



PARLIAMENT OF VICTORIA

Public Accounts and Estimates Committee

2019-20 Budget Estimates General Questionnaire

Department of Health and
Human Services

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2019-20 Budget Estimates questionnaire

Introduction

The Committee's inquiry into the 2019-20 budget estimates examines the Government's expenditure and revenue.

The Committee's budget estimates inquiry aims to benefit the Parliament and the community by:

- promoting the accountability, transparency and integrity of the executive and the public sector
- encouraging effective and efficient delivery of public services and assets
- enhancing the understanding of the budget estimates and the wider economic environment
- assisting members of Parliament in their deliberation on the appropriation bills.

This questionnaire seeks information about how the budget affects each department, including how budget allocations are connected to service delivery, infrastructure projects and assets, and other key economic, financial management and emerging issues.

Timeline and format

Responses to this questionnaire are due by **5.00pm on Wednesday 1 May 2019**.

It is essential that the Committee receive responses by this date to allow sufficient time to consider them before the budget estimates hearings.

In responding to questions, where directed, please use the relevant Excel worksheet in the attached document.

The completed questionnaire and Excel worksheets should be sent (in the format received) to: paec@parliament.vic.gov.au.

A signed copy of the completed questionnaire should also be provided to:

Dr Caroline Williams, Executive Officer
Public Accounts and Estimates Committee
Level 3, 55 St Andrews Place
EAST MELBOURNE VIC 3002

Guidance for questionnaire

Consistency with the budget papers

Whenever referring to an initiative (including output, asset and savings initiatives) that is also referred to in the budget papers, please use the same name as is used in the budget papers. This ensures that the Committee can correlate the information provided by the Department with the information in the budget papers.

Whenever providing details about the Department (including amounts of funding, anticipated expenditure and revenue and savings targets), please provide figures for the Department on the same basis of consolidation as is used in the budget papers.

Specific guidance

Additional guidance is provided for particular questions in the questionnaire.

For any inquiries on this questionnaire, please contact the Committee secretariat:

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Revenue and expenditure

Question 1

Budget Paper No.5: Statement of Finances provides a comprehensive operating statement that details each department's revenue and expenses on an accrual basis reflecting the cost of providing its output.

For each line item of the comprehensive operating statement if there is a variance of greater than 10 per cent (positive or negative) or greater than \$100 million (positive or negative), please explain the driver for the variance for the following 5 comparatives:

- a) 2017-18 revised (2018-19 budget paper) compared to the 2017-18 actual (2019-20 budget paper)
- b) 2017-18 budget (2018-19 budget paper) compared to the 2017-18 actual (2019-20 budget paper)
- c) 2018-19 budget (2018-19 budget paper) compared to the 2018-19 revised (2019-20 budget paper)
- d) 2018-19 revised (2019-20 budget paper) compared to the 2019-20 budget (2019-20 budget paper)
- e) 2017-18 actual (2019-20 budget paper) compared to the 2018-19 revised (2019-20 budget paper).

Guidance

Variance – refers to the change in value, whether it be year on year or from one set of budget papers to the next.

Driver – refers to the main reason for the variance.

Where the variance is in 'Other operating expenses', please supply the relevant expense category.

Response

Please refer to **Question 1** of the Excel spreadsheet for response.

Revenue – new and existing initiatives

Question 2

For all new and existing revenue initiatives that have changed in the 2019-20 budget papers as compared to the 2018-19 budget papers, for the 2019-20 year, please provide the:

- a) name of the initiative and any sub-programs
- b) reason for the new initiative and any sub-programs/change to the initiative and any sub-programs
- c) expected outcome/benefit for the Victorian community of the new initiative and any sub-programs/change to the initiative and any sub-programs
- d) nature of the impact on service delivery
- e) performance measures and targets altered as a result of the new initiative and any sub-programs/change to the initiative and any sub-programs
- f) anticipated revenue in financial year 2019-20 and over the forward estimates (2020-21, 2021-22 and 2022-23) gained or foregone as a result of the new initiative and any sub-programs /change to the initiative and any sub-programs.

Response

The Department of Health and Human Services does not have any revenue initiatives that have changed in the 2019-20 Budget Papers as compared to the 2018-19 Budget Papers.

Expenditure – new programs and initiatives (output and asset)

Question 3

For all new programs and initiatives (output and asset) in the 2019-20 budget papers, (that were not in the 2018-19 budget papers), please provide the:

- a) name of the program/initiative and any sub-programs
- b) expenditure in financial year 2019-20 on the program/initiative and any sub-programs
- c) details of how it will be funded (i.e. has the Department applied for additional funding or will there be an internal trade-off of existing capabilities?).

Response

Please refer to **Questions 3a and 3b** of the Excel spreadsheet for response.

Expenditure – lapsing programs (output initiatives including grants)

Question 4

For all programs (output initiatives including grants) with total funding of equal to or greater than \$5 million, that were to lapse in financial year 2018-19, where funding is to be extended in the 2019-20 Budget, please provide the:

- a) name of the program and any sub-programs
- b) expenditure in the financial years 2018-19 and 2019-20 (and where relevant, future years)
- c) details of how the program and any sub-programs will be funded (i.e. has the Department applied for additional funding or will there be an internal trade-off of existing capabilities?)
- d) evidence of the continued need for the program and any sub-programs, and the role for Government in delivering it
- e) evidence of the program's progress toward its stated objectives and expected outcomes, including an alignment between the program and any sub-programs, its output (as outlined in *Budget Paper No.3: Service Delivery*), departmental objectives and any government priorities
- f) evidence of the program and any sub-programs being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices
- g) extent and level of efficiencies realised in the delivery of the program and any sub-programs
- h) information about what the nature of the impact of the program and any sub-programs ceasing would be and what strategies have been identified to minimise negative impacts
- i) evidence that the extended funding reflects the true cost required to deliver the program and any sub-programs.

Response

Please refer to **Questions 4a and 4b** of the Excel spreadsheet for response.

Question 5

For all programs (output initiatives including grants) with total funding of equal to or greater than \$5 million that are to lapse in 2018-19, please provide the:

- a) name of the program and any sub-programs
- b) expenditure in the financial year 2018-19
- c) reasons why the program and any sub-programs were established
- d) details of who (describe the type of users for example, health care providers, families, volunteers etc.) and how many used the program and any sub-programs, and evidence of the outcomes achieved
- e) reasons why further funding is not being sought
- f) nature of the impact of ceasing the program and any sub-programs
- g) strategies that are being implemented to minimise negative impacts.

Response

Please refer to **Question 5** of the Excel spreadsheet for response.

Advertising – expenditure

Question 6

Please provide a list of forecast/budgeted advertising expenditure for the Department and its portfolio agencies in 2019-20 and across the forward estimates, including the following:

- a) total expenditure
- b) breakdown of expenditure by medium (for example, radio/TV/print/social media etc.)
- c) campaign title and date
- d) objectives and outcomes
- e) global advertising costs for recruitment (i.e. it is not necessary to breakdown costs for recruitment of every vacancy).

Response

Advertising planned for 2019-20

The Department of Health and Human Services (DHHS) is not in a position to provide a forecast of advertising expenditure in the 2019-20 budget or across the forward estimates. Forecasting of the 2019-20 advertising expenditure at this time would be limited in its accuracy, as communication priorities, availability of advertising space and media costs may vary significantly over the year. To ensure data is accurate and useful, the government's annual advertising expenditure is published at the end of each year, only after advertising placements and expenditure have been finalised and confirmed.

The Victorian Government prepares an Annual Advertising Plan (AAP), enabling all campaign advertising proposed by government departments and agencies to be considered and assessed carefully, thus ensuring alignment with the government's strategic priorities. As with all other government departments, advertising proposed by this department is subject to this annual planning process.

This year, the finalisation of the government's 2019-20 AAP has been delayed; in part, this is due to the postponement of the 2019-20 State Budget. A summary of the 2019-20 AAP will be published in the second half of 2019, thus providing transparency regarding government advertising planned for the year.

Reporting on advertising expenditure for 2019-20

As in previous years, at the end of 2019-20, the department will publish an annual report inclusive of total advertising expenditure for that year. Previous years' total government advertising expenditure reports can be found at www.vic.gov.au/advertising-plans-and-spend.

Further, it should be noted that departments and agencies are required to publish within their annual reports details of expenditure on individual campaigns the advertising costs greater than \$100,000. As in previous years, expenditure on major advertising campaigns undertaken by the department in 2019-20 will be published in the department's 2019-20 annual report.

Recruitment advertising

It is difficult to forecast advertising expenditure for 2019-20 as it is dependent largely on type and number of roles advertised. Recruitment advertising for individual positions within the department and its portfolio agencies is undertaken on an 'as needs' basis. Where relevant, advertising is usually through more cost effective online platforms than the print media.

Capital assets

Question 7

Budget Paper No.5: Statement of Finances provides cash flow statements for departments.

Budget Paper No.4: State Capital Program provides the capital projects undertaken by departments.

For the 'Payments for non-financial assets' line item in the cash flow statement, please provide a breakdown of these costs and indicate to which capital project they relate.

If any other line items in the cash flow statement comprises expenditure on Public Private Partnerships (PPPs), please list the PPP it relates to and the cost.

Response

Please refer to **Question 7** of the Excel spreadsheet for response.

Public Private Partnerships – expenditure

Question 8

Budget Paper No.5: Statement of Finances provides a comprehensive operating statement that details each department's revenue and expenses on an accrual basis reflecting the cost of providing its output.

In the comprehensive operating statement please identify all expenditure on Public Private Partnerships (PPP) by line item, and provide a breakdown of these costs and indicate to which project they relate.

Response

Please refer to **Question 8** of the Excel spreadsheet and **Question 17** of the Word document for response.

Carryover funding for payments for non-financial assets

Question 9

For the line item 'payments for non financial assets' for 2019-20 in the departmental cash flow statement in the Statement of Finances budget paper, please identify the amount that is expected to be funded using funds carried over from 2018-19.

Response

The department re-cash flowed \$469.8 million from 2018-19, of which \$368.1 million will be utilised in 2019-20 to fund payments for non-financial assets.

Savings initiatives from past budgets

Question 10

For each of the savings initiatives detailed in the 2016-17 Budget, 2017-18 Budget, 2018-19 Budget and 2019-20 Budget, please detail (on the same basis of consolidation as the budget papers):

- a) how the Department will meet the various savings targets in 2019-20
- b) the nature of the impact that these actions will have on the delivery of services during 2019-20
- c) the Department's savings target for 2019-20, with an explanation for any variances between the current target and what was originally published in the budget papers when the initiative was released. If the change in Government affected the implementation of these measures, please provide a more detailed explanation.

Response

Please refer to **Question 10** of the Excel spreadsheet for response.

Use for funds saved from other programs or initiatives

Question 11

In relation to any programs or initiatives that have been reprioritised, curtailed or reduced for 2019-20 (including lapsing programs), please identify:

- a) the amount expected to be spent under the program or initiative during 2019-20 at the time of the 2018-19 Budget
- b) the amount currently to be spent under the program or initiative during 2019-20
- c) the use to which the funds freed by this reduction will be put. Please include the name(s) of any program or initiative that will be funded or partially funded.

Response

Programs where funding is lapsing in 2018-19 are identified in **Question 5** above.

No specific initiatives or programs have been identified for reprioritisation to other initiatives as part of the 2019-20 State Budget.

Performance measures – new

Question 12

For all new performance measures in *Budget Paper No.3: Service Delivery*, please provide:

- a) a description/purpose of the measure
- b) the assumptions and methodology underpinning the measure (including how the supporting data is calculated or derived, source and frequency of data collection, as well as any other business rules and assumptions)
- c) how the target was set
- d) the shortcomings of the measure
- e) the methodology behind estimating the expected outcome for the 2019-20 year, in the 2019-20 budget paper.

Response

Please refer to **Question 12** of the Excel spreadsheet for response.

Performance measures – modifications

Question 13

For all existing performance measures with an associated target that has been modified in *Budget Paper No.3: Service Delivery*, in the 2019-20 budget papers as compared to the 2018-19 budget papers, please provide:

- a) a description/purpose of the measure
- b) the previous target
- c) the new target and how it was set
- d) the justification for changing the target
- e) an explanation of why the target was not met last year, if applicable
- f) the methodology behind estimating the expected outcome in the 2019-20 Budget.

Response

Please refer to **Question 13** of the Excel spreadsheet for response.

Performance measures – annual review and assessment

Question 14

What is the process undertaken:

- a) internally by the Department in performing the annual review and assessment of objectives, outputs, performance measures and targets
- b) with the Department of Treasury and Finance to ensure departmental objectives, outputs, performance measures and targets continue to be relevant and robust.

Response

The process the Department of Health and Human Services (the department) undertakes to perform the annual review and assessment of objectives, outputs, performance measures and targets is in line with guidance and information provided by Department of Treasury and Finance (DTF), as DTF is the lead on the government process. The department provides DTF with drafts and updated performance statements at key stages of the annual review cycle, covering several months. The process is designed to provide opportunities for analysis, consultation and negotiation of the department's performance statement so that it continues to be relevant and robust.

The department performs its annual review and assessment of objectives, outputs, performance measures and targets in alignment with the requirements set out in the DTF's Resource Management Framework (see: <https://www.dtf.vic.gov.au/planning-budgeting-and-financial-reporting-frameworks/resource-management-framework>). The department identifies proposed changes to the performance statement, including annual targets, and ensures the relevant portfolio Ministers agree to any proposed changes considered to be material.

The department also prepares an annual Strategic Plan, which includes longer term objectives and outcomes; this includes any immediate priority actions to support these objectives. The department's Strategic Plan informs the assessment of objectives for the department's performance statement.

Employees

Question 15

Please provide the Department's (actual/expected/forecast) Full Time Equivalent (FTE) staff numbers for the financial years ending 30 June 2018, 30 June 2019 and 30 June 2020:

- d) broken down into employee classification code
- e) broken down into categories of on-going, fixed term or casual
- f) according to their gender identification
- g) for employees identifying as Aboriginal or Torres Strait Islander or having a disability.

Response

Please refer to **Question 15** of the Excel spreadsheet for response.

Question 15 is covered in four separate spreadsheets with details pertaining specific employee groups:

- Department of Health and Human Services (DHHS)
- Safer Care Victoria (SCV)
- Victorian Agency for Health Information (VAHI)
- Family Safety Victoria (FSV).

Contractors, consultants and labour hire arrangements

Question 16

- a) What are the main gaps in the Department's capability and capacity identified in the financial years 2018-19, 2019-20 and expected in 2020-21?
- b) For the financial years ending 30 June 2018, 30 June 2019 and 30 June 2020, please detail:
 - i. the (actual/expected/forecast) Full Time Equivalent (FTE) numbers of contractors, consultants and labour hire arrangements
 - ii. the corresponding expense(s)
 - iii. the relevant occupation category for the contractors, consultants or labour hire arrangements (for example human resources, executive management, technology).
- c) Where the 2018 actual costs (in total) for the financial year ending 30 June 2018 provided in this questionnaire and the 2019 expected costs (in total) for the financial year ending 30 June 2019 provided in this questionnaire, differ by greater than 5 per cent (positive or negative) compared to what was provided in response to the Committee's 2018-19 Budget Estimates questionnaire, please explain the reason for this variance. If the Department is new or no response was provided last year, please detail the forecasting methodology.

Response

To further reduce the reliance on labour hire, consultancy and contractors the department continues to undertake assessments across the department to better understand our capability requirements. Recent analysis has identified and implemented a number of opportunities to increase capability, including strategic alliances with third party providers to enable knowledge and skill transfer to internal staff, the establishment of an internal program evaluation function along with ongoing development of internal consulting, advisory and project-based capabilities to better policy and program delivery.

Please also refer to **Question 16** of the Excel spreadsheet for response.

Public Private Partnerships – labour costs

Question 17

For all Public Private Partnerships (PPPs), please detail the total labour costs (actual/expected/forecast) in PPPs for the financial years ending 30 June 2018, 30 June 2019 and 30 June 2020.

Response

Labour costs are included in the 'Other Operating Supplies and Consumables' line item, as the Treasury Corporation Victoria (TCV) model does not specifically include the labour component of the service delivery.

Please refer also to **Question 8** of the Excel spreadsheet for response.

Enterprise Bargaining Agreements

Question 18

- a) Please list all Enterprise Bargaining Agreements (EBAs) that are expected to be completed during the 2019-20 year that affect the Department, along with an estimate of the proportion of your Department's workforce (Full Time Equivalent) covered by the EBA.
- b) Please describe the effect the EBAs listed above have had on estimates of 2019-20 employee benefits.

Response

- a) The Enterprise Bargaining Agreements (EBAs) that are expected to be completed during the 2019-20 year affecting the department include EBAs to replace the following:
 - Victorian Public Service Enterprise Agreement 2016
 - Nurses (Department of Education and Training) Agreement 2016
 - Remembrance Parks – Central Victoria Enterprise Agreement 2015-2018
 - Ambulance Victoria Enterprise Agreement 2015 (Varied and Extended)
 - Ambulance Victoria (Management and Administrative Staff) Enterprise Agreement 2017
 - Nurses and Midwives (Victorian Public Sector) (Single Interest Employers) Enterprise Agreement 2016-2020
 - Victorian Public Mental Health Services Enterprise Agreement 2016-2020
 - Victorian Institute of Forensic Mental Health Enterprise Agreement 2016-2020
 - Allied Health Professionals (Victorian Public Health Sector) Single Interest Enterprise Agreement 2016-2020.

Note: these are the EBAs within the department's portfolio with a nominal expiry date of 30 June 2020 or earlier. There is no certainty at this time that they will be completed during the 2019-20 year.

Of the EBAs listed above, where the employees are directly employed by the department, they are employed under the Victorian Public Service Enterprise Agreement 2016 (VPS Agreement) and Nurses (Department of Education and Training) Agreement. An estimate of the proportion of the department's workforce (FTE) covered by the VPS Agreement is 62.5 per cent (based on FTE levels as at July 2018). The remainder of the workforce is covered by the Disability Services Enterprise Agreement Victoria 2018.

- b) At the time of publication, estimates of the effect of the EBAs referred to in (a) above have not yet been finalised.

Relationship between the Commonwealth and Victoria

Question 19

What impact have developments at the Commonwealth level had on the 2019-20 Budget?

Response

Commonwealth funding provided to Victoria for the delivery of health and human services are considered when developing the department's input into the State Budget. The following describes the impact of Commonwealth funding decisions announced in the 2019-20 Commonwealth Budget on 2 April 2019 and other initiatives announced through-out the year.

Human Services

The 2019-20 Commonwealth Budget included funding for the following agreements relevant to the Department of Health and Human Services:

- National Housing and Homelessness Agreement (the Agreement) (\$395.3 million in 2018-19, \$406 million in 2019-20)
- National Partnership on Payments from the DisabilityCare Australia Fund (\$1.1 billion in 2018-19, \$244 million in 2019-20).

National Housing and Homelessness Agreement

The National Housing and Homelessness Agreement (NHHA) includes a requirement for States and Territories to match dedicated Commonwealth funding for homelessness services included in the Agreement. The 2019-20 Victorian Budget includes \$24.7 million for this purpose in 2019-20 and \$103.5 million in total funding over the forward estimates, which matches Commonwealth funding included in the NHHA for this purpose. (Source: 2019-20 State Budget, BP3, p. 50) This funding provides certainty to 48 agencies delivering services to people experiencing or at risk of homelessness, including early intervention, housing support and homelessness prevention. (Source: Media Release, 27 May 2019, Delivering More Public Housing for Victorians)

Commonwealth funding under the NHHA does not reflect the level of demand for social housing and homelessness services in Victoria. No Commonwealth funds are provided for growth, and indexation has not kept pace with the rising costs of housing and homelessness service provision. These issues, coupled with a lack of meaningful investment by the Commonwealth in housing and homelessness beyond the NHHA, means that Victoria must continue to respond to increasing demand for social housing and homelessness assistance.

