

PARLIAMENT OF VICTORIA

Public Accounts and Estimates Committee



Financial and Performance Outcomes General Questionnaire

Department of Health and Human Services

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Introduction – Financial and Performance Outcomes Questionnaire

The Committee's inquiry into the 2017-18 and 2018-19 Financial and Performance Outcomes examines:

- the Government's actual expenditure and revenue compared to the budgeted expenditure and revenue
- the actual performance outcomes against the targeted performance outcomes at a departmental/agency level.

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

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

This questionnaire seeks information on the departmental/agency financials for the 2017-18 and 2018-19 financial years, what was achieved during those years and how that compares to expectations.

Timeline and format

Responses to this questionnaire are due by **5.00pm on Thursday 12 December 2019**.

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

Please also email a signed copy.

Consistency with the budget papers

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

Basis of consolidation

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

Guidance

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

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Section A: Output variances and program outcomes

Question 1 (all departments) Completed initiatives from past budgets

For all initiatives that were due to be completed in 2017-18 and 2018-19, please provide details of the outcomes expected to be achieved in the community and the outcomes actually achieved to date. Please use initiatives names as specified in *Budget Paper No.3: Service Delivery* and link the initiative to the responsible output(s) and portfolio(s).

2017-18 Response

Initiative	Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
Prevent Alcohol and Risk-related Trauma in Youth (PARTY) program	30 June 2019	Continuation of the PARTY program at the Alfred and Royal Melbourne Hospitals and a 12-month trial in regional Victoria.	As per expected: continuation of PARTY programs delivered by the Alfred and Royal Melbourne Hospitals	Health portfolio Drug Prevention and Control output
Healthy and strong LaTrobe - Roof cavity testing program	Final report completed May 2017	Tests conducted for ash in roof cavities in Morwell as part of a range of health measures introduced to respond to the Hazelwood Mine Fire Inquiry Report recommendations.	Brown coal ash residue from the 2014 Hazelwood brown coal mine fire that remains in some roof cavities is unlikely to pose any risk to the health of Morwell residents. The further removal of ash residue or dust from roof cavities is not necessary or warranted for the long-term health of people living in houses impacted by the fire.	Health portfolio Health Protection output
National Partnership Agreement on Homelessness	2017-18	Funding to support vulnerable Victorians who are homeless or at risk of homelessness, including rough sleepers, people with a	The National Homelessness Data Collection identifies clients that are supported through these initiatives. Over 16,000 episodes per annum of support for people	Housing portfolio Housing Assistance output

Initiative	Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
		mental illness, women with children experiencing family violence and young people who have experienced family breakdown. Funding provided under a new National Partnership Agreement on Homelessness.	at risk of or experiencing homelessness have been delivered and over 30,000 episodes per annum of initial assessment and planning, which provides immediate response.	
Victorian Youth Foyers - Shepparton	The Shepparton Youth Foyer was completed in June 2016.	Funding for the final of three purpose-built 40-bed Youth Foyers. This Foyer is located in Shepparton opposite GOTAFE and delivered by a service provider in partnership with GOTAFE.	The youth foyer model has been developed to house young people aged 16 to 25 years who are at risk of homelessness. The foyers provide live-in 24-hour 7 day a week support from a service provider who provides residents with life skills acquisition. Residents are expected to demonstrate a commitment to education and training, with the eventual outcome being that they will be able to live independently and find employment. Berry Street, in partnership with Beyond Housing, was the successful service provider for the Shepparton Youth Foyer as the result of an advertised submission process.	Housing portfolio Housing Assistance output
Getting ready for the NDIS - NDIS transition - scaling up departmental staff	The 2016-17 funding for Getting Ready for the NDIS was funded through to 2017-18*. Additional funding for internal	Funding to prepare for and facilitate the first stage of the rollout of the National Disability Insurance Scheme.	DHHS employed staff and external advisors to support the NDIS transition through systems planning and implementation – supporting state disability clients, including complex clients, navigate the National Disability Insurance Agency's access	Disability, Ageing and Carers portfolio Disability Services output

Initiative	Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	<p>transition staffing was allocated in the 2017-18 budget for 2017-18, 2018-19 and 2019-20.</p> <p>Note: *The 'scaling up of departmental staff' was a subset of the 2016-17 initiative - Getting Ready for the National Disability Insurance Scheme.</p>		<p>pathway – without which, many former state disability clients would have not transitioned to the NDIS or had less than optimal supports in their NDIS plans. Department staff, with the support of external advisers also monitored and reported on NDIA transition performance, advised service providers on the financial implications of NDIS transition and managed Victoria's financial obligations to the NDIS.</p>	
Safe at Home - flexible support packages	June 2018	<p>Flexible housing support packages will enable victims to remain safe in their own homes. Brokerage funds will enable increased home security; for example, by installing deadlocks, screen doors, security lighting and home alarms. Funding will also deliver case management and monitoring of perpetrators.</p>	<p>Over 5,000 flexible support packages were funded for victim survivors of family violence per annum for two years.</p>	<p>Housing portfolio</p> <p>Housing Assistance output</p>
Flexible support	June 2018	<p>Tailored support, including case management to improve crisis responses to victims. Additional outreach services will address increased L17 (police) referrals.</p>	<p>This initiative supported across a range of case management and client support functions including: Case management - the doubling of case management funding for specialist family violence services with</p>	<p>Housing portfolio</p> <p>Housing Assistance output</p>

Initiative	Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
			over 6,000 new places per annum, funding to support specialist family violence advisor positions in mental health and drug and alcohol services, and the trial of four intensive therapeutic interventions for Aboriginal and Torres Strait Islanders.	
New child safety standards and reportable conduct scheme	<p>The child safe standards were implemented in a staged approach commencing on 1 January 2016 and was fully implemented on 1 July 2017.</p> <p>The reportable conduct scheme was implemented in a staged approach commencing on 1 July 2017 and was fully implemented on 1 January 2019. The scheme will be expanded on 1 May 2020 to cover some additional providers of</p>	Introduction of a new child safety standards regime requiring organisations such as schools and pastoral and spiritual care services to have policies and procedures in place to ensure a child safe environment. safe environment. Implementation of a reportable conduct scheme.	<p>The child safe standards have been fully implemented. Approximately 50,000 Victorian organisations are required to comply with the standards. The Department of Health and Human Services has recently completed a review of the standards on behalf of the Victorian Government. The review is expected to be released shortly.</p> <p>The reportable conduct scheme has been fully implemented. Approximately 12,500 Victorian organisations are required to comply with the scheme.</p> <p>The Commission for Children and Young People has reported that together, the child safe standards and the reportable conduct scheme provide a new level of protection for children and young people in Victoria.</p>	<p>Child Protection portfolio</p> <p>Child Protection and Family Services output</p>

Initiative	Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	overnight camps for children.			
Supporting Aboriginal children and families	June 2018	Additional cultural support to be provided to Aboriginal children in the out of home care and Child Protection Systems (CSP) by expanding Aboriginal Child Specialist Advice and Support Services and ensuring children have a cultural support plan. The Koori Youth Justice Program to be expanded to support young people at risk of offending or on an order.	A full program evaluation of both the ACSASS and CSP was undertaken. The ACSASS program guidelines were reviewed and the program providers expanded to include Njernda and BDAC to deliver ACSASS. The CSP program guidelines were reviewed and a project plan developed to implement the evaluation findings.	Child Protection portfolio Child Protection and Family Services output
Sustaining the out-of-home care system - meeting unavoidable placement demand	January 2017	An additional 857 kinship, foster and permanent care placements will be available to support children who are unable to live safely with their families.	In 2016-17, the department allocated: <ul style="list-style-type: none"> • \$11.84m for care allowances for 857 foster, kinship and permanent care placements; and • \$2.035m for client expenses for 857 foster, kinship and permanent care placements. The remaining funding was allocated with Ministerial approval to unfunded priority projects for children in care, such as new approaches to care and upskilling and better supporting workforces.	Child Protection portfolio Child Protection and Family Services output
Therapeutic interventions	June 2018	Therapeutic support to provide up to 40 weeks of intensive	This initiative supported funding allocations across a range of therapeutic	Child Protection portfolio

Initiative	Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
		support through counsellors to support victim recovery.	interventions including Sexual Assault Support Services (900 places per annum for two years), Family Violence Counselling (1,000 places per annum for two years) and the Family Violence Therapeutic Demonstration Projects (a trial of 22 intensive programs to support women and children)	Child Protection and Family Services output
Child Protection enhancements	Staff recruited during the 2017-18 financial year.	Additional child protection practitioners to address demand pressures, support recommendations from the Royal Commission into Family Violence and undertake case planning to secure stability for children. The positions will support information sharing with Victoria Police, Corrections Victoria and the Federal Court of Australia, and enable critical client information to be shared between States and Territories.	Additional child protection practitioners were recruited to high demand areas to support allocation capacity and statutory obligations for case planning. Practitioners were also recruited to support interjurisdictional obligations including information sharing regarding high risk child protection clients moving between States and Territories.	Child Protection portfolio Child Protection and Family Services output
Increased support for children and carers	Funding approval allocated in December 2016. Helpline implemented by April 2017	Barriers to the recruitment and retention of foster, kinship and permanent carers, addressed by providing additional funding to support the children with the most complex needs (e.g. education and training costs, childcare, and essential	Over 3000 carers supported through the delivery of over 200 training sessions. Seven scholarships offered to carers for accredited training. Funding to support foster and kinship carers distributed as part of client expenses budget.	Child Protection portfolio Child Protection and Family Services output

Initiative	Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
		transport). Training was provided to foster and kinship carers when a placement is at risk of breaking down, and a new helpline was provided for permanent carers.	Permanent Care helpline established run by Permanent Care and Adoptive Families.	
Therapeutic interventions - vulnerable children	June 2018	Tailored long term therapeutic support and sexual assault counselling to be introduced to improve the recovery of children exposed to family violence.	Funding supported the rollout of the Family Violence Therapeutic Demonstration Projects (contributed to the trial of the 22 programs referenced in the initiative 'Therapeutic interventions')	Child Protection portfolio Child Protection and Family Services output
Family violence - Multi-Disciplinary Centres – new centre	May 2018	An additional Multi-Disciplinary Centre (MDC) will be established in Wyndham.	The Wyndham Multidisciplinary Centre was opened on 28 May 2018	Prevention of Family Violence portfolio Child Protection and Family Services output
Specialist family violence navigators	June 2019	Recruitment of new specialist family violence navigators to improve the safety of victims and children by ensuring services are coordinated and that clients have a single point of contact who will stick with them through their recovery.	The Orange Door is a key platform to deliver navigation functions for people and families, as well as support the broader service system to increase their capabilities in helping clients navigate the service system. A number of The Orange Door functions relating to supporting the integration of services and supporting The Orange Door workforce to navigate the broader service system to effectively meet the needs of clients, were unfunded. The service navigation budget was re-prioritised to cover costs for these activities. The funding was allocated to the	Prevention of Family Violence portfolio Family Violence Service Delivery output

Initiative	Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
			first five Orange Door areas: Barwon, Bayside Peninsula, Inner Gippsland, Mallee and North East Melbourne during 2017-18 and 2018-19 financial years. The funding was provided to key roles to support integrated practice and service navigation functions being delivered including Integrated Practice Leaders, Advanced Family Violence Practitioners, Community Based Child Protection Team Leaders, Aboriginal Practice Leaders, and Service System Navigators across the launch areas.	

