to expand COVID-19 testing capacity through the purchase and installation of additional pathology equipment and extra staff in public pathology laboratories. This will enable greater coordination and efficiency of pathology testing across Victoria, building on the reforms which supported COVID-19 testing.	0.0	0.7	Treasurer's Advance	0.7	Additional funding is required to enable greater coordination and efficiency of pathology testing across Victoria, building on the reforms which supported COVID-19 testing.
Community Health Care (Health)	Improving access to emergency care	To fund Priority Primary Care Centres that are GP led services that are open after hours and	0.0	19.3	Treasurer's Advance	19.3	To continue funding the operations of Priority Primary Care Centres and the extension of GP Respiratory Clinics that are GP led services that are open after hours and

		provide care for urgent conditions.					provide care for urgent and respiratory conditions.
Admitted Services (Health)	Maintaining a PPE supply and stockpile	Funding to continue the purchase and warehousing of personal protective equipment (PPE) to ensure healthcare workers and patients are protected from infection.	0.0	30.2	Treasurer's Advance	30.2	Funding required to maintain Victoria's personal protective equipment (PPE) stockpile and enable healthcare workers to continue to safely provide critical healthcare services.
Health Workforce Training and Development (Health)	Maximising our health workforce	Funding to support Recruit Relocation Packages of between \$10,000 (metropolitan) and \$13,000 (regional) to incentivise international recruitment professionals to take up health roles in Victoria. Develop a systemic program to support	0.0	4.8	Treasurer's Advance	4.8	This funding enabled the department to reach a target of 1,100 international healthcare workers taking up roles in Victoria in the 2023-24 financial year.

		graduate enrolled nurses in their first year of practice, and continue enhancing rural maternity service capability and professional development of prevention and health promotion practitioners.					
Admitted Services (Health)	Modernising Victoria's health system	Funding is provided to formalise new shared governance arrangements to improve the effectiveness and efficiency of public health services, and to deliver better outcomes and more equitable access across Victoria.	0.0	0.5	Treasurer's Advance	0.5	Funding required to complete the voluntary amalgamation between Northern Health and Kilmore District Hospital, which came into effect on 1 November 2024
Admitted Services and Health Workforce	More support for our nurses and midwives	Funding provided will deliver sign-on bonuses for nursing and	0.0	37.5	Treasurer's Advance	37.5	Funding provides sign-on bonuses to nursing and midwifery graduates who commenced employment in

Training and Development (Health)		midwifery graduates who join the public system. Funding will also reduce administrative and financial burden for nurses and midwives through scoping the development of two centralised portals for education and employment checks.					the public health service in 2023.
Health Protection (Health)	M-pox vaccination program	To support Victoria's mpox vaccination program as a result of the global outbreak, beginning in Europe in May 2022.	0.0	17.3	Treasurer's Advance	17.3	To purchase, store and distribute mpox vaccines as part of Australian Government response
Mental Health Clinical Care (Mental Health)	New legal foundations and supporting consumers to exercise their rights	To establish legal representation and non-legal advocacy support for mental health consumers to exercise their	0.0	13.2	Treasurer's Advance	13.2	Additional funding was provided to Victoria Legal Aid to establish and deliver an opt-out model of access to non-legal advocacy services, and the Mental Health Legal Rights Service.

		rights, as recommended by the Royal Commission into Victoria's Mental Health System.					
Health Protection (Health)	Protecting the health of priority populations	To support the delivery of HIV care and treatment to people living with HIV in Australia who are not eligible for Medicare.	0.0	1.0	Treasurer's Advance	1.0	The cost to deliver the Federation Funding Agreement (FFA) exceeds the FFA funding schedule.
Admitted Services (Health)	Providing additional bed capacity through modular facilities	Funding is provided to establish additional capacity at Werribee Mercy Hospital, Northern Hospital and Casey Hospital. This includes the establishment and staffing of modular units to alleviate demand on health service emergency departments by	0.0	31.1	Treasurer's Advance	31.1	Funding required to establish additional capacity at Werribee Mercy Hospital, Northern Hospital and Casey Hospital

		providing triage, assessment, respiratory clinic, and urgent care clinic functions					
Residential Aged Care (Ageing)	Rural and regional Public Sector Residential Aged Care Services project	Funding is provided for the planning of two proposed new public sector residential aged care services facilities at Bright and Heywood.	0.0	0.5	Treasurer's Advance	0.5	Budget was originally allocated in 2022-23 but was not fully spent. It was subsequently reinstated as Treasurer's Advance in 2023-24.
Drug Treatment & Rehabilitation (Health)	Supporting the decriminalisation of public intoxication	Service response to support people who are publicly intoxicated, available in metropolitan Melbourne (general population and Aboriginal-specific service) and 8 regional locations (Aboriginal-specific service only)	0.0	3.8	Treasurer's Advance	3.8	To support the establishment and delivery of the dedicated service response to public intoxication
Ambulance Emergency Services	Supporting our ambulance services	Funding is provided for Ambulance	0.0	4.0	Treasurer's Advance	4.0	Funding from the 2022-23 Budget was held in contingency. Funding was

(Ambulance Services)		Victoria to Support implementation of the Victorian Equal Opportunity and Human Rights Commission's review recommendation.					provided to support Ambulance Victoria to implement recommendations from the Victorian Equal Opportunity and Human Rights Commission's review into workplace equality.
Community Health Care (Health)	Supporting our GPs	Increase the number of GP trainee enrolments in 2024 and 2025; - Provide a top-up payment for first year trainees of \$30,000; and - Provide \$10,000 to support the costs of exams to be undertaken during GP training.	0.0	4.9	Treasurer's Advance	4.9	Funding to incentivise doctors to undertake GP training, consistent with the Government's 2022 election commitment.
Mental Health Clinical Care (Mental Health)	Supporting the mental health and wellbeing of people in contact with the criminal and youth justice systems	The Custodial Forensic Youth Mental Health Service (FYMHS) provides individualised early intervention,	0.0	1.4	Treasurer's Advance	1.4	The Custodial FYMHS service was established in the 2018-19 state budget. In 2021-22, in response to the recommendations of the Royal Commission into Victoria's Mental Health System, funding was allocated to significantly

		assessment, treatment, and support for young people in Victoria's Youth Justice centres. It aims to improve mental health outcomes and reduce the associated risk of reoffending.					grow the size and quality of the service.
Mental Health Clinical Care (Mental Health)	Victoria's flood recovery	To deliver mental health and wellbeing supports to communities impacted by disasters and emergencies, as part of the government's flood recovery response.	0.0	0.2	Treasurer's Advance	0.2	Additional funding required to deliver targeted mental health and wellbeing services in flood-impacted communities, including the delivery of additional telepsychology sessions.
Admitted Services (Health)	Workforce transition	To fund the department's approximately 400 Separation Packages comprising Applicant, Immediate or Targeted	0.0	28.7	Treasurer's Advance	28.7	Targeted separation packages offered in line with DPC's Implementing budget Reprioritisation Policy. Implementing budget reprioritisations in the Victorian Public Service guidelines.

		Packages as part of the department's restructure that was finalised in June 2024.					
Total 2023–24			0.0	1,849		1,849	

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

Output(s) and portfolio(s)	Program	Outcomes achieved
Various outputs and portfolios	Provision of outputs carryover from 2022-23 into 2023-24	Outcomes achieved predominately in funding for Commonwealth National Programs including Palliative and Aged Care
Various outputs and portfolios	Additional funding for community service organisations indexation	Additional funding assisted with the rising cost of service delivery and supports the sustainability of community sector jobs.
Admitted Services and Small Rural Services (Health)	Additional funding for our hospitals	This funding has enabled health services to maintain 2023-24 activity targets in 2024-25, in the context of a higher National Weighted Activity Unit (NWAU) price introduced in 2024-25.
Health Protection (Health)	Additional resources in Public Sector Residential Aged Care Facilities	The funding has supported aged care facility engagement, clinical trial registration and the design and installation of germicidal ultraviolet devices at 30 aged care facilities with the trial expected to commence in Q2 2024-25.
Admitted Services (Health)	Adjustment for reduction in Commonwealth	The funding supported service delivery levels and performance in Victoria's hospitals, including maintaining the capability and capacity of health services and more emergency department staff

	funding under the National Health Reform Agreement	
Community Health Care (Health)	Community Pharmacist Prescribing Pilot	Implemented election commitment to deliver a 12-month pilot to test a model of care based on structured prescribing of Schedule 4 medicines by pharmacists. Pilot commenced on time and within budget. As of 30 June 2024, over 760 community pharmacies are participating in the pilot. Of these, 27 per cent (206 pharmacies) are in rural or regional areas. Over 13,000 services have been provided and over 76 per cent of these services have benefitted women who have accessed treatment for UTIs or for the resupply of an oral contraceptive pill.
Various outputs and portfolios	Department operational funding	The department met its obligations through payment of the COVID-19 levy
Admitted Services (Health)	Enabling a high-quality, efficient public pathology system	Greater coordination and efficiency of pathology testing across Victoria, building on the reforms which supported COVID-19 testing.
Community Health Care (Health)	Improving access to emergency care	The funding supported the continued operations of Priority Primary Care Centres (now known as Urgent Care Centres) and the extension of GP Respiratory Clinics (to 31 Oct 2023) that are GP led services that are open after hours and provide care for urgent and respiratory conditions.
Admitted Services (Health)	Maintaining a PPE supply and stockpile	This funding was used to purchase and distribute PPE for the State Supply Chain (SSC) to enable healthcare workers to continue to safely provide critical healthcare services during the COVID-19 pandemic.
Health Workforce Training and Development (Health)	Maximising our health workforce	The additional funding was used to fund Recruit Relocation Packages for 449 international healthcare workers upon commencement of roles in Victoria's health system, ultimately supporting 1,150 Recruit Relocation Packages in the 2023-24 financial year.
Admitted Services (Health)	Modernising Victoria's health system	The funding has been used to complete the voluntary amalgamation that has led to additional clinical services being delivered to the Kilmore community and strengthened the health workforce
Admitted Services and Health Workforce Training	More support for our nurses and midwives	The sign-on bonus supported 3,070 nursing and midwifery graduates who completed studies in 2022, 2023, and 2024, then commenced employment in a public health service and committed to remain for a minimum period of 2 years.

and Development (Health)		
Health Protection (Health)	M-pox vaccination program	The funding supported the purchase, storage and distribution of 87,000 mpox vaccines.
Mental Health Clinical Care (Mental Health)	New legal foundations and supporting consumers to exercise their rights	Establishment of the Victorian Legal Aid Opt-out Non-legal Advocacy and Mental Health Legal Rights services.
Health Protection (Health)	Protecting the health of priority populations	Delivery of the Federation Funding Agreement (FFA) over and above funding schedule
Admitted Services (Health)	Providing additional bed capacity through modular facilities	Temporary additional capacity to enable health services to manage increased Emergency Department demand during the COVID-19 pandemic.
Residential Aged Care (Ageing)	Rural and regional Public Sector Residential Aged Care Services project	The funding supported the planning of new public sector residential aged care services facilities at Bright and Heywood.
Drug Treatment & Rehabilitation (Health)	Supporting decriminalisation of public intoxication	Dedicated service response for people who are publicly intoxicated commenced on 7 November 2023 in metropolitan Melbourne and 8 regional locations, coinciding with the decriminalisation of public drunkenness.
Ambulance Emergency Services (Ambulance Services)	Supporting our ambulance services	Funding supported Ambulance Victoria to implement recommendations from the Victorian Equal Opportunity and Human Rights Commission's review into workplace equality and deliver innovative strategies to support emergency response.
Community Health Care (Health)	Supporting our GPs	In 2024, the program has allocated all 400 grants (which is the equivalent of the full \$16 million). In 2025, the program is projected to deliver 400 grants. The GP colleges have advised there is an expected oversubscription for the grants in 2025.

Mental Health Clinical Care (Mental Health)	Supporting the mental health and wellbeing of people in contact with the criminal and youth justice systems	The additional funding supported a significant expansion in the staffing profile across the service in 2023-24.
Mental Health Clinical Care (Mental Health)	Victoria's flood recovery	The surge funding provided to Bendigo Mental Health and Wellbeing Hub delivered targeted mental health and wellbeing services to the flood impacted communities in Rochester and Elmore. Additional funding to Rural Health Connect delivered additional telepsychology sessions to communities impacted by the floods.
Admitted Services (Health)	Workforce transition	The Workforce Transition funding enabled the department to achieve the reduction to workforce to reduce operating costs, without impacting front line service delivery.

Question 4 (all departments) Central contingencies

The Resource Management Framework (2024, Section 4.5, pg. 90) provides guidance on how departments access funding from central contingencies.

Please provide information regarding funding received from central contingency in 2023–24, including: the output and portfolio or Government decision related to the funding, the amount of funding received, the amount of funding utilised, funding received through previous budgets for the same purpose and why funding from contingency was required.

The below initiatives were funded from Treasurer's Advance in 2023-24 and are included in the balances for initiatives disclosed in Question 3 for Treasurer's Advance funding.

Output(s) and portfolio(s) or Government decision associated	Funding received	Funding utilised 2023–24	Funding received in previous budget/s for same purpose. Please specify which budget	Reasons why funding was required
Additional funding for our hospitals	110.3	110.3	Previous budgets included additional funding to support Victoria's hospitals meet increased demand.	Funding required to support service delivery and performance in Victoria's hospitals.
More support for our nurses and midwives	37.5	37.5	No previous budget provided	Additional funding is required to boost Victoria's healthcare workforce by providing scholarships to more than 10,000 nursing and midwifery students and provide more support to the growing numbers of graduates and postgraduates as they transition to working in our hospitals.
Providing additional bed capacity through modular facilities	31.1	31.1	2022-23 State Budget	Additional funding required for the establishment and staffing of modular units to alleviate demand on health service emergency departments by providing triage, assessment, respiratory clinic, and urgent care clinic functions.
Maintaining a personal protective equipment (PPE)	30.2	30.2	Funded in 2021-22 State budget to 22-23 State budget	Funding required to maintain Victoria's personal protective equipment (PPE) stockpile and enable healthcare workers to continue to safely provide critical healthcare services.

supply and stockpile				
Workforce transition	28.7	28.7	No previous budget provided	Targeted separation packages offered in line with Department of Premier and Cabinet's Implementing Budget Reprioritisation Policy. Implementing budget reprioritisations in the Victorian Public Service guidelines.
Improving access to emergency care	19.3	19.3	2022-23 State Budget	To continue funding the operations of Priority Primary Care Centres and General Practitioner (GP) Respiratory Clinics (to 31 October 2023) that are GP led services that are open after hours and provide care for urgent and respiratory conditions.
M-pox vaccination program	17.3	17.3	No previous budget provided	To purchase, store and distribute 87,000 mpox vaccines.
New legal foundations and supporting consumers to exercise their rights	13.2	13.2	2021-22 State Budget	To establish legal representation and non-legal advocacy support for mental health consumers to exercise their rights, as recommended by the Royal Commission into Victoria's Mental Health System.
Additional resources in Public Sector Residential Aged Care Facilities	8.2	8.2	No previous budget provided	To conduct phase 2 of the Germicidal Ultraviolet Project being conducted under the Airborne Infection Control in Public Sector Residential Aged Care Facilities program.
Supporting our General Practitioners (GP)	4.9	4.9	No previous budget provided	Funding required to incentivise doctors to undertake GP training, consistent with the Government's 2022 election commitment.
Maximising our health workforce	4.8	4.8	2022-23 State Budget	Funding required to continue to build Victoria's healthcare workforce through the international recruitment program.
Supporting our ambulance services	4.0	4.0	2022-23 State Budget	Funding required to support Ambulance Victoria to implement recommendations from the Victorian Equal Opportunity and Human Rights Commission's review into workplace equality.

				Funding has enabled a safety audit of work in isolated environments, enhanced interim reporting and staff complaint functions, and staffing to implement workplace equality reforms.
Supporting decriminalisation of public intoxication	3.8	3.8	No previous budget provided	Additional funding required to establish Aboriginal-specific public intoxication response services in across Victoria, run by Aboriginal Controlled Community Organisations, following completion of a consultation process with the sector.
Community Pharmacist Prescribing Pilot	2.0	2.0	No previous budget provided	To implement a State Government election commitment to deliver a 12-month pilot to test a model of care based on structured prescribing of Schedule 4 medicines by pharmacists.
Supporting the mental health and wellbeing of people in contact with the criminal and youth justice systems	1.4	1.4	2021-22 State Budget	The Custodial Forensic Youth Mental Health Service (FYMHS) provides individualised early intervention, assessment, treatment, and support for young people in Victoria's Youth Justice centres. In 2021-22, in response to the recommendations of the Royal Commission into Victoria's Mental Health System, funding was allocated to significantly grow the size and quality of the service. The additional funding facilitated a significant expansion in the staffing profile across the service in 2023-24.
Enabling a high-quality, efficient public pathology system	0.7	0.7	2021-22 State Budget	Funding required to enable greater coordination and efficiency of pathology testing across Victoria, building on the reforms which supported COVID-19 testing.
Rural and regional Public Sector Residential Aged Care Services project	0.5	0.5	2022-23 State Budget	The funding was required for the planning of new public sector residential aged care services facilities at Bright and Heywood.
Modernising Victoria's health system	0.5	0.5	2021-22 State Budget	Funding required to complete the voluntary amalgamation between Northern Health and Kilmore District Hospital, which came into effect on 1 November 2024.
Total 2023-24	318.4	318.4		

Question 5 (Department of Health only) 2023–24 Budget funding allocation and performance

The 2023–24 Budget allocated \$2.3 billion to the line item *Meeting the needs of Victorian public hospital services*.

- a) Please provide a detailed breakdown of the actual amount spent in 2023–24. Please provide an explanation for any variances of $\pm 5\%$ based on budgeted vs actuals by output.

Meeting the needs of Victorian public hospital services

A detailed breakdown of the line-item *Meeting the needs of Victorian public hospital services* is not possible, as expenditure is not captured at an initiative level, as it comprises of a range of services across multiple outputs. *Meeting the needs of Victorian public hospital services* supplements existing funding across the following outputs in the 2023-24 Budget:

1. Admitted Services - \$14.4 billion
2. Non-admitted Services - \$2.2 billion
3. Emergency Services - \$965.7 million

The outputs themselves are covered by multiple line-items. For example, Admitted Services are covered by 8 line-items, such as *Meeting the needs of Victorian public hospital services*, *Giving women's health the focus and funding it deserves*, and *Pathways to home*. This means the \$14.4 billion of expenditure for Admitted Services cannot be categories strictly as *Meeting the needs of Victorian public hospital services*. Additionally, *Meeting the needs of Victorian public hospital services* does not relate to a single, tangible program, so expenditure cannot be determined in this way.

	Output	2023–24 Budget (\$ million)	2023–27 five-year Budget (\$ million)	2023–24 actual (\$ million)	Variance (%)	Explanation for variance	Outcomes delivered
Meeting the needs of Victorian public hospital services	Admitted Services	525.7	2,183.2	N/A	N/A	Expenditure is not captured at an initiative-level as it relates to multiple services delivered, therefore variance cannot be provided.	Funding has been provided to support the delivery of quality patient outcomes in Victoria's public hospital services as well as operationalising new and expanded facilities and delivering on commitments
	Emergency Services	32.7	135.8	N/A	N/A		
	Non-Admitted Services	2.3	9.6	N/A	N/A		

							on the investment in life-saving blood products. This initiative also addresses the impacts of COVID-19 on public hospitals and the increasing costs of delivering healthcare.
	Total	\$560.7¹	\$2,328.6²	N/A³	N/A		

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

Category	Closest available performance measure	As at 30 June 2021	As at 30 June 2022	As at 30 June 2023	As at 30 June 2024	Variance between 2022 and 2023 Explanation for the variance between 30 June 2022 and 2023	Variance between 2023 and 2024 Explanation for the variance between 30 June 2023 and 2024
Number of patients treated in emergency departments	Emergency presentations	1.773 million	1.856 million	1.899 million	1.955 million	Emergency department activity is demand driven. The 2022-23 actual is lower than the target primarily due to care diversion initiatives.	Emergency department activity is demand driven. The 2023-24 actual showed a continued year-on-year increase, albeit mitigated by care diversion initiatives such as VVED and PPCCs.
Number of hospital beds total						N.B. This information is not available publicly.	N.B. This information is not available publicly. Information on available beds per 100,000 population is available through Report of Government Services
Number of intensive care unit beds total						N.B. This information is not available publicly	N.B. This information is not available publicly

Average time spent in waiting rooms – emergency departments – non-mental health patients	Emergency patients treated within clinically recommended time to treatment	68.0%	64.0%	65.3%	71.1%	Performances in 2022 and 2023 reflected enduring COVID-19 impacts, including on workforces, and increased patient complexity	The 2023-24 result was lower than target due to emergency departments continuing to face sustained pressure but improved performance, despite increased volumes, reflects progressive capital (asset) investments in ED and improvements in care management (patient flow), such as through the Timely Emergency Care Collaborative.
Average time spent in waiting rooms – emergency departments – mental health patients	Percentage of departures from emergency departments to a mental health bed within 8 hours	54.4%	49.1%	39.5%	46.8%	The 2022-23 result is lower than target due to demand for inpatient bed-based services, People presenting with complex and high care-needs require intensive care beds.	The 2023-24 result was lower than 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. However, the year-on-year improvement reflects the progressive opening on new acute MH beds as part of the response to the Royal Commission’s recommendations.
Number of patients waiting for treatment – elective surgery	Number of patients on waiting list for Category 1, 2 and 3 elective surgery ¹⁶	66,230	85,999	71,322	57,476 ¹⁷	In 2022-23, the COVID Catch-up Plan contributed to a significant reduction in the number of Victorians on the waitlist. These improvements were made in the face of competing demand for theatres with emergency surgery and other investigative	A continued reduction in the waitlist was made in 2023-24 as the COVID Catch-up Plan initiatives matured in their implementation. In 2023-24 a record number of planned surgeries were completed.