National Disability Insurance Scheme – Payments from the DisabilityCare Australia Fund

Victoria is yet to receive any payments from the DisabilityCare Australia Fund, which was established to partially reimburse States and Territories for expenditure incurred in relation to the *National Disability Insurance Scheme Act 2013*. In the 2019-20 Commonwealth Budget, funds to Victoria for 2017-18 were rolled into the 2018-19 financial year. Victoria is owed \$1.1 billion up to 2018-19 under this Fund, an additional \$244 million in 2019-20, and a total of approximately \$2.1 billion between 2018-19 and 2022-23. (Source: 2019-20 Commonwealth Budget, BP3, p. 39)

National Centre for the Prevention of Child Sexual Abuse

The 2019-20 Commonwealth Budget included national funding of \$25.5 million from 2019-20 over six years to establish a National Centre for the Prevention of Child Sexual Abuse in response to Recommendation 9.9 of the *Royal Commission into Institutional Responses to Child Sexual Abuse*. This announcement, which was made without prior consultation, also sought matched funding from States and Territories. While Victoria accepted this recommendation in principle, Victoria has not had the benefit of seeing the Commonwealth's

costing or implementation plans for this proposal. Victoria would consider its position on funding once this engagement had occurred. (Source: 2019-20 Commonwealth Budget, BP2, p. 159)

Health, Mental Health and Ageing

National Health Reform Agreement

2019-20 is the final year of the current Addendum to the National Health Reform Agreement (the Addendum). The Addendum commits to deliver reforms designed to improve health outcomes for all Australians; ensure the sustainability of the Australian health system; and, decrease avoidable demand for public hospital services. Under the conditions of the Addendum, 2019-20 Commonwealth national health reform funding to Victorian hospitals is capped at 6.5 per cent growth, with a Commonwealth contribution rate to growth of 45 per cent.

The 2019-20 Commonwealth Budget confirms the retrospective adjustments to Victoria's 2015-16 and 2016-17 funding entitlements. The Commonwealth Budget also estimates the Commonwealth contribution to Victoria for National Health Reform for 2019-20 at \$5.9 billion. This is overstated as it was based on activity estimates submitted before final funding entitlements for 2017-18 were known. The Commonwealth contribution to Victoria in 2019-20 for National Health Reform funding is estimated to be closer to \$5.5 billion.

The Commonwealth, States and Territories are currently negotiating a National Health Reform Agreement Addendum to take effect from 1 July 2020 to 30 June 2025. The Commonwealth Heads of Agreement proposes to maintain the conditions of the current Addendum. Victoria is advocating for a return to the conditions of the enduring 2011 National Health Reform Agreement, with a 50 per cent Commonwealth contribution to growth and no cap on funding growth.

Recently pledged Commonwealth funding for Health Infrastructure and Medical Research

Prior to the 2019-20 Commonwealth Budget, the Commonwealth Health Minister announced a \$496 million *Health and Medical Research Plan* (the Plan) over 10 years 'to establish Victoria as a global health and medical research hub'. The Plan includes spending in the following areas:

- state-of-the-art cancer research and treatment (\$116 million)
- new hospital infrastructure worth \$152 million, including new emergency departments for families and children at Geelong, Maroondah, Casey and Frankston hospitals (\$40 million)
- medical research into new medicines and treatment (\$112 million)
- funding for new 'headspace' services in nine locations across Victoria (\$16 million)
- more MRI units (new or upgraded) at health services, including the Northern, the Royal Women's and Holmesglen (\$100 million) (Source: *Health and Medical Research Plan*)

Key measures in the 2019-20 Commonwealth Budget that align directly with the Plan include:

- \$80 million to establish the Peter MacCallum Centre of Excellence in Cellular Immunotherapy as part of the Community Health and Hospitals Program (Source: 2019-20 Commonwealth Budget, BP2, pp. 107-08)
- \$111.3 million nationally for additional headspace services (Source: 2019-20 Commonwealth Budget, BP2, p. 105)
- \$308.9 million nationally over five years from 2018-19 for improved access to diagnostic imaging services. (Source: 2019-20 Commonwealth Budget, BP2, p. 86)

The following infrastructure funding was also announced:

- \$3.5 million to Bass Coast Health to enhance health services including radiology, chemotherapy, and a combined surgical and paediatric ward (Source: 2019-20 Commonwealth Budget, BP2, p. 107)

- \$12.6 million to The Bays Healthcare Group over three years from 2018-19 to build a new cancer centre on The Bays Hospital site in Mornington and to support health initiatives at its Alexandra Park facility.

It is unclear which other measures in the 2019-20 Commonwealth Budget align with the Plan, and how the remaining pledged funding will be provided to Victoria. It is also unclear how a range of other Commonwealth infrastructure funding will be distributed between states and territories. Given this uncertainty, it is difficult to estimate the full impact of Commonwealth funding on the 2019-20 State Budget.

National Partnership Agreements with the Commonwealth

Victoria has the following National Partnerships with the Commonwealth in the Health, Mental Health and Ageing portfolios:

- National Partnership on expansion of the BreastScreen Australia program
- National Partnership on the national bowel cancer screening program — participant follow-up function
- National Partnership on OzFoodNet
- National Partnership on vaccine-preventable diseases surveillance
- National Partnership on the Victorian Cytology Service
- National Partnership on encouraging more clinical trials in Australia
- National Partnership on essential vaccines
- National Partnership on suicide prevention
- National Partnership on health infrastructure projects.

Negotiations are currently underway on the following agreements:

- National Partnership on specialist dementia care
- National Partnership on comprehensive palliative care across the life course.

The 2019-2020 Commonwealth Budget also included a 'National partnership on Community Health, Hospitals and Infrastructure projects', with a total \$71.3 million allocated to Victoria over five years to 2022-23. The department is yet to receive this agreement and further detail of what infrastructure projects this will fund.

National Partnership on public dental services for adults

The Commonwealth is providing further funding of \$107.8 million to extend the current agreement until 30 June 2020. The funding extension will mirror the existing provision: \$26.9 million to Victoria to deliver 30,214 additional public dental services for the period 1 April 2019 to 31 March 2020. Victoria has not yet signed the extension as it represents a 30 per cent reduction in past funding levels. Therefore, this is not reflected in the 2019-20 Victorian State Budget Papers.

Appropriation and funding

Question 20

For the financial year ending 30 June 2019 how many of the Department's funding applications that were rejected by the Expenditure Review Sub-Committee were funded by other sources (to date)? If any, please detail the total funding amount.

Response

The information requested falls within the scope of matters pertaining to executive privilege and in particular would reveal the deliberative processes of Cabinet.

Financial authorisations

Question 21

- a) How are employees with financial authorisations educated regarding their role in:
 - i. authorising the expenditure of funds
 - ii. managing non-compliance with authorisations
 - iii. responding to suspected fraud.

- b) Is the concept of fiduciary duty explained to employees who have financial authorisation responsibilities, and is there an acknowledgement/acceptance obtained from these employees about fiduciary duty?

- c) How does the Department record and track employee education provided to authorised persons? Please provide details of the internal control systems that are in place.

- d) Are employees with financial authorisation responsibilities required to provide a compliance affirmation periodically?

Response

The department provides mandatory internal training for all Financial Delegates. The core guidance material and advice is included in this training. The topics covered in the training include:

- role and purpose of the Financial Delegate
- responsibilities, accountabilities and obligations of the role
- when and how to provide approvals
- identify and use relevant policies, procedures and guidelines
- find and use available resources (via the department intranet).

Further information is also provided via the department's intranet including key contacts, policies and procedures.

Attendance at training is verified by the financial training team, based on signed attendance sheets and recorded on SAP (the department's Human resources system). Access to financial systems is not authorised until attendance at training has been verified and recorded.

System access is limited and where delegates or approvers change roles, access is suspended and needs to be manually updated (via hard-copy forms). The system will not allow end dates to be surpassed.

Delegates are expected to attend an annual refresher course (attendance recorded) and the department provides periodic communications to delegates.

Governance

Question 22

Has the Department sought an exemption from compliance with specific or all requirements in the Standing Directions 2018 under the Financial Management Act 1994 (Standing Directions 2018) or the Instructions supporting the Standing Directions 2018? If so, please provide details, including whether the exemption was granted.

Response

No. The department has not sought exemption for any Direction or Instruction requirements of the 2018 Standing Directions under the Financial Management Act.

Fraud and corruption

Question 23

- a) Has the Department been made aware of an actual or suspected significant or systemic fraud, corruption or other loss in the last financial year? If so, please provide details including the remedial action taken.
- b) What work has been undertaken by the Department to mitigate against significant or systemic fraud, corruption or other loss?
- c) What further steps will be undertaken by the Department in 2019-20 and over the forward estimates period to mitigate against significant or systemic fraud, corruption or other loss?
- d) Does the Department's budget include an allocation for the costs of fraud, corruption and other losses?
 - i. If so, please provide details, including how the allocation was calculated/forecast.
 - ii. If not, how does the Department manage resources to cover the costs?

Response

- a) We are aware of 13 relevant instances of alleged fraud or corruption across the department and its funded agencies during the 2018-19 financial year, however, no systemic matters have been identified. All have been investigated, with two matters substantiated, one not substantiated and the remainder still under investigation.

Beyond these, the department was also made aware of 19 matters related to loss or theft from the department during the 2018-19 financial year, none of which were significant. Examples include petty cash, theft or loss of electronic devices, and falsification of timesheets.

All matters are investigated and reported to Victoria Police where appropriate. Necessary changes are considered and made to departmental policies and practices to avoid risk of recurrence.

- b) The department has a robust integrity framework spanning prevention, detection and investigation which is reviewed annually.

Prevention activity: includes a rolling program of assessing fraud risk, implement and maintain an integrity framework, new employee screening processes, systems of internal controls and avenues for reporting suspected incidents. The department also has four Protected Disclosure coordinators that people can talk to directly. Ongoing awareness-raising across the department's communications channels is complemented by trained integrity liaison officers who promote awareness of the requirements of the *Protected Disclosure Act 2012*. The department also operates an Integrity Committee to ensure robust governance of the department's fraud and corruption framework and risks.

Detection and investigation: Investigators undertake a range of detection and investigation work. Detection activity is undertaken in accordance with the Australian Standard (AS8001/2008 Fraud and Corruption Control Australian Standard) and investigations are conducted both to detect and respond to fraud and corruption matters and risks.

- c) During 2019-20 the department will:
 - review and update its fraud and corruption control policies and whistleblowing policies with reference to the recently passed Integrity and Accountability Legislation Amendment (Public Interest Disclosures, Oversight and Independence) Act 2019

- review and update the range of education services provided to the department and funded public bodies
- continue with our established program of conducting internal fraud and corruption risk reviews to proactively identify and address vulnerabilities to internal and external fraud and corruption.

d) No, the department does not budget for the costs of fraud, corruption and other losses.

The department's property insurance cover held with the Victorian Managed Insurance Authority provides cover for fraud, corruption and other losses. Where the losses are not significant the department managed within local budgets.

Service delivery

Question 24

Budget Paper No.3: Service Delivery presents departmental performance statements that state the Department's outputs by departmental objectives.

Please provide by portfolio, the relevant outputs, objective(s), performance measure(s), objective indicator(s) and indicate whether the measure is generated internally to the Department or externally.

Response

Please refer to **Question 24** of the Excel spreadsheet for response.

Due to the number of performance measures on which the Department of Health and Human Services reports, the information regarding this question has been provided in **table format**.

Further, the response provided to the Committee uses the **same terminology** as Budget Paper No. 3 on 'Service Delivery' to ensure consistency and enhance the readability and understanding the data being presented.

The objective details are being reviewed to reflect Machinery of Government changes to the department's portfolios.

The details pertaining to each **objective** appear in the legend below for the attached 'Service delivery' table:

Objective number	Objective	Objective details
1.	Victorians are healthy and well	<p>This objective aims for Victorians to have good physical health, good mental health and act to protect and promote health. The departmental objective indicators are:</p> <ul style="list-style-type: none"> • reduce the incidence of avoidable harm in Victorian hospitals • reduce obesity and increase physical activity across Victoria • increase the proportion of children with healthy birth weight – with a focus on reducing smoking during pregnancy • reduce infant mortality • reduce inequalities in premature death • reduce the suicide rate • improve rates of self-reported health and wellbeing • reduce deaths resulting from misuse of prescription medicine • increase immunisation coverage rates at two years of age and at school entry.

Objective number	Objective	Objective details
2.	Victorians are safe and secure	<p>This objective aims for Victorians to live free from abuse and violence and for Victorians to have suitable and stable housing.</p> <p>The departmental objective indicators are:</p> <ul style="list-style-type: none"> • reduce the abuse and neglect of children and young people • reduce the rate of growth in out-of-home • reduce the number of children in out-of-home care who live in residential care • reduce the level of continuing risk for victims of family violence • identify and respond to bullying, assault and inappropriate behaviour in departmental and public health services to reduce occurrence • reduce the proportion of the population experiencing homelessness – especially victims of family violence, and young people.
3.	Victorians have the capabilities to participate	<p>This objective aims for Victorians to participate in learning and education, participate in and contribute to the economy, and to have financial security.</p> <p>The departmental objective indicators are:</p> <ul style="list-style-type: none"> • increase educational engagement and achievement by children and young people in contact with departmental services – especially those in out-of-home care • increase participation in three and four-year-old kindergarten by children known to child protection • increase the satisfaction of those who care voluntarily for people with a disability; people with mental illness; and children in out-of-home care • increase labour market participation by people with a disability; people with a mental illness; and people living in specified locations and communities.

Objective number	Objective	Objective details
4.	Victorians are connected to culture and community	<p>This objective aims for Victorians to be socially engaged and live in inclusive communities, and can safely identify and connect with their culture and identity. The departmental objective indicators are:</p> <ul style="list-style-type: none"> • increase rates of community engagement, including through participation in sport and recreation – especially for Aboriginal children and young people • increase cultural connection for children in out-of-home care – especially Aboriginal children.

Question 25

Please provide a list of the agencies, entities and bodies to which the information contained in this questionnaire relates.

Response

The responses in this questionnaire include all entities within the Department of Health and Human Services portfolio department.

Question 1 – Revenue and expenditure

a)

Line item	2017-18 revised, 2018-19 budget paper	2017-18 actual, 2019-20 budget paper	Variance	Explanation for variance/ change
Grants	6,545.0	6,427.9	-117.1	The variance primarily reflects the realignment of health portfolio agencies' estimates within other revenue account categories.
Fair value of assets and services received free of charge or for nominal consideration	3.9	7.4	3.5	The variance relates to the recognition of land and building assets received free of charge by Western Health that were not anticipated.
Other income	651.1	730.4	79.3	The variance primarily reflects higher donations, refunds and reimbursements and other miscellaneous revenue than anticipated.
Employee benefits	11,630.0	11,751.1	121.0	Variance primarily relates to cost increases for health portfolio agencies in 2017-18.
Grants and other transfers	2,351.8	2,520.8	169.0	New government decisions resulting in higher funding to health portfolio agencies.
Other operating expenses	8,682.1	8,393.9	-288.2	The variance primarily reflects the realignment of health portfolio agencies estimates within other expense account categories.
Major component/s of 'other operating expenses'				
Medicinal Drug Pharmacy and Medical Supplies	1,744.6	1,490.8	-253.8	The variance primarily reflects the realignment of health portfolio agencies' estimates within other expense account categories.
Accommodation/Occupancy	345.3	312.3	-33.0	The variance primarily reflects the realignment of health portfolio agencies' estimates within other expense account categories.

b)

Line item	2017-18 budget, 2018-19 budget paper	2017-18 actual, 2019-20 budget paper	Variance	Explanation for variance/ change
Output appropriations	14,708.3	15,013.3	305.0	New government decisions resulting in additional output appropriation for the department.
Interest	38.3	50.2	11.9	The variance relates to higher than anticipated interest revenue from investments held by health portfolio agencies.
Grants	6,150.2	6,427.9	277.7	New government decisions resulting in higher funding to health portfolio agencies.
Fair value of assets and services received free of charge or for nominal consideration	0.0	7.4	7.4	The variance relates to the recognition of land and building assets received free of charge by Western Health that were not anticipated.
Employee benefits	11,449.1	11,751.1	302.0	The variance relates to additional funding for new initiatives announced in the 2019-20 State Budget and revised estimates of health portfolio agencies to reflect forecast employee expenditure.
Interest expense	224.0	188.1	-35.9	The variance reflects updates made to the Public Private Partnerships finance lease payment models, resulting in lower actual interest expense for those finance leases.
Grants and other transfers	2,319.4	2,520.8	201.4	New government decisions resulting in higher funding to health portfolio agencies.
Other operating expenses	8,512.1	8,393.9	-118.2	The variance primarily reflects the realignment of health portfolio agencies' estimates within other expense account categories.
Major component/s of 'other operating expenses'				
<i>Other Operating Supplies and Consumables</i>	1,072.4	466.0	-606.4	<i>The variance primarily reflects the realignment requirement of health portfolio agencies' estimates within other expense account categories, which has been transacted for the 2017-18 Revised Budget (as per Question 1a above).</i>
<i>Medicinal Drug Pharmacy and Medical Supplies</i>	1,267.5	1,490.8	223.3	<i>The variance primarily reflects the realignment requirement of health portfolio agencies' estimates within other expense account categories, which has been transacted for the 2017-18 Revised Budget (as per Question 1a above).</i>
<i>Other Services Charges</i>	541.9	654.1	112.2	<i>The variance primarily reflects the realignment requirement of health portfolio agencies' estimates within other expense account categories, which has been transacted for the 2017-18 Revised Budget (as per Question 1a above).</i>
<i>Accommodation/Occupancy</i>	275.2	312.3	37.0	<i>The variance primarily reflects the realignment requirement of health portfolio agencies' estimates within other expense account categories, which has been transacted for the 2017-18 Revised Budget (as per Question 1a above).</i>
<i>Information Communication Technology Supplies and Consumables</i>	-15.0	20.4	35.4	<i>The variance primarily reflects the realignment requirement of health portfolio agencies' estimates within other expense account categories, which has been transacted for the 2017-18 Revised Budget (as per Question 1a above).</i>
<i>Information Communication Technology - Purchase of Services</i>	148.7	180.0	31.3	<i>The variance primarily reflects the realignment requirement of health portfolio agencies' estimates within other expense account categories, which has been transacted for the 2017-18 Revised Budget (as per Question 1a above).</i>
<i>Professional Services</i>	109.1	133.5	24.4	<i>The variance primarily reflects the realignment requirement of health portfolio agencies' estimates within other expense account categories, which has been transacted for the 2017-18 Revised Budget (as per Question 1a above).</i>
<i>Maintenance</i>	261.1	284.4	23.3	<i>The variance primarily reflects the realignment requirement of health portfolio agencies' estimates within other expense account categories, which has been transacted for the 2017-18 Revised Budget (as per Question 1a above).</i>

c)