2018-19 Response

Initiative	Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
Specialist family violence navigators	June 2019	Recruitment of new specialist family violence navigators to improve the safety of victims and children by ensuring services are coordinated and that clients have a single point of contact who will stick with them through their recovery.	The Orange Door is a key platform to deliver navigation functions for people and families, as well as support the broader service system to increase their capabilities in helping clients navigate the service system. A number of The Orange Door functions relating to supporting the integration of services and supporting The Orange Door workforce to navigate the broader service system to effectively meet the needs of clients, were unfunded. The	Prevention of Family Violence portfolio Family Violence Service Delivery output

Initiative	Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
			service navigation budget was re-prioritised to cover costs for these activities. The funding was allocated to the first five Orange Door areas: Barwon, Bayside Peninsula, Inner Gippsland, Mallee and North East Melbourne during 2017-18 and 2018-19 financial years. The funding was provided to key roles to support integrated practice and service navigation functions being delivered including Integrated Practice Leaders, Advanced Family Violence Practitioners, Community Based Child Protection Team Leaders, Aboriginal Practice Leaders, and Service System Navigators across the launch areas.	
HIV Prevention - Community Based Rapid Point of Care Testing and Outreach model	In the 2015/2016 budget, the government committed an additional \$2.3 million over four years - to 2018/2019.	Continuation of PRONTO!, the community based, free, rapid HIV and syphilis testing service in Fitzroy.	This initiative secured ongoing funding and will continue beyond 2018-19 with 2946 HIV rapid test appointments to end of 2018-19.	Health portfolio Health Protection output
<i>SunSmart</i> : Skin cancer prevention - Victorian Shade Grants Project	June 2018	The Victorian Shade Grants Project, <i>helping Victorians to be sun smart</i> will fund shade development in public places and Victorian government schools. SunSmart will run UV protection public education campaigns'	The Program implemented six rounds in total (between 2015-16 - 2017-18). 3 rounds were delivered under the Community Program and 3 rounds under the Schools Program. 1,084 grants were allocated totalling \$10.1 million in total grants (excluding GST)	Health portfolio Health Protection output

Initiative	Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
			with additional funding secured over the forward estimates to continue the successful education campaigns and project initiatives.	
Peter Doherty Institute	The leasing component ended 1 February 2019	Funding to Melbourne Health to meet lease costs associated with the Victorian Infectious Diseases Laboratory's co-location with the Peter Doherty Institute.	Total funding provided and process is now complete. Funding provided to Melbourne Health to allow four Melbourne Health subsidiaries- Victorian Infectious Diseases Reference Laboratory, VICNISS Coordinating Centre, Victorian Tuberculosis Program and Victorian Infectious Diseases Service- to be relocated to the Peter Doherty Institute for Infection and Immunity building (owned by University of Melbourne) and to cover lease/floor space costs commencing the 2013-14 financial year.	Health portfolio Non-admitted Services output
Strengthening oversight of quality and safety across Victorian health services - Strengthening care and governance	30 June 2019	Maternity care will be strengthened through expansion of training for around 30 smaller, generally rural, health services that have limited access to specialist training. In addition, a set of statewide maternity indicators will be rolled out with mandatory reporting to health service boards. Incident reporting mechanisms will be strengthened to improve hospital data timeliness and	Maternity Services Education Program In 2018-19: * 13 Maternity and Newborn emergency training sessions delivered to level 2 to 4 maternity services * three emergency birthing training sessions delivered to non-birthing (level 1) maternity services * four maternity update sessions delivered.	Health portfolio Admitted Services output

		reliability and ensure early identification of quality and safety issues.		
Ice Action Plan - Community ice action groups	2018-19 grants announced in October 2018	Grants will be allocated to communities across rural and regional Victoria to help conduct forums, promote education and evaluate effective local strategies to address the increasing harm of ice.	\$135,192 in grants was provided in 2018-19. Total \$506,701 grants provided from 2015-16 to 2018-19.	Health portfolio Drug Prevention and Control output
Ice Action Plan Stage 2 - Expand drug treatment services with a focus on rural rehabilitation	2018-19	Drug rehabilitation services will be expanded, particularly in rural and regional Victoria, with innovative models of non-residential rehabilitation established so more people to get help sooner.	Ice Action Plan Stage Two provided funding to develop a 20-bed residential rehabilitation facility in the Grampians, this opened in October 2018.	Mental Health portfolio Drug Treatment and Rehabilitation output
Ice Action Plan - Expand investment in needle and syringe programs	Ongoing - see outcomes	The needle and syringe program will be expanded to reduce harm to injecting ice users and the broader community.	Ice Action Plan Stage One included \$1.8 million over four years to expand the needle and syringe program and funding for more part-time workers. This funding was successfully provided. In the 2018 calendar year, almost 3.5 million sterile needles were provided across regional Victoria and over 11 million in metropolitan Victoria.	Health portfolio Drug Prevention and Control output
Family violence - Boost to Domestic Violence Victoria	June 2019	Additional staff to increase the capacity of Domestic Violence Victoria to provide advocacy on family violence issues and develop best practice guidance for the family violence service sector.	Funding delivered a four-year boost to Domestic Violence Victoria to support implementation of recommendations from the Royal Commission into Family Violence and other peak body activities.	Housing portfolio Housing Assistance output

Seniors Participation Action Plan	June 2019	Funding to provide support for community participation by Victorian seniors.	45 grants for purposes including creating an Age-friendly Victoria, addressing the digital divide, initiatives for Aboriginal elders, healthy and active ageing, and to address social isolation and loneliness. Funding was also utilised for development of information and resources for life-planning for seniors on Seniors Online, the <i>Older People in Hospitals toolkit</i> , and to implement the Seniors Business Discount Card for seniors working full time.	Disability, Ageing and Carers portfolio Senior Programs and Participation output
More support for young people with a disability before full transition to the NDIS	30 June 2019	Additional individual support packages will be provided for the care and support of young people with a disability, their families and carers prior to their transition into the National Disability Insurance Scheme. This will provide for up to 400 young people needing disability support during the day, skill development, and support to access the community after they leave school or complete the Futures for Young Adults program. This initiative contributes to the Department of Health and Human Services' Disability Services output.	Clients with disability supported in their daily lives and to participate in the community prior to their transition to the National Disability Insurance Scheme.	Disability, Ageing and Carers portfolio Disability Services output
Family violence - Pet Welfare	June 2018	Funding to provide women and children escaping violence with access to pet foster care or rehousing programs at animal shelters.	Initiative rolled out in 2015 by statewide service, Safe Steps. Funding was used to build better relationships between animal shelters and family violence services across Victoria [Media	Prevention of Family Violence portfolio Child Protection and Family Services output

			release, Minister for Families and Children, 28 February 2017].	
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Question 2 (all departments) Program outcomes

Outcomes reflect the impact on the community of the goods and services provided by a department. The questions in this section all relate to the outcomes that the department contributed to in 2017-18 and 2018-19.

- a) Using the format of the table below, please outline the five programs that delivered the most important outcomes in the community¹ achieved by the department in 2017-18 and 2018-19 including:
- i. The name of the program
 - ii. The relevant output(s) and portfolio(s) responsible for delivery of the program
 - iii. The planned outcome as stated in the budget papers
 - iv. The actual outcome achieved
 - v. The actions taken to deliver the actual outcome (i.e. the most important elements/essential parts that led the Department to deliver the outcome).

2017-18 Response

Program	Output(s) and portfolio(s)	Planned outcome	Description of actual outcome achieved	Description of the actions taken to deliver the actual outcome
1. Improving access to elective surgery	Admitted Services output Health portfolio	Additional elective surgery funding will support access by more Victorians to elective surgery procedures, respond to demand and reduce waiting times.	100per cent of urgent Category 1 elective surgery patients admitted within 30 days (target 100%). 80.7% of semi-urgent Category 2 elective surgery patients admitted within 90 days (target 83% within 5% variance). 95.8% of non-urgent Category 3 elective surgery patients	\$174.3 million in funding provided to health services in 2017-18 to support elective surgery activity.