¹⁶ Victoria Agency for Health Information. <https://vahi.vic.gov.au/planned-surgery/patients-waiting-treatment>

¹⁷ Victorian Health Services Performance 2024-25 Q1 data release, <https://vahi.vic.gov.au/reports/victorian-health-services-performance/planned-surgery>

						procedures; and ongoing system-wide workforce shortages.	
Number of emergency department staff (FTE)						N.B. This information is not available publicly.	N.B. This information is not available publicly. This information is not collected by the Department.

Question 6 (Department of Health only) Mental health and wellbeing levy

Regarding the Mental Health and Wellbeing surcharge/levy, please provide the amount of funding received from the levy in 2023-24, what outputs the department spent with the funds over 2023-24 and what outcomes were achieved.

2023-24 actual (\$ million)	Total expended for 2023- 24 financial year	Outputs the department utilised funding for	Outcomes of funding
1,200.6	1,200.6	Mental Health Clinical Care	Funding was applied in accordance with the legislation on operational funding for mental health services. This is an administrative arrangement through a special appropriation whereby all revenue collected by the State Revenue Office is passed on to the Department of Health and utilised for State-funded mental health services. Total expenditure for mental health services in 2023-24 was \$2.86 billion.

Question 7 (Department of Families, Fairness and Housing only) Victorian Contribution to National Disability Insurance Scheme

a) The 2023–24 Budget allocated \$2.9 billion in payments on behalf of the state to the National Disability Insurance Agency.¹⁸ In relation to outcomes achieved in 2023–24, please provide the following information on disability services and support in Victoria:

Department of Families, Fairness and Housing	30 June 2022	30 June 2023	30 June 2024
Number of people with disability in Victoria			
Number of NDIS participants			
Number of NDIS participants - identified as culturally and linguistically diverse			
Participant satisfaction with services received			
Average wait time to access NDIS package			
Disability workforce - number of workers			
An update on NDIS Workforce and Skills Plan			

b) In 2023–24 what disability services did the Victorian Government provide?

c) Please outline the three most significant disability services/programs provided by the Victorian Government in 2023–24, including amount expended, funding source and outcomes achieved for people with disability.

Service/program	Amount expended in 2023–24	Funding source	Outcomes achieved for people with disability

¹⁸ Department of Treasury and Finance, *Budget Paper No. 5: 2023–24 Statement of Finances*, Melbourne, 2023, p. 96.

Section B: Asset investment

Question 8 (all departments) Capital expenditure variances, completion date and scope changes – existing projects

Please provide details of all capital asset programs where:

- there was a variance between TEI at announcement compared to the TEI as at 30 June 2024 of equal to or greater than $\pm 5\%$ and an explanation for the variance
- the estimated completion date at announcement is different to the completion date as at 30 June 2024 and an explanation for the change
- the scope of the project at announcement is different to the scope of the project as at 30 June 2024.

Capital expenditure

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Total actual expenditure from announcement to 30 June 2024 (\$ million)	TEI at announcement (\$ million)	Revised TEI as at 30 June 2024 (\$ million)	Variance between TEI at announcement compared to revised TEI as at 30 June 2024 Budget ($\pm 5\%$) explanation
Ballarat Health Services expansion and redevelopment and the new Central Energy Plant (Ballarat)	(Health) Admitted Services	144.475	461.600 (2018-19) ¹⁹	650.388 ²⁰	The TEI was increased by \$80 million in 2021-22 due to a funding reallocation from the Guaranteeing Future Energy Supply initiative for a new Central Energy Plant as additional scope. ²¹ The TEI increased by \$54.188 million in the 2023-24 State Budget due to additional project scope to include a helipad and a 400-space car park. ²² The TEI was further increased by \$54.6 million in the 2024-25 State Budget to expand and fit out the Women's and Children's Hub. ²³

¹⁹ [2018-19 State Capital Program](#), p62

²⁰ [2024-25 State Capital Program](#), p64

²¹ [2021-22 State Capital Program](#), p82

²² [2023-24 State Capital Program](#), p68

²³ [2024-25 State Capital Program](#), p64

Building a better hospital for Melbourne's inner west (Footscray)	(Health) Admitted Services	1,433.542	1,495.000 (2019-20) ²⁴	1,998.605 ²⁵	The TEI component of the total project cost increased by \$503.605 million in the 2022-23 State Budget to \$1.999 billion to reflect that this project is being delivered as a Public Private Partnership (PPP), which means the TEI is ²⁶ inclusive of 25 years of the operational and lifecycle costs including the requirement for capital upgrades across the tenure of a PPP concession. There is no additional cost to the taxpayer over the whole project term. The increased TEI also reflects the inclusion of an education and research space for the exclusive use by Victoria University (VU), and a pedestrian footbridge connecting the hospital to VU's Footscray Park campus, to the value of \$72 million, which is to be reimbursed by VU.
Building a new rehabilitation centre for Bendigo (Bendigo)	(Health) Admitted Services	49.403	59.500 (2019-20) ²⁷	63.500 ²⁸	The TEI increased by \$4.0 million in the 2024-25 State Budget to address cost pressures due to market escalation in the construction sector. ²⁹
Building a world class hospital for Frankston families (Frankston)	(Health) Admitted Services	532.256	6.000 (2019-20) <i>Planning only</i> ³⁰	1,120.084 ³¹	The initial funding was to undertake planning only. The TEI increased to \$562.0 million in the 2020-21 State Budget when the project was funded for construction. The TEI increased by \$43.260 million to \$605.26 million in the 2021-22 State Budget to fund additional scope to include a mental health and alcohol and other drugs hub, new paediatric emergency department zone, and multi-deck carpark additions. ³²

²⁴ [2019-20 State Capital Program](#), p61

²⁵ [2024-25 State Capital Program](#), p64

²⁶ [2022-23 State Capital Program](#), p67

²⁷ [2019-20 State Capital Program](#), p61

²⁸ [2024-25 State Capital Program](#), p64

²⁹ [2024-25 State Capital Program](#), p64

³⁰ [2019-20 State Capital Program](#), p61

³¹ [2024-25 State Capital Program](#), p64

³² [2021-22 State Capital Program](#), p82

					<p>The TEI component of the total project cost increased by \$512.824 million in the 2022-23 State Budget to \$1.118 billion to reflect that this project is being delivered as a Public Private Partnership (PPP) which means the TEI is inclusive of 25 years of the operational and lifecycle costs.³³</p> <p>The TEI increased by \$2.0 million in the 2024-25 State Budget when uncommitted funds from the <i>Providing additional bed capacity through modular facilities</i> initiative were reallocated to fund expanded Emergency Department reception and triage to improve patient flows.³⁴</p>
Building a world class hospital in Maryborough (Maryborough)	(Health) Admitted Services	55.173	5.200 (2020-21) <i>Planning only</i> ³⁵	115.000 ³⁶	<p>The initial funding was to undertake planning only. The TEI increased by \$94.8 million when the project was funded for construction in the 2021-22 State Budget.³⁷</p> <p>The TEI increased by \$15.0 million in the 2023-24 State Budget due to market conditions in regional Victoria.³⁸</p>
Building emergency departments kids and families can count on (statewide)	(Health) Admitted Services	19.238	102.40 (2021-22) ³⁹	46.517 ⁴⁰	<p>The TEI decreased by \$38.883 million in the 2022-23 State Budget to \$63.517 to recognise funding contributions to two projects, as the paediatric zones are being delivered as part of broader redevelopments:</p> <ul style="list-style-type: none"> • <i>Building a world class hospital for Frankston families</i> • <i>Emergency Departments Expansion Program (Casey Hospital and Werribee Mercy Hospital).</i>⁴¹ <p>The TEI decreased by \$17.0 million in the 2024-25 State Budget due to the Northern Hospital Paediatric Emergency</p>

³³ [2022-23 State Capital Program](#), p67

³⁴ [2024-25 State Capital Program](#), p64

³⁵ [2021-22 State Capital Program](#), p80

³⁶ [2024-25 State Capital Program](#), p65

³⁷ [2021-22 State Capital Program](#), p80

³⁸ [2023-24 State Capital Program](#), p69

³⁹ [2021-22 State Capital Program](#), p80

⁴⁰ [2024-25 State Capital Program](#), p65

⁴¹ [2022-23 State Capital Program](#), p68

					Department being delivered as part of the wider redevelopment of the Northern Hospital. ⁴²
Community hospitals to give patients the best care (statewide)	(Health) Admitted Services	393.444	2.000 (2019-20) <i>Planning only</i> ⁴³	869.986 ⁴⁴	The TEI increased by \$66.147 million announced in the 2020-21 State Budget to commence land acquisition. The TEI increased in the 2021-22 State Budget when \$606.853 million was allocated for construction (including \$51.353 million from the Infrastructure Planning and Acceleration Fund). ⁴⁵ The TEI increased by a further \$2.920 million in the 2023-24 financial year when the program received funding from the Growth Area Contributions fund to support delivery of additional dialysis chairs at the Sunbury Community Hospital. ⁴⁶ The TEI increased by \$192.066 million in the 2024-25 State Budget to address cost pressures due to market escalation in the construction sector. ⁴⁷
COVID catch up plan (statewide)	(Health) Admitted Services	114.709	199.676 (2022-23) ⁴⁸	207.576 ⁴⁹	The TEI increased by \$7.9 million in the 2024-25 State Budget when uncommitted funding from the <i>Surgery Recovery and Reform Program</i> was allocated to deliver 2 additional Rapid Access Hubs and provide 3 more Surgical Equipment Innovation Fund projects. ⁵⁰
Emergency Departments Expansion	(Health) Admitted Services	15.441	236.400 (2022-23) ⁵¹	279.921 ⁵²	The TEI was increased by \$43.521 million in the 2024-25 State Budget to address cost pressures due to market escalation in the construction sector. This will allow the

⁴² [2024-25 State Capital Program](#), p65

⁴³ [2019-20 State Capital Program](#), p61

⁴⁴ [2024-25 State Capital Program](#), p65

⁴⁵ [2021-22 State Capital Program](#), p81

⁴⁶ [2024-25 State Capital Program](#), p65

⁴⁷ [2024-25 State Capital Program](#), p65

⁴⁸ [2022-23 State Capital Program](#), p65

⁴⁹ [2024-25 State Capital Program](#), p65

⁵⁰ [2024-25 State Capital Program](#), p65

⁵¹ [2022-23 State Capital Program](#), p65

⁵² [2024-25 State Capital Program](#), p65

Program – Casey Hospital and Werribee Mercy Hospital (Casey) (Werribee)					project to maintain clinical scope and deliver the operational efficiencies envisaged in the business case. This includes the reprioritisation of \$8 million from the <i>Providing additional bed capacity through modular facilities</i> initiative. ⁵³
Forensic Mental Health Expansion Project – Stages 1 and 2 (Fairfield)	(Health) Mental Health Clinical Care	168.780	349.560 (2021-22) ⁵⁴	462.457 ⁵⁵	Stage 2 was announced in the 2022-23 State Budget at \$123.897 million (<i>Redevelopment of Thomas Embling Hospital – Stage 2</i> initiative), which included \$11.0 million redirected from Stage 1 ⁵⁶ and reducing the Stage 1 TEI to \$338.560 million. ⁵⁷ In the 2023-24 State Budget, the two initiatives were combined under a new initiative name (<i>Forensic Mental Health Expansion Project – Stages 1 and 2</i>) with a total TEI of \$462.457 million. ⁵⁸
Guaranteeing Future Energy Supply	(Health) Admitted Services	53.032	160.000 (2020-21) ⁵⁹	80.000 ⁶⁰	The TEI decreased by \$80 million in the 2021-22 State Budget, when funding was reallocated to the <i>Ballarat Health Services expansion and redevelopment</i> to cover the cost associated with adding the new Central Energy Plant into the scope of works. ⁶¹
Hospital Infrastructure Delivery Fund	(Health) Admitted Services	5.904	320.000 (2023-24) ⁶²	115.553 ⁶³	The TEI decreased by \$204.447 million in the 2024-25 State Budget due to separate reporting of <i>Austin Hospital Emergency Department Upgrade (Heidelberg)</i> , <i>Monash Medical Centre Redevelopment (Clayton)</i> and <i>Northern</i>

⁵³ [2024-25 State Capital Program](#), p65

⁵⁴ [2021-22 State Capital Program](#), p80

⁵⁵ [2024-25 State Capital Program](#), p66

⁵⁶ [2022-23 State Capital Program](#), p66

⁵⁷ [2022-23 State Capital Program](#), p68

⁵⁸ [2023-24 State Capital Program](#), p70

⁵⁹ [2021-22 State Capital Program](#), p83

⁶⁰ [2024-25 State Capital Program](#), p66

⁶¹ [2021-22 State Capital Program](#), p83

⁶² [2023-24 State Capital Program](#), p67

⁶³ [2024-25 State Capital Program](#), p66

					<i>Hospital Redevelopment (Epping)</i> as these initiatives are now funded for construction. ⁶⁴
Meeting ambulance response times	(Health) Ambulance Emergency Services Ambulance Non- Emergency Services	150.166	69.386 (2018-19) ⁶⁵	177.317 ⁶⁶	The TEI was increased by \$59.70 million in the 2020-21 State Budget to deliver additional ambulance stations. The initiative was also merged with the <i>Ambulance Station Build and Upgrade program</i> in that year, increasing the TEI by a further \$40.27 million. ⁶⁷ The TEI increased by a further \$7.961 million in the 2023-24 financial year when the program received funding from the Growth Area Contributions fund to support delivery of the ambulance stations at Wyndham Vale ⁶⁸
Metropolitan Health Infrastructure Fund (metropolitan various)	(Health) Admitted Services	129.051	200.000 (2020-21) ⁶⁹	187.000 ⁷⁰	The TEI decreased by \$13.0 million in the 2022-23 State Budget due to a reallocation of funds to the <i>Victorian Heart Hospital</i> project. ⁷¹
Modernisation of metropolitan Melbourne Public Sector Residential Aged Care Services	(Health) Residential Aged Care	58.771	134.630 (2020-21) ⁷²	139.630 ⁷³	The TEI increased by \$5.0 million in the 2024-25 State Budget when savings were reallocated from the <i>Wantirna aged care redevelopment</i> to address cost pressures due to market escalation in the construction sector. ⁷⁴

⁶⁴ [2024-25 State Capital Program](#), p66

⁶⁵ [2018-19 State Capital Program](#), p65

⁶⁶ [2024-25 State Capital Program](#), p66

⁶⁷ [2021-22 State Capital Program](#), p83

⁶⁸ [2024-25 State Capital Program](#), p66

⁶⁹ [2021-22 State Capital Program](#), p84

⁷⁰ [2024-25 State Capital Program](#), p66

⁷¹ [2022-23 State Capital Program](#), p69

⁷² [2021-22 State Capital Program](#), p84

⁷³ [2024-25 State Capital Program](#), p67

⁷⁴ [2024-25 State Capital Program](#), p67

Strategy: Stage 3 Kingston Project (Cheltenham)					
More hospital and aged care beds for Melbourne's East (Angliss Hospital Expansion Stage 2) (Upper Ferntree Gully)	(Health) Admitted Services	7.459	4.556 (2019-20) <i>Planning only</i> ⁷⁵	112.000 ⁷⁶	The initial funding was to undertake planning only under the <i>Planning for the Angliss Hospital expansion (Upper Ferntree Gully)</i> initiative. An additional \$98.864 million was provided in the 2021-22 State Budget to construct the expansion under the <i>More hospital and aged care beds for Melbourne's East (Angliss Hospital Expansion Stage 2)</i> initiative. ⁷⁷ The TEI increased by a further \$8.580 million in the 2022-23 State Budget COVID-19 impacts and to address cost pressures due to market escalation in the construction sector. ⁷⁸
Providing additional bed capacity through modular facilities (metropolitan various)	(Health) Admitted Services	39.166	54.900 (2022-23) ⁷⁹	44.900 ⁸⁰	The TEI was reduced by \$10 million in the 2024-25 State Budget when uncommitted funds were redirected to the Werribee Mercy Hospital Emergency Department expansion (\$8 million) and Frankston hospital redevelopment (\$2 million) ⁸¹
Royal Children's Hospital expansion (Parkville)	(Health) Admitted Services	13.738	31.400 (2019-20) ⁸²	56.400 ⁸³	The TEI increased by \$25.0 million in the 2024-25 State Budget to complete the design and expansion of the short stay unit. ⁸⁴

⁷⁵ [2019-20 State Capital Program](#), p61

⁷⁶ [2022-23 State Capital Program](#) p70

⁷⁷ [2021-22 State Capital Program](#), p80

⁷⁸ [2022-23 State Capital Program](#), p70

⁷⁹ [2022-23 State Capital Program](#), p66

⁸⁰ [2024-25 State Capital Program](#), p67

⁸¹ [2024-25 State Capital Program](#), p67

⁸² [2019-20 State Capital Program](#), p61

⁸³ [2024-25 State Capital Program](#), p68

⁸⁴ [2024-25 State Capital Program](#), p68

Swan Hill District Hospital emergency department upgrade (Swan Hill)	(Health) Admitted Services	30.297	48.700 (2021-22) ⁸⁵	65.700 ⁸⁶	The TEI increased by \$17.0 million in the 2023-24 State Budget to address market conditions in regional Victoria. ⁸⁷
The Alfred Hospital urgent infrastructure (Prahran)	(Health) Admitted Services	13.165	69.500 (2018-19) ⁸⁸	174.500 ⁸⁹	The TEI increased by \$105.0 million in the 2024-25 State Budget to address the revised strategy to deliver fire safety compliance works and to address cost pressures due to market escalation in the construction sector. ⁹⁰

Completion date

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Estimated completion date at announcement	Revised completion date as at 30 June 2024	Explanation
A Proudly Multicultural Victoria	(Health) Residential Aged Care	Quarter 4 2020-21 ⁹¹	Quarter 2 2024-25 ⁹²	<p>The estimated completion date was revised in 2021-22 due to COVID-19 restrictions impacting access to potential sites to undertake due diligence.⁹³</p> <p>The estimated completion date was further revised to Q2 2024-25 in the 2023-24 State Budget due to delays in the settlement of the site in Tarneit as a result of subdivision requirements.⁹⁴ The other two parcels of land for this project have been acquired.</p>

⁸⁵ [2021-22 State Capital Program](#), p81

⁸⁶ [2024-25 State Capital Program](#), p68

⁸⁷ [2023-24 State Capital Program](#), p72

⁸⁸ [2018-19 State Capital Program](#), p62

⁸⁹ [2024-25 State Capital Program](#), p68

⁹⁰ [2024-25 State Capital Program](#), p68

⁹¹ [2019-20 State Capital Program](#), p61

⁹² [2024-25 State Capital Program](#), p64

⁹³ [2021-22 State Capital Program](#), p82

⁹⁴ [2023-24 State Capital Program](#), p68

Additional acute mental health beds in regional Victoria (various)	(Health) Mental Health Clinical Care	Quarter 2 2026-27 ⁹⁵	Quarter 4 2028-29 ⁹⁶	The estimated completion date was revised in the 2023-24 State Budget as efforts are made across the program as a whole to maximise market capacity through this term of government. ⁹⁷
Additional acute mental health beds in Warrnambool (Warrnambool)	(Health) Mental Health Clinical Care	Quarter 4 2023-24 ⁹⁸	Quarter 4 2024-25 ⁹⁹	The estimated completion date was revised in the 2024-25 State Budget. Further work was required with South West Healthcare, who is delivering the project, on delivery sequencing. This has now been resolved and a revised funding deed is in preparation with South West Healthcare. ¹⁰⁰
Backing our paramedics to keep saving lives (Statewide)	(Health) Ambulance Emergency Services Ambulance Non-Emergency Services	Quarter 4 2022-23 ¹⁰¹	Quarter 2 2025-26 ¹⁰²	Completion date was revised to Q2 2023-24 in the 2023-24 State Budget as program was experiencing issues relating to remediation and land acquisition at specific sites. ¹⁰³ The estimated completion date was further revised to Q2 2025-26 in 2024-25 as land acquisition issues persisted. ¹⁰⁴
Ballarat Health Services expansion and redevelopment and the new Central Energy Plant (Ballarat)	(Health) Admitted Services	Quarter 4 2025-26 ¹⁰⁵	Quarter 2 2027-28 ¹⁰⁶	The completion date was extended due to the additional scope and amended sequence of work. The completion date was updated in 2020-21, with the addition of the central energy plant to the scope. ¹⁰⁷ The revised Budget Paper No. 4 completion date of Q2 2028-29 reflected the

⁹⁵ [2022-23 State Capital Program](#), p65

⁹⁶ [2024-25 State Capital Program](#), p64

⁹⁷ [2023-24 State Capital Program](#), p68

⁹⁸ [2021-22 State Capital Program](#), p80

⁹⁹ [2024-25 State Capital Program](#), p64

¹⁰⁰ [2024-25 State Capital Program](#), p64

¹⁰¹ [2019-20 State Capital Program](#), p61

¹⁰² [2024-25 State Capital Program](#), p64

¹⁰³ [2023-24 State Capital Program](#), p68

¹⁰⁴ [2024-25 State Capital Program](#), p64

¹⁰⁵ [2018-19 State Capital Program](#), p62

¹⁰⁶ [2024-25 State Capital Program](#), p64

¹⁰⁷ [2021-22 State Capital Program](#), p82

				inclusion of a 12-month defect and liability period following the completion of construction. ¹⁰⁸ This was corrected to Q2 2027-28 in 2024-25. ¹⁰⁹
Building a better hospital for Melbourne's inner west (Footscray)	(Health) Admitted Services	Quarter 4 2024-25 ¹¹⁰	Quarter 1 2025-26 ¹¹¹	The New Footscray Hospital project is being delivered as a PPP. The completion date of Quarter 4, 2024-25 in the 2019-20 Budget Paper No.4 was indicative only and was updated post-Contract and Financial close to reflect the scheduled completion date of Q1 2025-26 (September 2025) in Plenary Health's program. Notwithstanding this change, the scheduled opening date remains consistent with government's election commitment of the New Footscray Hospital opening in 2025. ¹¹²
Building a world class hospital for Frankston families (Frankston)	(Health) Admitted Services	Quarter 4 2019-20 ¹¹³	Quarter 3 2025-26 ¹¹⁴	The originally announced completion date was for the completion of the business case and project development activities. The project was funded for construction works in the 2020-21 State Budget with an estimated completion date of Quarter 4, 2024-25. ¹¹⁵ The project is being delivered as a PPP and the completion date has since been revised to Quarter 3, 2025-26 due to the addition, at contract close (April 2022), of additional scope (mental health and alcohol and other drugs hub, emergency department paediatric zone; and a new multi-level car park facility) and whole-of-life benefits to the project.