Line item	2018-19 budget, 2018-19 budget paper	2018-19 revised, 2019-20 budget paper	Variance	Explanation for variance/ change
Output appropriations	16,052.5	16,309.1	256.5	The variance primarily reflects additional Commonwealth funding and state appropriation to fund health portfolio and community service agencies.
Special appropriations	1,354.5	1,455.1	100.6	The variance reflects higher gaming revenue estimates than originally anticipated.
Other income	680.6	743.5	62.9	The variance primarily reflects additional estimated third party miscellaneous revenue anticipated to be received by health portfolio agencies.
Employee benefits	12,806.2	12,978.0	171.8	The variance primarily reflects additional Commonwealth funding and state appropriation to fund health portfolio agencies and anticipated cost increases in 2018-19.
Grants and other transfers	3,027.9	3,153.5	125.5	The variance primarily reflects additional Commonwealth funding and state appropriation to fund health portfolio and community service agencies and anticipated cost increases in 2018-19.
Other operating expenses	8,210.7	8,379.8	169.1	The variance primarily reflects additional Commonwealth funding and state appropriation to fund health portfolio and community service agencies, anticipated cost increases in 2018-19 and realignment of estimates within other expense categories.
Major component/s of 'other operating expenses'				
<i>Other Operating Supplies and Consumables</i>	545.8	386.2	-159.7	<i>The variance primarily reflects the realignment of health portfolio agencies' estimates within other operating expense account categories.</i>
<i>Other Services Charges</i>	563.6	599.5	35.9	<i>The variance primarily reflects the realignment of health portfolio agencies' estimates within other operating expense account categories.</i>
<i>Service Contracts</i>	2,352.9	2,728.3	375.4	<i>The variance primarily reflects additional Commonwealth funding and state appropriation to fund health portfolio and community service agencies, anticipated cost increases in 2018-19 and realignment of estimates within other expense categories.</i>
<i>Purchase of Services - Intragovernment</i>	136.9	47.4	-89.5	<i>The variance primarily reflects the realignment of health portfolio agencies' estimates within other operating expense account categories.</i>

d)

Line item	2018-19 revised, 2019-20 budget paper	2019-20 budget, 2019-20 budget paper *	Variance	Explanation for variance/ change
Interest	52.0	46.2	-5.8	The variance primarily reflects health portfolio agencies' revised estimates for interest income.
Sales of goods and services	1,791.7	1,902.0	110.3	The variance primarily reflects health portfolio agencies' revised estimates for own source revenue from sales of goods and services.
Grants	6,672.5	7,181.2	508.7	The variance is primarily due to government policy decisions and additional Commonwealth funding resulting in increased grants income for health portfolio agencies.
Employee benefits	12,978.0	13,249.7	271.7	The variance is primarily driven by additional funding for new initiatives provided in the 2019-20 State Budget and continuing implementation of the initiatives announced in previous budgets.
Depreciation and amortisation	977.1	1,168.0	190.8	The variance is due to the changes to accounting standards in relation to the treatment and recognition of operating leases, which come into effect in 2019-20.
Interest expense	188.2	217.4	29.3	The variance is due to the changes to accounting standards in relation to the treatment and recognition of operating leases, which come into effect in 2019-20.
Grants and other transfers	3,153.5	3,026.2	-127.3	The variance primarily reflects lapsing Commonwealth funding under the Specialist Disability Services for over 65s National Partnership agreement, impacts of machinery of government changes and lapsing initiatives.
Other operating expenses	8,379.8	8,551.0	171.2	The variance is primarily driven by additional funding for new initiatives provided in the 2019-20 State Budget, continuing implementation of the initiatives announced in previous budgets and additional funding for anticipated cost increases in 2019-20.
Major component/s of 'other operating expenses'				
<i>Benefits to Households and Persons in goods and services</i>	750.3	774.5	24.2	<i>The variance is primarily driven by continuing implementation of the initiatives announced in previous budgets.</i>
<i>Other Operating Supplies and Consumables</i>	386.2	316.1	-70.1	<i>The variance primarily relates to the changes in accounting standards in relation to operating leases from 2019-20.</i>
<i>Medicinal Drug Pharmacy and Medical Supplies</i>	1,601.1	1,610.5	9.3	<i>The variance reflects additional funding for new initiatives provided in the 2019-20 State Budget, offset by the realignment of health portfolio agencies' estimates within other operating expense account categories.</i>
<i>Purchase of Services - Intragovernment</i>	47.4	139.6	92.2	<i>The variance primarily reflects the realignment of health portfolio agencies' estimates within other operating expense account categories.</i>
<i>Service Contracts</i>	2,728.3	2,906.6	178.3	<i>The variance is primarily driven by additional funding for new initiatives provided in the 2019-20 State Budget and continuing implementation of the initiatives announced in previous budgets.</i>
<i>Maintenance</i>	291.9	331.1	39.2	<i>The variance reflects additional funding for new initiatives provided in the 2019-20 State Budget, and expenditure due to the delay in transition to NDIS.</i>
<i>Operating Leases</i>	126.8	0.0	-126.8	<i>The variance is due to the changes to accounting standards in relation to the treatment and recognition of operating leases, which comes into effect in 2019-20.</i>

e)

Line item	2017-18 actual, 2019-20 budget paper	2018-19 revised, 2019-20 budget paper	Variance	Explanation for variance/ change
Output appropriations	15,013.3	16,309.1	1,295.8	The variance is primarily driven by additional funding for new initiatives provided in the 2018-19 State Budget and Pre-Election Budget Update, continuing implementation of the initiatives announced in previous budgets and additional funding for anticipated cost increases in 2018-19.
Grants	6,427.9	6,672.5	244.6	The variance is primarily driven by additional Commonwealth National Health Reform funding for new initiatives provided in the 2018-19 State Budget.
Employee benefits	11,751.1	12,978.0	1,227.0	The variance is primarily driven by additional funding for new initiatives provided in the 2018-19 State Budget and Pre-Election Budget Update, continuing implementation of the initiatives announced in previous budgets and additional funding for anticipated cost increases in 2018-19.
Grants and other transfers	2,520.8	3,153.5	632.6	The variance is primarily driven by additional funding for new initiatives provided in the 2018-19 State Budget and Pre-Election Budget Update, continuing implementation of the initiatives announced in previous budgets and additional funding for anticipated cost increases in 2018-19.

Question 2 – Revenue - new and existing initiatives

a)	Name as used in budget papers	
b)	Reason for new initiative or change	
c)	Expected outcome/benefit for community	
d)	Nature of the impact on service delivery	
e)	Performance measures and targets altered	
f)	Anticipated revenue in financial year 2019-20 gained or foregone	
	Anticipated revenue in financial year 2020-21 gained or foregone	
	Anticipated revenue in financial year 2021-22 gained or foregone	
	Anticipated revenue in financial year 2022-23 gained or foregone	

Response

Please refer to **Question 2** of the Word document for response.

Question 3 – Expenditure – new programs and initiatives (output and asset)

For all new programs and initiatives (output and asset) in the 2019-20 budget papers, (that were not in the 2018-19 budget papers), please provide the:

- a) name of the program/initiative and any sub-programs
- b) expenditure in financial year 2019-20 on the program/initiative and any sub-programs
- c) details of how it will be funded (i.e. has the Department applied for additional funding or will there be an internal trade off of existing capabilities?).

a)	Program/initiative name	Provided in the following spreadsheet
b)	Expenditure in financial year 2019-20	Provided in the following spreadsheet
c)	Details of how it will be funded	Decisions taken on the allocation of funding, and the source for that funding, are Cabinet-in-Confidence, and therefore a response cannot be provided by the department.

Response

Please note that there are two parts to this response: **Question 3a** and **Question 3b** which is an attachment in the Excel spreadsheet.

**Response to Question 3:
Attachment 3b is in support of Question 3a**

Initiative name (BP3)	Category	Output (\$ million)					Asset (\$ million)					TEI
		2018-19	2019-20	2020-21	2021-22	2022-23	2018-19	2019-20	2020-21	2021-22	2022-23	
Output initiatives												
Supporting ambulance services	New/ Lapsing		45.9	47.1	48.3	49.5						
Supporting vulnerable children in need	New	14.1	26.9					0.8				0.8
Better assisting children in the statutory child protection system	New		7.5	7.5	7.5	7.5						
Progressing the children and families reform agenda	Lapsing / New		13.4	9.6								
Case management by Aboriginal Community Controlled Organisations	New		5.6	8.0								
Perpetrator responses	Lapsing / New		22.5	20.9	20.3	21.3						
Family Violence and Sexual Assault Therapeutic Support - specialised support for Aboriginal Victorians	Lapsing / New		1.5	1.8	2.4	3.0						
Delivering food for Victorians in need	New		12.5									
Disability Worker Registration Scheme	New		9.5									
A proudly multicultural Victoria – aged care	New		5.4					0.2	21.6			21.8
Caring for our carers with more respite and support	New		12.3	12.4	12.4	12.4						
Men's Sheds upgrades in Eastern Victoria	New		0.1									
Meeting hospital services demand	New/ Lapsing		780.0	743.3	377.9	387.4						
Victorian Patient Transport Assistance Scheme and drought-affected communities	New/ Lapsing		2.6									
Protecting Victoria's leadership in health and medical research	New		49.5	67.0								
Standing with our hard-working health services staff	New		1.2	1.2	0.6	0.5						
More specialist care closer to home for regional Victorians	New		32.8	33.6	34.5	35.3						
Public IVF services to assist more families to achieve their dream	New		2.0									
More help for new Victorian mums and dads	New		17.9	19.8	22.5	30.5	0.0	9.2	24.2	32.7	32.7	123.0
Nursing and Midwifery Workforce Development Fund	New		20.0	10.0	10.0	10.0						
SunSmart	New		3.2	4.1	4.0	3.8						
Free dental for government school students	New		25.2	92.1	97.9	106.7						

**Response to Question 3:
Attachment 3b is in support of Question 3a**

Initiative name (BP3)	Category	Output (\$ million)					Asset (\$ million)					TEI
		2018-19	2019-20	2020-21	2021-22	2022-23	2018-19	2019-20	2020-21	2021-22	2022-23	
Phillip Island Urgent Care Centre	New		2.0	2.0	2.0	2.0	3.4					3.4
Stronger nurse and midwife to patient ratios	New		0.2	0.2	14.0	50.0						
Merri Health Moreland Road Facility	New		0.3									
Collingwood Housing Estate upgrade	New		0.0									
Output initiatives												
Gas heater servicing and replacement scheme	New	21.9	8.9									
Responding to homelessness	New/ Lapsing		25.2	25.2	0.0	0.0						
Family violence refuge and crisis case management response	New/ Lapsing		6.8	7.8	4.6	4.7		0.1				0.1
Critical mental health service demand	New		26.1	41.5								
Addressing drug harms	New		2.1	2.1								
Gippsland residential rehabilitation facility	New		1.4	2.9	2.9	3.0						
Mental Health Complaints Commissioner	New		1.2	1.3								
Royal Commission into Mental Health - additional support*	New		1.8	1.8								
Better mental health care for our emergency workers	New		0.5	0.4	2.4	2.7						
Stepping in to support asylum seekers	New		3.0									
Dhelk Dja: Aboriginal 10-Year Family Violence Plan	New/ Lapsing		4.5	7.2	8.5	8.6						
Everybody Matters: inclusion and equity	New		0.9	1.3	1.7	1.9						
Asset initiatives												
Building a better hospital for Melbourne's inner west	New							TBC	TBC	TBC	TBC	1430.0
Building a world-class hospital for Frankston families	New							6.0				6.0
Building a bigger and better Latrobe Regional Hospital	New							7.0				7.0
Angliss Hospital expansion	New							0.1	0.2	1.7	2.6	4.6
Regional Health Infrastructure Fund	New							50.0	50.0			100.0
Building a new rehabilitation centre for Bendigo	New							3.1	25.1	25.1	6.3	59.5
Royal Children's Hospital expansion	New							7.0	21.0	3.4		31.4
Engineering infrastructure and medical equipment replacement programs	New							60.0				60.0

* N.B. – This initiative pertains to components that relate to the Department of Health and Human Services only. Other 'Royal Commission into Victoria's Mental Health System' initiatives fall within the auspices of the Department of Premier and Cabinet.

**Response to Question 3:
Attachment 3b is in support of Question 3a**

Initiative name (BP3)	Category	Output (\$ million)					Asset (\$ million)					TEI
		2018-19	2019-20	2020-21	2021-22	2022-23	2018-19	2019-20	2020-21	2021-22	2022-23	
Delivering the first stage of a new Melton Hospital	New		1.2	1.2	0.0	0.0		0.0				0.0
Planning for new children's emergency departments	New							3.0	3.0			5.9
World-class care for Wangaratta patients - as asset not output	New							1.2	1.2			2.4
Ten new community hospitals to give patients the best care	New							2.0	0.0			2.0
Clinical technology refresh	New							13.0	0.0			13.0
Backing our paramedics to keep saving lives	New		13.0	13.3	13.7	13.9		8.0	10.9	20.0	16.0	54.9
Relocation of Barwon Health clinical facilities	New							2.0	4.0	8.0	5.5	20.0
Wantirna Aged Care Redevelopment	New							6.0	45.0	27.0	3.6	81.6
Building new homes to fight homelessness	New							33.5	79.6	68.2	27.8	209.1

Questions 4 – Expenditure – lapsing programs (output initiatives including grants)

For all programs (output initiatives including grants) with total funding of equal to or greater than \$5 million, that were to lapse in financial year 2018 19, where funding is to be extended in the 2019 20 Budget, please provide the:

- a) name of the program/initiative and any sub-programs
- b) expenditure in financial year 2019 20 on the program/initiative and any sub-programs
- c) details of how it will be funded (i.e. has the Department applied for additional funding or will there be an internal trade off of existing capabilities?)
- d) evidence of the continued need for the program and any sub-programs, and the role for Government in delivering it
- e) evidence of the program's progress toward its stated objectives and expected outcomes, including an alignment between the program and any sub-programs, its output (as outlined in Budget Paper No.3: Service Delivery), departmental objectives and any government priorities
- f) evidence of the program and any sub-programs being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices
- g) extent and level of efficiencies realised in the delivery of the program and any sub-programs
- h) information about what the nature of the impact of the program and any sub-programs ceasing would be and what strategies have been identified to minimise negative impacts
- i) evidence that the extended funding reflects the true cost required to deliver the program and any sub-programs

a)	name of the program and any sub-programs	Provided in the following spreadsheet
b)	expenditure in the financial years 2018-19 and 2019 20 (and where relevant, future years)	Provided in the following spreadsheet
c)	details of how the program and any sub-programs will be funded (i.e. has the Department applied for additional funding or will there be an internal trade off of existing capabilities?)	Decisions taken on the allocation of funding, and the source for that funding, are Cabinet-in-Confidence, and therefore a response cannot be provided by the department.
d)	evidence of the continued need for the program and any sub-programs, and the role for Government in delivering it	Investment in all programs through the 2019-20 Budget reflects identified Government priorities, and the associated response through program or project funding.
e)	evidence of the program's progress toward its stated objectives and expected outcomes, including an alignment between the program and any sub-programs, its output (as outlined in Budget Paper No.3: Service Delivery), departmental objectives and any government priorities	Provided in the following spreadsheet
f)	evidence of the program and any sub-programs being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	This is subject to the development of an implementation plan reflecting the next phase of funding provided in the 2019-20 Budget.
g)	extent and level of efficiencies realised in the delivery of the program and any sub-programs	This is subject to the development of an implementation plan reflecting the next phase of funding provided in the 2019-20 Budget.
h)	information about what the nature of the impact of the program and any sub-programs ceasing would be and what strategies have been identified to minimise negative impacts	Not Applicable
i)	evidence that the extended funding reflects the true cost required to deliver the program and any sub-programs.	The funding provided has been allocated to meet the identified needs for these services.

Response

Please note that there are two parts to this response: **Question 4a** and **Question 4b** which is an attachment in the Excel spreadsheet.

Response to Question 4:

Attachment 4b is in support of Question 4a

Initiative name (BP3)	Category	Output (\$ million)					Asset (\$ million)					TEI	Budget paper performance measures affected
		2018-19 (lapsing component only)	2019-20	2020-21	2021-22	2022-23	2018-19	2019-20	2020-21	2021-22	2022-23		
Output initiatives													
Supporting ambulance services	New / Lapsing	31.4	45.9	47.1	48.3	49.5							Community Service Obligation emergency road and air transports Statewide emergency air transports Statewide emergency road transports Treatment without transport Proportion of emergency (Code 1) incidents responded to within 15 minutes - statewide Proportion of emergency (Code 1) incidents responded to within 15 minutes in centres with more than 7500 population Community Service Obligation non-emergency road and air transports Statewide non-emergency air transports Statewide non-emergency road transports
Kinship care	Lapsing	20.2	25.2	26.2	27.0	27.7							Proportion of placements that are home based care Children and young people in out of home care who have had two or less placements in the past 12 months (not including placements at home) Number of children in kinship care whose placements are managed by CSOs
Aboriginal kinship finding service	Lapsing		2.4	2.5	2.6	2.6							Proportion of Aboriginal children placed with relatives/kin, other Aboriginal carers or in Aboriginal residential care
Progressing the children and families reform agenda	Lapsing / New	12.1	13.4	9.6	0.0	0.0							No impact on specific measures
Civil claims for historical institutional child abuse	Lapsing	7.7	20.0	0.0	0.0	0.0							No impact on specific measures
Perpetrator responses	Lapsing / New	24.3	22.5	20.9	20.3	21.3							Number of men participating in the men's behaviour change program Number of case management responses provided to perpetrators of family violence
Family Violence and Sexual Assault Therapeutic Support	Lapsing	2.6	3.3	2.9	3.0	3.1							Number of children who receive a SABTS response Sexual assault support services clients receiving an initial response within five working days of referral
Family Violence and Sexual Assault Therapeutic Support - specialised support for Aboriginal Victorians	Lapsing / New		1.5	1.8	2.4	3.0							Sexual assault support services clients receiving an initial response within five working days of referral
Commission for Children and Young People	Lapsing	3.8	3.9	4.0	4.1	4.2							No impact on specific measures
Future provision of public sector residential aged care	Lapsing	26.6	26.9										Available bed days Percentage of services accredited

Response to Question 4:

Attachment 4b is in support of Question 4a

Initiative name (BP3)	Category	Output (\$ million)					Asset (\$ million)					TEI	Budget paper performance measures affected	
		2018-19 (lapsing component only)	2019-20	2020-21	2021-22	2022-23	2018-19	2019-20	2020-21	2021-22	2022-23			
Output initiatives														
Meeting hospital services demand	New/ Lapsing	356.9	780.0	743.3	377.9	387.4								Weighted Inlier Equivalent Separations (WIES) – all hospitals excluding rural health services Sub-acute care separations Emergency Presentations Health Independence Program direct contacts Separations Service delivery hours in community health care (Community Health Care)
Victorian Patient Transport Assistance Scheme and drought-affected communities	New/ Lapsing	2.1	2.6											No impact on specific measures
HIV prevention – community-based rapid testing	Lapsing	0.6	0.7	0.7	0.7	0.7								Number of available HIV rapid test appointments used
Health Complaints Commissioner	Lapsing	3.7	3.7	3.8	3.9	4.0								No impact on specific measures
Victorian Assisted Reproductive Treatment Authority	Lapsing	0.8	1.0	1.0	1.0	1.1								No impact on specific measures
Putting Farmers' Health on the Agenda	Lapsing	1.0	1.0	1.0	1.0	1.0								No impact on specific measures
Responding to people's end of life care choices	Lapsing	16.7	17.3	17.8	18.2	18.7								Palliative separations
National Housing and Homelessness Agreement	Lapsing	23.9	24.7	25.5	26.3	27.0								Number of clients assisted to address and prevent homelessness Number of clients provided with accommodation Number of clients assisted to address and prevent homelessness due to family violence Percentage of clients with case plans in homelessness support programs with some, most or all of their case plan goals achieved Proportion of clients where support to sustain housing tenure was provided or referred
Responding to homelessness	New / Lapsing	7.8	25.2	25.2	0.0	0.0								Number of clients assisted to address and prevent homelessness Number of clients provided with accommodation Percentage of clients with case plans in homelessness support programs with some, most or all of their case plan goals achieved Proportion of clients where support to sustain housing tenure was provided or referred
Family violence refuge and crisis case management response	New / Lapsing	5.0	6.8	7.8	4.6	4.7		0.1					0.1	Number of family violence victims who receive a refuge response Number of nights of refuge accommodation provided to victims of family violence
Aboriginal health, wellbeing and safety – mental health demonstration projects	Lapsing	4.0	4.3	4.2										Commenced courses of treatment: community-based drug treatment services Successful courses of treatment (episodes of care): community-based drug treatment services