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

Program	Output(s) and portfolio(s)	Planned outcome	Description of actual outcome achieved	Description of the actions taken to deliver the actual outcome
			<p>admitted within 365 days (target 95%).</p> <p>Record lows in waiting lists for elective surgery.</p>	
2. Thunderstorm asthma and other extreme weather events – Enhancing preparedness, response and community education	<p>Health Protection output</p> <p>Health portfolio</p>	<p>Prediction of epidemic thunderstorm asthma will be improved through measures such as increased monitoring and interpretation of pollen data, and research to inform forecasting, modelling and response protocols. The broader health system's capacity to respond to extreme events will be enhanced through improving system-wide real-time monitoring of relevant data sources such as emergency department</p>	<p>Modernised our approach to regulation and emergency management to better identify and mitigate emerging risks, keep communities informed and protect Victorians from harm</p> <p>As of March 2018, 38 of public hospitals were on the new real-time health emergency management system with a plan to support all public hospitals to come online</p> <p>Victoria's epidemic thunderstorm asthma forecasting system lets people know when there is a potential risk of an epidemic</p>	<p>Real-time health emergency management system developed for a faster response to large-scale emergencies</p> <p>Victoria's epidemic thunderstorm asthma forecasting system went live on 1 October 2017</p> <p>Public health campaign and education programs developed for the community and health professionals</p> <p>Expert clinical guidelines produced to identify and manage those at increased risk</p>

Program	Output(s) and portfolio(s)	Planned outcome	Description of actual outcome achieved	Description of the actions taken to deliver the actual outcome
		demand, and emergency management training for health sector staff, including hospitals.	thunderstorm asthma event	
3.	Establishing a family violence coordination agency Family Violence Service Delivery output Prevention of Family Violence portfolio	A new family violence coordination agency will be established from 1 July 2017 to ensure a continued and dedicated focus on the delivery of the Government's family violence reform commitments. Its priority will be to establish and manage the Support and Safety Hubs, and coordinate access to family violence and other services through the Hubs. The agency will also be responsible for	Family Safety Victoria established and working collaboratively with Respect Victoria and the Office for Women to achieve a Victoria free from family violence Stronger information-sharing regime and risk assessment and management Trained more than 1,400 practitioners and managers to use the Family Violence Information Sharing Scheme Four out of five Victorians can now identify what family violence is and its	Family Safety Victoria established in July 2017 The Orange Door established as new support and safety hubs for people experiencing family violence. Family violence information sharing portal developed to better manage family violence incidents and strengthen the child protection system. Progressively implementing the 10-year family violence industry plan which sets out a long-term vision for a workforce that is supported, valued, skilled and diverse. For example, an integrated Men's behaviour change training package has been designed to cover Multi-Agency Risk Assessment and Management and information sharing reforms, with the first component of this training package completed.

Program	Output(s) and portfolio(s)	Planned outcome	Description of actual outcome achieved	Description of the actions taken to deliver the actual outcome
		delivering other key family violence service delivery reforms.	causes as a result of our behaviour change campaigns	
4.	New model of kinship care Child Protection and Family Services output Child Protection portfolio	To align with the Government's <i>Roadmap for Reform: Strong families, safe children</i> commitment, a new model of kinship care has been implemented to enhance placement quality, stability and support and to support the Aboriginal Child Placement Principle. The model will identify kinship networks early, strengthen reunification where appropriate, promote placement quality and support children and young people	<p>\$33.5 million investment for new model of kinship care as key plank of Roadmap for Reform</p> <p>More flexible and consistent support to children who cannot live safely at home by helping them to have a consistent relationship with an adult who loves them</p> <p>Kinship teams located in each of the department's 17 areas supporting early identification of kinship networks</p> <p>First Supports Program providing comprehensive assessment and identification of needs</p>	<p>Transition arrangements commenced in January 2018, with transition teams established to identify and stabilise existing kinship placements through referrals to services, and the allocation of \$5 million in flexible brokerage funds.</p> <p>The statewide roll-out of the new model commenced in March 2018, and around 200 departmental and sector staff attended workshops to learn more about the new model. By the end of 2017-18, almost all kinship teams were in place and staff had completed an intensive four-day induction program.</p> <p>In 2017-18, the number of children in kinship care placements managed by community service organisations, was 1,155 against a target of 838.</p>

Program	Output(s) and portfolio(s)	Planned outcome	Description of actual outcome achieved	Description of the actions taken to deliver the actual outcome
		living with kinship families to thrive and promote placement stability, including reducing the likelihood of entry into residential care.	Reunification support packages comprising 200 hours of family services support	
5. Implementation of quality and safety reforms – Better, Safer Care	Admitted Services output Health portfolio	To best support the implementation of recommendations of <i>the Review of Hospital Safety and Quality Assurance in Victoria</i> , Better, Safer Care will enhance system leadership through Safer Care Victoria, strengthen clinical engagement through the Victorian Clinical Council, utilise better information and data through the Victorian Agency for Health Information, and	Safer Care Victoria (SCV) providing strengthened oversight of quality and safety across Victorian health services Victorian Agency for Health Information (VAHI) supporting a more data driven approach to improve health and wellbeing outcomes Victorian Clinical Council providing a forum for the department and SCV to obtain collective advice of clinicians and consumers on	Established the roles and responsibilities of SCV and VAHI. Since the establishment of SCV and VAHI in 2016-17: <ul style="list-style-type: none"> • SCV has conducted four system safety reviews into the quality and safety of health services VAHI produces quarterly reports for health services to monitor safety and performance VAHI produces annual reports on patient experiences of Victoria’s public health services <ul style="list-style-type: none"> • VAHI has developed a new health data integrity program and a new incident and feedback reporting and management system (VHIMS Central) • SCV established the Safer Care Patient and Family Council in September 2017 • SCV released the Victorian clinical governance framework in June 2017 supporting health services implement systems and processes to protect health quality and safety; and

Program	Output(s) and portfolio(s)	Planned outcome	Description of actual outcome achieved	Description of the actions taken to deliver the actual outcome
		<p>establish the Boards Ministerial Advisory Committee. Departmental oversight of health services will also be strengthened, resulting in higher quality care for patients.</p>	<p>strategic and systems level issues</p> <p>Safer Care Patient and Family Council ensuring the perspectives and needs of patients, their families and carers represented in SCV's work</p> <p>Community Services Quality and Safety Office strengthening the quality and safety of community services delivered, contracted and regulated by the department</p> <p>Embedding quality and safety governance throughout health services and a culture of safety in all the services we deliver, fund and regulate</p>	

2018-19 Response

	Program	Output(s) and portfolio(s)	Planned outcome	Description of actual outcome achieved	Description of the actions taken to deliver the actual outcome
1.	Western Women's and Children's Hospital (Joan Kirner Women's and Children's Hospital)	Admitted Services output Health portfolio	Women's and children's services in Melbourne's west will be expanded through the construction of a dedicated facility at Sunshine Hospital, which will provide an additional 237 beds, 39 special care nursery cots, four theatres and additional clinics. The provision of a dedicated women's and children's facility will also result in currently occupied space becoming available to accommodate other services.	<p>\$200 million to open new Joan Kirner Women's and Children's Hospital</p> <p>New hospital enables more women and families in Melbourne's west to give birth and access children's services closer to home</p> <p>First ever neonatal intensive care unit in the western suburbs, plus 20 maternity delivery rooms, 237 beds, 39 special care nursery cots and four theatres plus additional clinics</p> <p>The transfer of women's and children's services into this new, purpose-built facility will free-up inpatient beds at Western Health's Sunshine Hospital for</p>	Construction is well on-track to be completed by the first quarter of 2019 as planned.

	Program	Output(s) and portfolio(s)	Planned outcome	Description of actual outcome achieved	Description of the actions taken to deliver the actual outcome
				a range of specialist services.	
2.	Orygen Youth Mental Health	Clinical Care output Health portfolio	The Government will rebuild Orygen Youth Mental Health, a major clinical and research facility for young people across Victoria with serious mental illness. This will house both Orygen Youth Mental Health Services' Clinical Program, and Orygen, the National Centre of Excellence in Youth Mental Health, combining clinical, education and training, and research services.	\$59 million to rebuild Orygen Youth Mental Health Completed redevelopment of Orygen building in Parkville, a world-first clinical and research centre for young people across Victoria with serious mental illness Provides support for 5,000 vulnerable young Victorians annually, with a focus on prevention and early intervention	Long and productive consultation process with more than 140 young people to determine what they want in the places they seek treatment and support Completed upgrade in November 2018 (officially opened in July 2019)
3.	Establishing Support and Safety Hubs (The Orange Door)	Family Violence Service Delivery output Prevention of Family Violence portfolio	Support and Safety Hubs (Hubs) will be established in 17 areas, commencing with launch sites in the Barwon, Bayside Peninsula, Inner	The Orange Door provides coordinated and integrated service responses drawing on specialist expertise within the hub and the broader service network	The Orange Door support and safety hubs for people experiencing family violence operating in five locations Secure statewide Central Information Point established to provide access to relevant and up-to-date information on perpetrators of family violence

Program	Output(s) and portfolio(s)	Planned outcome	Description of actual outcome achieved	Description of the actions taken to deliver the actual outcome
		<p>Gippsland, Mallee and North East Melbourne regions from late 2017. Hubs will be a central point for information, triage and access to services for women and children experiencing family violence and families needing support with the wellbeing and development of their children. The Hubs will be well-known access points for victim survivors, concerned friends and family and the community as well as a central point for access to other services (such as doctors, teachers and police). Hubs will provide expert advice, assess risk and need, and</p>	<p>Provides a first point of access to services for adults, children and young people who are experiencing or have experienced family violence, or just need extra support with the care of children</p> <p>More than 50,000 people referred to The Orange Door for support since commencement, including 20,000 children and 3,500 people who identified as Aboriginal or Torres Strait Islander</p> <p>Trained 10,000 people in family violence risk assessment and management</p>	<p>New information-sharing and risk assessment capabilities for workforces involved with ending the scourge of family violence</p>

	Program	Output(s) and portfolio(s)	Planned outcome	Description of actual outcome achieved	Description of the actions taken to deliver the actual outcome
			support planning and access to the range of necessary services.		
4.	Real-time prescription monitoring (SafeScript)	Admitted Services output Emergency Services output Drug Treatment and Rehabilitation output Health portfolio	Pharmacy prescription records for Schedule 8 medicines will be connected in real-time to a centralised system, also accessible to doctors. This will prevent drug misuse and enable pharmacists and doctors to make more informed decisions when prescribing and dispensing medication.	\$6.7 million invested in statewide rollout of SafeScript program In the first three months, more than 13,000 Victorian health professionals registered for SafeScript Reduces risks associated with harmful use of prescription medicines	Legislative framework established in October 2017, with regulations set by June 2018 Successful six-month pilot in western Victoria Statewide launch in April 2019 2,500 clinicians across Victoria participated in online and face-to-face training SafeScript Pharmaceutical Helpline established to provide counselling and referrals
5.	Supporting the transition to the National Disability Insurance Scheme	Disability Services output Disability, Ageing and Carers portfolio	The National Disability Insurance Scheme (NDIS) is the biggest social reform since Medicare. The Government is committed to the	Over 77,160 Victorians with a disability transitioned to the NDIS Connected with more than 40,000 state clients whom the National Disability	Staged roll-out of NDIS began in 2016 Signed the NDIS full scheme agreement between the Commonwealth and Victoria in June 2019 (to take effect on 1 July 2019) Passage of the <i>Disability (NDIS Transition) Act 2019</i> in June 2019 supporting Victoria's transition to the NDIS