¹⁰⁸ [2022-23 State Capital Program](#), p67

¹⁰⁹ [2024-25 State Capital Program](#), p64

¹¹⁰ [2019-20 State Capital Program](#), p61

¹¹¹ [2024-25 State Capital Program](#), p64

¹¹² [2022-23 State Capital Program](#), p67

¹¹³ [2019-20 State Capital Program](#), p61

¹¹⁴ [2024-25 State Capital Program](#), p64

¹¹⁵ [2021-22 State Capital Program](#), p82

				The revised estimated completion date reflects the completion of main works by the end of 2025. ¹¹⁶
Building a new rehabilitation centre for Bendigo (Bendigo)	(Health) Admitted Services	Quarter 4 2022-23 ¹¹⁷	Quarter 2 2024-25 ¹¹⁸	The estimated completion date was revised to Quarter 2, 2024-25 in the 2023-24 State Budget, in line with a revised project schedule due to significant latent conditions being encountered. ¹¹⁹
Building a world class hospital in Maryborough (Maryborough)	(Health) Admitted Services	Quarter 2 2024-25 ¹²⁰	Quarter 4 2025-26 ¹²¹	The estimated completion date was revised to Quarter 4 2025-26 in the 2024-25 State Budget due to a prolonged tender process related to regional construction market conditions. ¹²²
Community Hospital Program	(Health) Admitted Services	Quarter 4 2024-25 ¹²³	Quarter 4 2025-26 ¹²⁴	The estimated completion date was revised to Quarter 4 2025-26 in the 2024-25 State Budget due to challenges in land acquisition across several sites which has delayed construction commencement. ¹²⁵
Early Parenting Centre - Shepparton	(Health) Early Parenting Services	Quarter 4 2024-25 ¹²⁶	Quarter 4 2025-26 ¹²⁷	The estimated completion date was revised to Quarter 4 2025-26 in the 2024-25 State Budget due to challenges in land acquisition. ¹²⁸
Engineering infrastructure and medical equipment replacement program 2020-21 (statewide)	(Health) Admitted Services	Quarter 4 2021-22 ¹²⁹	Quarter 4 2024-25 ¹³⁰	Delivery of grants programs are led by health services. Completion dates are often required to be adjusted on the advice of health services, which

¹¹⁶ [2022-23 State Capital Program](#), p67

¹¹⁷ [2019-20 State Capital Program](#), p61

¹¹⁸ [2024-25 State Capital Program](#), p64

¹¹⁹ [2023-24 State Capital Program](#), p69

¹²⁰ [2021-22 State Capital Program](#), p80

¹²¹ [2024-25 State Capital Program](#), p65

¹²² [2024-25 State Capital Program](#), p65

¹²³ [2021-22 State Capital Program](#), p81

¹²⁴ [2024-25 State Capital Program](#), p65

¹²⁵ [2024-25 State Capital Program](#), p65

¹²⁶ [2022-23 State Capital Program](#), p65

¹²⁷ [2024-25 State Capital Program](#), p65

¹²⁸ [2024-25 State Capital Program](#), p65

¹²⁹ [2021-22 State Capital Program](#), p82

¹³⁰ [2024-25 State Capital Program](#), p65

Engineering infrastructure and medical equipment replacement program 2021-22 (statewide)	(Health) Admitted Services	Quarter 4 2021-22 ¹³¹	Quarter 2 2025-26 ¹³²	enables health services to work through design, scope and cost alignment of proposals, and then implementation within a live operating environment.
Engineering Infrastructure Replacement Program 2022-23 (statewide)	(Health) Admitted Services	Quarter 4 2022-23 ¹³³	Quarter 4 2024-25 ¹³⁴	During the COVID-19 period, the delivery of health services took precedence over capital works, often requiring a pause in either procurement or delivery of the project. The impact of the pandemic on resource availability and supply chains has also been a factor in delaying projects.
Improving Energy Efficiency in Public Hospitals (Melbourne)	(Health) Admitted Services	Quarter 4 2022-23 ¹³⁵	Quarter 4 2024-25 ¹³⁶	The completion date was revised in the 2022-23 State Budget because of the impacts of COVID-19. ¹³⁷ The completion date was further revised in the 2023-24 State Budget to accommodate the additional scope approved by the Treasurer to incorporate additional energy savings opportunities because LEDs had been installed already in most government health services via the Victorian Energy Upgrades program. In addition, electrification was included to support the implementation of this emerging policy within the health portfolio. ¹³⁸ The completion date was then further revised in 2024-25 Stage Budget to Quarter 4 2024-25 ¹³⁹

¹³¹ [2021-22 State Capital Program](#), p82

¹³² [2024-25 State Capital Program](#), p65

¹³³ [2022-23 State Capital Program](#), p65

¹³⁴ [2024-25 State Capital Program](#), p65

¹³⁵ [2021-22 State Capital Program](#), p83

¹³⁶ [2024-25 State Capital Program](#), p66

¹³⁷ [2022-23 State Capital Program](#), p69

¹³⁸ [2023-24 State Capital Program](#), p70

¹³⁹ [2024-25 State Capital Program](#), p66

<p>Medical equipment replacement program 2022-23 (statewide)</p>	<p>(Health) Admitted Services</p>	<p>Quarter 4 2022-23¹⁴⁰</p>	<p>Quarter 2 2025-26¹⁴¹</p>	<p>Delivery of grants programs are led by health services. Completion dates are often required to be adjusted on the advice of health services, which enables health services to work through design, scope and cost alignment of proposals, and then implementation within a live operating environment. During the COVID-19 period, the delivery of health services took precedence over capital works, often requiring a pause in either procurement or delivery of the project. The impact of the pandemic on resource availability and supply chains has also been a factor in delaying projects.</p>
<p>Meeting ambulance response times (statewide)</p>	<p>(Health) Ambulance Emergency Services Ambulance Non-Emergency Services</p>	<p>Quarter 4 2018-19¹⁴²</p>	<p>Quarter 2 2025-26¹⁴³</p>	<p>Completion date was revised to Q2 2023-24 in the 2023-24 State Budget as program was experiencing issues relating to remediation and land acquisition at specific sites.¹⁴⁴ The estimated completion date was further revised to Q2 2025-26 in the 2024-25 State Budget as land acquisition issues persisted for a small number of sites in the program¹⁴⁵</p>
<p>Mental Health and Alcohol and Drug Facilities Renewal 2020-21 (statewide)</p>	<p>(Health) Mental Health Clinical Care</p>	<p>Quarter 4 2022-23¹⁴⁶</p>	<p>Quarter 4 2024-25¹⁴⁷</p>	<p>Grants programs are funded for a single year in BP4 and once projects are allocated and milestones agreed with health services the</p>

¹⁴⁰ [2022-23 State Capital Program](#), p65

¹⁴¹ [2024-25 State Capital Program](#), p66

¹⁴² [2018-19 State Capital Program](#), p65

¹⁴³ [2024-25 State Capital Program](#), p66

¹⁴⁴ [2023-24 State Capital Program](#), p70

¹⁴⁵ [2024-25 State Capital Program](#), p66

¹⁴⁶ [2021-22 State Capital Program](#), p84

¹⁴⁷ [2024-25 State Capital Program](#), p66

				<p>program dates are re-baselined to reflect actual completion date of projects.</p> <p>Delivery of grants programs are led by health services.</p> <p>Completion dates are often required to be adjusted on the advice of health services, which enables health services to work through design, scope and cost alignment of proposals, and then implementation within a live operating environment.</p> <p>During the COVID-19 period, the delivery of health services took precedence over capital works, often requiring a pause in either procurement or delivery of the project.</p> <p>The impact of the pandemic on resource availability and supply chains has also been a factor in delaying projects</p>
Mental Health and Alcohol and Drug Facilities Renewal 2022-23 (statewide)	(Health) Mental Health Clinical Care	Quarter 4 2022-23 ¹⁴⁸	Quarter 4 2024-25 ¹⁴⁹	
Mental health and alcohol and other drugs residential rehabilitation facility – Mildura (Mildura)	(Health) Mental Health Clinical Care	Quarter 4 2024-25 ¹⁵⁰	Quarter 4 2025-26 ¹⁵¹	The estimated completion date was revised in the 2023-24 State Budget to accommodate engagement with Traditional Owners to select an appropriate parcel of land under self-determination processes. ¹⁵²
Metropolitan Health Infrastructure Fund (metropolitan various)	(Health) Admitted Services	Quarter 4	Quarter 4	Grants programs are funded for a single year in BP4 and once projects are allocated and milestones agreed with health services the

¹⁴⁸ [2022-23 State Capital Program](#), p65

¹⁴⁹ [2024-25 State Capital Program](#), p66

¹⁵⁰ [2022-23 State Capital Program](#), p66

¹⁵¹ [2024-25 State Capital Program](#), p66

¹⁵² [2023-24 State Capital Program](#), p70

Metropolitan Health Infrastructure Fund 2022-23 (metropolitan various)	(Health) Admitted Services	2022-23 ¹⁵³ Quarter 4 2022-23 ¹⁵⁵	2024-25 ¹⁵⁴ Quarter 4 2024-25 ¹⁵⁶	<p>program dates are re-baselined to reflect actual completion date of projects.</p> <p>Delivery of grants programs are led by health services.</p> <p>Completion dates are often required to be adjusted on the advice of health services, which enables health services to work through design, scope and cost alignment of proposals, and then implementation within a live operating environment.</p> <p>During the COVID-19 period, the delivery of health services took precedence over capital works, often requiring a pause in either procurement or delivery of the project.</p> <p>The impact of the pandemic on resource availability and supply chains has also been a factor in delaying projects</p>
More help for Victorian mums and dads (statewide)	(Health) Early Parenting Services	Quarter 2 2023-24 ¹⁵⁷	Quarter 2 2025-26 ¹⁵⁸	The estimated completion date was revised to Quarter 2 2025-26 in the 2024-25 State Budget due to latent conditions and challenges in land acquisition. ¹⁵⁹
Providing additional bed capacity through modular facilities (metropolitan various)	(Health) Admitted Services	Quarter 1 2023-24 ¹⁶⁰	Quarter 2 2024-25 ¹⁶¹	The program reached practical completion on time in quarter 1 2023-24 but has been re-opened with a revised completion date of Q2 2024-25 to

¹⁵³ [2021-22 State Capital Program](#), p84

¹⁵⁴ [2024-25 State Capital Program](#), p66

¹⁵⁵ [2022-23 State Capital Program](#), p66

¹⁵⁶ [2024-25 State Capital Program](#), p67

¹⁵⁷ [2019-20 State Capital Program](#), p61

¹⁵⁸ [2024-25 State Capital Program](#), p67

¹⁵⁹ [2024-25 State Capital Program](#), p67

¹⁶⁰ [2022-23 State Capital Program](#), p66

¹⁶¹ [2024-25 State Capital Program](#), p67

				physically move and/or convert the modulars to permanent occupancy. ¹⁶²
Publicly led fertility care services for Victoria (statewide)	(Health) Admitted Services	Quarter 4 2021-22 ¹⁶³	Quarter 4 2024-25 ¹⁶⁴	The first phase of the project, completion of a new laboratory and associated service delivery infrastructure at Royal Women’s Hospital was delivered in Q4 2022-23 Further expansion of statewide laboratory capacity is in final stages of design and continues to be subject of consideration to stakeholder engagement and system need.
Regional Health Infrastructure Fund (regional various)	(Health) Admitted Services	Quarter 4 2019-20 ¹⁶⁵	Quarter 4 2025-26 ¹⁶⁶	Grants programs are funded for a single year in BP4 and once projects are allocated and milestones agreed with health services the program dates are re-baselined to reflect actual completion date of projects.
Regional Health Infrastructure Fund 2019-20 (regional various)	(Health) Admitted Services	Quarter 4 2020-21 ¹⁶⁷	Quarter 4 2025-26 ¹⁶⁸	Delivery of grants programs are led by health services. Completion dates are often required to be adjusted on the advice of health services, which enables health services to work through design, scope and cost alignment of proposals, and then
Regional Health Infrastructure Fund 2020-21 (regional various)	(Health) Admitted Services	Quarter 4 2023-24 ¹⁶⁹	Quarter 4 2025-26 ¹⁷⁰	
Regional Health Infrastructure Fund 2021-22 (regional various)	(Health) Admitted Services	Quarter 4 2022-23 ¹⁷¹	Quarter 4 2024-25 ¹⁷²	

¹⁶² [2024-25 State Capital Program](#), p67

¹⁶³ [2021-22 State Capital Program](#), p81

¹⁶⁴ [2024-25 State Capital Program](#), p67

¹⁶⁵ [2018-19 State Capital Program](#), p65

¹⁶⁶ [2024-25 State Capital Program](#), p68

¹⁶⁷ [2019-20 State Capital Program](#), p61

¹⁶⁸ [2024-25 State Capital Program](#), p68

¹⁶⁹ [2021-22 State Capital Program](#), p85

¹⁷⁰ [2024-25 State Capital Program](#), p68

¹⁷¹ [2022-23 State Capital Program](#), p70

¹⁷² [2024-25 State Capital Program](#), p68

Regional Health Infrastructure Fund 2022-23 (regional various)	(Health) Admitted Services	Quarter 4 2025-26 ¹⁷³	Quarter 4 2026-27 ¹⁷⁴	implementation within a live operating environment. During the COVID-19 period, the delivery of health services took precedence over capital works, often requiring a pause in either procurement or delivery of the project. The impact of the pandemic on resource availability and supply chains has also been a factor in delaying projects.
Royal Children’s Hospital Expansion (Parkville)	(Health) Admitted Services	Quarter 4 2021-22 ¹⁷⁵	Quarter 1 2025-26 ¹⁷⁶	The completion date was revised to Q4 2023-24 in the 2021-22 State Budget due to delays arising from COVID-19. ¹⁷⁷ The estimated completion date was further revised to Quarter 1 2025-26 in the 2024-25 State Budget due to design changes. ¹⁷⁸
Rural residential aged care facilities renewal 2019-20 (regional various)	(Health) Residential Aged Care	Quarter 4 2019-20 ¹⁷⁹	Quarter 4 2025-26 ¹⁸⁰	Grants programs are funded for a single year in BP4 and once projects are allocated and milestones agreed with health services the program dates are re-baselined to reflect actual completion date of projects.
Rural residential aged care facilities renewal 2020-21 (regional various)	(Health) Residential Aged Care	Quarter 4 2021-22 ¹⁸¹	Quarter 4 2025-26 ¹⁸²	Delivery of grants programs are led by health services. Completion dates are often required to be adjusted on the advice of health services, which enables health services to work through design,

¹⁷³ [2022-23 State Capital Program](#), p66
¹⁷⁴ [2024-25 State Capital Program](#), p68
¹⁷⁵ [2019-20 State Capital Program](#), p61
¹⁷⁶ [2024-25 State Capital Program](#), p68
¹⁷⁷ [2021-22 State Capital Program](#), p85
¹⁷⁸ [2024-25 State Capital Program](#), p68
¹⁷⁹ [2019-20 State Capital Program](#), p61
¹⁸⁰ [2024-25 State Capital Program](#), p68
¹⁸¹ [2021-22 State Capital Program](#), p85
¹⁸² [2024-25 State Capital Program](#), p68

				scope and cost alignment of proposals, and then implementation within a live operating environment. During the COVID-19 period, the delivery of health services took precedence over capital works, often requiring a pause in either procurement or delivery of the project. The impact of the pandemic on resource availability and supply chains has also been a factor in delaying projects.
Swan Hill District Hospital emergency department upgrade (Swan Hill)	(Health) Admitted Services	Quarter 4 2024-25 ¹⁸³	Quarter 2 2026-27 ¹⁸⁴	The estimated completion date was revised to Quarter 2 2026-27 in the 2024-25 State Budget due to prolonged tender processes related to regional construction market conditions. ¹⁸⁵
The Alfred Hospital urgent infrastructure (Prahran)	(Health) Admitted Services	Quarter 4 2023-24 ¹⁸⁶	Quarter 4 2029-30 ¹⁸⁷	The estimated completion date was revised to Quarter 4 2029-30 in the 2024-25 State Budget due to a revised strategy to deliver fire safety compliance works without interrupting clinical service delivery. ¹⁸⁸
Warrnambool Base Hospital Redevelopment (incl Warrnambool Logistics Hub) (Warrnambool)	(Health) Admitted Services	Quarter 4 2025-26 ¹⁸⁹	Quarter 4 2026-27 ¹⁹⁰	The estimated completion date has been revised to Quarter 4, 2026-27 in the 2023-24 State Budget due to unfavourable market pricing driving a longer than expected period to appoint the builder. This project is on track for completion in mid-2027. ¹⁹¹

¹⁸³ [2021-22 State Capital Program](#), p81

¹⁸⁴ [2024-25 State Capital Program](#), p68

¹⁸⁵ [2024-25 State Capital Program](#), p68

¹⁸⁶ [2018-19 State Capital Program](#), p62

¹⁸⁷ [2024-25 State Capital Program](#), p68

¹⁸⁸ [2024-25 State Capital Program](#), p68

¹⁸⁹ [2021-22 State Capital Program](#), p85

¹⁹⁰ [2024-25 State Capital Program](#), p69

¹⁹¹ [2023-24 State Capital Program](#), p72

Scope

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Scope at announcement	Details of scope change(s) and date(s) scope changes occurred
Ballarat Health Services expansion and redevelopment and the new Central Energy Plant (Ballarat)	(Health) Admitted Services	The redevelopment will deliver a new emergency department, a women and children’s hub, state-of-the art theatre suite and an extra 100 additional inpatient and short stay beds. A new and expanded critical care floor will bring together operating theatres, procedure rooms, an expanded intensive care unit, endoscopy suites and consulting rooms. (2018-19)	In the 2021-22 State Budget, the Victorian Government approved increased scope to construct a new Central Energy Plant to be bundled with the existing project for procurement/delivery. ¹⁹² Project scope was further revised to include a helipad and a 400-space car park in the 2023-24 State Budget. ¹⁹³
Building a world class hospital for Frankston families (Frankston)	(Health) Admitted Services	Planning will commence on the redevelopment of Frankston Hospital that will provide new hospital beds, operating theatres, expanded child and maternal health services, a new oncology ward, oncology day clinic and areas dedicated to mental health services (2019-20)	Additional scope approved in the 2021-22 State Budget, includes mental health and alcohol and other drugs emergency department hub, new paediatric emergency department zone, and multi-deck carpark additions. ¹⁹⁴ Final scope as announced following Contract Close in April 2022 included the above plus an all-new suite of 15 fully fitted-out operating theatres and support spaces, shell spaces for future expansion; a new hospital kitchen, new mortuary, expanded loading docks and a new rooftop helipad; a new childcare centre and community centre; additional sustainability enhancements including an all-electric energy solution for the new facility that supports the States Net Zero by 2050 target; and, a new pedestrian crossing on

¹⁹² [2021-22 State Capital Program](#), p82

¹⁹³ [2023-24 State Capital Program](#), p68

¹⁹⁴ [2021-22 State Capital Program](#), p82

			Yuillie Street and traffic lights at the main Hastings Road intersection. ¹⁹⁵
Building a better hospital for Melbourne's inner west (Footscray)	(Health) Admitted Services	The new Footscray Hospital will provide 504 beds, acute and specialist facilities, clinical support spaces, and teaching, training and research spaces. (2019-20)	It was announced in the 2022-23 State Budget that the new Footscray Hospital will replace the existing hospital with a capacity of 608 Points of Care (508 beds), an increase from the original 504 beds. Victoria University project components have been added to the project scope and will be reimbursed by Victoria University (reflected in the increased TEI in 2022-23). ¹⁹⁶
Building emergency departments kids and families can count on (statewide)	(Health) Admitted Services	The original scope of the initiative comprised building paediatric emergency zones at Casey, Maroondah, Geelong, Northern and Frankston Hospitals (Budget Paper No.4 2021-22, p. 6) ¹⁹⁷ (2021-22)	Project scope originally included five sites. It was announced in 2022-23 State Budget that the Casey and Frankston emergency departments are to be incorporated into the <i>Building a world class hospital for Frankston families and the Emergency Departments Expansion Program (Casey Hospital and Werribee Mercy Hospital)</i> initiatives. ¹⁹⁸ In 2024-25 it was announced that the Northern Hospital Paediatric Emergency Department would be delivered as part of the wider redevelopment of the Northern Hospital. ¹⁹⁹ This is reflected in a reduced TEI.
Community hospitals to give patients the best care	(Health) Admitted Services	The program provided funding to construct and expand 10 community hospitals in Craigieburn, Cranbourne, Pakenham, Phillip Island, Sunbury, Torquay, Mernda, Eltham, Point Cook and the inner south of Melbourne. (2019-20)	In 2024-25 it was announced that the government is progressing seven of the Community Hospitals. Further service planning will be undertaken for the Eltham, Emerald Hill and Torquay areas to