Response to Question 4:

Attachment 4b is in support of Question 4a

Initiative name (BP3)	Category	Output (\$ million)					Asset (\$ million)					TEI	Budget paper performance measures affected	
		2018-19 (lapsing component only)	2019-20	2020-21	2021-22	2022-23	2018-19	2019-20	2020-21	2021-22	2022-23			
Output initiatives														
Victorian Fixed Threat Assessment Centre	Lapsing	15.8	16.2											Total community service hours
Mental Health Tribunal	Lapsing	1.6	1.6	1.6										No impact on specific measures
Building from strength: 10-year Industry Plan for Family Violence Prevention and Response	Lapsing	5.0	3.1											No impact on specific measures
Dhelk Dja: Aboriginal 10-Year Family Violence Plan	New / Lapsing	7.8	4.5	7.2	8.5	8.6								No impact on specific measures

Questions 5 – Expenditure – lapsing programs (output initiatives including grants)

Question 5 - For all programs (output initiatives including grants) with total funding of equal to or greater than \$5 million that are to lapse in 2018-19

a)	Name	Genomic Testing
b)	Expenditure in financial year 2018-19	\$6.3 million
c)	Reasons why the program was established	This initiative was established to provide funding support to the Melbourne Genomic Health Alliance to develop genomic sequencing capability across Victoria.
d)	Details of who and how many used the program and evidence of the outcomes achieved	The program has funded research into the role of clinical genomic sequencing in the diagnosis and treatment of genetic diseases.
e)	Reasons why further funding is not being sought	Due to delays in commencement and recruitment, the program is continuing in 2019-20 including completing the evaluation. This will enable it to be considered as a lapsing program for funding in the 2020-21 budget.
f)	Nature of the impact of ceasing the program is	The program will continue in 2019-20 including completion of its evaluation.
g)	What strategies are being implemented to minimise negative impacts	Not Applicable

a)	Name	Influenza vaccination program
b)	Expenditure in financial year 2018-19	\$6.1 million
c)	Reasons why the program was established	The 2017 influenza season saw record incidence of influenza in the community. The focus of this initiative was to fund free influenza vaccines for Victorian children aged six months to 5 years.
d)	Details of who and how many used the program and evidence of the outcomes achieved	A total of 250,290 doses of influenza vaccine were ordered specifically for the vaccination program, with vaccinations continuing to be administered in 2019-20.
e)	Reasons why further funding is not being sought	Funding provided for this program will provide immunisation to the target group until the end of the 2019 calendar year. Following this, the need for any further funding will be evaluated in the context of any national developments in relation to paediatric immunisation.
f)	Nature of the impact of ceasing the program is	Children aged six months and over with identified medical risks will still be eligible for free influenza immunisation under the National Immunisation Program. Influenza vaccinations will continue to be available from medical practitioners and pharmacies. Vaccinations may be free or at a cost, depending on the provider.
g)	What strategies are being implemented to minimise negative impacts	In 2019 government has run a campaign advocating influenza vaccination, and provides details of immunisation providers on Better Health Channel.

a)	Name	Family violence information sharing system reform
b)	Expenditure in financial year 2018-19	\$24.3 million
c)	Reasons why the program was established	The Royal Commission into Family Violence acknowledged that organisations that work with victims and perpetrators of family violence collect a wide variety of information in order to keep victims safe and hold perpetrators in view. One off funding to pilot a system sharing approach. The Central Information Point allows representatives from Court Services Victoria, Victoria Police, Corrections and the Department of Health and Human Services to consolidate critical information about perpetrators of family violence into a single report for frontline workers to assist risk assessment and management. In response to the Commission's findings, the Family Violence Information Sharing Scheme was created by Part 5A of the Family Violence Protection Act 2008 and the Family Violence Protection (Information Sharing and Risk Management) Regulations 2018. There are specific provisions in Family Violence Protection Act that authorise the Central Information Point to operate.
d)	Details of who and how many used the program and evidence of the outcomes achieved	The Central Information Point began operations in April 2018 and Central Information Point is currently available to practitioners within the five areas of The Orange Door. Over 2,500 Central Information Point reports have been delivered since the first Orange Door area went live in May 2018. Use and outcomes of the Central Information Point by The Orange Door practitioners is being captured as part of <u>the first evaluation of the Orange Door</u> .
e)	Reasons why further funding is not being sought	There may be future funding sought pending the outcome of the initial rollout. This will allow more time to learn from use of the Central Information Point in the initial Orange Door areas to design and develop options for future service investment and expansion.
f)	Nature of the impact of ceasing the program is	The Royal Commission into Family Violence identified barriers that prevent information from being shared as effectively as it could be and found that the failure to share crucial information with frontline workers can have catastrophic consequences.
g)	What strategies are being implemented to minimise negative impacts	Not applicable

a)	Name	More support for young people with a disability
b)	Expenditure in financial year 2018-19	\$10.2 million
c)	Reasons why the program was established	The program was established to provide essential supports for young people needing disability assistance during the day and skills development to participate in the community after they leave school. Support was also provided for two years to support young people with a disability, until their transition into the National Disability Insurance Scheme.
d)	Details of who and how many used the program and evidence of the outcomes achieved	Funds were fully allocated to support young people needing disability assistance and skills development to participate in their community. All service providers are required to adhere to the policy and funding guidelines provided in their service agreement with the department.
e)	Reasons why further funding is not being sought	It is expected that all clients receiving individualised supports will transition to the NDIS. The department will continue to provide support to NDIS eligible clients whose transition to the NDIS has been delayed to 2019-20.
f)	Nature of the impact of ceasing the program is	The department will continue to provide support to NDIS eligible clients whose transition to the NDIS has been delayed to 2019-20.
g)	What strategies are being implemented to minimise negative impacts	The Victorian Government will continue to support clients whose transition to the NDIS has been delayed.

a)	Name	More support for young people with a disability before full transition to the NDIS
b)	Expenditure in financial year 2018-19	\$15.8 million
c)	Reasons why the program was established	The program was established to provide care and support for young people with a disability, their families and carers prior to their transition to the National Disability Insurance Scheme.
d)	Details of who and how many used the program and evidence of the outcomes achieved	Funds were fully allocated to support young people needing disability assistance and skills development to participate in their community. All service providers are required to adhere to the policy and funding guidelines provided in their service agreement with the department.
e)	Reasons why further funding is not being sought	It is expected that all clients receiving individualised supports will transition to the NDIS. The department will continue to provide support to NDIS eligible clients whose transition to the NDIS has been delayed to 2019-20.
f)	Nature of the impact of ceasing the program is	The department will continue to provide support to NDIS eligible clients whose transition to the NDIS has been delayed to 2019-20.
g)	What strategies are being implemented to minimise negative impacts	The Victorian Government will continue to support clients whose transition to the NDIS has been delayed.

a)	Name	Healthy Heart and Prevention Lab
b)	Expenditure in financial year 2018-19	\$5.5 million
c)	Reasons why the program was established	Healthy Heart of Victoria (HHV) is a priority of the Loddon Campaspe Regional Partnership, which is applying a place based prevention approach to healthy eating and active living across the six Councils making up the Loddon Campaspe region. The development of the program was in response to concerns raised by the community about health in the region and about some of the health statistics and outcomes experienced.
d)	Details of who and how many used the program and evidence of the outcomes achieved	The initiative is a new cross-government approach to working with communities to affect positive change at population level on shared local priorities.
e)	Reasons why further funding is not being sought	The program is to be continued to be delivered in 2019-20 to enable a longer implementation period and more effective use of funds.
f)	Nature of the impact of ceasing the program is	The program is to be continued to be delivered in 2019-20.
g)	What strategies are being implemented to minimise negative impacts	The program is to be continued to be delivered in 2019-20 to enable a longer implementation period and more effective use of funds.

a)	Name	Risk Assessment and Risk Management
b)	Expenditure in financial year 2018-19	\$15.0 million
c)	Reasons why the program was established	The Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM), previously known as the common risk assessment framework or 'CRAF', has been redeveloped to address issues and gaps identified by the Royal Commission into Family Violence, the Coronial Inquest into the death of Luke Geoffrey Batty and the 2016 Monash Review of the framework. The aim of Multi-Agency Risk Assessment and Management Framework is to increase the safety and wellbeing of Victorians by ensuring all relevant services are contributing effectively to the identification, assessment and management of family violence risk.
d)	Details of who and how many used the program and evidence of the outcomes achieved	A range of organisations were prescribed under Multi-Agency Risk Assessment and Management Framework on the 27 September 2018, including specialist family violence services, sexual assault services, Child Protection, out-of-home care services, designated mental health services, alcohol and other drugs services, housing, homelessness accommodation, Magistrates' and Children's Court officials, Maternal and Child Health Services, Youth Justice, perpetrator intervention trials, Victoria Police and Victims of Crime Helpline. A range of resources to support organisations to meet their obligations under Multi-Agency Risk Assessment and Management Framework were made available at commencement of the reforms. A second phase of organisations, with a focus on health services (including hospitals), schools and aged care services, will be prescribed as the program continued to be implemented.
e)	Reasons why further funding is not being sought	This program is being extended into 2019-20 to align with the Family Violence Information Sharing and Child Information Scheme rollout.
f)	Nature of the impact of ceasing the program is	The program is being extended into 2019-20.
g)	What strategies are being implemented to minimise negative impacts	Not applicable.

Question 7 – Capital Assets

Line item	\$'million			
	2017-18 actual	2018-19 budget	2018-19 revised	2019-20 budget
Payment for non financial assets	993.5	1,206.5	749.8	1,131.7
Total	993.5	1,206.5	749.8	1,131.7

New projects	\$'million			
	2017-18 actual	2018-19 budget	2018-19 revised	2019-20 budget
A proudly multicultural Victoria - Aged Care (statewide)	0.0	0.0	0.0	0.200
Building a better hospital for Melbourne's inner west (Footscray)	0.0	65.0	1.0	64.000
Building A New Rehabilitation Centre for Bendigo (Bendigo)	0.0	0.0	0.0	3.133
Building a World Class Hospital for Frankston Families (Frankston)	0.0	0.0	0.0	6.000
World-class care for Wangaratta Patients (Wangaratta)	0.0	0.0	0.0	1.200
Ten new community hospitals to give patients the best care (statewide)	0.0	0.0	0.0	2.000
Clinical Technology Refresh Program 2019-20 (statewide)	0.0	0.0	0.0	13.000
Engineering Infrastructure And Medical Equipment Replacement Programs 2019-20 (statewide)	0.0	0.0	0.0	60.000
Relocation of Barwon Health Clinical Facilities (Geelong)	0.0	0.0	0.0	2.000
More help for new Victorian mums and dads (statewide)	0.0	0.0	0.0	9.225
Building a bigger and better Latrobe Regional Hospital (Traralgon)	0.0	0.0	0.0	7.000
Planning for new children's emergency departments (statewide)	0.0	0.0	0.0	2.970
Planning for the Angliss Hospital Expansion (Upper Ferntree Gully)	0.0	0.0	0.0	0.086
Regional Health Infrastructure Fund 2019-20 (regional various)	0.0	0.0	0.0	50.000
Royal Children's Hospital Expansion (Parkville)	0.0	0.0	0.0	7.000
Wantirna Aged Care Redevelopment (Wantirna)	0.0	0.0	0.0	6.000
Backing our paramedics to keep saving lives (statewide)	0.0	0.0	0.0	8.000
Rural residential aged care facilities renewal 2019-20 <i>(Funded from the Regional Health Infrastructure Fund and not included in the totals)</i>				10.000
Total	0.0	65.0	1.0	241.8

Existing Projects	2017-18 actual	2018-19 budget	2018-19 revised	2019-20 budget
Ambulance Station Upgrades 2015-16 (statewide)	7.2	5.3	7.0	1.3
Ambulance Victoria Station Upgrades 2016-17	4.5	8.0	1.4	7.2
Austin Hospital - critical infrastructure works (Heidelberg)	36.7	24.7	7.7	16.5
Ballarat Health Services expansion and redevelopment (Ballarat)	0.0	0.0	0.8	5.8
Barwon Health - North (Geelong)	1.3	26.0	20.3	8.7
Casey Hospital Expansion (Berwick)	0.0	77.4	85.0	19.5
Clinical Technology refresh statewide	0.0	12.0	12.0	0.0
Engineering infrastructure replacement program (statewide)	18.2	27.5	28.8	3.0
Engineering Infrastructure Replacement 2018-19	0.0			
Establishing Support and Safety Hubs (statewide)	11.9	17.2	22.7	16.2
Family violence information sharing system reform (statewide)	5.8	0.0	9.6	31.1
Fixated Threat Assessment Centre (statewide)	0.0	1.0	0.8	0.8
Forensic Mental Health Bed-based Services Expansion (Fairfield)	0.3	39.4	3.0	20.0
Forensic mental health implementation plan - priority service reforms (Fairfield)	0.0	1.6	0.9	5.1
Getting Ready for the National Disability Insurance Scheme (statewide)	4.9	6.8	11.1	7.7
Goulburn Valley Health redevelopment - planing and development (Shepparton)	14.6	53.0	45.1	80.1
Grampians Prevention and Recovery Care (PARC) Services (Ballarat)	0.2	1.9	0.4	4.6
Health Service Violence Prevention Fund (statewide)	6.0	3.0	5.2	0.5
Joan Kirner Women's and Children's Hospital (St. Albans)	78.1	95.4	83.7	15.1
Medical equipment replacement program (statewide)	31.2	38.6	32.6	6.2
Medical Equipment Replacement 2018-19	0.0			
Meeting Ambulance Response Times (statewide)	10.7	34.4	5.2	5.0
Mental Health and alcohol and other drugs facilities renewal 2017-18 (statewide)	0.0	5.0	7.2	2.8
Mental Health Alcohol & Other Drugs Facilities Renewal 2018-19 (statewide)	0.0	10.0	2.300	7.7
Modernisation of metro public sector residential aged care (Kew)	2.7	35.0	21.9	24.5
Monash Medical Centre - Expansion and Upgrades (Clayton)	1.0	6.6	1.0	28.0
Monash Medical Centre - infrastructure upgrades (Clayton)	0.4	10.0	4.5	5.0
Northern Hospital inpatient expansion - Stage 2 (Epping)	5.8	30.0	20.5	50.0
Out-of-home care residential capacity (statewide)	1.8	3.5	0.1	5.3
Redesign and renovation of out-of-home care properties (statewide)	2.1	2.3	0.8	1.5
Reforming Clinical Mental Health Services (Melbourne)	0.0	10.5	0.8	12.7
New Regional Alcohol and Drug Residential Rehabilitation Facilities (regional various)	0.0	3.5	0.0	10.0
Regional Health Infrastructure Fund (regional various)	58.7	112.0	81.3	73.7
Royal Melbourne Hospital - critical infrastructure works (Parkville)	3.1	22.0	13.7	11.4
Royal Victorian Eye and Ear Hospital redevelopment (Melbourne)	40.8	40.9	47.6	61.9
Safe Digital Clinical Systems - Parkville Precinct EMR (Parkville)	0.0	15.9	18.7	59.2
Statewide Child and Family Mental Health Intensive Treatment Centre (statewide)	0.0	6.4	0.1	4.0
Sunshine Hosp Emergency Department (St Albans)	0.0	0.5	0.5	14.4
Supporting demand for Ambulance Services (statewide)	0.0	3.3	0.7	2.7
The Alfred Hospital Urgent Infrastructure (Prahran)	0.0	4.5	1.5	10.0
Footscray Hospital - Planning and Critical Infrastructure (Footscray)	0.0	10.0	6.8	8.2
Victorian Heart Hospital (Clayton)	3.9	19.1	17.7	72.2
Western Health Urgent Infrastructure Works (Footscray and Sunshine)	10.3	26.5	14.7	16.8
Women's Prevention And Recovery Care (PARC) Service (metropolitan various)	0.4	4.3	0.0	5.6
Wonthaggi Emergency Department Expansion (Wonthaggi)	0.0	0.0	2.0	30.0
Youth Preventon and Recovery Care (Metropolitan various)	0.0	2.5	0.0	5.0
Total	362.4	857.7	647.7	776.9

Completed Projects	2017-18 actual	2018-19 budget	2018-19 revised	2019-20 budget
Alcohol and Drug Residential Rehabilitation Services – Stage 1 (Grampians)	1.6	3.8	4.2	0.2
Cladding rectification works (statewide)	2.4	0.0	7.6	0.0
Increasing critical care capacity 2017-18 (statewide)	1.0	0.0	1.2	0.0
Level 13 Fitout Victorian Comprehensive Cancer Centre (Melbourne)	6.0	0.0	5.8	0.0
Angliss Hospital Intensive Care Unit & Short Stay Unit (Upper Ferntree Gully)	7.0	1.0	0.8	0.5
Geelong Hospital – major upgrade (Geelong)	9.5	5.6	2.8	3.8
Increasing Critical Care Capacity 2018-19	0.0	2.5	2.5	0.0
Maroondah Breast Cancer Centre (East Ringwood)	5.5	1.0	0.9	0.0
Orygen Youth Mental Health (Parkville)	28.9	22.9	24.1	8.5
Thomas Embling Hospital Expansion (Fairfield)	13.5	0.0	2.7	1.8
Werribee Mercy Hospital - acute expansion (Werribee)	55.3	6.2	3.8	3.9
Total	130.8	43.0	56.3	18.7

PPPs	2017-18 actual	2018-19 budget	2018-19 revised	2019-20 budget
Casey Hospital expansion	0	0	-20.7	
Total	0.0	0.0	-20.7	0.0

Other	2017-18 actual	2018-19 budget	2018-19 revised	2019-20 budget
Other *	500.2	240.8	65.6	94.3
Total	500.2	240.8	65.6	94.3

* Includes portfolio Health Agencies' own source funded asset investments

Question 8 – Public Private Partnerships – expenditure

Line item	2017-18 actual (\$m)	2018-19 budget (\$m)	2018-19 revised (\$m)	2019-20 budget (\$m)
Interest Expense	188	187	188	217
- PPP related	178	173	173	171
Other Operating Expenses	8,394	8,211	8,380	8,551
- PPP related	157	131	131	133
Total	8,760	8,571	8,742	9,072

PPPs	2017-18 actual (\$m)	2018-19 budget (\$m)	2018-19 revised (\$m)	2019-20 budget (\$m)
Finance Lease Interest to Non Public Sector				
Casey/Berwick Hospital	0	0	0	0
Royal Women's Hospital	15	16	15	15
Royal Children's Hospital	49	48	48	46
Victorian Comprehensive Cancer Centre	91	87	87	83
Bendigo Hospital	23	23	24	24
Casey Hospital Expansion	0	0	0	1
New Footscray Hospital	0	0	0	2
Total	178	173	173	171
Other Operating Expenses: <i>(comprises lifecycle maintenance costs, service costs, refurbishment, contingent, insurance and other costs)</i>				
Casey/Berwick Hospital (Refurbishment costs in 2018-19)	15	19	19	15
Royal Women's Hospital	12	12	11	14
Royal Children's Hospital	45	49	47	55
Victorian Comprehensive Cancer Centre	52*	19	21	20
Bendigo Hospital	33	32	33	27
Casey Hospital Expansion	0	0	0	3
Total	105	131	131	133

* 2017-18 Includes an additional period related to 2016-17

Question 10 – Savings initiatives from past budgets

Initiative	Actions the Department will take in 2019-20	Impact of these actions on service delivery in 2019-20	Savings target for 2019-20 (\$million)	Explanation for variances to the original target
Savings and efficiencies and expenditure reduction measures in 2016-17 Budget	N/A	N/A	N/A	N/A
Savings measures in 2017-18 Budget	The department will deliver efficiencies and savings by reducing expenditure on administration, consultants, contractors and staffing.	The reductions will be targeted so not to impact on service delivery.	39.4	0
Any efficiency and expenditure reduction measures in 2018-19 Budget	N/A	N/A	N/A	N/A
Any efficiency and expenditure reduction measures in 2019-20 Budget	The department will deliver efficiencies and savings primarily by reducing expenditure on administration, consultants, contractors and staffing. The department will also participate in Whole-of-Victorian-Government work to investigate opportunities for shared IT provision.	The reductions will be targeted so not to impact on service delivery.	47.0	0

Question 11 – Use for funds saved from other programs or initiatives

Program/initiative that has been reprioritised, curtailed or reduced	The amount expected to be spent under the program or initiative during 2019-20		The use to which the funds will be put
	at the time of the 2018-19 Budget	at the time of the 2019-20 Budget	

Response

Please refer to **Question 11** of the Word document for response.