	Program	Output(s) and portfolio(s)	Planned outcome	Description of actual outcome achieved	Description of the actions taken to deliver the actual outcome
			successful rollout of the scheme for people with a disability and their families. This funding will prepare for and facilitate the implementation of the scheme and support the disability sector to prepare for the scale and pace of the transition to the NDIS. This includes a further \$10 million investment in the NDIS Transition Support Package to ready participants, service providers, staff and systems for transition to the NDIS.	<p>Insurance Agency had been unable to contact</p> <p>Department invested \$41 million through the Victorian Transition Support Package. In 2018-19 this provided support to more than 14,000 people with disability to navigate the system and reached more than 10,000 people in the disability workforce and service providers</p> <p>Over 5,500 staff transferred to non-government organisations as part of NDIS</p>	
6.	Responding to people's end of life care choices	Acute Training and Development output	Funding will be provided for the safe and effective implementation of the <i>Voluntary</i>	Commencement of Victoria's voluntary assisted dying laws, allowing eligible patients to choose the	Victorian Parliament passed the <i>Voluntary Assisted Dying Act 2017</i> in November 2017

Program	Output(s) and portfolio(s)	Planned outcome	Description of actual outcome achieved	Description of the actions taken to deliver the actual outcome
	<p>Non-Admitted Services output</p> <p>Health portfolio</p>	<p><i>Assisted Dying Act 2017</i>. This will include supporting the work of an Implementation Taskforce and Secretariat, the establishment and operation of the Voluntary Assisted Dying Review Board and the delivery of Voluntary Assisted Dying.</p>	<p>manner and timing of their death</p> <p>Patients are talking to their doctors about voluntary assisted dying and doctors are carrying out assessments</p> <p>Two support services established – the Statewide Pharmacy Service and the Care Navigator Service – to assist individuals, carers, families and medical treating teams by providing information about or access to voluntary assisted dying</p>	<p>18-month implementation period to give health services time to plan and prepare for voluntary assisted dying</p> <p>Taskforce established to coordinate, oversee and facilitate the work</p> <p>State model for voluntary assisted dying commenced on 19 June 2019</p>
7.	<p>Aboriginal Children and Families Agreement</p> <p>Child Protection and Family Services output</p> <p>Child Protection portfolio</p>	<p>The case planning and case management of Aboriginal children in care on contractable orders will continue to be transferred to the Aboriginal</p>	<p>Almost 50 per cent of Aboriginal children in care on contractable orders are case managed by an ACCOs</p> <p>Data presented at the Aboriginal Children's forum shows that</p>	<p>Wungurilwil Gagapduir Aboriginal Children and Families Agreement came into effect July 2018</p> <p>Aboriginal Children's Forum meets quarterly and gives practical effect to the Agreement, working for a better future for Aboriginal children and young people</p>

Program	Output(s) and portfolio(s)	Planned outcome	Description of actual outcome achieved	Description of the actions taken to deliver the actual outcome
		<p>community, as part of the Government's commitment to Aboriginal self-determination. Funding will maintain and expand Aboriginal Children in Aboriginal Care, which authorises approved Aboriginal Community Controlled Organisations (ACCOs) to undertake child protection functions for Aboriginal children and young people. It will also transition the case management of Aboriginal children in care to ACCOs through contracting arrangements. The Aboriginal Child Specialist Advice</p>	<p>there has been a 250 per cent increase in the number of children managed by an ACCO in the last two years and as at June 2019, responsibility for the case planning and case management of 72 Aboriginal children had been transferred to an ACCO under the Aboriginal Children in Aboriginal Care program (s 18)</p> <p>An additional 200 kinship care targets have been funded to enable more Aboriginal children to be case managed by an ACCO</p> <p>Aboriginal children are receiving culturally attuned and responsive care and case management</p>	

Program	Output(s) and portfolio(s)	Planned outcome	Description of actual outcome achieved	Description of the actions taken to deliver the actual outcome
		and Support Services is maintained, and legislatively mandated cultural planning, continued recognising the importance of culture for Aboriginal children and the need to strengthen Aboriginal identity and encourage connection to Aboriginal culture and community.	Early findings from the evaluation of the Aboriginal Children in Aboriginal Care program is showing that ACCOs are reunifying Aboriginal children to their parents quicker. The number of Aboriginal children residing with relatives/kin, other Aboriginal carers, or in Aboriginal residential care has increased.	

- b) Using the format of the table below, please outline the five least performing programs that did not deliver their planned outcomes in the community by the department in 2017-18 and 2018-19 including:
- i. The name of the program
 - ii. The relevant output(s) and portfolio(s) responsible for delivery of the program
 - iii. The planned outcome as stated in the budget papers
 - iv. The actual outcome achieved
 - v. Explanation for not achieving the planned outcome (including a description of what actions were taken to try and achieve the planned outcome)

2017-18 Response

Program	Output(s) and portfolio(s)	Planned outcome to be achieved	Description of actual outcome achieved	Explanation for not delivering the planned outcome
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1.	National Disability Insurance Scheme participants	Disability Services output Disability portfolio	50,687	36,148	The result is lower than the forecast transition of clients into the National Disability Insurance Scheme by the National Disability Insurance Agency (NDIA)
2.	Percentage of Specialist Disability Accommodation (SDA) services vacancies filled within 60 days	Disability Services output Disability portfolio	100 per cent	68.8 per cent	The result reflects the delays in NDIA approving client SDA eligibility
3.	Workers trained in the Family Violence Risk Assessment	Family Violence Service Delivery output Prevention of Family Violence portfolio	10,000	4,210	The variance reflects the re-phasing of the commencement of training and alignment of the Family Violence Risk Assessment and Risk Management Framework reforms with the roll out of the Child Information Sharing Scheme to minimise training obligations for frontline workers
4.	Social housing dwellings acquired during the year	Housing Assistance output Housing portfolio	1,078	884	Affordability and availability of private rental leases has been challenging due to a lack of supply
5.	Social housing tenants satisfied with completed non-urgent maintenance works	Housing Assistance output Housing portfolio	80 per cent	71.6 per cent	Increased volume of calls requesting gas heater maintenance due to the department raising tenant awareness of harmful effects of carbon dioxide emissions from open flued gas fires

2018-19 Response

Program	Output(s) and portfolio(s)	Planned outcome to be achieved	Description of actual outcome achieved	Explanation for not delivering the planned outcome	
1.	Support plans reviewed at least once during each period of three years commencing from when the	Disability Services output Disability portfolio	100 per cent	76.4 per cent	Clients earmarked for transition to NDIS did not receive timely reviews of their support plans by the NDIA

	support plans were first prepared (individual supports)				
2.	National Disability Insurance Scheme participants	Disability Services output Disability portfolio	105,324	71,458	The result is lower than the forecast transition of clients into the National Disability Insurance Scheme by the National Disability Insurance Agency requiring the department to implement strategies to expedite client transition including the prioritisation of clients with complex needs
3.	Number of new residential withdrawal clients	Drug services – Drug Treatment and Rehabilitation output Mental Health portfolio	2,309	1,767	Client complexity is increasing with clients receiving multiple treatments leading to longer lengths of stay and lower overall throughput through services
4.	Social housing tenants satisfied with completed non-urgent maintenance works	Housing Assistance output Housing portfolio	80 per cent	70.8 per cent	Increased volume of calls requesting gas heater maintenance due to the department raising tenant awareness of harmful effects of carbon dioxide emissions from open flued gas fires
5.	Home and Community Care for Younger People – hours of service delivery	Home and Community Care Program for Younger People output Ageing portfolio	2,117	1,408	Results reflect the impact of NDIS transformation on the sector and the transition of service delivery to the NDIS

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

Please identify all output(s) and portfolio(s) (and relate them to departmental programs) for which the department received additional funding after the initial Budget in 2017-18 and 2018-19.

For each output, please quantify the additional funding, indicate the source of the additional funding (e.g. Treasurer's Advance, unused prior years appropriations under s32 of the *Financial Management Act 1994* (Vic), supplementation through a Temporary Advance under section 35 of the FMA, or any possible sources of funding as listed in the Resource Management Framework, section 4, pg. 55) and explain why additional funding was required after funding was allocated in the Budget.

2017-18 Response

Output(s) and portfolio(s)	Program	Funding allocated in 2017-18 Budget	Additional funding (\$ million)	Source of additional funding as per the Resource Management Framework	Reasons why additional funding was required
Various outputs across the Health, Ambulance Services and Mental Health portfolios	Additional resources for health services	0.0	180.7	Treasurer's Advance	Additional funding provided to health services to deliver additional elective surgery procedures and to meet increased costs of service delivery.
Admitted Services (Health)	Supplementation for the hospital and charities fund	0.0	44.7	Treasurer's Advance	Additional funding required to cover lower than budgeted gaming revenue received under special appropriations.
Admitted Services (Health)	Meeting demand for health services	0.0	27.5	Treasurer's Advance	Funding provided to support health services to prepare for the 2018 winter flu season.
Admitted Services (Health)	Funding for asset replacement for health sector	0.0	25.4	Treasurer's Advance	Urgent and unavoidable funding required for asset replacement across the health sector.
Ambulance Emergency Services (Ambulance Services)	Response Time Rescue fund	0.0	17.6	Treasurer's Advance	Funding provided to improve ambulance response times and paramedic health and wellbeing by implementing recommendations and measures outlined in the final report of the Ambulance Performance and Policy Consultative Committee 'Improving Services, Saving Lives.'