¹⁹⁵ [2022-23 State Capital Program](#), p67

¹⁹⁶ [2022-23 State Capital Program](#), p67

¹⁹⁷ [2021-22 State Capital Program](#), p6

¹⁹⁸ [2022-23 State Capital Program](#), p68

¹⁹⁹ [2024-25 State Capital Program](#), p65

			determine the optimal care models to best meet priority service needs in those communities. ²⁰⁰
Improving Energy Efficiency in Public Hospitals (Melbourne)	(Health) Admitted Services	The program provided funding to improve the energy efficiency of Victorian Public Hospitals through the installation of solar energy and LED lighting. (2020-21)	The scope was expanded in the 2023-24 State Budget to incorporate other energy savings opportunities because LEDs had been installed already in most government health services via the Victorian Energy Upgrades program. In addition, electrification was included to support the implementation of this emerging policy within the health portfolio.
Redevelopment of Royal Melbourne Hospital and Royal Women's Hospital	(Health) Admitted Services	The program provided funding to deliver new campuses of the Royal Melbourne Hospital and Royal Women's Hospital to meet our state's future healthcare needs. Located in Arden and Parkville, the new hospitals were to be accessed by the Metro Tunnel which is set to open in 2025. This will connect healthcare workers, patients and their families with the two hospitals and nearby vital healthcare services. This project will deliver more than 1,800 beds and treatment spaces with patients from across our state to benefit. (2023-24)	In the 2024-25 State Budget, it was announced that the redevelopment will focus on the single site at Parkville. Detailed technical and feasibility studies indicated that the site at Arden was unviable for the development of the hospital and would be better used for more homes for Victorians ²⁰¹

²⁰⁰ [2024-25 State Capital Program](#), p65

²⁰¹ [2024-25 State Capital Program](#), p67

Question 9 (all departments) Details of actual capital expenditure – completed projects (or expected to be completed)

Please provide the following details about asset investment projects that were completed in 2023–24:

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

Project	Original project objectives	Responsible Department(s), Output(s) and Portfolio(s) and/or Agency/Agencies	TEI at announcement (\$ million)	Actual cost of project (\$ million)	Estimated completion date at announcement	Actual completed date	Variance explanation (\$ value variance and/or time variance)
A pathway to more acute mental health beds (Statewide)	The Victorian Government is responding to the Royal Commission into Victoria's Mental Health System through the urgent delivery of more acute mental health facilities and services in Geelong, Epping, Sunshine and Melbourne. These services will:	Mental Health Clinical Care (Health/VHBA)	492.200 (2020-21) ²⁰²	474.219	Jun-2022 ²⁰³	Practical completion Dec-2023	The program was impacted by industry shutdowns related to the COVID pandemic. Last approved completion date was March 2025 in 2023-34 Stage Budget. ²⁰⁴

²⁰² [2021-22 State Capital Program](#), p82

²⁰³ [2021-22 State Capital Program](#), p82

²⁰⁴ [2023-24 State Capital Program](#), p68

	<ul style="list-style-type: none"> • address critical demand increase capacity • Reduce pressure on emergency departments • provide additional support for people experiencing mental illness who require immediate treatment 						
Alcohol and other drugs residential rehabilitation treatment expansion (St Albans)	<p>This investment will provide dual diagnosis and integrated treatment for both mental health and alcohol and other drug clients, which will:</p> <ul style="list-style-type: none"> • enhance capacity • reduce wait times • improve treatment outcomes 	Drug Treatment and Rehabilitation And Mental Health Community Support Services (Health/VHBA)	9.420 (2021-22) ²⁰⁵	9.399	Jun-2023 ²⁰⁶	Practical completion Dec-2023	<p>Funding was increased by \$0.876 million to \$10.926 million in the 2023-24 State Budget due to funding being redirected from the 'Sunshine Hospital Emergency Department (St Albans)' initiative to meet market escalation.²⁰⁷</p> <p>The estimated completion date was revised to March 2024 in the 2023-24 State Budget in line with a revised project schedule due to market conditions necessitating</p>

²⁰⁵ [2021-22 State Capital Program](#), p80

²⁰⁶ [2021-22 State Capital Program](#), p80

²⁰⁷ [2023-24 State Capital Program](#), p68

							value management and design revisions and an extended tender evaluation period. ²⁰⁸
Building a bigger and better Latrobe Hospital (Traralgon)	<p>The initiative will:</p> <ul style="list-style-type: none"> • expand capacity for surgery and maternity services • improve operational efficiency 	Admitted Services (Health/VHBA)	7.000 (2019-20) <i>Planning only</i> ²⁰⁹	212.209	Jun-2020 <i>Planning only</i> ²¹⁰	Practical completion Dec-2023	<p>The TEI increased to \$217.00 million in the 2020-21 State Budget when construction funding to expand Latrobe Regional Hospital was approved under the <i>Latrobe Regional Hospital redevelopment – Stage 3A</i> initiative.²¹¹</p> <p>The TEI increased by \$6.5 million in the 2023-24 State Budget due to this initiative being combined with the <i>Mental health and alcohol and other drugs emergency department hubs in regional Victoria (Traralgon)</i> initiative to deliver the hub alongside the redevelopment. This</p>

²⁰⁸ [2023-24 State Capital Program](#), p68

²⁰⁹ [2019-20 State Capital Program](#), p61

²¹⁰ [2019-20 State Capital Program](#), p61

²¹¹ [2021-22 State Capital Program](#), p83

							took the approved TEI to \$223.500 million. ²¹²
							The completion date was revised in the 2021-22 State Budget when the scope and program were defined. ²¹³
Engineering infrastructure and medical equipment replacement program 2019-20 (statewide)	<p>This grant program will:</p> <ul style="list-style-type: none"> replace critical engineering infrastructure that has reached end of life enable the continuity of health service delivery compliance with regulatory requirements reduce risks to patients and staff improve service availability 	Admitted Services (Health/VHBA)	60.000 (2019-20) ²¹⁴	56.525	Jun-2020 ²¹⁵	Practical completion Jun-2024	<p>Grants programs are funded for a single year in BP4 and once projects are allocated and milestones agreed with health services the program dates are re-baselined to reflect actual completion date of projects.</p> <p>Completion dates are often required to be adjusted on the advice of health services, which enables health them to work through design, scope and cost alignment of proposals. During the COVID-19 period, the delivery of</p>

²¹² [2023-24 State Capital Program](#), p69

²¹³ [2021-22 State Capital Program](#), p83

²¹⁴ [2019-20 State Capital Program](#), p61

²¹⁵ [2019-20 State Capital Program](#), p61

							health services took precedence over capital works, often requiring a pause in either procurement or delivery of the project. Administration of the grant programs by VHBA requires payment on invoice from health services. There is a lag between closure of projects and submission of invoices for payment. Final milestone payments represent financial completion for reporting purposes.
Reforming clinical mental health services (Melbourne)	Six new emergency department mental health and alcohol and other drug crisis hubs will be established, with six ambulatory services short-stay units to be built at Monash Medical Centre, St Vincent's, Geelong, Royal Melbourne, Sunshine and Frankston hospital emergency departments. This will:	Mental Health Clinical Care (Health/VHBA)	48.100 ²¹⁶ (2018-19)	33.772	Jun-2023 ²¹⁷	Practical completion Aug-2023	The TEI was reduced by \$8.1 million in the 2019-20 State Budget due to approved reprioritisation of funding. These funds were provided to the <i>Monash Medical Centre – Expansion and Upgrades</i> project to include the mental health and alcohol and drug emergency

²¹⁶ [2018-19 State Capital Program](#), p62

²¹⁷ [2018-19 State Capital Program](#), p62

	<ul style="list-style-type: none">• help reduce pressure on emergency departments• provide additional support to complex clients• support an additional 3000 people experiencing mental health crisis per year• support the mental health workforce by minimising occupational violence in inpatient units					<p>department hub as part of the broader expansion.²¹⁸</p> <p>In the 2022-23 State Budget, the TEI was reduced by a further \$5.259 million due to funds being redirected to <i>building a world class hospital for Frankston families</i> initiative to incorporate delivery of the mental health and alcohol and other drugs emergency department hub within the broader hospital redevelopment²¹⁹. This took the approved TEI to \$34.741 million. Works on the <i>building a world class hospital for Frankston families</i> are expected to be completed in 2025.</p> <p>Four of the five sites (excluding Frankston)</p>
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²¹⁸ [2019-20 State Capital Program](#), p64

²¹⁹ [2022-23 State Capital Program](#), p70

							were completed on time, with the final site at the Royal Melbourne Hospital being delayed due to undocumented services and the discovery of hazardous material during construction.
Relocation of Barwon Health facilities (Geelong)	The relocation of Barwon Health clinical facilities to the Geelong Hospital Precinct will improve responses to people in crisis and increase access to drug and alcohol treatment facilities.	Mental Health Clinical Care (Health/VHBA)	20.000 (2019-20) ²²⁰	8.500	Jun-2024 ²²¹	Practical completion Jul-2023	The TEI decreased by \$11.5 million in the 2022-23 State Budget due to expenditure being reclassified as operating instead of capital in line with accounting standards. This took the final approved TEI to \$8.5 million. ²²² The project was completed ahead of schedule.
Royal Victorian Eye and Ear Hospital	The project will: <ul style="list-style-type: none"> enable the hospital to meet current and future demand for specialist 	Admitted Services (Health/VHBA)	2.000 (2012-13) <i>Planning only</i> ²²³	317.323	Dec-2017 ²²⁴	Practical completion Jun-2024	The TEI was increased by \$163.0 million in the 2015-16 State Budget for construction. ²²⁵

²²⁰ [2019-20 State Capital Program](#), p61

²²¹ [2019-20 State Capital Program](#), p61

²²² [2022-23 State Capital Program](#), p70

²²³ [2012-13 State Capital Program](#), p28

²²⁴ [2013-14 State Capital Program](#), p26

²²⁵ [2015-16 State Capital Program](#), p42

<p>redevelopment (Melbourne)</p>	<p>ophthalmology and ear, nose and throat services</p> <ul style="list-style-type: none"> • enhance operational efficiency • expand capacity for clinical service delivery • improve onsite teaching, training and research facilities 					<p>The TEI increased to \$201 million in the 2016-17 State Budget, comprising an additional \$21.4 million from government and \$10 million from the health service.</p> <p>The health service also funded separately \$4.6 million for the addition of a new education centre.²²⁶</p> <p>Further additional joint funding was provided in the 2019-20 State Budget to bring the TEI to \$274.557 million.²²⁷</p> <p>Both increases in TEI were due to the inherent risk in the project and significant latent conditions, which included the removal of hazardous materials not accurately quantified at the time of the business case.</p>
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²²⁶ [2016-17 State Capital Program](#), p52

²²⁷ [2019-20 State Capital Program](#), p64

							<p>The TEI increased to \$306.707 million in the 2021-22 State Budget²²⁸ and again to \$317.807 million in the 2022-23 State Budget²²⁹ to cover cost increases associated with removal of hazardous materials.</p> <p>Reprioritisation of \$2 million from savings on the <i>Victorian Heart Hospital</i> project was approved by the Treasurer during the 2023-24 financial year, taking the approved TEI to \$319.807 million.²³⁰</p> <p>The estimated completion was updated to Dec 2018 in the 2015-16 State Budget²³¹, Dec 2019 in the 2018-19 State Budget²³², Dec 2021 in the 2019-20</p>
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²²⁸ [2021-22 State Capital Program](#), p85

²²⁹ [2022-23 State Capital Program](#), p71

²³⁰ [2024-25 State Capital Program](#), p70

²³¹ [2015-16 State Capital Program](#), p42

²³² [2018-19 State Capital Program](#), p65

							State Budget ²³³ , June 2022 in the 2021-22 State Budget ²³⁴ and June 2024 in the 2023-24 State Budget ²³⁵ to reflect the delays to the program due to escalating complex hazardous material waste costs and having to stage works to enable continuity of clinical service delivery, particularly across the COVID pandemic period.
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²³³ [2019-20 State Capital Program](#), p64

²³⁴ [2021-22 State Capital Program](#), p85

²³⁵ [2023-24 State Capital Program](#), p73

Question 10 (all departments) High-value high-risk projects, gateway reviews and business cases

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

Please list all projects included in 2023–24 that were allocated to the department and were classified as HVHR and the project objectives. Please also specify which Gateway reviews, if any, were completed during 2023–24 and business case details for each project.

HVHR Project	Original project objectives	Gateway review name/ Date completed	Date business case completed	Business case – publicly available? Y/N	Business case link (URL)
A Pathway to more acute mental health beds	<p>The Victorian Government is responding to the Royal Commission into Victoria’s Mental Health System through the urgent delivery of more acute mental health facilities and services in Geelong, Epping, Sunshine and Melbourne.</p> <p>These services will:</p> <ul style="list-style-type: none"> • address critical demand increase capacity • Reduce pressure on emergency departments • provide additional support for people experiencing mental illness who require immediate treatment 	None in 2023-24	2020-21 State Budget	N	Not Applicable

Additional acute mental health beds in regional Victoria	<p>The project will:</p> <ul style="list-style-type: none"> replace and expand the existing mental health facility to increase acute and community mental health services at Goulburn Valley Health undertake land acquisition and further detailed planning and design work to deliver additional acute mental health beds in the future at Northeast Health Wangaratta and the Ballarat Base Hospital. 	Gate 1 and 2 - July 2023 (Ballarat Site)	2022-23 State Budget	N	Not Applicable
Ballarat Health Services expansion and redevelopment and the new Central Energy Plant (Ballarat)	<p>The project will:</p> <ul style="list-style-type: none"> provide additional capacity to meet the identified increases in service demand meet contemporary best practice improve patient outcomes and experience Enhance operational efficiency 	Gate 4 - October 2023	2020-21 via report back	N	Not Applicable
Barwon Women's and Children's Hospital	<p>The project will expand women's and children's services at University Hospital Geelong.</p> <ul style="list-style-type: none"> Stage 1 will increase capacity in paediatric outpatient services, operating theatres, birthing suites and Maternity Assessment and Short Stay Unit. Stage 2 will build a new inpatient tower with maternity, women's and paediatric services and Special Care Nursery. 	None in 2023-24	2022-23 State Budget	N	Not Applicable

Forensic Mental Health Expansion Project Stage 1 and 2	<p>This project will:</p> <ul style="list-style-type: none"> allow timely and more effective therapeutic treatment in contemporary facilities that are safe for both patients and staff. contribute to the Government's response to the Royal Commission into Victoria's Mental Health System reports. 	Gate 4 - September 2023	2021-22 State Budget	N	Not Applicable
Redevelopment of Thomas Embling Hospital – Stage 3	This project funded planning and development, including detailed design, for the future delivery of a men's high security unit, bed refurbishments and supporting infrastructure.	Project is being delivered in conjunction with Stage 1 and 2 above	2023-24 State Budget	N	Not applicable
Frankston Hospital Redevelopment	<p>The project's objectives were to improve:</p> <ul style="list-style-type: none"> access to quality care wellness and health outcomes operational efficiency and flexibility value for money and sustainability enable an integrated approach to service delivery and a strong focus on the patient families, staff and community experience 	None in 2023-24	2019-20 State Budget	N	Not Applicable
Goulburn Valley Health redevelopment – planning and development	<p>The project will:</p> <ul style="list-style-type: none"> deliver new and expanded facilities for Hume and surrounding communities double the capacity of the emergency department deliver more inpatient and intensive care beds, clinical service delivery 	None in 2023-24	2016-17 State Budget	N	Not Applicable

	spaces and supporting infrastructure.				
Hospital Infrastructure Delivery Fund	<p>Funding is provided to plan the delivery of major investments at seven hospitals across the State to boost capacity, improve infrastructure and ensure Victorians receive the highest quality health care.</p> <p>This project will:</p> <ul style="list-style-type: none"> • fund service and capital planning to ensure the new and upgraded facilities meet the needs of the community • deliver enabling activities such as land acquisition, decanting and early works including upgrading engineering infrastructure • develop detailed business cases, informed by due diligence and design that confirm TEIs and cashflows in future budgets and procurement, market engagement and timelines for each hospital. 	Gates 1 and 2 Austin Project- January 2024	2023-24 State Budget	N	Not Applicable
New Footscray Hospital	<p>The new hospital will replace the ageing Footscray hospital, which was built in the 1950s.</p> <p>It will:</p> <ul style="list-style-type: none"> • provide acute and specialist facilities, clinical support spaces, teaching, training and research spaces, and carparking • cut wait times and reduce pressure on nearby hospitals 	Project Assurance Review – March 2024	2019-20 State Budget with report back with addendum	N	Not Applicable

	<ul style="list-style-type: none"> expand the capacity of the emergency department. 				
New Melton Hospital	<p>The construction of the New Melton Hospital will:</p> <ul style="list-style-type: none"> deliver a critical uplift in the capacity of public health services in Melton, where demand for services is expected to more than double over the next 20 years be a catalyst for the development of a vibrant Cobblebank precinct 	None in 2023-24	2020-21 State Budget	N	Not Applicable
Redevelopment of Royal Melbourne Hospital and Royal Women's Hospital	<p>This project will:</p> <ul style="list-style-type: none"> deliver significant upgrades to the existing Royal Melbourne Hospital and Royal Women's Hospital in Parkville, with a focus on emergency, trauma and acute care. provide a new campus of both hospitals in the future suburb of Arden, which will become a centre for elective surgery, outpatient treatment, clinical trials, rehabilitation, and low-risk women's healthcare services. 	None in 2023-24	2023-24 State Budget	N	Not Applicable
Ten new community hospitals to give patients the best care (statewide)	<p>The project will:</p> <ul style="list-style-type: none"> deliver community hospitals in Craigieburn, Cranbourne, Pakenham, Phillip Island, Sunbury, Torquay, Whittlesea, Eltham, Point Cook and Fisherman's Bend will increase capacity 	None in 2023-24	2021-22 State Budget	N	Not Applicable

	<ul style="list-style-type: none"> ensure patient access to high-quality health care services in key growth areas 				
Warrnambool Base Hospital Redevelopment (incl Warrnambool Logistics Hub) (Warrnambool)	<p>The project will:</p> <ul style="list-style-type: none"> enhance the capacity of the emergency department, operating theatres and acute inpatient beds relocate of supply and linen services to a new site and the development of a new regional logistics distribution centre 	None in 2023-24	2020-21 State Budget	N	Not Applicable

Question 11 (all departments) Public Private Partnership (PPP) expenditure – existing and completed

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

- a) The total estimated PPP investment value, the total actual expenditure from announcement to 30 June 2024, or the actual expenditure to 30 June 2024 and the benefits of using the PPP financing model when delivering/funding a project over other financing methods.
- b) Where the estimated completion date at announcement is different to the completion date in the 2023–24 Budget, and an explanation for any variance.
- c) Where the scope of the PPP at announcement is different to the scope of the project as it is presented in the 2023–24 Budget.

Benefits of using PPP model versus other delivery/funding models

The PPP contracting model delivers the following benefits to the State:

- reduced operational exposure and obtaining increased certainty of outcome, due to the efficient allocation of risks
- competition and performance-based contracts with measures for poor or non-delivery
- sustainable infrastructure by focusing on asset value maintenance, ensuring long-term viability
- reduced financial commitments at the delivery stage of the project by leveraging private capital, reducing reliance on public funds

As new, purpose-built health facilities, all the PPP delivered projects deliver a range of general benefits including:

- a modern facility that supports the delivery of accessible, cost effective and high-quality patient services
- efficiently operating facility, capable of achieving health service plan targets and sustaining service levels into the future
- achievement of State sustainability policies/objectives including greenhouse gas and peak energy reduction, water conservation and waste minimisation
- enhanced patient safety and improved clinical outcomes
- flexible infrastructure capable of adapting to new technologies, clinical practice changes, changes in government policy and funding arrangements
- integration of teaching, training and research linking clinical areas, with health services, universities, and research institution

Investment value and benefit of using PPP model

Project name	Project objectives	Output(s) and portfolio(s) and/or agency	Total estimated PPP investment	Total actual expenditure since the announcement	Actual expenditure in
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			value at the start of the project (\$ million)	to 30 June 2024 (\$ million)	year ending 30 June 2024 (\$ million)
Royal Women's Hospital (April 2005) ²³⁶	To provide a modern facility that supports the delivery of accessible, cost effective and high-quality patient services to Victorian women and to their babies.	Admitted Services (Health/VHBA)	1,123.01	657.8	47.9
Royal Children's Hospital (February 2008) ²³⁷	The project will: <ul style="list-style-type: none"> • support access and family-centred care which is culturally and spiritually sensitive • respect the dignity and developmental needs of children of all ages • engender an active learning environment, providing appropriate facilities for teaching and research within clinical areas 	Admitted Services (Health/VHBA)	3,609.87	1,386	153.8
Victorian Comprehensive Cancer Centre (May 2012) ²³⁸	The aim of the project was to: <ul style="list-style-type: none"> • deliver a world-class, purpose-built cancer research, treatment, care and education hub • provide a new home for the Peter MacCallum Cancer Centre 	Admitted Services (Health/VHBA)	2,778.08	1,277.3	169.6
Bendigo Hospital (October 2013) ²³⁹	The objectives of the Project are to: <ul style="list-style-type: none"> • expand provision of local health care services • maintain and expand Bendigo Health's teaching role for the Loddon-Mallee Region • ensure sustainability of service provision locally • improve operational efficiency 	Admitted Services (Health/VHBA)	1,935.44	464.6	73.4

²³⁶ VAGO, 2008, [The New Royal Women's Hospital - a public private partnership \(audit.vic.gov.au\)](#), p.2,

²³⁷ [080228-RCH Project Summary FINAL \(dtf.vic.gov.au\)](#)

²³⁸ [VCCC-Project-Summary.pdf \(dtf.vic.gov.au\)](#)

²³⁹ [Bendigo Hospital - Project summary.pdf \(dtf.vic.gov.au\)](#)

Casey Hospital (2002)	<p>This project will:</p> <ul style="list-style-type: none"> • improve access to quality care • increase the provision of healthcare and hospital services to the under-serviced south-east growth corridor of Melbourne. • wellness and health outcomes • operational efficiency and flexibility • attract and retain quality staff at all levels 	Admitted Services (Health/VHBA)	384.99	283.3	28.4
Casey Hospital Expansion Project (November 2017) ²⁴⁰	The expansion will allow Casey Hospital to meet the soaring demand for healthcare in Melbourne's outer south-east.		81.63	31.8	7.8
Uncommissioned PPPs (expenditure for State Project Delivery only – not PPP related)					
Frankston Hospital (June 2022) ²⁴¹	<p>The project's objectives were to improve:</p> <ul style="list-style-type: none"> • access to quality care • wellness and health outcomes • operational efficiency and flexibility • value for money and sustainability • enable an integrated approach to service delivery and a strong focus on the patient families, staff and community experience 	Admitted Services (Health/VHBA)	1,120.08	39.79	6.65
New Footscray Hospital (May 2021) ²⁴²	The new hospital will replace the ageing Footscray hospital, which was built in the 1950s. It will:	Admitted Services (Health/VHBA)	1,998.61	104.45	8.13

²⁴⁰ [Casey-Hospital-Expansion-Project-Summary-November-2017.pdf \(dtf.vic.gov.au\)](#)

²⁴¹ [Frankston Hospital Redevelopment Project Summary FINAL.pdf \(dtf.vic.gov.au\)](#)

²⁴² [New Footscray Hospital - Project Summary.pdf \(dtf.vic.gov.au\)](#)

	<ul style="list-style-type: none"> provide acute and specialist facilities, clinical support spaces, teaching, training and research spaces, and carparking cut wait times and reduce pressure on nearby hospitals expand the capacity of the emergency department. 				
New Melton Hospital (TBC)	<p>The construction of the New Melton Hospital will:</p> <ul style="list-style-type: none"> deliver a critical uplift in the capacity of public health services in Melton, where demand for services is expected to more than double over the next 20 years be a catalyst for the development of a vibrant Cobblebank precinct 	Admitted Services (Health/VHBA)	981.06	44.68	13.49

Completion date

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

Scope

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

Question 12 (DTP only) Alliance contracting expenditure – existing and completed

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

- The total estimated investment value, the total actual expenditure from announcement to 30 June 2024, or the actual expenditure to 30 June 2024 and the benefits of using the alliance contracting model when delivering/funding a project over other financing methods.
- Where the estimated completion date at announcement is different to the completion date in the 2023–24 Budget and an explanation for any variance.
- Where the scope of the alliance contract at announcement is different to the scope of the project as it is presented in the 2023–24 Budget.