Question 12 – Performance measures – new

For all new performance measures in *Budget Paper No.3: Service Delivery*, please provide:

- a description/purpose of the measure
- the assumptions and methodology underpinning the measure (including how the supporting data is calculated or derived, source and frequency of data collection, as well as any other business rules and assumptions)
- how the target was set
- the shortcomings of the measure
- the methodology behind estimating the expected outcome for the 2019-20 year, in the 2019-20 budget paper.

Performance measure	New University of the Third Age membership growth
a) Description/purpose of the measure	The University of the Third Age (U3A) is part of a world-wide movement of Universities of the Third Age. It is a self help, voluntary organisations which promotes active ageing and lifelong learning for people over 50 years of age who are no longer in full-time employment. This is a new performance measure to replace the 2018-19 performance measure 'New University of the Third Age (U3A) programs funded'. This reflects anticipated changes in funding arrangements (tied to Victorian membership growth).
b) Assumptions and methodology underpinning the measure	The proposed measure is the growth in statewide membership. This will be measured on an annual basis, on both a numerical and percentage basis.
c) How target was set	Estimates and target setting for this measure are agreed to by DHHS and the Universities of the Third Age Network Victoria each year. Good performance in relation to this measure is annual statewide membership growth of >5%.
d) Shortcomings of the measure	Not Applicable
e) Methodology behind estimating expected outcome for 2019-20 in the 2019-20 budget paper	The Universities of the Third Age Network Victoria collects membership data from each of the 109 Universities of the Third Age and provides this data to DHHS. This data contains the statewide membership numbers for the previous year. DHHS uses this data to estimate growth in membership compared to data from the previous year.

Performance measure	Number of families receiving an intensive support service
a) Description/purpose of the measure	This performance measure replaces the 2018-19 performance measure 'Number of children receiving an intensive support service' to more accurately reflect intensive family support service targets and delivery. Intensive support is provided to vulnerable children and their families with complex needs including children in out-of-home care where re-unification is planned, or where child protection has identified the children to be at risk of increased child protection involvement including being placed into out-of-home care.
b) Assumptions and methodology underpinning the measure	This BP3 measure relates specifically to intensive family support services funded through several children, youth and families activities. The targets reflect 'cases' with one family episode of support constituting one case.
c) How target was set	Targets are based on output targets in service agreements.
d) Shortcomings of the measure	Actual measurement can be delayed as a result of delayed reporting by agencies.
e) Methodology behind estimating expected outcome for 2019-20 in the 2019-20 budget paper	Expected outcomes are drawn from reporting by agencies

Performance measure	Number of Utility Relief Grants granted to households
a) Description/purpose of the measure	This is a new performance measure that replaces the 2018-19 performance measure 'Number of clients receiving trustee services'. The new measure will provide a performance measure of the Department's role as a safety net for low-income households with mains electricity, gas or water bills that are overdue due to a temporary financial crisis.
b) Assumptions and methodology underpinning the measure	The measure is based on the number of grants, rather than the number of clients receiving a grant, because the clients are often entitled to receive more than one grant (e.g. electricity, gas and water grants).
c) How target was set	The proposed 2019-20 target was forecasted by the department in the same way it prepares regular forecasts and targets for other concession programs. It is based on the number of grants provided in 2017-18 plus the expected growth in grants in 2018-19 and 2019-20.
d) Shortcomings of the measure	Not Applicable
e) Methodology behind estimating expected outcome for 2019-20 in the 2019-20 budget paper	The proposed 2019-20 target was forecasted by the department in the same way it prepares regular forecasts and targets for other concession programs. It is based on the number of grants provided in 2017-18 plus the expected growth in grants in 2018-19 and 2019-20.

Performance measure	Clients receiving forensic disability service
a) Description/purpose of the measure	New performance measure for 2019-20 to reflect Government priorities regarding forensic disability services. The Victorian State Government will retain responsibility for these services following the transition to the NDIS.
b) Assumptions and methodology underpinning the measure	This measure is based on count of clients receiving internally or externally delivered services and is a cumulative annual measure.
c) How target was set	The initial target is based on the size of the current client cohort receiving support through forensic disability services.
d) Shortcomings of the measure	Not Applicable
e) Methodology behind estimating expected outcome for 2019-20 in the 2019-20 budget paper	The aim of this performance measure is to count the number of clients receiving internally or externally delivered forensic disability services coordinated through the department across Victoria. A client is counted only once regardless of the number of services they received during the reporting period. Only clients receiving Disability Justice Coordination services are included.

Performance measure	Percentage of patients who reported positive experiences of their hospital stay.
a) Description/purpose of the measure	New performance measure that reflects the overarching patient experience of hospital care and the many steps of their journey through the system.
b) Assumptions and methodology underpinning the measure	Data are collected from all Victorian public health services through the Victorian Healthcare Experience Survey (VHES). Adult patients that have been admitted to hospital are asked to rate their experience as either very good, good, adequate, poor or very poor. A positive experience related to those patients who answered 'very good' or 'good'.
c) How target was set	The Statewide target has been set at 95 per cent to align with individual health service targets.
d) Shortcomings of the measure	Response rates to this survey vary across health services, which may affect how representative the sample is.
e) Methodology behind estimating expected outcome for 2019-20 in the 2019-20 budget paper	The estimate is a reflection of rate currently being achieved at a statewide level.

Performance measure	Children participating in the Smiles 4 Miles oral health promotion program
a) Description/purpose of the measure	Smiles 4 Miles is a department funded initiative managed by Dental Health Services Victoria (DHSV) that works in partnership with local organisations to improve the oral health of children and their families in high risk areas across Victoria. This is a new performance measure for 2019-20 which will monitor the program.
b) Assumptions and methodology underpinning the measure	The Smiles 4 Miles is an Award program based upon a set of criteria that each early childhood service needs to meet for them to achieve award status. Local sites provide support for early childhood services in their area to address the criteria. The Sites are responsible for engaging and supporting early childhood services to implement oral health promotion activities and achieve their Smiles 4 Miles award.
c) How target was set	Dental Health Services Victoria manages the program under an agreement with DHHS. The target was set in discussion with Dental Health Services Victoria based on program budget and service developments.
d) Shortcomings of the measure	Not Applicable
e) Methodology behind estimating expected outcome for 2019-20 in the 2019-20 budget paper	The estimate is based on projections from current rates of growth.

Performance measure	Number of drug treatment activity units – residential services
a) Description/purpose of the measure	The proposed new measure is a simple, appropriate descriptor of 'quantity'. It complements the existing key 'quantity' measure – number of drug treatment activity units (DTAU) which describes the quantity of services delivered in the community. From 1 July 2019, the department will use drug treatment activity units (DTAUs) to hold residential service providers to account for their funding.
b) Assumptions and methodology underpinning the measure	Data will be collected through the Victorian Alcohol and Drug Collection. This new collection is currently being established, and will be fully in place by 1 July 2019. Good performance is constituted by achieving the DTAU target.
c) How target was set	The target is set by dividing total funding for residential withdrawal and rehabilitation by the DTAU price. This means that target changes are consistent with funding changes.
d) Shortcomings of the measure	Not Applicable
e) Methodology behind estimating expected outcome for 2019-20 in the 2019-20 budget paper	Where data is available, the estimated outcome will be derived using a moving average of the previous four quarters. Where actuals data is not available, the target will be used as the estimated outcome.

Performance measure	Percentage of residential rehabilitation clients remaining in treatment for ten days or more
a) Description/purpose of the measure	This measure indicates the successful engagement of residential rehabilitation clients. Ten days represents a target minimum stay during which a service provider can positively engage with a rehabilitation client and deliver a useful intervention.
b) Assumptions and methodology underpinning the measure	This measure has been developed in consultation with the sector, and represent the approximate amount of time a client would need to be in a service to achieve a meaningful treatment outcome. This allows for evaluation of how well the treatment is meeting client needs, reducing the number of clients leaving treatment services prematurely.
c) How target was set	The target is based on discussions with the sector and assessment of service provider data to determine an achievable, appropriate percentage.
d) Shortcomings of the measure	Not Applicable
e) Methodology behind estimating expected outcome for 2019-20 in the 2019-20 budget paper	Where data is available, the estimated outcome will be derived using a moving average of the previous four quarters. Where actuals data is not available, the target will be used as the estimated outcome.

Performance measure	Percentage of residential withdrawal clients remaining in treatment for two days or more
a) Description/purpose of the measure	The measure indicates the successful engagement of residential withdrawal clients. Two days represents a target minimum stay during which a service provider can positively engage with a withdrawal client and deliver a useful intervention.
b) Assumptions and methodology underpinning the measure	This measure has been developed in consultation with the sector, and represent the approximate amount of time a client would need to be in a service to achieve a meaningful treatment outcome. This allows for evaluation of how well the treatment is meeting client needs, reducing the number of clients leaving treatment services prematurely.
c) How target was set	The target is based on discussion with the sector and assessment of service provider data to determine an achievable, appropriate percentage.
d) Shortcomings of the measure	Not Applicable
e) Methodology behind estimating expected outcome for 2019-20 in the 2019-20 budget paper	Where data is available, the estimated outcome will be derived using a moving average of the previous four quarters. Where actuals data is not available, the target will be used as the estimated outcome.

Performance measure	Median wait time between intake and assessment
a) Description/purpose of the measure	This is a new performance measure that replaces the 2018-19 performance measure 'Average working days between screening of client and commencement of community-based drug treatment'. In conjunction with the measure 'Median wait time between assessment and commencement of treatment', this measure provides an overview of clients' wait times as they enter the treatment system. The use of the median provides a more meaningful representation of wait times as it is less sensitive to extreme results than a mean average.
b) Assumptions and methodology underpinning the measure	The median wait time provides important information about a key transition point for a client seeking alcohol and other drug (AOD) services. This is appropriate for AOD clients as there may be long periods between intake/referral and assessment for some clients due to personal circumstances rather than blockages in the system.
c) How target was set	Targets were set based on analysis of existing wait time key performance indicators and expectations, in conjunction with available data on actual wait times as reported by service providers.
d) Shortcomings of the measure	Not Applicable
e) Methodology behind estimating expected outcome for 2019-20 in the 2019-20 budget paper	Where data is available, the estimated outcome will be derived using a moving average of the previous four quarters. Where actuals data is not available, the target will be used as the estimated outcome.

Performance measure	Median wait time between assessment and commencement of treatment
a) Description/purpose of the measure	This is a new performance measure that replaces the 2018-19 performance measure 'Average working days between screening of client and commencement of residential-based drug treatment'. In conjunction with the measure 'Median wait time between intake and assessment', this measure provides an overview of clients' wait times as they enter the treatment system. The use of the median provides a more meaningful representation of wait times as it is less sensitive to extreme results than the mean.
b) Assumptions and methodology underpinning the measure	The median wait time provides important information about a key transition point for a client seeking alcohol and other drug (AOD) services. This is appropriate for AOD clients as there may be long periods between intake/referral and assessment for some clients due to personal circumstances rather than blockages in the system.
c) How target was set	Targets were set based on analysis of existing wait time key performance indicators and expectations, in conjunction with available data on actual wait times as reported by service providers.
d) Shortcomings of the measure	Not Applicable
e) Methodology behind estimating expected outcome for 2019-20 in the 2019-20 budget paper	Where data is available, the estimated outcome will be derived using a moving average of the previous four quarters. Where actuals data is not available, the target will be used as the estimated outcome.

	Performance measure	Number of patients admitted from the elective surgery waiting list
a)	Description/purpose of the measure	The number of patients who have been admitted to hospital to address the issue for which they were on the elective surgery waiting list.
b)	Assumptions and methodology underpinning the measure	The measure will capture patients who have been removed from the elective surgery waiting list in a planned fashion, and not as a result of emergency procedures. Within Elective Surgery Information Systems data, a removal of a patient from the elective surgery waiting list is considered a planned admission if the patient is: <ul style="list-style-type: none"> •admitted to the intended campus and has received the awaited procedure •admitted to another campus arranged by the Elective Surgery Access Service and has received the awaited procedure •admitted to another campus arranged by this campus/health service and has received the awaited procedure under other contract or similar arrangements.
c)	How target was set	It is based on projected activity plus funded growth for 2019-20.
d)	Shortcomings of the measure	The indicator reports on a selected group of elective surgery procedures aimed towards delivering appropriate elective procedures in a public health setting by the appropriate health services. As a result it does not include all elective procedures or all health services.
e)	Methodology behind estimating expected outcome for 2019-20 in the 2019-20 budget paper	It is based on the projected activity for 2018-19 (which is 200,670 patients) plus funded growth of 2,350 admissions. This results in a total of 203,020 patients.

	Performance measure	Number of men participating in the men's behaviour change program
	Description/purpose of the measure	Community based men's behaviour change programs are a voluntary group-based response for perpetrators of family violence.
	Assumptions and methodology underpinning the measure	This measure will record the number of men who participate in a program.
	How target was set	The annual target is based on available funded program places.
	Shortcomings of the measure	Not Applicable
	Methodology behind estimating expected outcome for 2019-20 in the 2019-20 budget paper	The annual target is based on available funded program places.

	Performance measure	Number of case management responses provided to perpetrators of family violence including those that require individualised support
	Description/purpose of the measure	Case management is an individualised response for perpetrators with multiple and complex needs who require tailored assistance. Case management can be provided instead of, or in conjunction with, a men's behaviour change program. Case management coordinates services and provide support to victim survivors.
	Assumptions and methodology underpinning the measure	The measure will record the number of perpetrators who receive a case management response.
	How target was set	The annual target is based on available funded case management responses.
	Shortcomings of the measure	Not Applicable
	Methodology behind estimating expected outcome for 2019-20 in the 2019-20 budget paper	The annual target is based on available funded case management responses.

Question 13 – Performance measures – modifications

Performance measure	Total assessments undertaken at the Support and Safety Hubs
a) Description / purpose of the measure	This measure captures one of the key activities at Support and Safety Hubs, that of assessments. Previously the measure captured 'assessments completed', however it has been renamed 'assessments undertaken' to reflect the need to continually assess an individual's needs and risk.
b) Previous target	8750
c) New target and how it was set	Not Applicable – target unchanged
d) Justification for changing the target	Not Applicable – target unchanged
e) If the target was not met last year, why?	Not Applicable – performance for 2018-19 was above target
f) Methodology behind estimating expected outcome	Consistent with the department's approach to expected outcomes, the 2018-19 expected outcome is an estimate based on Quarters 1 and 2 (July to December).

Question 15 – Employees – Department of Health and Human Services (DHHS)

a)

Classification	As at 30/06/2018		As at 30/06/2019*		As at 30/06/2020	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
01-Secretary	1	0	1	0	N/A	N/A
02-EO-1	4	0	3	0	N/A	N/A
03-EO-2	62	0.4	63.7	0.6	N/A	N/A
04-EO-3	95.7	0.7	109.3	1	N/A	N/A
05-VPS Grade 7.3	3	0	3.8	0	N/A	N/A
06-VPS Grade 7.2	12.6	0.1	9.6	0.1	N/A	N/A
07-VPS Grade 7.1	7	0.1	9	0.1	N/A	N/A
08-VPS Grade 6.2	540.8	4	580.6	5.4	N/A	N/A
09-VPS Grade 6.1	427	3.2	444	4.1	N/A	N/A
10-VPS Grade 5.2	741	5.8	776	7.4	N/A	N/A
11-VPS Grade 5.1	820.2	6.3	873.1	8.3	N/A	N/A
12-VPS Grade 4	912.6	7	900.5	8.4	N/A	N/A
13-VPS Grade 3	647.8	5	655.4	6.2	N/A	N/A
14-VPS Grade 2	375	3.2	388.2	4.1	N/A	N/A
15-VPS Grade 1	14.6	0.1	20.6	0.2	N/A	N/A
16-Disability Development and Support Officers	4418.8	40.2	2074.5	23.5	N/A	N/A
17-Children Youth and Families officers	233.2	1.9	216.5	2.2	N/A	N/A
18-Child Protection Practitioners	1932.7	15.1	2106.2	20.3	N/A	N/A
19-Housing Services Officers	502.4	4	493.3	4.8	N/A	N/A
20-Senior Medical Advisors	44.4	0.3	39.4	0.4	N/A	N/A
21-Allied Health Professionals	166.1	1.4	103.7	1	N/A	N/A
21-Solicitors	73	0.6	79.4	0.8	N/A	N/A
22-Scientists	26.8	0.2	26.6	0.2	N/A	N/A
23.Other*	38.8	0.4	50.9	0.8	N/A	N/A
Total	12100.5	100	10028.4	100	N/A	N/A

* External Auditors, Facility Services Officers, Nurses, Trade Assistants

b)

Category	As at 30/06/2018		As at 30/06/2019		As at 30/06/2020	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Ongoing	9646.9	76.3	7918.8	76.7	N/A	N/A
Fixed term	1647.0	12.9	1754.7	16.7	N/A	N/A
Casual	806.6	10.8	355.0	6.6	N/A	N/A
Total	12100.5	100.0	10028.4	100	N/A	N/A

For parts a and b, please note total percentages are expected to equal 100%

c)

Identification	As at 30/06/2018		As at 30/06/2019		As at 30/06/2020	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Men	3781.5	30.4	2943.8	28.2	N/A	N/A
Women	8319	69.6	7084.6	71.8	N/A	N/A
Non-binary gender	N/A	N/A	N/A	N/A	N/A	N/A
Total	12100.5	100	10028.4	100	N/A	N/A

Data is based on SAP™ point in time captures as at 30/6/2018 and 31/03/2019

*data as at 31/3/2019

All FTE data is used to calculate percentage of total staff

Data is rounded to 1 decimal place, and therefore rounding errors of +/- .1 FTE may occur in column totals

d) - N.B. Data in the table below represents the Department of Health and Human Services and the Administrative Offices (VAHI, SCV and FSV) collectively.

Identification	As at 30/06/2018		As at 30/06/2019*		As at 30/06/2020	
	Headcount	(% of total staff)	Headcount	(% of total staff)	(Forecast FTE Number)	(% of total staff)
People who identify as Aboriginal or Torres Strait Islander	240	1.6	230	1.95		N/A
People who identify as having a disability**	568	4	585	4		N/A

Data in this table represents the Department of Health and Human Services and the Administrative Offices of: Victorian Agency for Health Information (VAHI), Safer Care Victoria (SCV) and Family Safety Victoria (FSV) collectively.