Output(s) and portfolio(s)	Program	Funding allocated in 2017-18 Budget	Additional funding (\$ million)	Source of additional funding as per the Resource Management Framework	Reasons why additional funding was required
Non-Admitted Services (Health)	Responding better to people's end of life care preferences	0.0	15.5	Treasurer's Advance	Funding required to provide additional support to Victorians requiring end of life care including home-based palliative care in rural and regional Victoria and increased capacity in regional palliative care consultancy services.
Drug Prevention & Control / Drug Treatment and Rehabilitation (Health)	Tackling drugs in our community	0.0	13.6	Treasurer's Advance	Funding required for an additional 69 residential rehabilitation beds to be established to address the impacts of drug use in Victoria, including a trial of a single medically-supervised injecting centre in Richmond, new service models for complex clients, and work to address quality and safety concerns in privately operated rehabilitation services.
Child Protection and Family Services (Child Protection)	Civil claims for historical institutional child abuse	0.0	11.7	Treasurer's Advance	Supplementary funding provided to settle claims related to historical institutional child abuse.
Sport and Recreation (Sport)	Community sports projects	0.0	11.1	Treasurer's Advance	Funding provided as grants to local sporting clubs to upgrade existing or develop new facilities to improve community participation.
Family Violence Service Delivery (Prevention of Family Violence)	Specialist case workers and navigators	0.0	8.5	Treasurer's Advance	Funding required to implement activities which build capability and capacity of the workforce to deliver system navigation support in Support and Safety Hubs and across the service system.

Output(s) and portfolio(s)	Program	Funding allocated in 2017-18 Budget	Additional funding (\$ million)	Source of additional funding as per the Resource Management Framework	Reasons why additional funding was required
Family Violence Service Delivery (Prevention of Family Violence)	Establish a central information point as part of the family violence information sharing system reform	0.0	5.5	Treasurer's Advance	New funding to establish a secure statewide Central Information Point (CIP) to provide Support and Safety Hubs and critical family violence organisations with access to relevant and up-to-date information on perpetrators of family violence.
Clinical Care (Mental Health)	Fixated Threat Assessment Centre	0.0	5.5	Treasurer's Advance	Funding required for the establishment and operation of a Fixated Threat Assessment Centre (FTAC) to coordinate responses to serious threats of violence posed by people with complex needs, including specialist mental health clinicians to assess threats to public safety posed by high-risk individuals.
Gender equality and the prevention of family violence policy and programs (Prevention of Family Violence)	Family violence and service delivery projects transferred to DHHS	0.0	2.6	Treasurer's Advance	Fund required for Achieving Equality for Victorian Women to launch the Equality strategy.
Family Violence Service Delivery (Prevention of Family Violence)	Family violence and service delivery projects transferred to DHHS	0.0	0.5	Treasurer's Advance	Funding required for Sharing information to keep people safe.
Concessions to Pensioners and Beneficiaries (Disability, Ageing and Carers)	Fire suppression	0.0	2.1	Treasurer's Advance	Funding required for reimbursement of costs incurred during the 2017-18 emergency response season.
Sport and Recreation (Sport)	2018 Gold Coast Commonwealth Games	0.0	0.5	Treasurer's Advance	Funding to support the preparation and participation of Victorian athletes at the 2018 Gold Coast Commonwealth Games.

Output(s) and portfolio(s)	Program	Funding allocated in 2017-18 Budget	Additional funding (\$ million)	Source of additional funding as per the Resource Management Framework	Reasons why additional funding was required
Youth Affairs (Youth)	Support Youth Engagement and respond to youth offending	0.0	0.4	Treasurer's Advance	New funding announced as part of the Whole of Government - Targeting Youth Offending initiative.
Youth Affairs (Youth)	Youth Space for Morwell	0.0	0.2	Treasurer's Advance	New funding announced as part of the Whole of Government - Latrobe Valley Assistance Package.
Child Protection and Family Services (Child Protection)	Information Communication Technology Strategic Projects	0.0	8.2	Section 33 of the FMA	Funding required for key priority projects to meet urgent technological requirements, essential infrastructure upgrades and audit remediation and systems refresh.
Admitted Services (Health)	Information Communication Technology Strategic Projects	17.7	22.9	Section 33 of the FMA	Funding required for key priority projects to meet urgent technological requirements, essential infrastructure upgrades and audit remediation and systems refresh.
Admitted Services (Health)	Greener Government Buildings - Regional Health Services Solar Panels	0.0	0.5	Section 37 of the FMA	Loans provided to regional healthcare facilities under the Greener Government Buildings Program for solar panel installation.
Admitted Services (Health)	Department of Veteran's Affairs Hospital Services	0.0	2.1	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Victorian Contribution to National Disability Insurance Scheme (Disability, Ageing and Carers)	National Disability Insurance Scheme (NDIS)	0.0	5.7	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.

Output(s) and portfolio(s)	Program	Funding allocated in 2017-18 Budget	Additional funding (\$ million)	Source of additional funding as per the Resource Management Framework	Reasons why additional funding was required
Child Protection and Family Services (Child Protection)	Commonwealth: Women's Safety Measures	0.0	1.5	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Child Protection and Family Services (Child Protection)	Betrayal of Trust	0.0	1.8	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Sport and Recreation (Sport)	Better Indoor Stadiums	0.0	6.0	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Sport and Recreation (Sport)	Shooting Sports Facility	0.0	2.7	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Admitted Services (Health)	Health sector Information and Communication Technology projects	0.0	6.6	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Child Protection and Family Services (Child Protection)	Improving financial support for carers (client support funding and carer allowance framework)	0.0	0.6	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.

Output(s) and portfolio(s)	Program	Funding allocated in 2017-18 Budget	Additional funding (\$ million)	Source of additional funding as per the Resource Management Framework	Reasons why additional funding was required
Child Protection and Family Services (Child Protection)	Therapeutic interventions - Victim Recovery	0.0	2.2	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Child Protection and Family Services (Child Protection)	Family Violence Flexible Support Packages	0.0	4.8	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Child Protection and Family Services (Child Protection)	Leaving Care, Cradle to Kinder, and Family Violence Regional Service Integration	0.0	0.1	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Child Protection and Family Services (Child Protection)	Increased support for children and carers, and Aboriginal foster and kinship carers	0.0	0.4	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Child Protection and Family Services (Child Protection)	Placement prevention and reunification/Stronger Families	0.0	2.0	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Child Protection and Family Services (Child Protection)	Outcomes tracking system for children in Out of Home Care	0.0	0.0	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.

Output(s) and portfolio(s)	Program	Funding allocated in 2017-18 Budget	Additional funding (\$ million)	Source of additional funding as per the Resource Management Framework	Reasons why additional funding was required
Child Protection and Family Services (Child Protection)	Workforce quality initiative	0.0	1.3	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Child Protection and Family Services (Child Protection)	Residential care training, and property maintenance	0.0	0.1	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Health Protection (Health)	Whole of Government - Hazelwood Mine Fire Inquiry	0.0	0.1	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Health Protection (Health)	Commonwealth: National Partnership Agreement - Essential Vaccines	0.0	14.3	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Admitted Services (Health)	Commonwealth: National Partnership Agreement - Vaccine-Preventable Disease Surveillance Program	0.0	0.1	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Concessions to Pensioners and Beneficiaries (Disability, Ageing and Carers)	Bourke Street - Emergency Resilience and Response	0.0	0.4	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.

Output(s) and portfolio(s)	Program	Funding allocated in 2017-18 Budget	Additional funding (\$ million)	Source of additional funding as per the Resource Management Framework	Reasons why additional funding was required
Health Protection (Health)	Real-time prescription monitoring	0.0	10.3	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Disability Services (Disability, Ageing and Carers)	National Disability Insurance Scheme (NDIS)	0.0	0.2	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Non Admitted Services (Health)	Freedom Of Information Project	0.0	0.8	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Clinical Care (Mental Health)	Mental Health Act reform	0.0	0.4	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Clinical Care (Mental Health)	Suicide prevention	0.0	0.5	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Clinical Care (Mental Health)	Family Violence and Mental Health Project	0.0	0.1	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.

Output(s) and portfolio(s)	Program	Funding allocated in 2017-18 Budget	Additional funding (\$ million)	Source of additional funding as per the Resource Management Framework	Reasons why additional funding was required
Clinical Care (Mental Health)	Labor Government's response to homelessness and rough sleeping	0.0	0.9	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Admitted Services (Health)	Integrated Cancer Services - Building evidence for improvement	0.0	0.8	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Admitted Services (Health)	Survivorship Grants - Phase II Type 1 Grants	0.0	0.0	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Acute Training and Development (Health)	Victorian Cancer Agency	0.0	0.7	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Admitted Services (Health)	Quality & Safety Across Health Service - Maternity Services Initiatives	0.0	6.9	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Aged Care Assessment (Disability, Ageing and Carers)	Commonwealth: Aged Care Assessment	0.0	1.6	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.

Output(s) and portfolio(s)	Program	Funding allocated in 2017-18 Budget	Additional funding (\$ million)	Source of additional funding as per the Resource Management Framework	Reasons why additional funding was required
Home and Community Care Program for Younger People (Disability, Ageing and Carers)	Home Support Program	0.0	2.9	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Aged Support Services (Disability, Ageing and Carers)	Language Services Credit Line	0.0	0.1	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Health Protection (Health)	Commonwealth: National Partnership Agreement - National Bowel Cancer Screening Program	0.0	0.4	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Dental Services (Health)	Commonwealth: National Partnership Agreement - Adult Public Dental Services	0.0	14.2	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Aged Support Services (Disability, Ageing and Carers)	Supported Residential Services Regulation projects & review	0.0	0.3	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Office for Disability (Disability, Ageing and Carers)	State Disability Plan	0.0	3.0	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.