Investment value and benefit of using alliance contracting model

Project name	Project objectives	Output(s) and portfolio(s) and/or agency	Total estimated investment value at the start of the project (\$ million)	Total actual expenditure since the announcement to 30 June 2024 (\$ million)	Actual expenditure in year ending 30 June 2024 (\$ million)	Benefits of using alliance contracting model versus other delivery/funding models

Completion date

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

Scope

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

Section C: Revenue and appropriations

Question 13 (all departments and entities) Revenue – variances from previous year

Please explain any changes equal to or greater than $\pm 10\%$ or \$100 million between the actual result for 2022–23 and the actual result for 2023–24 for each revenue category detailed in your operating statement. Please also indicate what any additional revenue was used for or how any revenue reductions affected service delivery and then link it to the relevant output and portfolio.

Please also detail the outcomes in the community²⁴³ achieved by any additional expenses or the impact on the community of reduced expenses (if there was no impact, please explain how that was achieved).

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

If there were no revenue/income categories for the department/agency for which the 2023–24 expenditure changed from the prior year's expenditure by more than $\pm 10\%$ or \$100 million, you do not need to answer this question. If this is the case, please indicate 'no relevant line items' in the table(s) below.

Revenue category	2022–23 actual (\$ million)	2023–24 actual (\$ million)	Explanations for changes $\pm 10\%$ or \$100 million	How the additional revenue was used/the impact of reduced revenue. If no impact, how was this achieved	Relevant output(s) and portfolio(s)
Special appropriations	2,962.2	3,128.0	The increase in special appropriations is from gaming revenue and the Mental Health and Wellbeing Levy.	No impact as the increase in hypothecated revenue is offset by a matching decrease in output appropriation. This represents a change in appropriation source only.	Various outputs and portfolios.
Interest	121.4	181.0	The increase in interest revenue is due to higher interest rates on Health Services' cash deposits.	The increase in interest rates has a favourable outcome for health services.	Various outputs and portfolios.

²⁴³That is, the impact of service delivery on the community rather than a description of the services delivered.

			Interest rates during 2023-24 compared to the previous year were higher.		
Grants	9,184.5	8,603.0	The decrease in grants is mainly due to a reduction in Commonwealth grants for the National Partnership on COVID-19 Response (NPCR), which ceased on 31 December 22.	The change represents decreased Health Service activity related to the COVID-19 pandemic response.	Various outputs and portfolios
Other income	987.3	1,074.0	Other income was higher mainly due to increases in other private activity fees across Health services.	The additional income from private activity would help support Health Services' deliverables.	Various outputs and portfolios

Question 14 (all departments and entities) Revenue – variances from budget to actual

Please explain any variances equal to or greater than $\pm 10\%$ or \$100 million between the initial budget estimate (not the revised estimate) and the actual result for 2023–24 for each revenue category detailed in your operating statement. Please also indicate what any additional revenue was used for or how any revenue reductions affected service delivery and then link it to the relevant output and portfolio.

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

Revenue category	2023–24 Budget estimate (\$ million)	2023–24 actual (\$ million)	Explanations for changes $\pm 10\%$ or \$100 million	How the additional revenue was used/the impact of reduced revenue. If no impact, explain why	Relevant output(s) and portfolio(s)
Output appropriation	12,941	14,689	The actual output appropriation increase from the published budget reflects funding released from central contingency and additional funding provided by government to health services.	The additional revenue was used primarily to fund new policy initiatives approved by government.	Various outputs and portfolios.
Special appropriations	3,008	3,128	The variance is driven by higher Mental Health and Wellbeing Levy.	No impact as the increase in hypothecated revenue is offset by a matching decrease in output appropriations.	Various outputs and portfolios.
Sale of goods and services	2,021	1,759	Sales of goods and services were lower than the published budget, mainly due to reduction in patient fees, and potential	No impact to overall patient care as the increase in output appropriation offsets this decrease.	Various outputs and portfolios.

			delays in planned activities.		
Other income	818	1,074	Other income was higher than the published budget mainly due to increases in other private activity fees across Health services.	The additional income would help support Health services deliverables.	Various outputs and portfolios.

Section D: Expenses

Question 15 (all departments and entities) Expenses changed from previous year

Please explain any changes equal to or greater than $\pm 10\%$ or \$100 million with regards to the actual result for 2022–23 and the actual result for 2023–24 for each category of expenses detailed in your operating statement. Please explain any changes equal to or greater than $\pm 10\%$ or \$100 million with regards to the actual result for 2023–24 and the 2023–24 budget estimate. Please also detail the outcomes in the community²⁴⁴ achieved by any additional expenses or the impact on the community of reduced expenses (if there was no impact, please explain how that was achieved).

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

Expenses category	2022–23 actual \$ million	2023–24 actual \$ million	Explanations for variances $\pm 10\%$ or \$100 million	Outcomes achieved by additional expenses/impact of reduced expenses. If no impact, how was this achieved
Employee benefits	17,099	18,346	Higher actuals this year are attributable to increased costs from Enterprise Bargaining Agreements (EBAs), workers compensation insurance and an increase in full time equivalent (FTE) employees across the health entities.	Increase to departmental output service delivery.
Grants and other transfers	2,178	1,248	The decrease is driven by decreased State contributions to the National Health Funding Pool. The 2022-23 amount includes once off National Health Reform (NHR) and the National Partnership on COVID-19 Response (NPCR) reconciliation funding adjustment.	No impact to departmental output service delivery.

²⁴⁴That is, the impact of service delivery on the community rather than a description of the services delivered.

Depreciation and amortisation	1,346	1,509	The increase is driven by new investments in health infrastructure and equipment.	No impact on outcomes as the depreciation expenditure is a non-cash expense to recognise the increase in infrastructure investment over the useful life of the assets.
Interest expense	204	246	The increase is due to interest on Footscray and Frankston Private Public Partnership.	No material impact on outcomes.
Other operating expenses	9,319	9,150	The decrease is due to a significant reduction in COVID-19 State Supply, COVID-19 Rapid Antigen Testing given free of charge.	No impact on outcomes as unwinding of COVID-19 activities does not impact on output service delivery.

Expenses category	2023–24 budget \$ million	2023–24 actual \$ million	Explanations for variances ±10% or \$100 million	Outcomes achieved by additional expenses/impact of reduced expenses. If no impact, how was this achieved
Employee benefits	17,273	18,346	The actual expenses have increased primarily due to higher costs from EBAs, a rise in FTE staff numbers, additional workers' compensation insurance expenses, and overtime payments for the health entities.	Increase to departmental output service delivery.
Grants and other transfers	1,400	1,248	The decrease against published budget is due to reallocation to other operating expenses as a result of realignment of funding for health services from grants to public hospitals to denominational health services.	No impact to departmental output service delivery.
Other operating expenses	7,654	9,150	Other operating expenses were higher due to realignment of	Increase to departmental output service delivery.

			<p>funding for health services from grants to public hospitals to denominational health services, and additional funding for Government policy decisions approved post 2023-24 Budget. In addition, there were increases in costs in health services, including nurse agency expenses, outsourced services and external contract staff.</p>	
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Question 16 (all departments, PFC, PNFC and entities) Changes to service delivery from savings initiatives

For each of the savings initiatives detailed in the 2023–24 Budget please provide the following details of the impact on service delivery:

- Savings target in the 2023–24 Budget and the amount of the savings target allocated to the department/entity.
- Actual savings achieved in 2023–24 and the actions taken to achieve the savings target allocated and their impact, including the link to the relevant output and portfolio impacted.

Savings initiative in the Budget	Savings target allocated to the department/entity in 2023–24 \$ million	Actual savings achieved in 2023–24 \$ million	Actions taken to achieve the allocated savings target	What was the impact as a result of the measures taken to achieve the savings target? <i>(e.g. frontline and/or other areas of business that saw the impact)</i> If no impact, how was this achieved	Which output(s) and portfolio(s) were impacted (if relevant)
Labor's Financial Statement savings	6.2 ²⁴⁵	6.2	The Department has introduced new guidelines and processes for all supplies and consumables expenditure requests, ensuring full review and prioritisation of requests is undertaken. The reduction of consultancy, labour hire and discretionary professional services is a focus of this initiative.	Savings requirements for supplies and consumables have been achieved through reviewing all planned expenditure and implementing prioritisation. This was achieved through the application of new guidelines and processes for all supplies and consumable expenditure requests, by limiting the approval of consultancy and professional services.	Efficiencies were realised across all portfolios.
Whole of Government savings and efficiencies	Nil in 2023-24	Nil in 2023-24	There were no additional WoVG savings applied to the	Not applicable	Not applicable

²⁴⁵ [2023-24 Budget Paper 3](#), page 118

			Department of Health in 2023-24.		
COVID Debt Repayment Plan – savings and efficiencies	24.8 ²⁴⁶	24.8	The Department has undergone a significant organisational restructure to operate and deliver outputs more efficiently. This provided the opportunity to meet savings through a reduction in departmental FTE. This was managed through separation packages and a reduction of vacant positions.	These savings were achieved through a departmental re-structure. FTE reductions were managed through separation packages and reduction of vacant positions.	Efficiencies were realised across all portfolios.

²⁴⁶ [2023-24 Budget Paper 3](#), page 11

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

The 2023–24 Budget included targets for ‘reprioritisation and revenue offsets’ to fund new initiatives (2023–24 Budget Paper No. 2, p. 59). This is in addition to any savings or efficiencies resulting from expenditure reduction measures. For the department (including all controlled entities),²⁴⁷ please indicate:

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

Area of expenditure originally funded	Area of expenditure actually funded	Value of funding reprioritised in 2023–24 (\$ million)	Impact of reprioritisation of funding. If no impact, how was this achieved	Output(s) and portfolio(s) impacted (if relevant)
Securing our nursing and midwifery workforce supply	Maximising our health workforce	13.6	There was no specific impact on other initiatives or service delivery. This was achieved due to under-subscription for undergraduate scholarships.	Health Workforce Training and Development (Health)
Funding was reprioritised across all non-frontline areas as part of an ongoing cost management exercise	Community Hospitals commissioning	0.2	There was no specific impact on other initiatives or service delivery. Funding re-prioritised from non-frontline functions where capacity was available.	Admitted Services Non-Admitted Services (Health)
	Mental Health and Wellbeing Locals	11.4		Clinical Care (Mental Health)
	Rare diseases and cancer: highly	2.2		Admitted Services (Health)

²⁴⁷ That is, please provide this information for the department on the same basis of consolidation as is used in the budget papers.

specialised therapies			
Safer digital healthcare program 2023-24	11.3		Admitted Services (Health)
Pathways to home	0.4		Admitted Services (Health)
Victoria's pandemic program	0.5		Community Health Care Health Protection (Health)
Priority suicide prevention and response efforts	0.6		Clinical Care (Mental Health)
Improving access and equity of service delivery	0.2		Clinical Care Mental Health Community Support Services (Mental Health)
Mental Health crisis and emergency responses	5.8		Mental Health Community Support Services (Mental Health)
Strategic commissioning and accountability	1.2		Clinical Care (Mental Health)
Alcohol and other drug treatment, support and harm reduction services	1.4		Drug Treatment and Rehabilitation (Health)

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

- a) Please indicate how much the department spent on contractors (including labour hire) and consultant arrangements during 2021–22, 2022–23 and 2023–24. Labour hire arrangements include the cost of engaging the labour recruiting firm, plus additional costs paid to the labour recruiting firm for the provision of the services of the contractor. Please also explain variances equal to or greater than $\pm 10\%$ between years and list the business areas impacted and how.

Contractors (including labour hire)

2021–22 Actual \$ million	2022–23 Actual \$ million	2023–24 Actual \$ million	Explanation for variances (2021– 22 over 2022–23) $\pm 10\%$	Explanation for variances (2022–23 over 2023–24) $\pm 10\%$	Which business areas were impacted/benefitted and how?	Please link your response to relevant output(s) and portfolio(s)
1156.12	537.04	650.74	2021-22 to 2022-23 = -53.56% The decrease was mostly due to a fall in COVID-19 related expenditure. The department's Strategic Alliance head contracts also concluded.	2022-23 to 2023-24 = +21.17% The increase from 2022-23 to 2023-24 is attributable to construction related expenditure and investment within the Health Infrastructure portfolio, including major capital works primarily conducted through the	Spend on Contractors, including labour hire, involved 879 vendors in the 2023-24 financial year. This figure includes contractors to support department operations, hospital and health service operations, and other services such as facilities management, ICT, specialised and professional services.	Department spend on external vendors to provide services classified as 'contractor, labour hire' impacted most/all department outputs and current portfolios including: <ul style="list-style-type: none"> • Health • Health Infrastructure* • Mental Health • Ambulance Services • Ageing

				Victorian Health Building Authority.		
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**Following a Machinery of Government change in 2023-24, the Victorian Health Building Authority has since moved to the Victorian Infrastructure Delivery Authority. Figures for 2023-24 include the Victorian Health Building Authority expenditure. Subsequent year reporting will be managed by the Victorian Infrastructure Delivery Authority.*

Consultants

2021-22 Actual \$ million	2022-23 Actual \$ million	2023-24 Actual \$ million	Explanation for variances (2021- 22 over 2022-23) ±10%	Explanation for variances (2022-23 over 2023-24) ±10%	Which business areas were impacted/benefitted and how?	Please link your response to relevant output(s) and portfolio(s)
16.15	7.48	2.86	2021-22 to 2022-23 = -53.68% During this period, the department spend in relation to COVID-19 declined, and its Strategic Alliance head contracts concluded.	2022-23 to 2023-24 = -61.76% The decrease from 2022-23 to 2023-24 is attributable to the conclusion of engagements under the previous Strategic Alliance head contracts and consultancy engagements relating to the Mental Health portfolio.	Spend on Consultants involved approximately 11 vendors during 2023-24 financial year, to support delivery of (for example) business and management services, evaluation and review services, strategic planning services, and other services that supported the department to undertake its various responsibilities.	Department spend on external vendors to provide services classified as 'consultant' impacted most/all department outputs and current portfolios including: <ul style="list-style-type: none"> • Health • Health Infrastructure* • Mental Health • Ambulance Services • Ageing

**Following a Machinery of Government change in 2023-24, the Victorian Health Building Authority has since moved to the Victorian Infrastructure Delivery Authority. Figures for 2023-24 include the Victorian Health Building Authority expenditure. Subsequent year reporting will be managed by the Victorian Infrastructure Delivery Authority.*

b) Please enter the actual amount spent on contractors and consultants that are from the Big Four accounting firms (aggregate) in 2023–24 and list the reasons for engaging the firms.

2023–24 Actual \$ million	Reason for engaging firms	Please link your response to relevant output(s) and portfolio(s)
17.37	These firms were engaged to deliver various specialised services to support departmental operations, including analysis, evaluation and review services, research, and advisory services.	Department spend on these firms impacted most/all department outputs and current portfolios including: <ul style="list-style-type: none"> • Health • Health Infrastructure* • Mental Health • Ambulance Services • Ageing

**Following a Machinery of Government change in 2023-24, the Victorian Health Building Authority has since moved to the Victorian Infrastructure Delivery Authority. Figures for 2023-24 include the Victorian Health Building Authority expenditure. Subsequent year reporting will be managed by the Victorian Infrastructure Delivery Authority.*

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

Please detail the type and value of dividends, amounts equivalent to dividends, non-dividend grants, and capital repatriations paid by your agency to the general government sector in 2023–24, explaining the reasons for any significant changes over that period and the impact of any changes on the entity.

Please provide the economic funding ratio or accounting funding ratio as applicable at 30 June 2024. Please provide details of the methodology used for the ratio calculation.

Type of dividend paid	2023–24 Budget (\$ million)	2023–24 Actual (\$ million)	Explanations for variances $\pm 10\%$ or \$100 million	Impact on the agency (including on financial position, investment, impacts on service delivery or infrastructure projects). If no impact, how was this achieved.	Funding ratio at 30 June 2024

Economic funding ratio / accounting funding ratio as at 30 June 2024	Details of the methodology

Section E: Overall financial performance

Question 20 (all departments) Impact of unforeseen events on financial performance – 2023–24

Please outline and quantify, where possible, the impacts of unforeseen events over 2023–24 on the department/agency's financial performance.

Line item in the comprehensive operating statement for the financial year ended 30 June 2024	2023–24 Budget	2023–24 Actual	Impact of unforeseen events
Total revenue and income from transactions	27,801	29,437	<p>The impact of unforeseen events is not separately identifiable.</p> <p>However, events such as public health incidents and emergencies with other health impacts, have seen the reprioritisation of resources from areas across the department.</p> <p>Examples of unforeseen events that occurred during this period were prolonged power outages; significant weather events; extreme fire danger ratings; heatwave; high epidemic Thunderstorm Asthma forecast; cybersecurity incidents; and public health incidents.</p>
Total expenses from transactions	28,073	30,499	
Net result from transactions (net operating balance)	(272)	(1,061)	

Note: Discrepancies between totals and sums of components reflect rounding

The budget and actual amounts included in the table above are the financial outcomes for the Health Portfolio

Source: Department of Health Annual Report 2023-24, pg. 221

Section F: Public sector workforce

Question 21 (all departments and entities) Full Time Equivalent (FTE) staff by level and category

- a) Please provide total FTE as of 30 June 2022, 30 June 2023, 30 June 2024 and provide explanation for more than \pm -10% change in FTE between years.

Table 1: Department of Health and Safer Care Victoria Totals

	30 June 2022 Actual FTE	30 June 2023 Actual FTE	30 June 2024 Actual FTE	Explanations of variance \pm -10% between 30 June 2022 and 30 June 2023	Explanations of variance \pm -10% between 30 June 2023 and 30 June 2024
Department of Health Total	3119.3	3034.1	2171.0	-2.7%	-28.4% A reduced organisational structure was realised on 20 February 2024 to meet the savings targets as outlined in the 2023-2024 Victorian State Budget, and to realign structure to better achieve priorities as outlined in the 2023 –2027 Strategic Plan. The following machinery of government changes took place in 2023 to 2024: <ul style="list-style-type: none"> • Medical Research to Department of Jobs, Skills, Industry and Regions – 1 February 2024 • Analytics and Insights, Data Linkages to Department of Families, Fairness and Housing – 5 February 2024 • Clinical Trials to Safer Care Victoria – 20 February 2024

					<ul style="list-style-type: none"> Victorian Health Building Authority to Victorian Infrastructure Development Authority – 2 April 2024
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	30 June 2022 Actual FTE	30 June 2023 Actual FTE	30 June 2024 Actual FTE	Explanations of variance \pm -10% between 30 June 2022 and 30 June 2023	Explanations of variance \pm -10% between 30 June 2023 and 30 June 2024
Safer Care Victoria Total	169.0	177.7	152.3	5.2%	-14.3% A reduced organisational structure was realised on 20 February 2024 to meet the savings targets as outlined in the 2023-2024 Victorian State Budget, and to realign structure to better achieve priorities as outlined in the 2023 –2027 Strategic Plan.