* Data is at 21 May 2019

** This is an estimation only based on four per cent who identified as having a disability in the 2018 People Matter survey.

The Department of Health and Human Services has now released a Disability Employment Strategy which identifies a range of initiatives to improve the confidence of people to self-report disabilities and create pathways for new employees with disabilities to join the department.

Question 15 – Employees – Safer Care Victoria (SCV)

a)

Classification	As at 30/06/2018		As at 30/06/2019*		As at 30/06/2020	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
EO-1	0.8	1	0.8	0.8	N/A	N/A
EO-2	0	0	0	0		
EO-3	3.6	4	4	3.2	N/A	N/A
VPS Grade 7.1	0	0	0.5	0.8	N/A	N/A
VPS Grade 6.2	6.7	6.9	8.3	7.3	N/A	N/A
VPS Grade 6.1	12.2	13.9	17.9	15.3	N/A	N/A
VPS Grade 5.2	17.6	19.8	22.7	21	N/A	N/A
VPS Grade 5.1	22.5	24.8	31.8	26.6	N/A	N/A
VPS Grade 4	17	18.8	17.8	16.1	N/A	N/A
VPS Grade 3	5.4	5.8	8.6	7.3	N/A	N/A
VPS Grade 2	2	2	1	0.8	N/A	N/A
VPS Grade 1	0	0	0	0	N/A	N/A
Senior Medical Advisors	1.5	2	0.5	0.8	N/A	N/A
Scientists	1	1	0	0	N/A	N/A
Total	90.3	100	113.8	100	N/A	N/A

b)

Category	As at 30/06/2018		As at 30/06/2019		As at 30/06/2020	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Ongoing	65.7	74.3	82.9	72.6	N/A	N/A
Fixed term	24.6	25.7	30.9	27.4	N/A	N/A
Casual	0	0	0	0	N/A	N/A
Total	90.3	100	113.8	100	N/A	N/A

For parts a and b, please note total percentages are expected to equal 100%

c)

Identification	As at 30/06/2018		As at 30/06/2019		As at 30/06/2020	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Men	15.8	16.8	18.7	16.1	N/A	N/A
Women	74.5	83.2	95.1	83.9	N/A	N/A
Non-binary gender	N/A	N/A	0	0	N/A	N/A
Total	90.3	100	113.8	100	N/A	N/A

Data is based on SAP™ point in time captures as at 30/06/2018 and 21/05/2019

*data as at 21/05/2019

All FTE data is used to calculate percentage of total staff

Data is rounded to 1 decimal place, and therefore rounding errors of +/- .1 FTE may occur in column totals

Question 15 – Employees – Victorian Agency for Health Information (VAHI)

a)

Classification	As at 30/06/2018		As at 30/06/2019*		As at 30/06/2020	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
EO-1	1	1.6	1	1.4	N/A	N/A
EO-2	1	1.6	1	1.4	N/A	N/A
EO-3	4	6.3	4	5.8	N/A	N/A
VPS Grade 7.1	1	1.6	2	2.9	N/A	N/A
VPS Grade 6.2	9	14.1	9	13	N/A	N/A
VPS Grade 6.1	9.6	15.6	11.5	17.4	N/A	N/A
VPS Grade 5.2	13.8	23.4	16.3	26.1	N/A	N/A
VPS Grade 5.1	13.2	21.9	9	13	N/A	N/A
VPS Grade 4	4.5	7.6	6.6	10.1	N/A	N/A
VPS Grade 3	3	4.7	4	5.8	N/A	N/A
VPS Grade 2	1	1.6	2	2.9	N/A	N/A
Total	61.1	100	66.4	100	N/A	N/A

b)

Category	As at 30/06/2018		As at 30/06/2019		As at 30/06/2020	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Ongoing	51.5	84.4	57	88.5	N/A	N/A
Fixed term	9.6	15.6	9.4	11.5	N/A	N/A
Casual	0	0	0	0	N/A	N/A
Total	61.1	100	66.4	100	N/A	N/A

For parts a and b, please note total percentages are expected to equal 100%

c)

Identification	As at 30/06/2018		As at 30/06/2019		As at 30/06/2020	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Men	25.2	40.6	57	85.5	N/A	N/A
Women	35.9	59.4	9.4	14.5	N/A	N/A
Non-binary gender	N/A	N/A	0	0	N/A	N/A
Total	61.1	100	66.4	100	N/A	N/A

Data is based on SAP™ point in time captures as at 30/06/2018 and 21/05/2019

*data as at 21/05/2019

All FTE data is used to calculate percentage of total staff

Data is rounded to 1 decimal place, and therefore rounding errors of +/- .1 FTE may occur in column totals

Question 15 – Employees – Family Safety Victoria (FSV)

a)

Classification	As at 30/06/2018		As at 30/06/2019*		As at 30/06/2020	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
EO-2	5.8	2.8	5	1.7	N/A	N/A
EO-3	12.3	6	12.8	4.3	N/A	N/A
VPS Grade 7.3	1	0.5	1	0.3	N/A	N/A
VPS Grade 7.1	4	1.8	5	1.7	N/A	N/A
VPS Grade 6.2	22.1	11	45.4	15.9	N/A	N/A
VPS Grade 6.1	25.4	11.9	33	11.6	N/A	N/A
VPS Grade 5.2	30.9	16.1	46.6	16.9	N/A	N/A
VPS Grade 5.1	33.7	16.5	53.2	18.2	N/A	N/A
VPS Grade 4	26.3	12.4	35.7	12.3	N/A	N/A
VPS Grade 3	24.2	11.8	26.5	9.9	N/A	N/A
VPS Grade 2	3	1.4	8	2.6	N/A	N/A
VPS Grade 1	0	0	1	0.3	N/A	N/A
Child Protection Practitioners	14.3	7.3	11.2	4.3	N/A	N/A
Solicitors	1	0.5	0	0	N/A	N/A
Total	204	100	284.3	100	N/A	N/A

b)

Category	As at 30/06/2018		As at 30/06/2019*		As at 30/06/2020	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Ongoing	123.2	61	158.1	56.6	N/A	N/A
Fixed term	80.8	39	126.2	43.4	N/A	N/A
Casual	0	0	0	0	N/A	N/A
Total	204	100	284.3	100	N/A	N/A

For parts a and b, please note total percentages are expected to equal 100%

c)

Identification	As at 30/06/2018		As at 30/06/2019*		As at 30/06/2020	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Men	30.9	14.7	45.1	15.2	N/A	N/A
Women	173.1	85.3	239.2	84.8	N/A	N/A
Non-binary gender	N/A	N/A	N/A	N/A	N/A	N/A
Total	204	100	284.3	100	N/A	N/A

Data is based on SAP™ point in time captures as at 30/06/2018 and 21/05/2019

*data as at 21/05/2019

All FTE data is used to calculate percentage of total staff

data is rounded to 1 decimal place, and therefore rounding errors of +/- .1 FTE may occur in column totals

Question 16 – Contractors, Consultants and Labour Hire Arrangements

a)

Financial year	Main gaps in capability and capacity															
2018-19	The department continues to face challenges in meeting the increasing speed with which community and government expects policy to be turned into delivery and to address the most complex social policy challenges. Various reports, reviews and evidence of an over-reliance on third parties to deliver core functions indicated 11 key capability gaps in 2018-19 across our three roles of steward, system manager and agent. Addressing the gaps outlined below remains a priority in 2018-19 and 2019-20.															
2019-20	<table border="1"> <thead> <tr> <th>Role</th> <th>Steward</th> <th>System Manager</th> <th>Agent</th> </tr> </thead> <tbody> <tr> <td>Capability gaps in our core roles</td> <td>Evaluation Business case development System policy and design Advanced data analytics</td> <td>Implementation focus for complex multi-dimension projects or change Client-centred service design including service practice Effective service agreement management Managing to outcomes including in program or service management</td> <td>Working in 'place' to improve outcomes including leveraging community assets and build individual connections</td> </tr> <tr> <td>Enabling capability gap</td> <td colspan="3">Effective people leadership to drive performance and continuous improvement Project management</td> </tr> </tbody> </table>	Role	Steward	System Manager	Agent	Capability gaps in our core roles	Evaluation Business case development System policy and design Advanced data analytics	Implementation focus for complex multi-dimension projects or change Client-centred service design including service practice Effective service agreement management Managing to outcomes including in program or service management	Working in 'place' to improve outcomes including leveraging community assets and build individual connections	Enabling capability gap	Effective people leadership to drive performance and continuous improvement Project management					
Role	Steward	System Manager	Agent													
Capability gaps in our core roles	Evaluation Business case development System policy and design Advanced data analytics	Implementation focus for complex multi-dimension projects or change Client-centred service design including service practice Effective service agreement management Managing to outcomes including in program or service management	Working in 'place' to improve outcomes including leveraging community assets and build individual connections													
Enabling capability gap	Effective people leadership to drive performance and continuous improvement Project management															
2020-21	The department is also entering a two-year period of organisational transformation to map out what the department will look like in the future. The Organisational Transformation Program is not yet at the stage of setting out details of the department's future design but as transformation-related capability issues are identified the department will manage the required capability uplift through 2019-20 and 2020-21.															

b)

i)

As at	FTE Number		
	Contractors (\$m)	Consultants (\$m)	Labour Hire Arrangements (\$m)
30 June 2018	FTE Number for contractors, consultants and labour hire is not available.		
30 June 2019	The department is in the process of centralising the function of engaging office-based labour hire. A pilot program has been in operation since December 2018. Based on the outcome of the pilot, reporting capability will be enhanced in the future as office-based individuals engaged through labour hire arrangements will be recorded in the department's payroll system (as non-employees).		
30 June 2020	It should also be noted that the department cannot currently, nor is it planning to, capture FTE numbers of consultants and contractors in future, unless so required by government.		

ii)

Financial year ending	Corresponding expense		
	Contractors (\$m)	Consultants (\$m)	Labour Hire Arrangements (\$m)
30 June 2018	673.00	34.70	40.20
30 June 2019 total comprises:			
- 1 July 2018 to 31 March 2019 Actual	488.70	18.80	28.60
- 1 April 2019 to 30 June 2019 Estimate*	162.90	6.27	9.53
30 June 2019 (estimated totals)	651.60	25.07	38.13
30 June 2020	The department is introducing a more systematic approach to forward planning consultancy through strategic alliance and strategic planning cycle which will be rolled out in 2019-20.		

* The 30 June 2019 estimate is based on a straight line extrapolation of year-to-date data.

iii)

Financial year ending	Occupation category		
	Contractors (\$m)	Consultants (\$m)	Labour Hire Arrangements (\$m)
30 June 2018	The department does not collect procurement data against occupational categories.		
30 June 2019	While the department does not collect procurement data by occupation category, a desk-top analysis of year-to-date (31 March 2019) contractor/consultant data indicates that the top three occupational categories by spend are: <ul style="list-style-type: none"> • Construction (52.9%) • Trades and Services (25.2%) • Consulting and Strategy (6.5%) 		
30 June 2020	The department cannot accurately forecast this data.		

c)

Expense type	Costs for financial year ending 30 June 2018, 2018-19 Budget Estimates questionnaire* \$m	Costs for financial year ending 30 June 2018, 2019-20 Budget Estimates questionnaire \$m	Variance	Explanation
Contractor	430.4 (To 31 Mar 18 as reported)	651.60 or \$488.7m to 31 Mar 19	Not relevant	Note: 2018-19 Budget Estimates questionnaire requested data for 1 July 2017 to 31 March 2018 only. Whereas 2019-20 data requested is for full year. (Data therefore not comparable). However, any variance is due to demand driven procurement which is the responsibility of Financial Delegates which cannot be anticipated.
Consultant	24.2 (To 31 Mar 18 as reported)	25.07 or \$18.8m to 31 Mar 19	Not relevant	
Labour Hire Arrangement	26.2 (to 28 February 2018 - as reported)	38.13 or \$28.60 to 31 March 2019	Not relevant	

*The 2018-19 Budget Estimates questionnaire did not request data for the full financial year ending 30 June 2018. The data provided in the 2018-19 Budget Estimates questionnaire was for the 1 July 2017 until 31 March 2018 period only.

or

Forecasting methodology
Not Applicable

For part b) iii), please list the occupation category separated by a comma

For part c) please insert 'n/a' as required if no explanation for variance is required

Question 17 – Public Private Partnerships – labour costs**Financial year 2017-18**

PPP name	Labour cost

Financial year 2018-19

PPP name	Labour cost

Financial year 2019-20

PPP name	Labour cost

Response

Please refer to **Question 8** of the Word document for response.

Question 24 – Service delivery

Portfolio	Output Group	Output	Objectives(s)	Performance measure(s)	Objective indicator(s)	Internal / External
Ambulance Services	Ambulance Services	Ambulance Emergency Services	Objective 1: Victorians are healthy and well	Community Service Obligation emergency road and air transports	Number	External
Ambulance Services	Ambulance Services	Ambulance Emergency Services	Objective 1: Victorians are healthy and well	Statewide emergency air transports	Number	External
Ambulance Services	Ambulance Services	Ambulance Emergency Services	Objective 1: Victorians are healthy and well	Statewide emergency road transports	Number	External
Ambulance Services	Ambulance Services	Ambulance Emergency Services	Objective 1: Victorians are healthy and well	Treatment without transport	Number	External
Ambulance Services	Ambulance Services	Ambulance Emergency Services	Objective 1: Victorians are healthy and well	Audited cases attended by Community Emergency Response Teams (CERT) meeting clinical practice standards	Per Cent	External
Ambulance Services	Ambulance Services	Ambulance Emergency Services	Objective 1: Victorians are healthy and well	Audited cases statewide meeting clinical practice standards	Per Cent	External
Ambulance Services	Ambulance Services	Ambulance Emergency Services	Objective 1: Victorians are healthy and well	Proportion of adult patients suspected of having a stroke who were transported to a stroke unit with thrombolysis facilities within 60 minutes	Per Cent	External
Ambulance Services	Ambulance Services	Ambulance Emergency Services	Objective 1: Victorians are healthy and well	Proportion of adult VF/VT cardiac arrest patients with vital signs at hospital	Per Cent	External
Ambulance Services	Ambulance Services	Ambulance Emergency Services	Objective 1: Victorians are healthy and well	Proportion of patients experiencing severe cardiac or traumatic pain whose level of pain is reduced significantly	Per Cent	
Ambulance Services	Ambulance Services	Ambulance Emergency Services	Objective 1: Victorians are healthy and well	Proportion of patients very satisfied or satisfied with overall services delivered by paramedics	Per Cent	External
Ambulance Services	Ambulance Services	Ambulance Emergency Services	Objective 1: Victorians are healthy and well	Proportion of emergency (Code 1) incidents responded to within 15 minutes - statewide	Per Cent	External
Ambulance Services	Ambulance Services	Ambulance Emergency Services	Objective 1: Victorians are healthy and well	Proportion of emergency (Code 1) incidents responded to within 15 minutes in centres with more than 7500 population	Per Cent	External
Ambulance Services	Ambulance Services	Ambulance Non Emergency Services	Objective 1: Victorians are healthy and well	Community Service Obligation non-emergency road and air transports	Number	External
Ambulance Services	Ambulance Services	Ambulance Non Emergency Services	Objective 1: Victorians are healthy and well	Statewide non-emergency air transports	Number	External
Ambulance Services	Ambulance Services	Ambulance Non Emergency Services	Objective 1: Victorians are healthy and well	Statewide non-emergency road transports	Number	External
Ambulance Services	Ambulance Services	Ambulance Non Emergency Services	Objective 1: Victorians are healthy and well	Audited cases statewide meeting clinical practice standards	Per Cent	External

Question 24 – Service delivery

Portfolio	Output Group	Output	Objectives(s)	Performance measure(s)	Objective indicator(s)	Internal / External
Disability, Ageing and Carers	Ageing, Aged and Home Care	Aged Care Assessment	Objective 1: Victorians are healthy and well	Aged Care Assessments	Number	External
Disability, Ageing and Carers	Ageing, Aged and Home Care	Aged Care Assessment	Objective 1: Victorians are healthy and well	Percentage of high priority clients assessed within the appropriate time in all settings	Per Cent	External
Disability, Ageing and Carers	Ageing, Aged and Home Care	Aged Care Assessment	Objective 1: Victorians are healthy and well	Percentage of low priority clients assessed within the appropriate time in all settings	Per Cent	External
Disability, Ageing and Carers	Ageing, Aged and Home Care	Aged Care Assessment	Objective 1: Victorians are healthy and well	Percentage of medium priority clients assessed within the appropriate time in all settings	Per Cent	External
Disability, Ageing and Carers	Ageing, Aged and Home Care	Aged Care Assessment	Objective 1: Victorians are healthy and well	Average waiting time (calendar days) from referral to assessment	Days	External
Disability, Ageing and Carers	Ageing, Aged and Home Care	Aged Support Services	Objective 1: Victorians are healthy and well	Individuals provided with respite and support services	Number	Internal
Disability, Ageing and Carers	Ageing, Aged and Home Care	Aged Support Services	Objective 1: Victorians are healthy and well	Number of hours of respite and support services	Number	Internal
Disability, Ageing and Carers	Ageing, Aged and Home Care	Aged Support Services	Objective 1: Victorians are healthy and well	Pension-level beds available in assisted Supported Residential Services facilities	Number	Internal
Disability, Ageing and Carers	Ageing, Aged and Home Care	Aged Support Services	Objective 1: Victorians are healthy and well	Funded research and service development projects for which satisfactory reports have been received	Per Cent	
Disability, Ageing and Carers	Ageing, Aged and Home Care	Aged Support Services	Objective 1: Victorians are healthy and well	Pension-level Supported Residential Services residents provided with service coordination and support/brokerage services	Number	Internal
Disability, Ageing and Carers	Ageing, Aged and Home Care	Aged Support Services	Objective 1: Victorians are healthy and well	Personal alert units allocated	Number	External
Disability, Ageing and Carers	Ageing, Aged and Home Care	Aged Support Services	Objective 1: Victorians are healthy and well	Victorian Eye Care Service (occasions of service)	Number	Internal
Disability, Ageing and Carers	Ageing, Aged and Home Care	Aged Support Services	Objective 1: Victorians are healthy and well	Clients accessing aids and equipment	Number	External
Disability, Ageing and Carers	Ageing, Aged and Home Care	Aged Support Services	Objective 1: Victorians are healthy and well	Clients satisfied with the aids and equipment services system	Per Cent	External
Disability, Ageing and Carers	Ageing, Aged and Home Care	Aged Support Services	Objective 1: Victorians are healthy and well	Applications for aids and equipment acknowledged in writing within ten working days	Per Cent	External
Disability, Ageing and Carers	Concessions to Pensioners and Beneficiaries	Concessions to Pensioners and Beneficiaries	Objective 3: Victorians have the capabilities to participate	Number of Utility Relief Grants granted to households	Number	
Disability, Ageing and Carers	Ageing, Aged and Home Care	Home and Community Care Program for Younger People	Objective 1: Victorians are healthy and well	Home and Community Care for Younger People - number of clients receiving a service	Number	Internal
Disability, Ageing and Carers	Ageing, Aged and Home Care	Home and Community Care Program for Younger People	Objective 1: Victorians are healthy and well	Home and Community Care for Younger People - hours of service delivery	Hours ('000)	Internal
Disability, Ageing and Carers	Ageing, Aged and Home Care	Residential Aged Care	Objective 1: Victorians are healthy and well	Available Bed days	Days	Internal
Disability, Ageing and Carers	Ageing, Aged and Home Care	Residential Aged Care	Objective 1: Victorians are healthy and well	Residential care services accredited	Per Cent	External
Disability, Ageing and Carers	Ageing, Aged and Home Care	Seniors Programs and Participation	Objective 1: Victorians are healthy and well	New University of the Third Age (U3A) programs funded	Number	External
Disability, Ageing and Carers	Ageing, Aged and Home Care	Seniors Programs and Participation	Objective 1: Victorians are healthy and well	Seniors funded activities and programs: number approved	Number	Internal