Output(s) and portfolio(s)	Program	Funding allocated in 2017-18 Budget	Additional funding (\$ million)	Source of additional funding as per the Resource Management Framework	Reasons why additional funding was required
Community Participation (Disability, Ageing and Carers)	Men's Sheds	0.0	0.5	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Sport and Recreation (Sport)	Community Sports and Events - Football codes	0.0	0.1	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Sport and Recreation (Sport)	Strategic Priorities of the Ministerial Council for Volunteers	0.0	0.2	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Community Participation (Disability, Ageing and Carers)	Defibrillators- Sporting Clubs and Facilities	0.0	0.1	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Mental Health Community Support Services (Mental Health)	Trans and Gender Diverse Service System Development Project	0.0	0.2	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Health Advancement (Health)	Whole of Government - Hazelwood - Healthy & Strong Latrobe	0.0	0.6	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.

Output(s) and portfolio(s)	Program	Funding allocated in 2017-18 Budget	Additional funding (\$ million)	Source of additional funding as per the Resource Management Framework	Reasons why additional funding was required
Health Advancement (Health)	Koolin Balit - Screening & Cancer Prevention	0.0	0.1	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Health Advancement (Health)	Life! Program	0.0	0.3	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Health Advancement (Health)	Suicide prevention	0.0	0.5	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Health Protection (Health)	Commonwealth: National Partnership Agreement - Expansion of the BreastScreen Australia Program	0.0	3.9	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Admitted Services (Health)	Engineering infrastructure replacement program (statewide)	0.0	0.6	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Admitted Services (Health)	Medical equipment replacement program (statewide)	0.0	0.1	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.

Output(s) and portfolio(s)	Program	Funding allocated in 2017-18 Budget	Additional funding (\$ million)	Source of additional funding as per the Resource Management Framework	Reasons why additional funding was required
Admitted Services (Health)	Mental health and alcohol and other drugs facilities renewal (statewide)	0.0	0.8	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Admitted Services (Health)	Regional Health Infrastructure Fund (non-metro various)	0.0	2.6	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Community Health Care (Health)	Rural capital support (non-metro various)	0.0	0.8	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Dental Services (Health)	Western Region Health Centre - Dental Service Redevelopment (Footscray)	0.0	0.1	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Admitted Services (Health)	National Proton Beam Therapy Centre (metropolitan various)	0.0	0.6	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Admitted Services (Health)	Victorian Heart Hospital - planning and early works (Clayton)	0.0	0.2	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.

Output(s) and portfolio(s)	Program	Funding allocated in 2017-18 Budget	Additional funding (\$ million)	Source of additional funding as per the Resource Management Framework	Reasons why additional funding was required
Total 2017-18		17.7	514.0		

2018-19 Response

Output(s) and portfolio(s)	Program	Funding allocated in 2018-19 Budget	Additional funding (\$ million)	Source of additional funding as per the Resource Management Framework	Reasons why additional funding was required
Admitted Services (Health)	Additional state contribution to National Health Reform Agreement	0.0	124.3	Treasurer's Advance	Additional funding required due to reduced Commonwealth funding following the Commonwealth Treasurer's Determination of National Health Reform Funding for 2016-17.
Clinical Care (Mental Health)	Additional state contribution to National Health Reform Agreement	0.0	11.9	Treasurer's Advance	Additional funding required due to reduced Commonwealth funding following the Commonwealth Treasurer's Determination of National Health Reform Funding for 2016-17.
Disability Services (Disability, Ageing and Carers)	National Disability Insurance Scheme subsidy funding	0.0	87.1	Treasurer's Advance	Additional funding for subsidy payments to providers in relation to the transition to the National Disability Insurance Scheme.
Admitted Services (Health)	Additional funding for health services	0.0	72.1	Treasurer's Advance	Additional funding for increased operating and wage costs.
Clinical Care (Mental Health)	Additional funding for health services	0.0	0.2	Treasurer's Advance	Additional funding for increased operating and wage costs.
Dental Services (Health)	Additional funding for health services	0.0	0.0	Treasurer's Advance	Additional funding for increased operating and wage costs.
Small Rural Services - Acute Health (Health)	Additional funding for health services	0.0	1.1	Treasurer's Advance	Additional funding for increased operating and wage costs.

Output(s) and portfolio(s)	Program	Funding allocated in 2018-19 Budget	Additional funding (\$ million)	Source of additional funding as per the Resource Management Framework	Reasons why additional funding was required
Disability Services (Disability, Ageing and Carers)	National Disability Insurance Scheme transfer of services for state-wide preparation and transformation	0.0	68.8	Treasurer's Advance	Funding provided for the implementation of transfer readiness projects and transition costs association with the National Disability Insurance Scheme.
Housing Assistance (Housing)	Gas heater replacement regime	0.0	21.9	Treasurer's Advance	Funding provided to commence an enhanced gas heater servicing program and a gas heater replacement program within public housing properties.
Admitted Services (Health)	End of life care	0.0	8.2	Treasurer's Advance	In response to an independent review of Victoria's palliative care funding model, funding for one year was provided to support community palliative care providers.
Non-Admitted Services (Health)	End of life care	0.0	8.5	Treasurer's Advance	In response to an independent review of Victoria's palliative care funding model, funding for one year was provided to support community palliative care providers.
Child protection and Family Services (Child Protection)	Increased demand for children with complex disabilities	0.0	14.1	Treasurer's Advance	Funding provided to meet demand for care of children who are unable to live with their families.
Mental Health Community Support Services (Mental Health)	National Disability Insurance Scheme support for people with psychosocial disability and the Victoria Disability Sector	0.0	13.3	Treasurer's Advance	Funding provided for a new community mental health service to deliver tailored psychosocial supports to people with a severe mental illness who are either not eligible for the National Disability Insurance Scheme (NDIS) or yet to transition to the scheme.

Output(s) and portfolio(s)	Program	Funding allocated in 2018-19 Budget	Additional funding (\$ million)	Source of additional funding as per the Resource Management Framework	Reasons why additional funding was required
Family Violence Service Delivery (Prevention of Family Violence)	Central information point stage 2	0.0	9.8	Treasurer's Advance	Additional funding for Stage 2 of the state-wide Central Information Point (CIP) to provide Support and Safety Hubs and critical family violence organisations with access to relevant and up-to-date information on perpetrators of family violence.
Child protection and Family Services (Child Protection)	Civil claims for historical Institutional child abuse	0.0	8.5	Treasurer's Advance	Supplementary funding provided to settle claims related to historical institutional child abuse.
Admitted Services (Health)	Safe patient care – nurse to patient and midwife to patient ratios	0.0	4.3	Treasurer's Advance	Funding provided to employ additional nurses and midwives to support the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2018.
Residential Aged Care (Disability, Ageing and Carers)	Safe patient care – nurse to patient and midwife to patient ratios	0.0	1.2	Treasurer's Advance	Funding provided to employ additional nurses and midwives to support the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2018.
Child protection and Family Services (Child Protection)	Child information sharing reforms	0.0	2.9	Treasurer's Advance	Funding provided to assist implementation of the Child Information Sharing Reform.
Family Violence Service Delivery (Prevention of Family Violence)	Child information sharing reforms	0.0	0.4	Treasurer's Advance	Funding provided to assist implementation of the Child Information Sharing Reform.
Mental Health Community Support Services (Mental Health)	Deteriorating seasonal conditions and increased drought responses in Victoria	0.0	1.9	Treasurer's Advance	Funding provided for a range of initiatives to support drought affected communities in East and Central Gippsland and help farmers across Northern Victoria prepare for tougher conditions.

Output(s) and portfolio(s)	Program	Funding allocated in 2018-19 Budget	Additional funding (\$ million)	Source of additional funding as per the Resource Management Framework	Reasons why additional funding was required
Sport and Recreation (Sport)	Shooting sports facilities	0.0	1.9	Treasurer's Advance	Additional funding provided for projects to improve shooting facilities and activities at Little River Range, Springvale Range and the Eastern Victoria Shooting Complex.
Concessions to Pensioners and Beneficiaries (Disability, Ageing and Carers)	Barwon South West fires 2018 – long-term recovery activities	0.0	1.2	Treasurer's Advance	Funding provided for community recovery activities and restoration and rehabilitation works arising from the March 2018 Barwon South West fires.
Housing Assistance (Housing)	Social Investment Initiatives – Sacred Heart	0.0	0.8	Treasurer's Advance	Funding required to deliver the Journey to Social inclusion social impact investment through Sacred Heart.
Concessions to Pensioners and Beneficiaries (Disability, Ageing and Carers)	Ten-year anniversary of the 2009 Victorian bushfires	0.0	0.6	Treasurer's Advance	Funding provided for memorial events and other initiatives to commemorate the 10-year anniversary of the 2009 Victorian bushfires.
Admitted Services (Health)	Geelong Women's and Children's Hospital planning and early works	0.0	0.2	Treasurer's Advance	Funding to identify options for transforming the Geelong Private Hospital on Ryrie Street into a Women's and Children's Hospital.
Admitted Services (Health)	Information Communication Technology Strategic Projects	14.6	25.9	Section 33 of the FMA	Funding required for key priority projects to meet urgent technological requirements, essential infrastructure upgrades and audit remediation and systems refresh.
Child protection and Family Services (Child Protection)	Information Communication Technology Strategic Projects	4.6	13.2	Section 33 of the FMA	Funding required for key priority projects to meet urgent technological requirements, essential infrastructure upgrades and audit remediation and systems refresh.
Admitted Services (Health)	Greener Government Buildings - Regional Health Services Solar Panels	0.0	4.8	Section 37 of the FMA	Loans provided to regional healthcare facilities under the Greener Government Buildings Program for solar panel installation.

Output(s) and portfolio(s)	Program	Funding allocated in 2018-19 Budget	Additional funding (\$ million)	Source of additional funding as per the Resource Management Framework	Reasons why additional funding was required
Gender equality and the prevention of family violence policy and programs (Prevention of Family Violence)	Work and Economic Security and Health, Safety and Wellbeing	0.0	1.3	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Gender equality and the prevention of family violence policy and programs (Prevention of Family Violence)	Founding Reforms Gender Equality - Safe and Strong Work Plan	0.0	1.9	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Gender equality and the prevention of family violence policy and programs (Prevention of Family Violence)	Women's leadership initiatives	0.0	0.9	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Gender equality and the prevention of family violence policy and programs (Prevention of Family Violence)	"Free from Violence" Action Plan Victoria's Strategy on the Prevention of Family Violence	0.0	2.1	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Gender equality and the prevention of family violence policy and programs (Prevention of Family Violence)	Gender Equality and Prevention Policy Measures	0.0	2.8	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Home and Community Care Program for Younger People (Disability, Ageing and Carers)	Home Support Program	0.0	1.6	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.