Table 2: Department of Health (by Level)

Level	30 June 2022 Actual FTE	30 June 2023 Actual FTE	30 June 2024 Actual FTE	Variance between 2022 - 2023	Variance between 2023 - 2024
VPS1	10.9	0.3	0.6	-97.3%	100%
VPS2	69.2	77.3	53.2	12.0%	-31.2%
VPS3	256.0	231.3	168.2	-9.7%	-27.3%
VPS4	587.0	491.2	319.0	-16.3%	-35.1%
VPS5	1053.9	1056.2	791.6	0.2%	-25.1%
VPS6	823.5	846.0	620.2	2.7%	-26.7%
STS	30.8	23.8	19	-22.7%	-20.2%
SMA	11.1	16.6	10.7	49.5%	-35.5%
Executives	186.2	207.4	137.8	11.4%	-33.6%

Others	90.7	84.0	50.7	-7.4%	-39.6%
Total	3119.3	3034.1	2171.0	-2.7%	-28.4%

Table 3: Department of Health (by Category)

Category	30 June 2022 Actual FTE	30 June 2023 Actual FTE	30 June 2024 Actual FTE	Variance between 2022 - 2023	Variance between 2023 - 2024
Ongoing	1758.4	1927.3	1756.6	9.6%	-8.9%
Fixed-term and Casual	1360.9	1106.9	414.5	-18.7%	-62.6%
Total	3119.3	3034.1	2171.0	-2.7%	-28.4%

Table 4: Safer Care Victoria (by Level)

Level	30 June 2022 Actual FTE	30 June 2023 Actual FTE	30 June 2024 Actual FTE	Variance between 2022 - 2023	Variance between 2023 - 2024
VPS2	0.0	0.0	0.0	0.0%	0.0%
VPS3	2.6	3.6	2.0	38.5%	-44.4%
VPS4	41.8	42.5	28.4	1.7%	-33.2%
VPS5	89.1	82.4	77.7	-7.5%	-5.7%
VPS6	26.2	33.6	31.5	28.2%	-6.3%
STS	1.8	3.3	4.2	83.0%	27.3%
SMA	1.0	1.0	1.0	0.0%	0.0%
Executives	6.5	10.3	7.5	58.5%	-27.2%
Others	0.0	1.0	0.0	100.0%	-100.0%
Total	169.0	177.7	152.3	5.2%	-14.3%

Table 5: Safer Care Victoria (by Category)

Category	30 June 2022 Actual FTE	30 June 2023 Actual FTE	30 June 2024 Actual FTE	Variance between 2022 - 2023	Variance between 2023 - 2024
Ongoing	80.7	108.3	111.1	34.2%	2.6%
Fixed-term and Casual	88.4	69.4	41.2	-21.5%	-40.6%
Total	169.0	177.7	152.3	5.2%	-14.3%

Notes:

- FTE data sourced from Department of Health Annual Report 2021-22, 2022-2023 and 2023-24.
- There may be rounding errors in FTE tables due to data being formatted to one decimal place.

b) For 2023–24, please provide information regarding any staffing challenges faced by the department, including but not limited to: staff shortages by category or position name, positions that were hard to staff, positions that were vacant for 6+ months, positions that have not equalled or surpassed attrition.

The following role types were not always successful in attracting candidates from recruitment processes:

- Management and senior technical specialist health roles (epidemiologist, mental health management, public health management)
- Senior IT roles (cyber security, applications lead, data scientist)
- Legal roles (senior solicitor, solicitor)

The recruitment market for the above roles continues to be competitive. The department is working to develop further recruitment sourcing strategies to attract candidates to these roles.

The department significantly reduced its workforce profile via an organisational redesign in February 2024. As a result, there were no staff shortages or unintentionally vacant positions. The department has continued to prioritise service and program delivery roles, while streamlining corporate functions.

Question 22 (all departments and entities) Salary by employment category

In the table below, please detail the salary costs for 2021–22, 2022–23 and 2023–24, broken down by ongoing, fixed-term and casual, and explain any variances equal to or greater than $\pm 10\%$ or \$100 million between the years for each category.

Employment category	Gross salary 2021–22 (\$ million)	Gross salary 2022–23 (\$ million)	Gross salary 2023–24 (\$ million)	Explanation for any year-on-year variances $\pm 10\%$ or \$100 million
Ongoing	266	311	355	<p>The department has undertaken a review of fixed term employment following its recent redesign in February. This resulted in many fixed term staff being converted to on-going, resulting in a higher salary amount attributed to on-going staff.</p> <p>The department is committed to providing secure employment and only employing fixed term staff in accordance with the terms and conditions of the VPS Agreement 2024.</p> <p>The gross salary figures include the Victorian Health Building Authority from 1 July 2023 to 2 April 2024.</p>
Fixed term	336	178	136	
Casual	32	14	11	
Total	634	503	502	

Question 23 (all departments and entities) Executive salary increases

Please detail the number of executives who received increases in their base remuneration in 2023–24, breaking that information down according to what proportion of their salary the increase was, and explaining the reasons for executives' salaries increasing in each bracket.

Increase in base remuneration	Number of executives receiving increases in their base rate of remuneration of this amount in 2023–24, apart from increases outlined in employment agreements			Reasons for these increases
	Female	Male	Self-described	
0-3%	0	0	NA	All increases are due to reappointments (i.e. contract renewals) or mid-contract salary reviews
3-5%	0	0	NA	
5-10%	5	3	NA	
10-15%	2	2	NA	
greater than 15%	0	0	NA	

Question 24 (all departments and entities) Enterprise Bargaining Agreement (EBAs)

Please list the Enterprise Bargaining Agreements (EBAs) concluded in 2023–24 that had an impact for the department/agency. For each EBA, please show the number of employees affected and the change in employee expenses attributable to the EBA.

- The nominal expiry date of the VPS Enterprise Agreement 2020 was March 2024. The agreement remained in effect until the new agreement (VPS Enterprise Agreement 2024) came into effect on 19 August 2024. Therefore, the VPS Enterprise Agreement 2020 did not conclude during 2023–24.
- The enterprise agreement covering the remainder of the department’s workforce does not pass its nominal expiry date until 15 November 2025 (maternal child health).

Enterprise Bargaining Agreement	Number of employees affected	Number of employees as a % of department/entity	Change in employee expenses attributable to the EBA (\$ million)	Change in employee expenses attributable to the EBA (\$ million) as a % of total employee expenses
N/A*				

*No Enterprise Bargaining Agreements (EBAs) concluded in 2023–24 that had an impact for the department/agency.

Section G: Government decisions impacting on finances

Question 25 (all departments and entities) Commonwealth Government and National Cabinet decisions

Please identify any Commonwealth Government and National Cabinet decisions during 2023–24 which had not been anticipated/not been concluded before the finalisation of the State budget in 2023–24 and their impact(s) on the department's/entity's finances or activities during those years (including new funding agreements, discontinued agreements and changes to funding levels). Please quantify the impact on income and expenses where possible.

Commonwealth Government decision - The Commonwealth released its 2023-24 budget on 9 May 2023 and Victoria released its Budget on 23 May 2023	Impact(s) in 2023–24	
	on income (\$ million)	on expenses (\$ million)
National Health Reform funding – Hospital Services	6029.4	6029.4
Public health	133.8	133.8
<i>Figures are from the Commonwealth 2023-24 Final Budget Outcome (Budget 2023-24, Final Budget Outcome, Table 3.13: Payments for specific purposes to support state health services, 2023–24 (p.68), https://archive.budget.gov.au/2023-24/fbo/download/00_fbo_2023-24.pdf.)</i>		
Below are Intergovernmental Agreements (IGAs) that were not anticipated, or negotiations had neither commenced nor completed, before finalisation of State Budget funding amounts.		
<i>Funding amounts are from the 2023-24 Commonwealth Final Budget Outcome</i>		
Commonwealth IGAs under negotiation (not reflected in the 2023-24 State Budget):		
Specialist dementia care program	1.1	1.1
Access to HIV treatment	5.1	5.1
Surge Capacity for BreastScreen Australia	2.4	2.4
Medicare Urgent Care Clinics*	15.3	15.3
Newborn bloodspot screening program	3.0	3.0
Primary Care Pilots*	18.2	18.2
Public Dental Services for adults	26.9	26.9
John Flynn Prevocational Doctor Program	3.6	3.6
Stillbirth autopsies and investigations	1.8	1.8

Victoria's Eating Disorder Initiative	6.5	6.5
<u>New IGAs announced in the Commonwealth 2023-24 Budget (State allocations not determined at time of publication and no funding included in the 2023-24 State Budget):</u>		
Expansion of colonoscopy triage services	0.0	0.0
Smoking and vaping cessation activities	0.0	0.0
National Cabinet decision	Impact(s) in 2023–24	
	on income (\$ million)	on expenses (\$ million)
*Primary Care Pilots	18.2	18.2
*Urgent Care Clinics	15.3	15.3
<p>On 3 February 2023, Prime Minister Albanese in his statement from the meeting of National Cabinet highlighted that First Ministers noted the practical steps undertaken to reform Australia's health system including the Commonwealth's \$100 million investment in the Primary Care Pilots program and the rollout of Urgent Care Clinics.</p> <p>See: National Cabinet statement from 3 February 2023</p> <p>Victoria signed:</p> <ul style="list-style-type: none"> • Primary Care Pilots IGA on 14 May 2023 and the Commonwealth signed this IGA on 21 June 2023. • Medicare Urgent Care Clinics on 27 June 2023 and the Commonwealth signed this IGA on 28 June 2023. <p>See: Primary Care Pilot – Federal Financial Relations and Medicare Urgent Care Clinics – Federal Financial Relations</p>		

Section H: General

Question 26 (all departments and entities) Reviews/studies/evaluations undertaken

- a) Please list all internal²⁴⁸ and external reviews/studies/evaluations, established, commenced or completed by or on behalf of the department/agency in 2023–24 and provide the following information:
- Name of the review/evaluation and which portfolio and output/agency is responsible
 - Reasons for the review/evaluation
 - Terms of reference/scope of the review/evaluation
 - Timeline for the review/evaluation
 - Anticipated outcomes of the review/evaluation
 - Estimated cost of the review/evaluation and final cost (if completed)
 - Where completed, whether the review/evaluation is publicly available and where. If no, why it is not publicly available.

Name of the review (portfolio(s) and output(s)/agency responsible)	Reasons for the review/evaluation	Terms of reference/scope	Timeline	Anticipated outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL If no, why.
<i>Internal evaluations</i>							
Adult Local Mental Health and Wellbeing (MHW) services Evaluation (Health)	To guide policy and service system reforms and investment. Align with recommendations of the Royal Commission into Victoria's Mental Health System.	Evaluation to inform government of appropriateness, fidelity, barriers, enablers, and outcomes to program.	Apr 2023 to Dec 2024	Assess whether program provided early intervention, fostered collaboration among mental health providers, and achieved other program outcomes.	NA – internal evaluation	NA – internal evaluation	N. Not yet complete

²⁴⁸ Internal reviews do not include internal costings. Internal reviews/evaluations include any reviews or evaluations undertaken by your department and not given to external consultants. Internal reviews/evaluations do not include inquiries carried out by Parliamentary Committees or reviews undertaken by integrity agencies.

Community Pharmacist Statewide Pilot (Pilot) Evaluation (Health)	To determine if the pilot project is meeting its goals and guide future reforms.	Understand extent to which the pilot meets its outcomes and provides effective, safe, people-centred, timely, equitable, integrated and efficient care.	Oct 2023 to Mar 2025	Early findings suggest that pilot is delivering safe, patient-centred and effective care, materially reducing barriers to accessing primary health care.	NA – internal evaluation	NA – internal evaluation	N. Not yet complete
Infant, Child and Family Health Local Mental Health and Wellbeing Services Evaluation (Health)	To guide policy and service system reforms. Align with recommendations of the Royal Commission into Victoria’s Mental Health System.	Evaluation to determine the appropriateness, fidelity, barriers, enablers and blockers during early implementation, and achievement of intended outcomes.	Oct 2022 to Oct 2025	Assess if program improved access to integrated and community based multidisciplinary services for children experiencing developmental, emotional, relational and behavioural challenges, and their families.	NA – internal evaluation	NA – internal evaluation	N. Not yet complete
Moderated Online Social Therapy (MOST) Lapsing Evaluation (Health)	To inform policy design and future government investment decisions.	Evaluation to examine the effectiveness, efficiency, and cost effectiveness of the program.	Sep 2023 to Nov 2023	Evidence that young people and providers were satisfied with the program and showed improvements in their symptoms.	NA – internal evaluation	NA – internal evaluation	N. Information was used for internal policy purposes only.
Planned Surgery Recovery and Reform Evaluation (Health)	To inform internal policy design and investment	Evaluation examined program	Apr 2022 to	Evidence of improvement in planned surgery	NA – internal evaluation	NA – internal evaluation	N. Information was used for internal

	decisions of a priority program.	effectiveness and efficiency.	Jun 2024	performance (throughput increase and waitlist reduction).			policy purposes only.
Priority Primary Care Centres (PPCC) Evaluation (Health)	To inform future government investment decisions for the program.	Evaluation identified the efficiency and cost effectiveness of the program.	May 2023 to Feb 2024	Evidence of increased access to primary care services for people requiring urgent care, but not an emergency response; reduced primary care type presentations to emergency departments partnered with PPCCs.	NA – internal evaluation	NA – internal evaluation	N. Information was used for internal government processes only.
Decriminalisation of public intoxication in Victoria: evaluation of the health response trials (Health)	To capture lessons learned from the trials to inform the design and development of the statewide health response model	Evaluation considered the design and commissioning of the trial site services, establishment and operations of the trial sites, clients served, and the outcomes observed, governance.	May 2021 to Oct 2023	Assessment of the achievements and outcomes of the trial sites, as well as lessons learned.	NA – internal evaluation	NA – internal evaluation	N. Under consideration
Registered Undergraduate Student of Nursing and Midwifery Programs	To inform policy design and future government	Evaluation to examine the effectiveness,	Sep 2023 to Feb 2024	Evidence of increased workforce capacity and	NA – internal evaluation	NA – internal evaluation	N. Information was used for internal policy purposes only.

(RUSONM) Evaluation (Health)	investment decisions.	funding, efficiency, and risk		creation of a pathway to meet future workforce and service demand. Program refinements were recommended.			
Timely Emergency Care Collaborative (TECC) Evaluation (Health)	To inform policy design and future government investment decisions.	Evaluation of TECC focuses on the evaluative criteria of acceptability, effectiveness, efficiency, and sustainability.	Jan to Jun 2024	Evidence that TECC reduced the length of stay in participating hospital Emergency Departments (ED).	NA – internal evaluation	NA – internal evaluation	N. Information was used for internal policy purposes only.
Victorian Comprehensive Cancer Centre (VCCC) Alliance Lapsing Program Evaluation (Health)	To inform policy design and service improvement.	Evaluate the implementation and outcomes VCCC Alliance Strategic Plan 2020-24.	May 2023 to Nov 2023	Insights into potential contents for the next Strategic Plan.	NA – internal evaluation	NA – internal evaluation	N Information was used for internal policy purposes only.
Voluntary Assisted Dying (VAD) Training Evaluation (Health)	To inform policy design and service improvement.	Evaluate if medical practitioner training is meeting its objectives and is fit for purpose, consider of demand for non-eligible medical practitioners and non-medical practitioners.	Mar 2023 to Jul 2023	Evidence that medical practitioners have the knowledge and skills to provide VAD services, services comply with the Act, services are provided to eligible patients as set out in the Act.	NA – internal evaluation	NA – internal evaluation	N. Information was used for internal policy purposes only.

Voluntary assisted dying (VAD) five-year review (Health)	Requirement of the <i>Voluntary Assisted Dying Act 2017</i> to undertake a review of the operation of the Act. The findings will inform VAD operational improvements.	The evaluation meets requirements in Section 116 of the <i>Voluntary Assisted Dying Act 2017</i> . It focused on understanding appropriateness, effectiveness, efficiency and impact of the program.	Jul 2023 to Oct 2024	Assessment of safety, efficiency and timeliness of processes; the experiences of people applying for VAD and their families / carers; and performance monitoring and oversight mechanisms.	NA – internal evaluation	NA – internal evaluation	N. Report is currently being finalised. Report will be tabled in Parliament.
Safer Care Victorian Age Friendly Collaborative External Evaluation Report (Health)	To inform service delivery and patient outcomes.	The evaluation reviewed the approach, outcomes and lessons learnt from the Creating Age-Friendly Health Systems in Victoria Collaborative.	Jun 2022 to June 2023	Provided insight and recommendations for future work to improve outcome for older people.	NA – internal evaluation	NA – internal evaluation	Y https://www.safercare.vic.gov.au/sites/default/files/2024-10/final_age-friendly_external_summary_report.pdf
Safer Care Victorian Check Again Evaluation Report (Health)	To inform service delivery and patient outcomes.	The evaluation reviewed the approach, outcomes and lessons learnt from the Check Again Collaborative.	Oct 2022 to Aug 2023	Provided insight and recommendations for future work to ensure accurate assessment and documentation of penicillin allergies to allow for optimal antimicrobial prescribing.	NA – internal evaluation	NA – internal evaluation	Y https://www.safercare.vic.gov.au/sites/default/files/2024-09/check_again_collaborative_executive_summary_of_the_evaluationv2.pdf

Safer Care Victorian Postpartum Haemorrhage Collaborative External Evaluation Report (Health)	To inform service delivery and patient outcomes.	The evaluation reviewed the approach, outcomes and lessons learnt for the Postpartum Haemorrhage Collaborative.	Apr 2022 to Dec 2023	Provided insight and recommendations for future work to improve Postpartum Haemorrhage outcomes.	NA – internal evaluation	NA – internal evaluation	Y https://www.safe.vic.gov.au/sites/default/files/2024-09/postpartum_haemorrhage_collaborative_evaluation_report.pdf
<i>External evaluations</i>							
Hazelwood Long Term Health Study (Health)	To assess the impact on the local population and inform local public health planning and service delivery needs resulting from the 2014 Hazelwood Coal Mine Fire.	To investigate any potential long-term health effects of exposure to smoke from the 2014 Hazelwood Coal Mine Fire.	Nov 2014 to TBC	Assessment of disease (or other health issues) incidence and prevalence resulting from exposure, to people in general, susceptible sub-populations and the local population (geographically).	\$26,532,803	In progress	Y https://www.dtf.vic.gov.au/sites/default/files/2018-01/state-budget-service-delivery-bp3-2015-16_0.pdf
Medicinal Cannabis Data Collection Monitoring and Evaluation (Health)	Assess patient level outcomes from the Compassionate Access Scheme (access to a medicinal cannabis product to children with intractable epilepsy).	Monitoring and evaluation of patient outcomes in the Compassionate Access Scheme (Medicinal Cannabis).	Jul 2023 to Dec 2023	Provide bi-annual reports of patient treatment outcomes from hospital participating in the scheme.	\$438,209	\$438,209	N. Clinical data and adverse outcomes information is provided to participating hospitals.

Review of Home and Community Care – Program for Younger People	To guide policy and service system reforms and investment.	Review to inform government decisions in relation to efficiency, effectiveness, appropriateness of HACC PYP within the service system.	May 2023 to Feb 2024	Options for reform of HACC PYP to meet the needs of the target population within a contemporary service system, and support sustainability of the program.	\$292,025	\$292,025	N. Information was used for internal policy purposes.
Review of the Embedding eye health preventative care into primary care pilot (Health)	Evaluation of the implementation of a new model for delivering eye health preventative care within General Practice.	Evaluation to assess the implementation, outcomes, and value for money of the Pilot.	Jun 2022 to Dec 2023	Defining Pilot successes, enablers and barriers, changes to systems, outcomes for patients, practices, clinicians, and the sector.	\$165,878	\$165,878	N. Excerpt available at https://murrayphn.org.au/wp-content/uploads/2024/05/Eye-health-evaluation-report-summary.pdf
Home and Community Care Program for Younger People Lapsing Program Evaluations (Health)	To inform future government investment decisions for the program.	Evaluation to inform government decisions in relation to efficiency and effectiveness.	Jul 23 to Oct 2023	Assessed the efficiency and effectiveness of Home and Community Care Program for Younger People (HACC PYP) and the National Disability Insurance Scheme Allied Health Assessment (NDIS	\$149,804	\$149,804	N. Information was used for internal policy purposes only.

				AHA) to inform the 2023-24 State Budget process.			
Safer Digital Healthcare (health)	To inform future government investment decisions for the program.	Evaluation to examine the effectiveness, of the program against the stated objects and the cost effectiveness of the program.	Jul 2023 to Oct 2023	Evidence to support a future government investment decision.	\$149,643	\$149,643	N. Information was used for internal policy purposes only.
Non-Emergency Patient Transport Review (Health)	To guide policy and service system delivery investments.	Review the performance including timeliness, efficiency, safety and quality of public and privately delivered services.	Dec 2023	A report to government with recommendations and options for improving the design of the NEPT system in Victoria.	\$291,573	\$291,573	Y https://www.health.vic.gov.au/patient-care/non-emergency-patient-transport-review
Joint lapsing evaluation of the Earn and Learn Workforce Program and the AOD Traineeship Program (Health)	To inform policy design and service improvement.	Assess efficacy of implementation and delivery against intended objectives and outcomes, leverage lessons learnt across programs.	Apr 2024 to May 2025	Evidence to support for the Earn and Learn and AOD Traineeship programs to continue to grow the workforce, with recommendations for further improvements.	\$195,779	In progress	N. Not yet complete
Allied Health Advanced Practice Evaluation (Health)	To inform policy design and service improvement.	Assess program effectiveness, cost-effectiveness and appropriateness of the Allied Health	Jun 2024 to Oct 2024	An assessment of whether the program's achievements in relation to	\$189,289	In progress	N. Not yet complete

		Workforce Advanced Practice Grant 2022-24.		appropriateness, effectiveness and efficiency.			
Lapsing program evaluation of the Regional Mental Health Workforce Incentive program and the Hello Open Minds Phase 2 Grants Program (Health)	To guide policy and service system reforms and investment.	To examine the justification, implementation, effectiveness and efficacy of the program.	Feb 2023 to Jan 2024	Assess the overall effectiveness and impact of the program in delivering its intended outcomes including intended and unintended outcomes and scalability of the program.	\$164,728	\$164,728	N. Results have been shared with key program stakeholders through presentations.
Lapsing program evaluation of the Mental Health and Alcohol and Other Drug Student Placement Support Program (Health)	To guide policy and service system reforms and investment.	Inform government decisions in relation to implementation and delivery, inform potential future refinements of the program, and support the determination for future strategy and priorities.	Mar 2024 to May 2025	Assess the effectiveness and impact of the program in delivering its intended outcomes including intended and unintended outcomes and scalability of the program.	\$154,876	In progress	N. Not yet complete
Public Sector Residential Aged Care lapsing funding review (Health)	To inform future government investment decisions for the program.	Assess effectiveness, efficiency and financial viability of service provision.	Sep 2023 to Mar 2024	An assessment of the effectiveness, efficiency and financial viability of the initiative to support future	\$149,487	\$149,487	N. Information was used for internal policy purposes only.

				government investment.			
Intensive community treatment in older adults evaluation	To inform mental health and wellbeing reforms related older adults (in response to Rec 22 of the Royal Commission into Victoria's Mental Health System).	Evaluation to examine the effectiveness of the Intensive Community Treatment (ICT) program in achieving its intended outcomes and consider alignment to the Royal Commission's reform directions.	May 2023 to Dec 2023	The ICT program demonstrates alignment with the reform directions of the Royal Commission.	\$149,666	\$149,666	N. Information was used for internal policy purposes only.
Evaluation of the prequalification employment program (Health)	To inform future government investment decisions for the program.	Evaluation to examine the implementation of the program, effectiveness, and outcomes.	May 2023 to Jan 2024	The program was assessed to have achieved its objectives.	\$148,266	\$148,266	N. Information was used for internal policy purposes only.
Social Prescribing Trials Evaluation (Health)	To guide policy and service system reforms and investment.	Evaluation to inform government decisions in relation to appropriateness, effectiveness, barriers, enablers, engagement, outcomes and scalability.	Apr 2023 to Jun 2025	Assess whether program reduced social isolation and loneliness, effectively strengthened pathways between services and its application across Victoria.	\$606,216	In progress	N. Not yet completed
Child and Youth HOPE - Process and Outcomes Evaluation (Health)	To inform policy and service system improvements, as	Assess implementation, program access and demand, efficiency,	Mar 2021 to TBC	Assess against terms of reference for the 4 Child and Youth	\$580,059	In progress	N. Not yet completed

	well as potential government investment decisions in future. Align with the Interim report of the Royal Commission.	effectiveness, design and funding.		HOPE sites delivering the program over the initial 2 years of delivery.			
Evaluation of Social Inclusion Action Groups (Health)	To guide policy and service system reforms and investment.	Assess implementation and impact of the first 10 Social Inclusion Action Groups (SIAGs) established, confirm alignment SIAG program guidelines and the intent of the Royal Commission.	Jun 2024 to May 2026	Inform the rollout of future SIAGs, contribute to the evidence base for community-led mental health promotion.	\$474,775	In progress	N. Not yet completed
Evaluation of the Hospital Outreach Post-Suicidal Engagement (HOPE) Program (Health)	To guide policy and service system reforms and investment. Acquit recommendations of the Royal Commission into Victoria's Mental Health System.	Evaluation of program implementation, outcomes, access, service design, effectiveness and alignment with Royal Commission recommendations.	Nov 2022 to Sep 2023	Assess whether program improved recovery outcomes and provided practical peer, wellbeing and therapeutic support for individuals, carers and families. Tailored, timely and responsive community-based support.	\$416,087	\$416,087	N. Key findings have been discussed with relevant stakeholders.