Question 24 – Service delivery

Portfolio	Output Group	Output	Objectives(s)	Performance measure(s)	Objective indicator(s)	Internal / External
Disability, Ageing and Carers	Ageing, Aged and Home Care	Seniors Programs and Participation	Objective 1: Victorians are healthy and well	Open Rates for Seniors Card e-Newsletters	Per Cent	Internal
Disability, Ageing and Carers	Ageing, Aged and Home Care	Seniors Programs and Participation	Objective 1: Victorians are healthy and well	Eligible seniors in the seniors card program	Per Cent	Internal
Disability, Ageing and Carers	Ageing, Aged and Home Care	Seniors Programs and Participation	Objective 1: Victorians are healthy and well	Senior satisfaction with Victorian Seniors Festival events	Per Cent	Internal
Disability, Ageing and Carers	Ageing, Aged and Home Care	Seniors Programs and Participation	Objective 1: Victorians are healthy and well	New University of the Third Age membership growth	Per Cent	
Disability, Ageing and Carers	Child Protection and Family Services	Child Protection and Family Services	Objective 2: Victorians are safe and secure	Number of families receiving an intensive support service	Number	
Disability, Ageing and Carers	Child Protection and Family Services	Child Protection and Family Services	Objective 2: Victorians are safe and secure	Number of investigations from reports to child protection services about the wellbeing and safety of children	Number	Internal
Disability, Ageing and Carers	Child Protection and Family Services	Child Protection and Family Services	Objective 2: Victorians are safe and secure	Daily average number of children in out-of-home care placements	Number	Internal
Disability, Ageing and Carers	Child Protection and Family Services	Child Protection and Family Services	Objective 2: Victorians are safe and secure	Number of Child FIRST assessments and interventions	Number	Internal
Disability, Ageing and Carers	Child Protection and Family Services	Child Protection and Family Services	Objective 2: Victorians are safe and secure	Number of children in kinship care whose placements are managed by community service organisations	Number	Internal
Disability, Ageing and Carers	Child Protection and Family Services	Child Protection and Family Services	Objective 2: Victorians are safe and secure	Number of children receiving an intensive support service	Number	Internal
Disability, Ageing and Carers	Child Protection and Family Services	Child Protection and Family Services	Objective 2: Victorians are safe and secure	Number of family services cases provided to Aboriginal families	Number	Internal
Disability, Ageing and Carers	Child Protection and Family Services	Child Protection and Family Services	Objective 2: Victorians are safe and secure	Reports to Child Protection Services about the wellbeing and safety of children	Number	Internal
Disability, Ageing and Carers	Child Protection and Family Services	Child Protection and Family Services	Objective 2: Victorians are safe and secure	Total number of family services cases provided	Number	Internal
Disability, Ageing and Carers	Child Protection and Family Services	Child Protection and Family Services	Objective 2: Victorians are safe and secure	Children and young people in out-of-home care who have had two or less placements in the past 12 months (not including placements at home)	Per Cent	Internal
Disability, Ageing and Carers	Child Protection and Family Services	Child Protection and Family Services	Objective 2: Victorians are safe and secure	Children and young people who were the subject of a substantiated report within 12 months of the closure of a previous substantiated report	Per Cent	Internal
Disability, Ageing and Carers	Child Protection and Family Services	Child Protection and Family Services	Objective 2: Victorians are safe and secure	Children and young people who were the subject of an investigation which led to a decision not to substantiate, who were subsequently the subject of a substantiation within three months of case closure	Per Cent	Internal
Disability, Ageing and Carers	Child Protection and Family Services	Child Protection and Family Services	Objective 2: Victorians are safe and secure	Organisations that have successfully completed a certification review (family and community services)	Per Cent	External
Disability, Ageing and Carers	Child Protection and Family Services	Child Protection and Family Services	Objective 2: Victorians are safe and secure	Organisations that have successfully completed a certification review (specialist support and placement services)	Per Cent	External

Question 24 – Service delivery

Portfolio	Output Group	Output	Objectives(s)	Performance measure(s)	Objective indicator(s)	Internal / External
Disability, Ageing and Carers	Child Protection and Family Services	Child Protection and Family Services	Objective 2: Victorians are safe and secure	Proportion of Aboriginal children placed with relatives/kin, other Aboriginal carers or in Aboriginal residential care	Per Cent	Internal
Disability, Ageing and Carers	Child Protection and Family Services	Child Protection and Family Services	Objective 2: Victorians are safe and secure	Proportion of placements that are home-based care	Per Cent	Internal
Disability, Ageing and Carers	Child Protection and Family Services	Child Protection and Family Services	Objective 2: Victorians are safe and secure	Percentage of child protection investigations assessed as urgent, that were visited, or where attempts were made to visit, within two days of receipt of the report	Per Cent	Internal
Disability, Ageing and Carers	Concessions to Pensioners and Beneficiaries	Concessions to Pensioners and Beneficiaries	Objective 3: Victorians have the capabilities to participate	Households receiving mains electricity concessions	Number	External
Disability, Ageing and Carers	Concessions to Pensioners and Beneficiaries	Concessions to Pensioners and Beneficiaries	Objective 3: Victorians have the capabilities to participate	Households receiving mains gas concessions	Number	External
Disability, Ageing and Carers	Concessions to Pensioners and Beneficiaries	Concessions to Pensioners and Beneficiaries	Objective 3: Victorians have the capabilities to participate	Households receiving non-mains energy concessions	Number	Internal and external
Disability, Ageing and Carers	Concessions to Pensioners and Beneficiaries	Concessions to Pensioners and Beneficiaries	Objective 3: Victorians have the capabilities to participate	Households receiving pensioner concessions for municipal rates and charges	Number	External
Disability, Ageing and Carers	Concessions to Pensioners and Beneficiaries	Concessions to Pensioners and Beneficiaries	Objective 3: Victorians have the capabilities to participate	Households receiving water and sewerage concessions	Number	External
Disability, Ageing and Carers	Concessions to Pensioners and Beneficiaries	Concessions to Pensioners and Beneficiaries	Objective 3: Victorians have the capabilities to participate	Number of clients receiving trustee services	Number	External
Disability, Ageing and Carers	Concessions to Pensioners and Beneficiaries	Concessions to Pensioners and Beneficiaries	Objective 3: Victorians have the capabilities to participate	Percentage of customers satisfied with State Trustee Limited services	Per Cent	External
Disability, Ageing and Carers	Concessions to Pensioners and Beneficiaries	Concessions to Pensioners and Beneficiaries	Objective 3: Victorians have the capabilities to participate	Percentage of customer requests answered by State Trustees within the timelines set in the Community Service Agreement	Per Cent	External
Disability, Ageing and Carers	Disability Services	Disability Services	Objective 3: Victorians have the capabilities to participate	Clients in residential institutions	Number	Internal
Disability, Ageing and Carers	Disability Services	Disability Services	Objective 3: Victorians have the capabilities to participate	Clients receiving case management services	Number	Internal
Disability, Ageing and Carers	Disability Services	Disability Services	Objective 3: Victorians have the capabilities to participate	Clients who have had a comprehensive health status review	Per Cent	Internal
Disability, Ageing and Carers	Disability Services	Disability Services	Objective 3: Victorians have the capabilities to participate	Clients receiving individualised support	Number	Internal
Disability, Ageing and Carers	Disability Services	Disability Services	Objective 3: Victorians have the capabilities to participate	Hours of community-based respite	Number	External
Disability, Ageing and Carers	Disability Services	Disability Services	Objective 3: Victorians have the capabilities to participate	Number of respite days	Number	Internal and External
Disability, Ageing and Carers	Disability Services	Disability Services	Objective 3: Victorians have the capabilities to participate	Organisations that have successfully completed a certification review (accommodation supports)	Per Cent	External
Disability, Ageing and Carers	Disability Services	Disability Services	Objective 3: Victorians have the capabilities to participate	Organisations that have successfully completed a certification review (client services and capacity)	Per Cent	External

Question 24 – Service delivery

Portfolio	Output Group	Output	Objectives(s)	Performance measure(s)	Objective indicator(s)	Internal / External
Disability, Ageing and Carers	Disability Services	Disability Services	Objective 3: Victorians have the capabilities to participate	Organisations that have successfully completed a certification review (individualised supports)	Per Cent	External
Disability, Ageing and Carers	Disability Services	Disability Services	Objective 3: Victorians have the capabilities to participate	Support plans reviewed at least once during each period of three years commencing from when the support plan was first prepared (accommodation supports)	Per Cent	Internal
Disability, Ageing and Carers	Disability Services	Disability Services	Objective 3: Victorians have the capabilities to participate	Support plans reviewed at least once during each period of three years commencing from when the support plans was first prepared (individualised supports)	Per Cent	Internal
Disability, Ageing and Carers	Disability Services	Disability Services	Objective 3: Victorians have the capabilities to participate	Support plans reviewed every 12 months for persons residing in residential institutions	Per Cent	Internal
Disability, Ageing and Carers	Disability Services	Disability Services	Objective 3: Victorians have the capabilities to participate	Proportion of clients whose support is commenced within departmental timelines	Per Cent	Internal
Disability, Ageing and Carers	Disability Services	Disability Services	Objective 3: Victorians have the capabilities to participate	Support plans prepared within 60 days of the person commencing to regularly access the disability services (accommodation supports)	Per Cent	Internal
Disability, Ageing and Carers	Disability Services	Disability Services	Objective 3: Victorians have the capabilities to participate	Support plans prepared within 60 days of the person commencing to regularly access the disability services (individualised supports)	Per Cent	Internal
Disability, Ageing and Carers	Disability Services	Disability Services	Objective 3: Victorians have the capabilities to participate	Percentage of Supported Independent Living (SIL) services vacancies filled within 60 business days	Per Cent	Internal
Disability, Ageing and Carers	Disability Services	Disability Services	Objective 3: Victorians have the capabilities to participate	Percentage of Specialist Disability Accommodation (SDA) services vacancies filled within 60 business days	Per Cent	Internal
Disability, Ageing and Carers	Disability Services	Disability Services	Objective 3: Victorians have the capabilities to participate	Clients received forensic disability service	Number	
Disability, Ageing and Carers	Disability Services	Victorian Contribution to National Disability Insurance Scheme	Objective 3: Victorians have the capabilities to participate	National Disability Insurance Scheme participants	Number	Internal
Disability, Ageing and Carers	Empowering Individuals and Communities	Community Participation	Objective 4: Victorians are connected to culture and community	Grants acquitted within the timeframe specified in the terms and conditions of the funding agreement	Per Cent	Internal
Disability, Ageing and Carers	Empowering Individuals and Communities	Community Participation	Objective 4: Victorians are connected to culture and community	Hours of coordination funding provided to Neighbourhood Houses	Number (thousand)	Internal
Disability, Ageing and Carers	Empowering Individuals and Communities	Office for Disability	Objective 4: Victorians are connected to culture and community	Number of Disability Advocacy clients	Number	Internal
Disability, Ageing and Carers	Empowering Individuals and Communities	Office for Disability	Objective 4: Victorians are connected to culture and community	Annual reporting against the State disability plan within agreed timeframes	Per Cent	Internal
Disability, Ageing and Carers	Small Rural Services	Small Rural Services - Aged Care	Objective 1: Victorians are healthy and well	Small Rural Available Bed Days	Number	Internal
Disability, Ageing and Carers	Small Rural Services	Small Rural Services - Aged Care	Objective 1: Victorians are healthy and well	Residential care services accredited	Per Cent	External
Disability, Ageing and Carers	Small Rural Services	Small Rural Services - Home and Community Care Services	Objective 1: Victorians are healthy and well	Home and Community Care for Younger People - hours of service delivery	Hours	Internal

Question 24 – Service delivery

Portfolio	Output Group	Output	Objectives(s)	Performance measure(s)	Objective indicator(s)	Internal / External
Family Violence	Family Violence Service Delivery	Family Violence Service Delivery	Objective 2: Victorians are safe and secure	Number of clients assisted by a Risk Assessment and Management panel	Number	External
Family Violence	Family Violence Service Delivery	Family Violence Service Delivery	Objective 2: Victorians are safe and secure	Number of children who receive a SABTS response	Number	External
Family Violence	Family Violence Service Delivery	Family Violence Service Delivery	Objective 2: Victorians are safe and secure	Number of calls made to the statewide telephone help line for men regarding family violence	Number	External
Family Violence	Family Violence Service Delivery	Family Violence Service Delivery	Objective 2: Victorians are safe and secure	Sexual assault support services clients receiving an initial response within five working days of referral	Per Cent	Internal
Family Violence	Family Violence Service Delivery	Family Violence Service Delivery	Objective 2: Victorians are safe and secure	Workers trained in the Family Violence Risk Assessment and Risk Management Framework	Number	External
Family Violence	Family Violence Service Delivery	Family Violence Service Delivery	Objective 2: Victorians are safe and secure	Support and Safety Hubs established	Number	External
Family Violence	Family Violence Service Delivery	Family Violence Service Delivery	Objective 2: Victorians are safe and secure	Total assessments completed at the Support and Safety Hubs	Number	External
Family Violence	Family Violence Service Delivery	Family Violence Service Delivery	Objective 2: Victorians are safe and secure	Satisfaction by workers with family violence training	Per Cent	External
Family Violence	Family Violence Service Delivery	Family Violence Service Delivery	Objective 2: Victorians are safe and secure	Satisfaction of clients with Support and Safety Hubs services	Per Cent	External
Family Violence	Family Violence Service Delivery	Family Violence Service Delivery	Objective 2: Victorians are safe and secure	Assessments completed within agreed timeframes	Per Cent	External
Family Violence	Family Violence Service Delivery	Family Violence Service Delivery	Objective 2: Victorians are safe and secure	Number of calls responded to by the statewide telephone helpline for men regarding family violence	Number	

Question 24 – Service delivery

Portfolio	Output Group	Output	Objectives(s)	Performance measure(s)	Objective indicator(s)	Internal / External
Health	Acute Health Services	Acute Training and Development	Objective 1: Victorians are healthy and well	Clinical placement student days (medicine)	Number	
Health	Acute Health Services	Acute Training and Development	Objective 1: Victorians are healthy and well	Clinical placement student days (nursing and midwifery)	Number	
Health	Acute Health Services	Acute Training and Development	Objective 1: Victorians are healthy and well	Clinical placement student days (allied health)	Number	
Health	Acute Health Services	Acute Training and Development	Objective 1: Victorians are healthy and well	Number of filled rural generalist GP procedural positions	Number	
Health	Acute Health Services	Acute Training and Development	Objective 1: Victorians are healthy and well	Funded Post graduate nursing and midwifery places at Diploma and Certificate level	Number	
Health	Acute Health Services	Acute Training and Development	Objective 1: Victorians are healthy and well	Total funded FTE (early graduate) allied health positions in public system	Number	
Health	Acute Health Services	Acute Training and Development	Objective 1: Victorians are healthy and well	Total funded FTE (early graduate) medical positions in public system	Number	
Health	Acute Health Services	Acute Training and Development	Objective 1: Victorians are healthy and well	Total funded FTE (early graduate) nursing and midwifery positions in public system	Number	
Health	Acute Health Services	Acute Training and Development	Objective 1: Victorians are healthy and well	Learner satisfaction about their feeling of safety and wellbeing while undertaking their program of study at health services	Per Cent	
Health	Acute Health Services	Admitted Services	Objective 1: Victorians are healthy and well	Palliative separations	Number	Internal
Health	Acute Health Services	Admitted Services	Objective 1: Victorians are healthy and well	Sub-acute care separations	Number	Internal
Health	Acute Health Services	Admitted Services	Objective 1: Victorians are healthy and well	Total separations - all hospitals	Number (thousand)	Internal
Health	Acute Health Services	Admitted Services	Objective 1: Victorians are healthy and well	Public hospitals accredited	Per Cent	External
Health	Acute Health Services	Admitted Services	Objective 1: Victorians are healthy and well	Weighted Inlier Equivalent Separations (WIES) - all hospitals except small rural health services	Number (thousand)	Internal
Health	Acute Health Services	Admitted Services	Objective 1: Victorians are healthy and well	WIES funded emergency separations - all hospitals	Number (thousand)	Internal
Health	Acute Health Services	Admitted Services	Objective 1: Victorians are healthy and well	WIES funded separations - all hospitals except small rural health services	Number (thousand)	Internal
Health	Acute Health Services	Admitted Services	Objective 1: Victorians are healthy and well	Perinatal mortality rate per 1 000 of babies of Aboriginal mothers, using rolling 3-year average	Rate per 1000	External
Health	Acute Health Services	Admitted Services	Objective 1: Victorians are healthy and well	Eligible newborns screened for hearing deficit before one month of age	Per Cent	External
Health	Acute Health Services	Admitted Services	Objective 1: Victorians are healthy and well	Hand hygiene compliance	Per Cent	External
Health	Acute Health Services	Admitted Services	Objective 1: Victorians are healthy and well	Healthcare worker immunisation - influenza	Per Cent	External
Health	Acute Health Services	Admitted Services	Objective 1: Victorians are healthy and well	Hospitals participating in Victorian Hospital Acquired Infection Surveillance System (VICNISS)	Per Cent	External
Health	Acute Health Services	Admitted Services	Objective 1: Victorians are healthy and well	Intensive Care Unit central line associated blood stream infections (CLABSI) per 1000 device days	Rate	External
Health	Acute Health Services	Admitted Services	Objective 1: Victorians are healthy and well	Major trauma patients transferred to a major trauma service	Per Cent	Internal
Health	Acute Health Services	Admitted Services	Objective 1: Victorians are healthy and well	Perinatal and child mortality reports received, reviewed and classified	Per Cent	Internal
Health	Acute Health Services	Admitted Services	Objective 1: Victorians are healthy and well	Patient reported hospital cleanliness	Per Cent	External
Health	Acute Health Services	Admitted Services	Objective 1: Victorians are healthy and well	Staphylococcus aureus bacteraemias (SAB) infections per 10000 patient days	Rate	External
Health	Acute Health Services	Admitted Services	Objective 1: Victorians are healthy and well	Unplanned/unexpected readmission for acute myocardial infarction	Per Cent	Internal
Health	Acute Health Services	Admitted Services	Objective 1: Victorians are healthy and well	Unplanned/unexpected readmission for heart failure	Per Cent	Internal
Health	Acute Health Services	Admitted Services	Objective 1: Victorians are healthy and well	Unplanned/unexpected readmission for hip replacement	Per Cent	Internal
Health	Acute Health Services	Admitted Services	Objective 1: Victorians are healthy and well	Unplanned/unexpected readmission for knee replacement	Per Cent	Internal
Health	Acute Health Services	Admitted Services	Objective 1: Victorians are healthy and well	Unplanned/unexpected readmission for paediatric tonsillectomy and adenoidectomy	Per Cent	Internal
Health	Acute Health Services	Admitted Services	Objective 1: Victorians are healthy and well	Non-urgent (Category 3) elective surgery patients admitted within 365 days	Per Cent	Internal