Output(s) and portfolio(s)	Program	Funding allocated in 2018-19 Budget	Additional funding (\$ million)	Source of additional funding as per the Resource Management Framework	Reasons why additional funding was required
Admitted Services (Health)	Maternity - Quality and Safety Across Victoria	0.0	3.0	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Family Violence Service Delivery (Prevention of Family Violence)	Aboriginal Community Initiatives	0.0	2.2	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Family Violence Service Delivery (Prevention of Family Violence)	Putting Aboriginal Victorians at the centre of family violence reform	0.0	2.1	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Family Violence Service Delivery (Prevention of Family Violence)	Industry Plan	0.0	2.6	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Family Violence Service Delivery (Prevention of Family Violence)	Delivering Royal Commission into Family Violence recommendations on funding reform	0.0	1.9	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Family Violence Service Delivery (Prevention of Family Violence)	Family Violence Information sharing: Implementing legislative reform and preparing the public sector	0.0	1.7	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Family Violence Service Delivery (Prevention of Family Violence)	Multi-agency risk assessment and safeguarding	0.0	0.7	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.

Output(s) and portfolio(s)	Program	Funding allocated in 2018-19 Budget	Additional funding (\$ million)	Source of additional funding as per the Resource Management Framework	Reasons why additional funding was required
Child protection and Family Services (Child Protection)	Changing perpetrator behaviour	0.0	5.7	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Health Protection (Health)	Commonwealth: National Partnership Agreement - National Bowel Cancer Screening Program	0.0	0.5	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Dental Services (Health)	Commonwealth: National Partnership Agreement - Adult Public Dental Services	0.0	12.0	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Aged Care Assessment (Disability, Ageing and Carers)	Commonwealth: Aged Care Assessment	0.0	0.7	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Health Protection (Health)	Commonwealth: National Partnership Agreement - Encouraging More Clinical Trials in Australia	0.0	0.3	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Health Protection (Health)	Commonwealth: National Partnership Agreement - Essential Vaccines	0.0	9.6	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.

Output(s) and portfolio(s)	Program	Funding allocated in 2018-19 Budget	Additional funding (\$ million)	Source of additional funding as per the Resource Management Framework	Reasons why additional funding was required
Disability Services (Disability, Ageing and Carers)	National Disability Insurance Scheme - Sector Development Fund	0.0	0.8	Section 32 of the FMA	No additional funding was required. Unspent appropriation was required to be carried over into the following financial year to complete delivery of the approved program.
Total 2018-19		19.2	563.3		

Section B: Asset investment

Question 4 (all departments) Capital expenditure variances, completion date and scope changes – existing projects

Please provide details of all capital asset programs where:

- there was a variance between TEI at announcement compared to the revised TEI in the 2017-18 Budget and 2018-19 Budget of equal to or greater than $\pm 5\%$ or \$50 million and an explanation for the variance
- the estimated completion date at announcement is different to the completion date in the 2017-18 Budget and 2018-19 Budget and an explanation for the change
- the scope of the project at announcement is different to the scope of the project as it is presented in the 2017-18 Budget and 2018-19 Budget.

2017-18 Response

Capital expenditure

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Total actual expenditure spent from announcement to 30 June 2018 (\$ million)	TEI at announcement (\$ million)	Revised TEI 2017-18 Budget (\$ million)	Variance between TEI at announcement compared to Revised TEI in 2018-19 Budget ($\pm 5\%$ or \$50 million) explanation
Acquisition (statewide)	Director of Housing	10.290	20.000	21.500	Additional costs to the development are due to the need to comply with the Commonwealth Disability Discrimination Act and council requirements for additional carparking requirements and the need for an additional lift.

Completion date

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Estimated completion date at announcement	Revised completion date 2017-18 Budget	Explanation
Family Violence – Residential out-of-home care stock renewal or replacement (statewide)	Department of Health and Human Services	qtr 4 2017	qtr 2 2018	Delays due to site constraints and difficulty sourcing appropriate properties to move clients into whilst redevelopment took place.
Responding to demands for residential out-of-home care (statewide)	Department of Health and Human Services	qtr 3 2017	qtr 1 2018	Completion date extended due to difficulties acquiring suitable sites
Acquisition (statewide)	Director of Housing	qtr 4 2017	qtr 4 2019	Town Planning and VCAT determinations delayed the commencement of construction and contributed to additional carparking requirements and an additional lift from the basement carpark. An additional 3 units added to the total number of units delivered.
Norlane redevelopment	Director of Housing	qtr 4 2017	qtr 4 2018	Completion date extended due to severe weather delaying the delivery of the remaining 5 public housing units, which were delivered in September 2017 and the national contraction in the private housing market affecting the sale of private units and the eventual completion of the project.

Scope

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Scope at announcement	Details of scope change(s) and date(s) scope changes occurred
N/A			

2018-19 Response

Capital expenditure

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Total actual expenditure spent from announcement to 30 June 2019 (\$ million)	TEI at announcement (\$ million)	Revised TEI 2018-19 Budget (\$ million)	Variance between TEI at announcement compared to Revised TEI in 2019-20 Budget ($\pm 5\%$ or \$50 million) explanation
Acquisition (statewide)	Director of Housing	23.171	20.000	23.500	This project was renamed the Preston redevelopment stage 1 (Preston) and reflected in BP4 2018-19. It has been listed as a completed project in the BP4 2019-20 with a TEI increase to \$23.5m to include the cost of an additional 3 units.
Acquisition of 10 units in South Division (statewide)	Director of Housing	2.438	5.280	3.150	TEI reduced as the planned purchase of land did not occur as land was contributed by the Director of Housing.
Markham Avenue Estate redevelopment (Ashburton)	Director of Housing	2.839	23.380	2.500	The planning scheme amendment for this project has been revoked. Further work to reconsider options for the site is being undertaken.

Completion date

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Estimated completion date at announcement	Revised completion date 2018-19 Budget	Explanation
Out-of-home care residential capacity (statewide)	Department of Health and Human Services	qtr 4 2019	qtr 4 2020	Change in scope to reflect changes to service model. Tender for design consultant team underway for program of works.
Rooming house upgrades (statewide)	Director of Housing	qtr 4 2018	qtr 4 2019	Completion date extended due to an amendment of Planning Scheme subsequent to original business case and application for exemption from this change relating to the minimum garden area requirements.
Communal Family Violence Refuges – replacement and growth program (statewide)	Director of Housing	qtr 4 2018	qtr 3 2019	Completion date has been extended due to difficulty in locating suitable sites for the larger core and cluster model.
Acquisition of 16 units in South Division (statewide)	Director of Housing	qtr 4 2018	qtr 4 2019	Severe weather, planning delays and VCAT hearings extended completion dates.
Acquisition of 38 units in North Division (statewide)	Director of Housing	qtr 4 2018	qtr 4 2019	Severe weather, planning delays and VCAT hearings extended completion dates.
Acquisition of 20 units in West Division (statewide)	Director of Housing	qtr 4 2018	qtr 4 2019	Severe weather, planning delays and VCAT hearings extended completion dates.

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Estimated completion date at announcement	Revised completion date 2018-19 Budget	Explanation
Flemington estate redevelopment (Flemington)	Director of Housing	qtr 4 2019	qtr 4 2023	Completion date extended due to delays in the planning and associated procurement process.
Markham Avenue estate redevelopment (Ashburton)	Director of Housing	qtr 4 2019	Various	A planning amendment is being considered by DELWP for a revised scheme, which will determine the revised completion date.

Scope

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Scope at announcement	Details of scope change(s) and date(s) scope changes occurred
N/A			

Question 5 (all departments) Details of actual capital expenditure – completed projects (or expected to be completed)

Please provide the following details about asset investment projects that were completed in 2017-18 and 2018-19:

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

2017-18 Response

Project	Responsible Department(s), Output(s) and Portfolio(s) and/or Agency/Agencies	TEI at announcement (\$ million)	Actual cost of project (\$ million)	Estimated completion date at announcement	Actual completed date	Variance explanation (\$ value variance and/or time variance)
Expanding accommodation with support (statewide)	Department of Health and Human Services	11.079	11.079	qtr 2 2014	qtr 4 2017	Additional approval granted in April 2016 to build additional units in Shepparton and West Heidelberg with completion date of Qtr 4 2017.
Closure of Sandhurst Residential Services (Bendigo)	Department of Health and Human Services	7.930	7.340	qtr 2 2016	qtr 1 2016	N/A
Redevelopment of the Oakleigh Centre (Oakleigh)	Department of Health and Human Services	9.356	9.356	qtr 2 2016	qtr 4 2017	Completion date extended due to the inability to find suitable locations for replacement housing.

2018-19 Response

Project	Responsible Department(s), Output(s) and Portfolio(s) and/or Agency/Agencies	TEI at announcement (\$ million)	Actual cost of project (\$ million)	Estimated completion date at announcement	Actual completed date	Variance explanation (\$ value variance and/or time variance)
Responding to demands of residential out-of-home care (statewide)	Department of Health and Human Services	9.136	9.136	qtr 2 2016	qtr 3 2018	Completion date delayed due to inability to locate adequate sites and to find appropriate housing for clients during redevelopment.
Family Violence –	Department of Health and Human Services	9.000	8.882	qtr 4 2017	qtr 4 2018	Completion date delayed due to inability to locate

Project	Responsible Department(s), Output(s) and Portfolio(s) and/or Agency/Agencies	TEI at announcement (\$ million)	Actual cost of project (\$ million)	Estimated completion date at announcement	Actual completed date	Variance explanation (\$ value variance and/or time variance)
Residential out-of-home care – stock renewal or replacement (statewide)						adequate sites and to find appropriate housing for clients during redevelopment.
Long term housing (statewide)	Director of Housing	48.000	47.950	qtr 4 2018	qtr 1 2019	Settlement period for some purchased property extended beyond the original completion date.
Norlane redevelopment – 164 units/sites (Norlane)	Director of Housing	43.240	39.908	qtr 4 2017	qtr 4 2018	The completion date extended due to severe weather delaying delivery of remaining 5 public housing units, which were delivered in September 2017 and the national contraction in the private housing market affected the sales of the private units.
Towards Home program	Director of Housing	5.500	3.258	qtr 4 2018	qtr 4 2018	All units have been delivered and the additional funds were not required.