Evaluation of the Mental Health and Alcohol and Other Drug Workforce and Planning Unit's five early career programs (Health)	To guide policy and service system reforms and investment	Evaluation of the early career programs to determine their effectiveness in creating a sustainable pipeline of multidisciplinary mental health professionals.	May 2022 to Jul 2023	Assessed the program design, implementation, effectiveness, efficiency, and outcomes.	\$297,796	\$297,796	N. Information was used for internal policy purposes only.
Evaluation of Switchboard Victoria's Suicide Prevention Program (Health)	To guide policy and service system reforms and investment	Evaluate service need, role of government in service delivery, effectiveness, efficiency, appropriateness, cost effectiveness, funding, risks, and outcomes.	Oct 2023 to Dec 2024	Evaluation determined the extent to which the program provides person-centred, holistic care to LGBTIQ+ individuals and communities and builds protective factors that reduce the risk of suicide, appropriateness of the service and demand.	\$286,959	\$286,959	N. Key findings have been discussed with relevant stakeholders
Lived Experience Residential Service - Stage Two Process Evaluation (Health)	Evaluate the consumer-led codesign process in Stage 2 of the service implementation project	Assess transformational processes, concepts, strength of consumer leadership, project management, transparency and accountability.	Apr 2023 to Jun 2024	Advice for teams in the department undertaking codesign and coproduction projects with living and lived	\$249,918	\$249,918	N. Provided to external parties on request.

				experience stakeholders.			
Specialist Women's Mental Health Program Evaluation	To examine the implementation of the SWMHS and the effectiveness of the public/private partnership (PPP) in providing designated treatment and support for people who identify as women.	Evaluation domains include justification/problem, effectiveness, funding/delivery, efficiency, risk, and further funding. In addition, qualitative assessment was conducted of the delivery of care, commissioning, design, and implementation of the service.	Apr 2021 to Jun 2024	Embed positive outcomes and review the learnings to strengthen the service operation and demonstrate value for money against the Department of Treasury and Finance's Resource Management Framework (RMF).	\$249,547	\$249,547	N. Evaluation has been shared with the health services.
Evaluation of the Healthy Equal Youth (HEY) Grant Program (Health)	To inform policy design and future government investment decisions.	Evaluation examined the program's continued need, effectiveness, funding, efficiency, risks, outcomes, and alignment with government priorities.	Dec 2023 to Sep 2024	The evaluation assessed the justification, efficiency and effectiveness in delivering the grants program, as well as future opportunities for improving the grants program.	\$119,974	\$119,974	N. Information was used for internal policy purposes only.
SafeScript Review	Mid-implementation review of SafeScript proposed in 2018	Assess program effectiveness, identify unintended costs, issues and/or any other consequences that	Dec 2023 to Jul 2024	Evidence to support service improvements for the program including practical recommendations	\$218,234	In progress	N. The Department is planning to publish the Final Report.

	at program inception.	need to be managed, including impacts on health professionals.		to the Department.			
Research and evaluation project for Safer Care Victorias 100,000 Lives Program (Health)	To guide policy and service system reforms and investment.	Assess program effectiveness, efficacy and appropriateness for improving outcomes and patient experience	Jul 2022 to Mar 2027	Advice to support improved outcomes and experience of Victorians in the healthcare system	\$2,393,595	In progress	N. Not yet completed.
Cardiovascular Program Evaluation (Health)	To evaluate the program across four evaluation domains of appropriateness, outcomes, value and sustainability.	Evaluation to examine the effectiveness, social return on investment (SROI), impact (economic, environmental), and outcomes.	Jan 2021 to Jun 2024	Evaluation outcomes are incorporated into reports and educational materials for public dissemination - beneficial to health services seeking to establish cardiovascular services modelled after the pilot projects.	\$768,959	\$768,959	Y Refer to individual pilot project webpages at https://www.safevcare.vic.gov.au/100000lives/projects/cardiovascular Note: some webpages are still under development.

- a) Please outline the Department’s/Agencies in house skills/capabilities/expertise to conduct reviews/studies/evaluations of the programs and services for which the Department /Agency is responsible.

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

The Centre for Evaluation and Research Evidence (the CERE) is the preferred provider of evaluations for both departments. Where the CERE does not have the capacity to undertake an evaluation, overflow demand is met through procurement of evaluations by external providers, with the Centre managing a panel of preferred providers.

The CERE benefits from a knowledge of departmental policy and programs and specialises in evaluation practice and delivery (35 FTE who either hold a Masters-level qualifications in Evaluation or equivalent experience and expertise in delivering evaluations of government programs).

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

Question 27 (all departments) Climate change

- a) Under FRD 24 Reporting of environmental data by government entities, Victorian Government organisations must report their greenhouse gas emissions and other environmental impacts. Please list the department/entity's internal targets for reducing greenhouse gas emissions in 2023–24 and the department/entity's performance against these internal targets.

Internal target for reducing greenhouse gas emissions 2023–24	Performance against internal target as at 30 June 2024
<p>The Department of Health must meet the Victorian Government's FRD24 environmental reporting requirement and is working towards achieving the Victorian Government's zero emissions target by 2045. This includes a 45-50 per cent reduction in emissions by 2030. Whilst the department has not set internal targets, it will achieve 100 per cent renewable electricity in Victorian health services by 2025 (this is a whole of government commitment).</p>	<p>For the 2023-2024 FRD 24 reporting period, the Department of Health's environmental performance (includes health services, cemeteries, and office-based activities) saw:</p> <ul style="list-style-type: none"> • a decrease in total greenhouse gas emissions from Victorian Health Services (787,039 tonnes of CO₂-e from 791,581 tonnes of CO₂-e in 2022-23 a decrease of 4,542 tonnes of CO₂-e). • an increase in total greenhouse gas emissions from office-based activities (3,663 tonnes of CO₂-e from 2,912 tonnes of CO₂-e in 2022-23, an increase of 751 tonnes of CO₂-e). This can be attributed to improved data collection and reporting as well as an increase in office attendance. • an increase in total greenhouse gas emissions from cemeteries (7,327 tonnes of CO₂-e from 6,073 tonnes of CO₂-e in 2022-23, an increase of 1,254 tonnes of CO₂-e). This can be attributed to the inclusion of data from two additional Class A cemeteries trusts compared to the previous year. • an increase in air travel and air travel related emissions, associated with a return to normal travel arrangements post COVID-19 pandemic (2,959 tonnes of CO₂-e from 1,942 tonnes of CO₂-e in 2022-2023, an increase of 1,017 tonnes of CO₂-e). <p>In 2023-2024, Victorian health services saw:</p> <ul style="list-style-type: none"> • a decrease in Scope 1 emissions, or direct emissions by Victorian health services from vehicles and buildings (213,417 tonnes of CO₂-e from 218,374 tonnes of CO₂-e in 2022-2023, a decrease of 4,957 tonnes of CO₂-e). • a decrease in Scope 2 emissions, or indirect emissions from the generation of energy sources such as electricity, steam, heating and cooling (426,983 tonnes of CO₂-e from 432,103 tonnes of CO₂-e in 2022-2023, a decrease of 5,120 tonnes of CO₂-e). This can be attributed to: <ul style="list-style-type: none"> ○ a reduction in the carbon intensity (or how clean the production of electricity) of grid electricity ○ an increase in solar installation

	<ul style="list-style-type: none"> ○ the offset associated with the Barwon Health Power Purchasing Agreement. In 2023-2024 11,012.02 MWh was purchased resulting in an offset of 10,020.94 tonnes of CO₂-e; and ○ the purchasing of certified renewable energy under the Green Power scheme increased in 2023-2024 to 7,037MWh from 5,026 MWh in 2022-2023 (a voluntary renewable accreditation program managed by the federal government offering 100% renewable electricity to businesses and households throughout Australia). ● an increase in onsite generation of electricity from solar and cogeneration <ul style="list-style-type: none"> ○ During 2023-2024, the total amount of solar power generated by public hospitals was 15 gigawatt-hours, an increase from 13.6 gigawatt-hour in 2022-2023. This is equivalent to 2.1 per cent of total demand or consumption as of April 2024. This is an increase of 0.2 percent from the previous reporting year (1.9 per cent of electricity demand behind-the-meter). ● an increase in waste sent to landfill (30,470 tonnes in 2023-2024 from 27,956 tonnes in 2022-2023) resulting in greenhouse gas emissions from waste increasing by 5.2 per cent. ● the recycling rate remained consistent, with improvements seen in some recycling streams.
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b) Please outline and quantify where possible the department's actions in 2023–24 that have contributed to the Whole of Victorian Government emissions reduction pledge.

<ul style="list-style-type: none"> ● The Department of Health continued to work with health services and cemeteries to improve environmental reporting, including holding training sessions to improve user knowledge on the department's Environmental Data Management System and FRD reporting requirements. ● The Victorian Health Building Authority completed technical sustainability reviews for 35 projects to ensure consistent application of the <i>Guidelines for sustainability in health care capital works</i>. The guidelines set out minimum design targets and provide advice and guidance on how to build sustainable and resilient health services and buildings. <ul style="list-style-type: none"> ○ Projects reviewed included the new Melton Hospital, Casey Hospital emergency expansion, Austin emergency department stabilisation, Northern Hospital and Ballarat Base redevelopment, and the new Footscray Hospital. ○ Reviews focused on electrification of existing assets, air tightness of buildings, future proofing for electric vehicles, reduction of embodied carbon and opportunities to increase use of recycled content of construction materials. ● Completion of assessments on 133 health services under the National Built Environmental Rating System (NABERS) with an average rating of 4.1 for energy (high performance) and a 3.9 rating for water (market standard). <ul style="list-style-type: none"> ○ 62 per cent of hospitals received above average NABERS ratings for energy and water. ○ Three hospitals received a 6-star rating or market leading energy rating, and 30 hospitals received 5 star or excellent rating. ○ 13 hospitals achieved a 6-star rating for water and 29 hospitals received a 5-star rating.
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- Completion of 17 energy efficiency and solar projects relating to health services, saving \$1.2 million in electricity costs, and preventing 5,500 tonnes of greenhouse gas emissions.
- Establishment of Climate Health Victoria within the Department of Health to support climate and sustainability action in Victorian health services. This includes assisting health services in the identification of emissions reduction opportunities.

Question 28 (DTP, DE, DH, DEECA) Adaptation Action Plans

Please describe the progress made and actions taken to implement the department's Adaptation Action Plan in 2023–24. What measurable impact have these actions had on addressing the impacts of climate change?

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

The Health and Human Services Adaptation Action Plan (HHS AAP) 2022-26 was released in 2022 with three key focus areas:

- improving the climate resilience of health infrastructure,
- increasing sector capability, and
- enhancing community and stakeholder engagement on climate and health issues.

The HHS AAP is delivered in partnership with the Department of Families, Fairness and Housing. The actions that the Department of Health is accountable for are on track. Measurable impacts of the HHS AAP will be formally identified and reported following a planned interim evaluation in 2025.

Actions completed in 2023-24:

- Establishment of Climate Health Victoria – a dedicated unit within the Department of Health aimed at improving the sector's climate change performance.
- The award of three Emergency Management Victoria grants for the delivery of climate risk projects in the health services, cemetery, and Aboriginal health care sectors. These projects will all be completed by early 2026.
- Through the Australian Healthcare Infrastructure Alliance (AHIA), the Victorian Health Building Authority worked with other states and territories to develop national guidance on climate adaptation for health infrastructure.
 - The Victorian Health Building Authority reviewed its property acquisition processes to investigate opportunities to better embed climate risk into the due diligence of prospective acquisitions.
 - Analysis of heat-related health impacts in Victoria, with publications in the Medical Journal of Australia, and the Australian and New Zealand Journal of Public Health.
- Partnering with the Department of Education to support their successful application to the Disaster Ready Fund Round 2 for *The Climate Resilient Education Project: Strengthening disaster resilience and empowering adaptation*.
- Continued:
 - Delivery of a quarterly climate change and public health local government newsletter as well as a monthly Climate Health Victoria newsletter to inform sector capability and stakeholder engagement on climate and health issues.
 - Delivery of public health campaigns to minimise health and wellbeing impacts associated with climate-sensitive hazards such as extreme heat.
 - Engagement with key stakeholders on climate adaptation matters including with the Commonwealth on the National Health and Climate Strategy, and the National Health Adaptation Plan.

Question 29 (all departments) Annual reports – performance measure targets and objective indicators

a) Please provide the following information on performance measures that did not meet 2023–24 targets.

Performance measure	2023–24 target (Budget)	2023–24 actual (Annual report)	Variance	Explanation	Output(s) and portfolio(s) impacted
Sub-acute care separations	39,600 (number)	34,922 (number)	-11.8%	Preliminary result. 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.	Admitted Services/Health
Number of patients admitted from the elective surgery waiting list	240,000 (number)	209,907 ²⁴⁹ (number)	-12.5%	The 2023-24 result is the highest number of annual planned surgeries in Victoria's history. Improvements in the past 12 months have been made in the face of competing access to theatres due to increasing emergency surgery and endoscopy demand. There are also ongoing system-wide workforce shortages, which continue to impact some geographic areas and specialities, such as anaesthetists.	Admitted Services/Health
NWAU (National weighted activity unit) funded emergency separations – all hospitals	774 (number - thousand)	707.5 (number - thousand)	-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. The	Admitted Services/Health

²⁴⁹ Due to timing of data extraction this annual figure may not reflect the most recent Victorian Health Services Performance data (<https://vahi.vic.gov.au/reports/victorian-health-services-performance/planned-surgery>)

				actual result is expected to be closer to target once data is finalised.	
Intensive Care Unit central line associated blood stream infections (CLABSI) per 1 000 device days	0	0.6	N/A	While the result is higher than 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.	Admitted Services/Health
Perinatal and child mortality reports received, reviewed and classified	100	58.7	-41.3%	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.	Admitted Services/Health
Non-urgent (Category 3) elective surgery patients admitted within 365 days	95.0%	81.0%	-14.0%	The 2023-24 result was lower than the target, however the result is an improvement of 6.7 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> .	Admitted Services/Health
Semi-urgent (Category 2) elective surgery patients admitted within 90 days	83.0%	64.1%	-18.9%	The 2023-24 result was lower than the target, however the result is an improvement of 8.8 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> .	Admitted Services/Health

Community palliative care episodes	18,980 (number)	16,051 (number)	-15.4%	The result is consistent with previous years. Data may not be a representation of true activity. This is being addressed to ensure greater accuracy ongoing.	Non-admitted Services/Health
Patients' experience of emergency department care	85.0%	76.7%	-8.3%	Emergency department presentation complaints may reveal causes for the lower result as they highlighted examples of 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.	Emergency Services/Health
Emergency patients treated within clinically recommended 'time to treatment'	80.0%	71.1%	-8.9%	The results for these measures being below target are due to emergency departments continuing to face sustained pressure, including changes in patient complexity. While below target, all measures have improved compared to 2022-23 performance: <ul style="list-style-type: none"> • 6 percentage point improvement on the proportion of emergency patients treated within clinically recommended time to treatment • 2 percentage point improvement on the proportion of emergency patients with a length of stay of less than four hours • 3 percentage point improvement on the proportion of ambulance patient transfers within 40 minutes 	Emergency Services/Health
Emergency patients with a length of stay of less than four hours	75.0%	54.0%	-21.0%		
Proportion of ambulance patient transfers within 40 minutes	90.0%	64.9%	-25.1%		
Additional student clinical placement days	80,000 (number)	0 (number)	-100.0%	This measure has been discontinued, as it was a temporary measure with one-off funding that concluded in 2022-23.	Health Workforce Training and Development/Health

Number of filled Victorian Rural Generalist Year 3 positions	38 (number)	27 (number)	-28.9%	The lower result is because this measure is demand driven.	Health Workforce Training and Development/Health
Number of undergraduate nursing and midwifery scholarships supported	5,000 (number)	2,569 (number)	-48.6%	The lower result is because this measure is demand driven, based on eligibility criteria. The outcome reflects the number of scholarships approved for eligible individuals.	Health Workforce Training and Development/Health
Total funded FTE (early graduate) allied health positions in public system	700 (number)	653 (number)	-6.7%	The lower result is because this measure is demand driven.	Health Workforce Training and Development/Health
Available bed days	1,153,718 (days)	1,094,629 (days)	-5.1%	The lower result is due to the temporary closure of some facilities resulting from redevelopments underway to modernise them.	Residential Aged Care/Aged Care
Percentage of low-priority clients assessed within the appropriate time in all settings	90.0%	64.0%	-26.0%	The lower result is 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.	Aged Care Assessment/Aged Care
Victorian Eyecare Service (occasions of service)	75,800 (number)	68,809 (number)	-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.	Aged Support Services/Aged Care
Clients accessing aids and equipment	27,002 (number)	25,343 (number)	-6.1%	The lower result was due to workforce capacity issues which impact organisation performance.	Aged Support Services/Aged Care
Proportion of emergency (Code 1) incidents responded to within 15 minutes – statewide	85.0%	66.3%	-18.7%	The result being below target is due to ongoing elevated demand for ambulance services (Code 1 cases), increased patient acuity, and system flow constraints, which continue to impact resource availability. Targeted	Ambulance Emergency Services/Ambulance Services

				initiatives aimed at improving system flow and reducing demand for ambulance and emergency department services have delivered positive impacts. While below target, the proportion of Code 1 response incidents responded to within 15 minutes improved by 3.5 percentage points compared to 2022-23.	
Proportion of emergency (Code 1) incidents responded to within 15 minutes in centres with more than 7,500 population	90.0%	70.2%	-19.8%	The result being below target is due to ongoing elevated demand for ambulance services (Code 1 cases), increased patient acuity, and system flow constraints, which continue to impact resource availability. Targeted initiatives aimed at improving system flow and reducing demand for ambulance and emergency department services have delivered positive impacts. While below target, the proportion of Code 1 response incidents responded to within 15 minutes improved by 3.7 percentage points compared to 2022-23.	Ambulance Emergency Services/Ambulance Services
Statewide non-emergency road transports	309,922 (number)	291,507 (number)	-5.9%	Below-target activity levels reflect a lower demand for services.	Ambulance Non-Emergency Services/Ambulance Services
Number of phone contacts from family members seeking support	10,682 (number)	10,091 (number)	-5.5%	The lower result was 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	Drug Prevention and Control/Health

				information on alcohol and other drugs' performance measure).	
Number of drug treatment activity units – residential services	78,845 (number)	66,352 (number)	-15.8%	The lower result was due to a number of issues, including increasing client complexity and operational challenges reported by some residential services (for example, workforce shortages) impacting the capacity of providers.	Drug Treatment and Rehabilitation/Health
Percentage of new clients accessing services (with no access in prior five years)	50.0%	40.2%	-9.8%	The lower result was 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.	Drug Treatment and Rehabilitation/Health
Median wait time between intake and assessment	10 (days)	13 (days)	30.0%	The higher result was due to system demand pressures, including workforce shortages.	Drug Treatment and Rehabilitation/Health
Median wait time between assessment and commencement of treatment	20 (days)	41 (days)	105.0%	The higher result was due to system demand pressures, including workforce shortages and increased client complexity requiring longer treatment periods.	Drug Treatment and Rehabilitation/Health
Clinical inpatient separations	31,165 (number)	26,674 (number)	-14.4%	The lower result was 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).	Mental Health Clinical Care/Mental Health
Number of community service hours (aged)	196 (number – thousand)	181 (number – thousand)	-7.7%	The lower result was due to health services still facing some challenges in recruiting the specialist workforce needed to support older consumers.	Mental Health Clinical Care/Mental Health
Percentage of occupied bed days (residential)	80.0%	71.0%	-9.0%	The lower result was due to a number of residential beds being closed as a	Mental Health Clinical Care/Mental Health

				result of staffing shortages, capital works and refurbishment.	
Percentage of consumers who rated their overall experience of care with a service in the last 3 months as positive	80.0%	70.0%	-10.0%	While the result was lower, this is an improvement from last year of 4 per cent. 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. The department will continue to work with services to improve the consumer experience.	Mental Health Clinical Care/Mental Health
Percentage of families/carers reporting a 'very good' or 'excellent' overall experience of the service	80.0%	45.0%	-35.0%	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. The department will continue to work with services to improve carer experience.	Mental Health Clinical Care/Mental Health
Percentage of families/carers who report they were 'always' or 'usually' felt their opinions as a carer were respected	90.0%	74.0%	-16.0%		
Percentage of mental health-related emergency department	81.0%	42.0%	-39.0%	The lower result was due to multiple systemic factors, including sustained high levels of complex mental health	Mental Health Clinical Care/Mental Health

presentations with a length of stay of less than 4 hours				emergency department presentations, workforce shortages, and high demand for inpatient care.	
Percentage of new consumers accessing services (with no access in prior five years)	45.0%	39.0%	-6.0%	The lower result was due to the increasing complexity and acuity of consumers presenting to mental health services, resulting in longer lengths of treatment across various service streams.	Mental Health Clinical Care/Mental Health
Percentage of departures from emergency departments to a mental health bed within 8 hours	80.0%	46.8%	-33.2%	The lower result was 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.	Mental Health Clinical Care/Mental Health
Bed days	62,744 (number)	52,302 (number)	-16.6%	The lower result was because more care has been delivered in non-bed-based services, reflecting the type of care required by consumers.	Mental Health Community Support Services/Mental Health
Rate of admissions for ambulatory care sensitive chronic conditions for Aboriginal Victorians	14.4	22.1	7.7%	The higher result is 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 ongoing impacts of colonisation, racism in mainstream health service, 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	Community Health Care/Health

				higher rates of presentations in emergency departments.	
Persons treated (dental)	332,150 (number)	286,669 (number)	-13.7%	The lower result was 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.	Dental Services/Health
Priority and emergency clients treated (dental)	249,100 (number)	219,870 (number)	-11.7%	The lower result was 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.	Dental Services/Health
Total number of Maternal and Child Health Service clients (aged 0 to 1 year)	80,000 (number)	71,500 (number)	-10.6%	Preliminary result reported. The lower result was due to a lower than projected Victorian birthrate.	Maternal and Child Health and Early Parenting Services/Health
Inspections of radiation safety management licences	480 (number)	452 (number)	-5.8%	The lower result was due to workforce capacity issues.	Health Protection/ Health
Number of HIV and sexually transmissible infections tests conducted at PRONTO!	12,500 (number)	8,654 (number)	-30.8%	The lower result is 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.	Health Protection/ Health

Persons screened for prevention and early detection of health conditions – pulmonary tuberculosis screening	2,000 (number)	1,537 (number)	-23.2%	The lower result is 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.	Health Protection/ Health
Number of sales to minors test purchases undertaken	3,000 (number)	2,160 (number)	-28.0%	Preliminary result. The lower result was 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.	Health Advancement/ Health

b) Please provide the following information for objective indicators where data was not available at publication of the annual report 2023–24.