Question 24 – Service delivery

Portfolio	Output Group	Output	Objectives(s)	Performance measure(s)	Objective indicator(s)	Internal / External
Health	Acute Health Services	Admitted Services	Objective 1: Victorians are healthy and well	Semi-urgent (Category 2) elective surgery patients admitted within 90 days	Per Cent	Internal
Health	Acute Health Services	Admitted Services	Objective 1: Victorians are healthy and well	Urgent (Category 1) elective surgery patients admitted within 30 days	Per Cent	Internal
Health	Acute Health Services	Admitted Services	Objective 1: Victorians are healthy and well	Percentage of patients who reported positive experiences of their hospital stay	Per Cent	External
Health	Acute Health Services	Emergency Services	Objective 1: Victorians are healthy and well	Emergency presentations	Number (thousand)	Internal
Health	Acute Health Services	Emergency Services	Objective 1: Victorians are healthy and well	Emergency patients that did not wait for treatment	Per Cent	Internal
Health	Acute Health Services	Emergency Services	Objective 1: Victorians are healthy and well	Emergency patients re-presenting to the emergency department within 48 hours of previous presentation	Per Cent	Internal
Health	Acute Health Services	Emergency Services	Objective 1: Victorians are healthy and well	Patients' experience of emergency department care	Per Cent	External
Health	Acute Health Services	Emergency Services	Objective 1: Victorians are healthy and well	Emergency Category 1 treated immediately	Per Cent	Internal
Health	Acute Health Services	Emergency Services	Objective 1: Victorians are healthy and well	Emergency patients treated within clinically recommended 'time to treatment'	Per Cent	Internal
Health	Acute Health Services	Emergency Services	Objective 1: Victorians are healthy and well	Emergency patients with a length of stay of less than four hours	Per Cent	Internal
Health	Acute Health Services	Emergency Services	Objective 1: Victorians are healthy and well	Proportion of ambulance patient transfers within 40 minutes	Per Cent	Internal
Health	Acute Health Services	Non Admitted Services	Objective 1: Victorians are healthy and well	Completed post-acute episodes	Number	Internal
Health	Acute Health Services	Non Admitted Services	Objective 1: Victorians are healthy and well	Health Independence Program direct contacts	Number (thousand)	Internal
Health	Acute Health Services	Non Admitted Services	Objective 1: Victorians are healthy and well	Patients treated in Specialist Outpatient Clinics - unweighted	Number (thousand)	Internal
Health	Acute Health Services	Non Admitted Services	Objective 1: Victorians are healthy and well	Post-acute clients not readmitted to acute hospital	Per Cent	Internal
Health	Acute Health Services	Non Admitted Services	Objective 1: Victorians are healthy and well	Health Independence Program clients contacted within three days of referral	Per Cent	Internal
Health	Drug Services	Drug Prevention and Control	Objective 1: Victorians are healthy and well	Pharmacotherapy permits processed within designated timeframe	Per Cent	Internal
Health	Drug Services	Drug Prevention and Control	Objective 1: Victorians are healthy and well	Percentage of new licences and permits issued to health services or businesses for the manufacture, use or supply of drugs and poisons within six weeks following receipt of full information	Per Cent	Internal
Health	Drug Services	Drug Prevention and Control	Objective 1: Victorians are healthy and well	Percentage of treatment permits for medical practitioners or nurse practitioners to prescribe Schedule 8 drugs assessed within four weeks	Per Cent	Internal
Health	Primary, Community and Dental Health	Community Health care	Objective 1: Victorians are healthy and well	Rate of admissions for Ambulatory care sensitive chronic conditions for Aboriginal Victorians	Rate per 1000	
Health	Primary, Community and Dental Health	Community Health care	Objective 1: Victorians are healthy and well	Better Health Channel visits	Number (thousand)	
Health	Primary, Community and Dental Health	Community Health care	Objective 1: Victorians are healthy and well	Number of referrals made using secure electronic referral systems	Number	External
Health	Primary, Community and Dental Health	Community Health care	Objective 1: Victorians are healthy and well	Primary Care Partnerships with reviewed and updated Strategic Plans	Per Cent	Internal
Health	Primary, Community and Dental Health	Community Health care	Objective 1: Victorians are healthy and well	Service delivery hours in community health care	Number (thousand)	External
Health	Primary, Community and Dental Health	Community Health care	Objective 1: Victorians are healthy and well	Agencies with an Integrated Health Promotion plan that meets the stipulated planning requirements	Per Cent	Internal

Question 24 – Service delivery

Portfolio	Output Group	Output	Objectives(s)	Performance measure(s)	Objective indicator(s)	Internal / External
Health	Primary, Community and Dental Health	Dental Services	Objective 1: Victorians are healthy and well	Priority and emergency clients treated	Number	External
Health	Primary, Community and Dental Health	Dental Services	Objective 1: Victorians are healthy and well	Persons treated	Number	External
Health	Primary, Community and Dental Health	Dental Services	Objective 1: Victorians are healthy and well	Percentage of Dental Emergency Triage Category 1 clients treated within 24 hours	Months	External
Health	Primary, Community and Dental Health	Dental Services	Objective 1: Victorians are healthy and well	Waiting time for dentures	Months	External
Health	Primary, Community and Dental Health	Dental Services	Objective 1: Victorians are healthy and well	Waiting time for general dental care	Months	External
Health	Primary, Community and Dental Health	Dental Services	Objective 1: Victorians are healthy and well	Children participating in the Smiles 4 Miles oral health promotion program	Number	External
Health	Primary, Community and Dental Health	Maternal and Child Health and Early Parenting Services	Objective 1: Victorians are healthy and well	Maternal and child health clients with children aged 0 to 1 year receiving additional support through enhanced maternal and child health services	Per Cent	External
Health	Primary, Community and Dental Health	Maternal and Child Health and Early Parenting Services	Objective 1: Victorians are healthy and well	Total number of Maternal and Child Health Service clients (aged 0 to 1 year)	Number	External
Health	Primary, Community and Dental Health	Maternal and Child Health and Early Parenting Services	Objective 1: Victorians are healthy and well	Children aged 0 to 1 month enrolled at maternal and child health services from birth notifications	Per Cent	External
Health	Public Health	Health Advancement	Objective 1: Victorians are healthy and well	Number of training courses for health professionals on sexual and reproductive health	Number	External
Health	Public Health	Health Advancement	Objective 1: Victorians are healthy and well	Persons completing the Life! - Diabetes and Cardiovascular Disease Prevention program	Number	External
Health	Public Health	Health Advancement	Objective 1: Victorians are healthy and well	Workplaces and pubs and clubs complying with smoke free environment laws	Per Cent	External
Health	Public Health	Health Advancement	Objective 1: Victorians are healthy and well	Local Government Authorities with Municipal Public Health and Wellbeing Plans	Per Cent	Internal
Health	Public Health	Health Protection	Objective 1: Victorians are healthy and well	Calls to food safety hotlines	Number	External
Health	Public Health	Health Protection	Objective 1: Victorians are healthy and well	Inspections of cooling towers	Number	Internal
Health	Public Health	Health Protection	Objective 1: Victorians are healthy and well	Inspections of radiation safety management licences	Number	Internal
Health	Public Health	Health Protection	Objective 1: Victorians are healthy and well	Number of available HIV rapid test trial appointments used	Number	External
Health	Public Health	Health Protection	Objective 1: Victorians are healthy and well	Women screened for breast cancer by BreastScreen Victoria	Number	External
Health	Public Health	Health Protection	Objective 1: Victorians are healthy and well	Women screened for cervical cancer	Number	External
Health	Public Health	Health Protection	Objective 1: Victorians are healthy and well	Number of persons participating in newborn bloodspot or maternal serum screening	Number	External
Health	Public Health	Health Protection	Objective 1: Victorians are healthy and well	Persons screened for prevention and early detection of health conditions - pulmonary tuberculosis screening	Number	External
Health	Public Health	Health Protection	Objective 1: Victorians are healthy and well	Percentage of Aboriginal children fully immunised at 60 months	Per Cent	External
Health	Public Health	Health Protection	Objective 1: Victorians are healthy and well	Smoking cessation of Aboriginal mothers	Per Cent	Internal
Health	Public Health	Health Protection	Objective 1: Victorians are healthy and well	Calls to food safety hotlines that are answered	Per Cent	External

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Portfolio	Output Group	Output	Objectives(s)	Performance measure(s)	Objective indicator(s)	Internal / External
Health	Public Health	Health Protection	Objective 1: Victorians are healthy and well	Immunisation coverage: adolescent (Year 7) students fully immunised for DTPa (diphtheria, tetanus and pertussis)	Per Cent	External
Health	Public Health	Health Protection	Objective 1: Victorians are healthy and well	Immunisation coverage: At school entry	Per Cent	External
Health	Public Health	Health Protection	Objective 1: Victorians are healthy and well	Immunisation coverage: At two years of age	Per Cent	External
Health	Public Health	Health Protection	Objective 1: Victorians are healthy and well	Public Health emergency response calls dealt with within designated plans and procedure timelines	Per Cent	Internal
Health	Public Health	Health Protection	Objective 1: Victorians are healthy and well	Average time taken from notification of a food complaint to commencement of appropriate action	Hours	Internal
Health	Public Health	Health Protection	Objective 1: Victorians are healthy and well	Infectious disease outbreaks responded to within 24 hours	Per Cent	Internal
Health	Public Health	Health Protection	Objective 1: Victorians are healthy and well	Participation rate of women in target age range screened for breast cancer	Per Cent	External
Health	Public Health	Health Protection	Objective 1: Victorians are healthy and well	Participation rate of women in target age range screened for cervical cancer	Per Cent	External
Health	Public Health	Public Health Development, Research and Support	Objective 1: Victorians are healthy and well	Number of people trained in emergency response	Number	Internal
Health	Public Health	Public Health Development, Research and Support	Objective 1: Victorians are healthy and well	Operational infrastructure support grants under management	Number	Internal
Health	Small Rural Services	Small Rural Services - Acute Health	Objective 1: Victorians are healthy and well	Separations	Number (thousand)	Internal
Health	Small Rural Services	Small Rural Services - Acute Health	Objective 1: Victorians are healthy and well	Small rural weighted activity unit	Number (thousand)	Internal
Health	Small Rural Services	Small Rural Services - Acute Health	Objective 1: Victorians are healthy and well	Percentage of Health Services accredited	Per Cent	External
Health	Small Rural Services	Small Rural Services - Primary Health	Objective 1: Victorians are healthy and well	Service delivery hours in community health care	Number	External

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Portfolio	Output Group	Output	Objectives(s)	Performance measure(s)	Objective indicator(s)	Internal / External
Housing	Housing Assistance	Housing Assistance	Objective 2: Victorians are safe and secure	Number of clients provided with accommodation	Number	Internal
Housing	Housing Assistance	Housing Assistance	Objective 2: Victorians are safe and secure	Proportion of clients where support to sustain housing tenure was provided or referred	Per Cent	Internal
Housing	Housing Assistance	Housing Assistance	Objective 2: Victorians are safe and secure	Number of bonds issued to low income Victorians to assist access to the private rental market	Number	Internal
Housing	Housing Assistance	Housing Assistance	Objective 2: Victorians are safe and secure	Households assisted with housing establishment assistance during year	Number	Internal
Housing	Housing Assistance	Housing Assistance	Objective 2: Victorians are safe and secure	Number of clients assisted to address and prevent homelessness	Number	Internal
Housing	Housing Assistance	Housing Assistance	Objective 2: Victorians are safe and secure	Number of calls made to the statewide 24/7 family violence victim/survivor crisis service	Number	External
Housing	Housing Assistance	Housing Assistance	Objective 2: Victorians are safe and secure	Number of clients assisted to address and prevent homelessness due to family violence	Number	Internal
Housing	Housing Assistance	Housing Assistance	Objective 2: Victorians are safe and secure	Number of households assisted with long term social housing (public, Aboriginal and community long-term tenancies at end of year)	Number	Internal and external
Housing	Housing Assistance	Housing Assistance	Objective 2: Victorians are safe and secure	Number of public housing dwellings upgraded during the year	Number	Internal
Housing	Housing Assistance	Housing Assistance	Objective 2: Victorians are safe and secure	Total number of social housing dwellings	Number	Internal
Housing	Housing Assistance	Housing Assistance	Objective 2: Victorians are safe and secure	Total social housing dwellings acquired during the year	Number	Internal
Housing	Housing Assistance	Housing Assistance	Objective 2: Victorians are safe and secure	Number of family violence victims who receive a refuge response	Number	Internal
Housing	Housing Assistance	Housing Assistance	Objective 2: Victorians are safe and secure	Number of nights of refuge accommodation provided to victims of family violence	Number	Internal
Housing	Housing Assistance	Housing Assistance	Objective 2: Victorians are safe and secure	Social housing tenants satisfied with completed urgent maintenance works	Per Cent	Internal
Housing	Housing Assistance	Housing Assistance	Objective 2: Victorians are safe and secure	Social housing tenants satisfied with completed non-urgent maintenance works	Per Cent	Internal
Housing	Housing Assistance	Housing Assistance	Objective 2: Victorians are safe and secure	Average waiting time for public rental housing for those clients who have received priority access housing allocation or a priority transfer	Months	Internal
Housing	Housing Assistance	Housing Assistance	Objective 2: Victorians are safe and secure	Average waiting time for public rental housing for clients who have received a priority access housing or priority transfer allocation due to family violence	Months	Internal

Question 24 – Service delivery

Portfolio	Output Group	Output	Objectives(s)	Performance measure(s)	Objective indicator(s)	Internal / External
Mental Health	Drug Services	Drug Prevention and Control	Objective 1: Victorians are healthy and well	Number of phone contacts from family members seeking support	Number	External
Mental Health	Drug Services	Drug Prevention and Control	Objective 1: Victorians are healthy and well	Needles and syringes provided through the Needle and Syringe Program	Number (thousand)	Internal and external
Mental Health	Drug Services	Drug Prevention and Control	Objective 1: Victorians are healthy and well	Number of telephone, email, website contacts and requests for information on alcohol and other drugs	Number (thousand)	External
Mental Health	Drug Services	Drug Treatment and Rehabilitation	Objective 1: Victorians are healthy and well	Clients on the pharmacotherapy program	Number	External
Mental Health	Drug Services	Drug Treatment and Rehabilitation	Objective 1: Victorians are healthy and well	Commenced courses of treatment: community-based drug treatment services	Number	Internal
Mental Health	Drug Services	Drug Treatment and Rehabilitation	Objective 1: Victorians are healthy and well	Commenced courses of treatment: residential-based drug treatment services	Number	Internal
Mental Health	Drug Services	Drug Treatment and Rehabilitation	Objective 1: Victorians are healthy and well	Number of drug treatment activity units - community-based services	Number	Internal
Mental Health	Drug Services	Drug Treatment and Rehabilitation	Objective 1: Victorians are healthy and well	Number of new residential withdrawal clients	Number	Internal
Mental Health	Drug Services	Drug Treatment and Rehabilitation	Objective 1: Victorians are healthy and well	Residential bed days	Number	Internal
Mental Health	Drug Services	Drug Treatment and Rehabilitation	Objective 1: Victorians are healthy and well	Workers complying with Alcohol and Other Drug Minimum Qualification Strategy requirements	Per Cent	External
Mental Health	Drug Services	Drug Treatment and Rehabilitation	Objective 1: Victorians are healthy and well	Percentage of new clients to existing clients	Per Cent	Internal
Mental Health	Drug Services	Drug Treatment and Rehabilitation	Objective 1: Victorians are healthy and well	Percentage of residential rehabilitation courses of treatment greater than 65 days	Per Cent	Internal
Mental Health	Drug Services	Drug Treatment and Rehabilitation	Objective 1: Victorians are healthy and well	Successful courses of treatment (episodes of care): community-based drug treatment services	Number	Internal
Mental Health	Drug Services	Drug Treatment and Rehabilitation	Objective 1: Victorians are healthy and well	Successful courses of treatment (episodes of care): residential-based drug treatment services	Number	Internal
Mental Health	Drug Services	Drug Treatment and Rehabilitation	Objective 1: Victorians are healthy and well	Average working days between screening of client and commencement of community-based drug treatment	Days	Internal
Mental Health	Drug Services	Drug Treatment and Rehabilitation	Objective 1: Victorians are healthy and well	Average working days between screening of client and commencement of residential-based drug treatment	Days	Internal
Mental Health	Drug Services	Drug Treatment and Rehabilitation	Objective 1: Victorians are healthy and well	Number of drug treatment activity units - residential services	Number	External
Mental Health	Drug Services	Drug Treatment and Rehabilitation	Objective 1: Victorians are healthy and well	Percentage of residential rehabilitation clients remaining in treatment for ten days or more	Per Cent	External
Mental Health	Drug Services	Drug Treatment and Rehabilitation	Objective 1: Victorians are healthy and well	Percentage of residential withdrawal clients remaining in treatment for two days or more	Per Cent	External
Mental Health	Drug Services	Drug Treatment and Rehabilitation	Objective 1: Victorians are healthy and well	Median wait time between intake and assessment	Days	External
Mental Health	Drug Services	Drug Treatment and Rehabilitation	Objective 1: Victorians are healthy and well	Median wait time between assessment and commencement of treatment	Days	External
Mental Health	Mental Health	Clinical Care	Objective 1: Victorians are healthy and well	Clinical inpatient separations	Number	Internal
Mental Health	Mental Health	Clinical Care	Objective 1: Victorians are healthy and well	Total community service hours	Number (thousand)	Internal
Mental Health	Mental Health	Clinical Care	Objective 1: Victorians are healthy and well	New case index	Per Cent	Internal
Mental Health	Mental Health	Clinical Care	Objective 1: Victorians are healthy and well	Registered community clients	Number	Internal
Mental Health	Mental Health	Clinical Care	Objective 1: Victorians are healthy and well	Occupied Residential bed days	Number	Internal
Mental Health	Mental Health	Clinical Care	Objective 1: Victorians are healthy and well	Occupied Sub-acute bed days	Number	Internal
Mental Health	Mental Health	Clinical Care	Objective 1: Victorians are healthy and well	New client index	Per Cent	Internal
Mental Health	Mental Health	Clinical Care	Objective 1: Victorians are healthy and well	Number of designated mental health services achieving or maintaining accreditation under the National Standards for Mental Health Services	Number	Internal

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Portfolio	Output Group	Output	Objectives(s)	Performance measure(s)	Objective indicator(s)	Internal / External
Mental Health	Mental Health	Clinical Care	Objective 1: Victorians are healthy and well	Post-discharge community care	Per Cent	Internal
Mental Health	Mental Health	Clinical Care	Objective 1: Victorians are healthy and well	Pre-admission community care	Number	Internal
Mental Health	Mental Health	Clinical Care	Objective 1: Victorians are healthy and well	Seclusions per 1000 occupied bed days	Number	Internal
Mental Health	Mental Health	Clinical Care	Objective 1: Victorians are healthy and well	Emergency patients admitted to a mental health bed within eight hours	Per Cent	Internal
Mental Health	Mental Health	Clinical Care	Objective 1: Victorians are healthy and well	Clients readmitted (unplanned) within 28 days	Per Cent	Internal
Mental Health	Mental Health	Mental Health Community Support Services (MHCSS)	Objective 1: Victorians are healthy and well	Bed days	Number	Internal
Mental Health	Mental Health	Mental Health Community Support Services (MHCSS)	Objective 1: Victorians are healthy and well	Client Support Units	Number	Internal
Mental Health	Mental Health	Mental Health Community Support Services (MHCSS)	Objective 1: Victorians are healthy and well	Clients receiving community mental health support services	Number	Internal
Mental Health	Mental Health	Mental Health Community Support Services (MHCSS)	Objective 1: Victorians are healthy and well	Proportion of major agencies accredited	Per Cent	External