Objective indicators stated in annual report for which data was not available at date of publication	Best available data for 2023–24 and relevant date	Explanation for the absence of data in annual report	Action taken to ensure timely data for 2023–24 annual report
SafeScript-monitored prescription drug involved in overdose deaths (number per 100,000 population)	Not available	Data unavailable at the time of publishing	Data was unavailable at the time of the publication of the 2023/24 Annual Report. Data will be collected from the Coroner's Court for the 2024/25 Annual report however this will be data containing a 6-month lag.
Patients hospitalised for selected conditions who did not receive appropriate screening (per cent)	Not available	Data unavailable at the time of publishing	Data for this measure is required from the Commonwealth. The Department is engaged with the Commonwealth to seek updated actuals for inclusion in the 2024-25 Annual Report.

Question 30 (all departments and entities) Challenges experienced by department/agency

Please list a minimum of three main challenges/risks faced by the department/agency in 2023–24.

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

	Challenge experienced	Internal/ External	Causes of the challenge	Action taken to manage the challenge/risk
1.	Financial sustainability of the health sector	External	<ul style="list-style-type: none"> High inflation rate increasing hospital costs substantially. Increasing demand for health services from a growing population. Costs related to COVID-19 still being removed. Ability for hospitals to increase third party revenue is limited. 	<ul style="list-style-type: none"> Department undertook intensive engagement with health services to identify financial performance issues and has directed hospitals to develop financial management improvement plans and cost containment strategies. Applied broad sector savings and efficiency program managed through the Health Finance Board. The value of the savings and efficiency measures is over \$4.9 billion over 4 years, which is \$169m in 2023-24. Identify opportunities to use hospital cash resources built up over time to support operations and ensure patient services are delivered. Reviewing opportunities for hospitals to generate new / additional revenue through own source revenue strategies. Maximising opportunities for Commonwealth revenue contributions. Provision of additional direct cash support of \$1.6 billion in 2023-24, to support the minimum cash requirements of hospitals.
2.	Pressure on Victorian hospitals and Ambulance Victoria (AV) to provide timely emergency care and treatment	External	<p><i>Emergency departments</i></p> <ul style="list-style-type: none"> Continued increase in presentations at emergency departments (EDs) 	<p>Work is underway right across the system to reduce pressure on emergency care. This includes helping people access the right care for them away from ambulance and emergency department when they do not need it.</p> <p><i>Victorian Virtual Emergency Department</i></p> <ul style="list-style-type: none"> VVED provides free virtual emergency care via video consultations for adults and children experiencing non-life-threatening emergencies (category 4 and 5)

			<ul style="list-style-type: none"> • Changes in patient complexity impact timeliness as the emergency system continues to deal with deferred care and sicker patients • System wide pressures impacting patient flow and length of stay. <p><i>Ambulance services</i></p> <ul style="list-style-type: none"> • Ongoing elevated demand for ambulance services (Code 1 cases) • Increased patient acuity • System flow constraints increasing time at hospital continue to impact resource availability and, consequently, response times. 	<p>across Victoria. In 2023-24, VVED saw 195,924 patients, with over 85% cared for without having to present in person to an ED.²⁵⁰</p> <p><i>Urgent Care Clinics (Formally called Priority Primary Care Centres - PPCCs)</i></p> <ul style="list-style-type: none"> • 29 clinics for 7-day, early to late, walk in service for non-life-threatening conditions to receive immediate healthcare • Approximately 7,000 patients 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.²⁵¹ <p><i>Secondary Triage</i></p> <ul style="list-style-type: none"> • Service for AV paramedics to connect patients to alternative care services at the point of call and infield. • Almost 20 per cent of Triple Zero callers were managed without an emergency ambulance or trip to an emergency department via Secondary Triage services²⁵² • 156,149 people who did not need an emergency ambulance were connected to more appropriate care²⁵³. <p><i>Medium Acuity Transport Services</i></p> <ul style="list-style-type: none"> • Ensuring less urgent calls in need of an ambulance response get the right care • Responded to around 90 patients a day in 2023-24, freeing up emergency crews by almost 14 per cent²⁵⁴. <p><i>Timely emergency care collaborative</i></p> <ul style="list-style-type: none"> • Multi-year program to improve timeliness of emergency care in 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 operations²⁵⁵. <p><i>Better At Home</i></p>
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²⁵⁰ [Department of Health Annual Report](#), p.28

²⁵¹ [Department of Health Annual Report 2023-24](#), p.23

²⁵² [Department of Health Annual Report 2023-24](#), p.28

²⁵³ Ambulance Victoria Annual Report 2023-24, p.4

²⁵⁴ [Department of Health Annual Report 2023-24](#), p.28

²⁵⁵ [Department of Health Annual Report 2023-24](#), p.28

				<ul style="list-style-type: none"> • Better at home program continues to create additional inpatient capacity, by providing people with care at home • In 2023-24, the Better at Home program has helped Victoria deliver more than 420,000 bed days at home to over 72,000 patients²⁵⁶. <p><i>Infrastructure investments</i></p> <ul style="list-style-type: none"> • Investments in expanding capacity of hospital emergency departments across Victoria including: <ul style="list-style-type: none"> ○ new emergency departments as part of new hospital development ○ expansion and refurbishment of existing emergency departments ○ specialist paediatric emergency departments <p>specialist mental health and alcohol and other drug emergency department crisis hubs.</p>
3.	Delivery of mental health reform	External and internal	<ul style="list-style-type: none"> • Emergency departments are often used as an entry point to the mental health system • Increasing demand on services (volume / complexity / acuity of patients) • Some infrastructure is not fit for purpose for contemporary models of care <p>Continued workforce shortages</p>	<p><i>Mental health and Alcohol and Other Drug (AOD) hubs</i></p> <ul style="list-style-type: none"> • Each mental health and wellbeing region to have at least one emergency department able to provide mental health and AOD, treatment, care and support • Mental Health and AOD hubs are currently open at Barwon Health, Sunshine Hospital, St Vincent’s Hospital, Monash Medical Centre and Royal Melbourne Hospital. <p><i>Acute mental health bed expansion</i></p> <ul style="list-style-type: none"> • Delivery of 179 additional acute mental health beds across the state to reduce bottlenecks in decanting patients from emergency departments. <p><i>Hospital in the home</i></p> <ul style="list-style-type: none"> • Provision of admitted care in the comfort of the patient’s home (or other suitable location) as an alternative to an in-hospital stay and to reduce escalation to emergency departments. <p><i>Mental Health and Wellbeing Locals (Local Services)</i></p>

²⁵⁶ [Department of Health Annual Report 2023-24](#), p.24

				<ul style="list-style-type: none"> Local Services are a new service stream in Victoria’s mental health and wellbeing system, providing community-based and free treatment, care and support to Victorians closer to home. In December 2023, nine more Mental Health and Wellbeing Local Services commenced initial services to support communities bringing the total to 15 locals opened since October 2022. As of 30 September 2024, over 12,000 people have been supported since Local Services commenced Maturity of the social prescribing trials established in six Mental Health and Wellbeing Locals has delivered support for people to engage in community activities. This supports meaningful social connection and belonging, recognising that community plays a critical role in strengthening connection and wellbeing, and can reduce unnecessary pressure on the health system. <p><i>Specialist inpatient services</i></p> <ul style="list-style-type: none"> Provision of additional capacity and appropriate services for mental health clients with specific and intersectional needs 12 new eating disorder beds will be delivered at the state-wide Residential Eating Disorder Treatment Centre at Alfred Health, with construction of the centre forecast for completion in early 2025. 10 new dual diagnosis beds at Western Health will increase capacity to address the needs of those with co-occurring alcohol and drug and mental health treatment needs. <p><i>Consultation liaison psychiatry services</i></p> <ul style="list-style-type: none"> Improve quality of care, reduce length of stay, manage behavioural disturbances and improve safe discharge planning Continuation of an uplift in consultation liaison psychiatry services that provide mental health services to patients in the emergency department and general medical wards Evidence shows that consultation liaison can produce reductions in length of stay, readmission rates and result in savings in terms of bed-days. <p><i>High quality and therapeutic bed-based services</i></p> <ul style="list-style-type: none"> Improving access to acute care for those experiencing mental illness
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				<ul style="list-style-type: none"> • Operationalising 72 beds in Victoria’s mental health system: <ul style="list-style-type: none"> ○ 22 acute mental health beds at the Royal Melbourne Hospital ○ continuing 28 beds and opening 10 new beds to support consumers with co-occurring mental health and AOD needs ○ increase the availability of supports for people with an eating disorder, through the opening of a new 12 bed state-wide residential eating disorder treatment centre • 24 Hospital in the Home beds at Orygen Youth Health and Barwon Health. <p><i>Community Mental Health Expansion Program</i></p> <ul style="list-style-type: none"> • \$33.4 million grant program to expand community mental health service capacity. • The Community Mental Health Expansion Program aims to <ul style="list-style-type: none"> • increase mental health community service capacity by addressing the critical need for appropriate accommodation • improve service efficiency to better address demand pressures and reducing waiting times, enhancing the overall quality of care provided. <p><i>Growing the mental health workforce</i></p> <ul style="list-style-type: none"> • Creation of a dedicated graduate program that offers graduate opportunities for not only clinical but also lived and living experience and other wellbeing disciplines in all existing Local Services • The program will deliver 47 FTE of clinical and 60 FTE of wellbeing graduate positions commencing in 2025 and 2026. <p><i>Re-orientation towards prevention</i></p> <ul style="list-style-type: none"> • Engagement with a range of system partners, lived experience and cross sector stakeholders in the development of the new Suicide Prevention and Response Strategy and Wellbeing Strategy for release in 2024-25. These strategies lay solid foundations to promote wellbeing, reduce the prevalence of mental distress, suicidality and alcohol and drug related harms with the aim of delivering more equitable wellbeing outcomes and over the long term, reducing demand of the health system. <p><i>Supporting Aboriginal social and emotional wellbeing</i></p>
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				<ul style="list-style-type: none">• Building a skilled and qualified Aboriginal mental health and social and emotional workforce through:<ul style="list-style-type: none">• The Aboriginal Social and Emotional Wellbeing Scholarship program – 49 students, studying a mental health related discipline at either undergraduate or post-graduate level, have been awarded a scholarship since the program commenced in 2022• The Aboriginal Mental Health Traineeship program – this program is supporting Aboriginal people to undertake supervised workplace training and clinical placements in adult area mental health services, over three years, while concurrently completing a Bachelor of Science (Aboriginal Mental Health) degree (distance study mode) through Charles Sturt University, NSW. On successful completion of the traineeship program and three-year degree, area mental health services offer full-time ongoing employment to trainees who have graduated as qualified mental health clinicians.• The establishment and expansion of multi-disciplinary Aboriginal social and emotional wellbeing teams across the state in Aboriginal community-controlled health organisations to provide self-determined and culturally responsive social and emotional wellbeing supports and services to local communities.
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Question 31 (all departments) Lapsed or abolished bodies

Please list all existing bodies (authorities, offices, commissions, boards and/or councils) within the department that either lapsed or were abolished in 2023–24 and provide the following information:

- Date body lapsed/abolished
- Reason for closure of the body
- How much money is expected to be saved (if any) by the organisation's abolition
- How many staff (FTE) are expected to impacted by the organisation's closure

Name of the body	Date body abolished/lapsed	Reason for closure	Anticipated savings from closure	Number of staff (FTE) impacted
Mental Health Complaints Commission	1 September 2023	Replaced by Mental Health and Wellbeing Commission	Nil (functions transferred to new entity)	35.93 FTE employed at time of closure. 32.33 FTE transferred to Mental Health and Wellbeing Commission, with the remainder being fixed term contracts or internal secondments
Latrobe Health Advocate	30 May 2024	Functions no longer required or covered by other bodies	\$750,000 per annum	3.6
Pandemic Management Legislation Independent Review Panel	28 May 2024	Established for a specific and time limited purpose per section 165CE(1) of the <i>Public Health and Wellbeing Act</i>	\$240,000 per annum	none

Question 32 (all departments) Newly created bodies

Please list all newly created bodies (authorities, offices, commissions, boards and/or councils) created within the department in 2023–24 and provide the following information:

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

Name of the body	Date body created	Expenditure in 2023–24	FTE staff	Purpose/function(s) of the body	Who the head of the newly created body directly reports to
Mental Health and Wellbeing Commission	1 September 2023	\$7,289,339	42.13 (at 30 June 2024)	The objectives and functions of the Commission are specified in sections 413 and 415 respectively of the <i>Mental Health and Wellbeing Act 2022</i> .	Commissioners are appointed by the Governor in Council on the recommendation of the Minister for Mental Health. The CEO of the Commission reports to the Commissioners.

Section I: Implementation of previous recommendations

Question 33 (relevant departments only)

- a) Please provide an update on the status of the implementation of each of the below recommendations that were made by the Committee in its *Report on the 2021–22 and 2022–23 Financial and Performance Outcomes* and supported and supported-in-principle by the Government.

Department	Recommendations supported by Government	Actions taken at 30 September 2024
Department of Health	Victorian Government Departments, the Parliamentary Departments and Court Services Victoria provide a breakdown of the additional funding received when accounting for discrepancies between budgeted and actual revenue in response to the Committee’s future general questionnaires.	Where available, the department has included detail on the differences between budgeted and actual revenue in the relevant questionnaire responses. Please refer to question 14 in this questionnaire.

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

Department	Recommendations supported by Government	Actions taken at 30 September 2024
Department of Health	The Department of Health develop performance measures to evaluate the effectiveness of the TREVI and CHRIS systems.	<p>The department developed internal measures to monitor Transmission and Response Epidemiology Victoria’s (TREVI) performance during the COVID-19 emergency, those measures were:</p> <ul style="list-style-type: none"> • new positive cases contacted within 24 hours of the department being notified of a positive test result • new positive cases interviewed within 24 hours of the department being notified of a confirmed case • known contacts being notified within 48 hours of the department becoming aware of a known contact. • new positive cases referred to the COVID-positive pathways program, cases in self-care or in-care pathways • the number of statewide outbreaks being managed at a point-in-time. <p>As the Critical Health Resource Information System (CHRIS) is funded predominantly by the Commonwealth Government, and is a national system, it would not be appropriate for the Victorian Government to develop separate performance measures.</p>
Department of Health	The Department of Health provide a more detailed breakdown of its COVID-19 expenditure for each financial year, including as is practicable a list of the budget allocated, and amount spent on relevant initiatives and program.	<p>Detailed breakdowns of COVID-19 expenditure were provided in the FPO Questionnaire for 2021-22, 2022-23 hearing. Line items of budget and initiatives are reported in the state budget papers²⁵⁷ and the Department’s annual report.²⁵⁸</p> <p>Budget was allocated to Victoria’s pandemic program in 2023-24, which encompassed a range of activities broader than COVID-19.²⁵⁹</p>

²⁵⁷ <https://www.dtf.vic.gov.au/state-budget/previous-budgets>

²⁵⁸ <https://www.health.vic.gov.au/publications/annual-reports>

²⁵⁹ [2023-24 State Budget – Service Delivery](#), page 54

Section J: Department of Treasury and Finance only

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

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

Regarding the ‘net cash flows from investments in financial assets for policy purposes’ in the GGS cash flow statement for 2023–24, please provide:

- a) the top five projects that contributed to the variance recorded in each year
- b) the initial budget estimate (not the revised estimate) for net cash flow in 2023–24 (source: 2023–24 BP5 p. 9) and the actual net cash flow in 2023–24
- c) an explanation for variances between budget estimate and actual net cash flow.

	Project name	Department	Output(s) and portfolio(s)	Estimated net cash flow in 2023–24	Actual net cash flow in 2023–24	Variance explanation
1.						
2.						
3.						
4.						
5.						
	Other					
Total net cash flow						

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

Regarding the ‘purchases of non-financial assets’ by the GGS in 2023–24 (source: 2023–24 BP 5, pg. 30), please compare the initial budget estimate for each department to the actual value of ‘purchases of non-financial assets’ for each department, explaining any variances equal to or greater than $\pm 10\%$ or \$100 million (please fill all blank spaces) and then link it to the relevant output and portfolio. For variance greater than $\pm 10\%$ or \$100 million, please provide a breakdown of the non-financial asset purchased.

By department	Types of non-financial assets	Initial budget estimate 2023–24 \$ million	Actual 2023–24 \$ million	Variance (%)	Variance explanation	Relevant Output(s) and portfolio(s)
Department of Health						
Department of Families, Fairness and Housing						
Department of Jobs, Skills, Industry and Regions						
Department of Transport and Planning						
Department Education						
Department of Justice and Community Safety						
Department of Energy, Environment and Climate Action						
Court Services Victoria						
Department of Premier and Cabinet						
Department of Government Services						
Department of Treasury and Finance						
Parliamentary Departments						

Question 36 (DTF only) Revenue initiatives

Regarding the revenue initiatives announced in the 2023–24 Budget, please provide an explanation for the variances equal to or greater than ±10% or \$100 million between budget estimates and the actual results.

Initiative	2023–24 budget estimate (\$ million)	2023–24 actual (\$ million)	Explanation for any variance ±10% or \$100 million

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

Regarding expenses of the GGS in 2023–24 (source: 2023–24 BP5, p. 28), please compare the initial budget estimates (not the revised estimate) for each department to the actual expenses for each department, explaining any variances equal to or greater than ±10% or \$100 million (please fill all blank spaces) and then link it to the relevant output and portfolio.

By department	Initial budget estimate 2023–24 \$ million	Actual 2023–24 \$ million	Variance (%)	Variance explanation	Relevant output(s) and portfolio(s)
Department of Health					
Department of Families, Fairness and Housing					
Department of Jobs, Skills, Industry and Regions					
Department of Transport and Planning					
Department Education					
Department of Justice and Community Safety					
Department of Energy, Environment and Climate Action					
Court Services Victoria					
Department of Premier and Cabinet					
Department of Government Services					
Department of Treasury and Finance					
Parliamentary Departments					

Question 38 (DTF only) Economic variables

Please indicate the estimated and actual result for the following economic variables. For the estimate, please use the initial estimate used in preparing the 2023–24 budget papers. For any variance equal to or greater than ±0.5 percentage points, please provide an explanation for the variance. Please fill all blank spaces.

Economic variable	Budget estimate 2023–24	Actual 2023–24 result	Variance	Explanation for variances equal to or greater than ±0.5 percentage points
Real gross state product				
Labour force participation rate				
Unemployment rate – overall				
Unemployment rate – male				
Unemployment rate – female				
Underemployment rate				
Youth unemployment				
Youth underemployment				
Consumer price index				
Wage price index				
Population				
Household consumption				
Property prices				
Property volume				
Employee expenses				

Section K: Treasury Corporation of Victoria only

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

Please indicate how many PPP/alliance contracting projects (and which ones) TCV provided 'project advisory services' for in 2023–24. For each project, please also specify if the project is a newly confirmed engagement or if it was for a project that was already underway.

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Please indicate how many business cases TCV provided (and which clients these were for) as part of its 'project advisory services' in 2023–24. For each business case, also specify if the project forms part of the Department of Treasury and Finance's Gateway Review Process.

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