Question 6 (all departments) High-value high-risk projects, gateway reviews and business cases

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

Please list all projects included in the 2017-18 and 2018-19 budget papers that were allocated to the department and were classified as HVHR. Please also specify which gateway reviews, if any, were completed during 2017-18 and 2018-19 and business case details for each project. Please use project names as specified in *Budget Paper No.4: State Capital Program*.

2017-18 Response

HVHR Project	Gateway review name/ Date completed	Date business case completed	Business case – publicly available? Y/N	Business case link (URL)
Casey Hospital Expansion	No Gateway reviews conducted in 2017-18. Gates 1-4 completed in previous years.	2015-16 Budget	N	N/A
Goulburn Valley Health (Shepparton) Redevelopment	No Gateway reviews conducted in 2017-18. Gates 1-3 completed in previous years.	2016-17 Budget	N	N/A
Joan Kirner Women's and Children's Hospital	Gate 4 – Tender decision December 2017	2015-16 Budget	N	N/A
Royal Victorian Eye and Ear Hospital Redevelopment	No Gateway reviews conducted in 2017-18. Gates 1-4 completed in previous years.	2013-14 Budget	N	N/A
Victorian Heart Hospital	Gate 3 – Readiness for market February 2018	2015-16 Budget	N	N/A
Public Housing Renewal Program	Gate 3 – Readiness for market September 2017	2016-17 Budget	N	N/A
Casey Hospital Expansion	No Gateway reviews conducted in 2017-18. Gates 1-4 completed in previous years.	2015-16 Budget	N	N/A

2018-19 Response

HVHR Project	Gateway review name/ Date completed	Date business case completed	Business case – publicly available? Y/N	Business case link (URL)
Casey Hospital Expansion	No Gateway reviews conducted in 2018-19. Gates 1-4 completed in previous years.	2015-16 Budget	N	N/A
Goulburn Valley Health (Shepparton) Redevelopment	No Gateway reviews conducted in 2018-19. Gates 1-3 completed in previous years.	2016-17 Budget	N	N/A
Joan Kirner Women's and Children's Hospital	Gate 5 – Readiness for service April 2019	2015-16 Budget	N	N/A
Royal Victorian Eye and Ear Hospital Redevelopment	Project Assurance Review May 2019	2013-14 Budget	N	N/A
Victorian Heart Hospital	No Gateway reviews conducted in 2018-19. Gates 1-4 completed in previous years.	2015-16 Budget	N	N/A
Electronic Medical records in Parkville	Project Assurance Review November 2018 Gate 5 – Readiness for Market May 2019	2018-19 Budget	N	N/A
Public Housing Renewal Program	Gate 4 – Tender decision July 2018	2016-17 Budget	N	N/A

Question 7 (all departments) Public Private Partnership (PPP) expenditure – existing and completed

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

- The total estimated PPP investment value, the total actual expenditure from announcement to 30 June 2018 and 2019, or the actual cost spent to 30 June 2018 and 2019 (actual cost spent in the respective financial year) and the benefits of using the PPP financing model when delivering/funding a project over other financing methods.
- Where the estimated completion date at announcement is different to the completion date in the 2017-18 Budget and 2018-19 Budget and an explanation for any variance.
- Where the scope of the PPP at announcement is different to the scope of the project as it is presented in the 2017-18 Budget and 2018-19 Budget.

2017-18 Response

Investment value and benefit of using PPP model

QSP:

Project name	Output(s) and portfolio(s) and/or agency	Total estimated PPP investment value (\$ million)	Total actual expenditure from announcement to 30 June 2018 (\$ million)	Actual expenditure in year ending 30 June 2018 (\$ million)	Benefits of using PPP model versus other delivery/funding models
Victorian Comprehensive Cancer Centre	Acute Health	2,822.1	291.8	157.0	<p>The PPP procurement model offers the following benefits:</p> <ul style="list-style-type: none"> Time certainty – using private finance results in significant incentives for contractors to complete on time when compared with the other procurement methods considered; Whole-of-life outcomes – optimises the whole-of-life and maintenance outcomes while delivering a more competitive cost outcome by ensuring trade-offs between up-front construction costs and ongoing maintenance and life cycle costs; Risk – PPPs achieve the most robust transfer of risk with most of the design, construction, maintenance and relevant facilities management services risks transferred to the private sector on a whole-of-life basis; and
Royal Children's Hospital	Acute Health	3,610.1	518.5	127.1	
Casey/Berwick Hospital	Acute Health	382.0	171.0	15.2	
Royal Women's Hospital	Acute Health	1,124.3	386.4	41.4	
New Bendigo Hospital	Acute Health	1,932.8	84.0	58.7	
Total		9,953.1	1,451.8	399.6	

- **Innovation** – the competitive tender process and overall PPP framework provides significant incentive for the private sector entities to identify and incorporate innovation in the design, construction and operation of the asset.

TEI provided is per total nominal payments in TCV quarterly service payment model. Total actual expenditure from announcement is per payments to 30 June 2018 in TCV quarterly service payment model.

TEI Payment:

Project name	Output(s) and portfolio(s) and/or agency	Total estimated PPP investment value (\$ million)	Total actual expenditure from announcement to 30 June 2018 (\$ million)	Actual expenditure in year ending 30 June 2018 (\$ million)	Benefits of using PPP model versus other delivery/funding models
Casey Hospital Expansion	DHHS, Health	139.91	35.28	29.41	The PPP procurement model offers the following benefits: <ul style="list-style-type: none"> • Time certainty – using private finance results in significant incentives for contractors to complete on time when compared with the other procurement methods considered; • Whole-of-life outcomes – optimises the whole-of-life and maintenance outcomes while delivering a more competitive cost outcome by ensuring trade-offs between up-front construction costs and ongoing maintenance and life cycle costs; • Risk – PPPs achieve the most robust transfer of risk with most of the design, construction, maintenance and relevant facilities management services risks transferred to the private sector on a whole-of-life basis; and • Innovation – the competitive tender process and overall PPP framework provides significant incentive for the private sector entities to identify and incorporate innovation in the design, construction and operation of the asset.
New Bendigo Hospital	DHHS, Health	129.46	118.95	9.90	

Completion date

Project name	Output(s) and portfolio(s) and/or agency	Estimated completion date	Revised estimated completion date	Variance explanation
Casey Hospital Expansion	DHHS, Health	Jun-20	Jun-20	N/A
New Bendigo Hospital	DHHS, Health	Dec-16	Jun-18	Project completed June 2018, entered Defects Liability Period. Minor outstanding works and experienced invoicing delays.

Scope

Project name	Output(s) and portfolio(s) and/or agency	Original scope	Revised scope	Explanation for scope changes
Casey Hospital Expansion	DHHS, Health	Casey Hospital will undergo a major expansion, enabling it to deliver more services to this fast-growing area. A new acute inpatient tower will be built, as well as four new operating theatres, a new surgery recovery centre, and 96 extra beds including an intensive care unit. The initiative delivers on the Government's election commitment as published in Labor's Financial Statement 2014. The initiative contributes to the Department of Health and Human Services' Admitted Services output.	The Casey Hospital Expansion Project will significantly increase the floor area of Casey Hospital through a new multi-storey tower connecting with the existing facility. The scope of the expansion will add 128 beds, four new operating theatres and a new central sterile services department. The expansion will provide across-the-board benefits in improving local access for patients and providing an increased range of acute services, providing improved and sustainable patient outcomes, and improved operational efficiencies. The expansion is expected to be operational in 2019.	Scope changed for this project as approved by Government.

2018-19 Response*Investment value and benefit of using PPP model***QSP:**

Project name	Output(s) and portfolio(s) and/or agency	Total estimated PPP investment value (\$ million)	Total actual expenditure from announcement to 30 June 2019 (\$ million)	Actual expenditure in year ending 30 June 2019 (\$ million)	Benefits of using PPP model versus other delivery/funding models
Victorian Comprehensive Cancer Centre	Acute Health	2,822.1	452.1	160.3	<p>The PPP procurement model offers the following benefits:</p> <ul style="list-style-type: none"> • Time certainty – using private finance results in significant incentives for contractors to complete on time when compared with the other procurement methods considered; • Whole-of-life outcomes – optimises the whole-of-life and maintenance outcomes while delivering a more competitive cost outcome by ensuring trade-offs between up-front construction costs and ongoing maintenance and life cycle costs; • Risk – PPPs achieve the most robust transfer of risk with the majority of design, construction, maintenance and relevant facilities management services risks transferred to the private sector on a whole-of-life basis; and • Innovation – the competitive tender process and overall PPP framework provides significant incentive for the private sector entities to identify and incorporate innovation in the design, construction and operation of the asset.
Royal Children's Hospital	Acute Health	3,610.1	648	129.5	
Casey/Berwick Hospital	Acute Health	382.0	191.9	20.9	
Royal Women's Hospital	Acute Health	1,124.3	428	41.6	
New Bendigo Hospital	Acute Health	1,932.8	146.2	62.2	
Casey Hospital Expansion	Acute Health	81.7	0.13	0.13	
Total		9,953.1	1,866.4	414.6	

TEI Payment:

Project name	Output(s) and portfolio(s) and/or agency	Total estimated PPP investment value (\$ million)	Total actual expenditure from announcement to 30 June 2019 (\$ million)	Actual expenditure in year ending 30 June 2019 (\$ million)	Benefits of using PPP model versus other delivery/funding models
Casey Hospital Expansion	DHHS, Health	139.78	124.18	65.44	<p>The PPP procurement model offers the following benefits:</p> <ul style="list-style-type: none"> • Time certainty – using private finance results in significant incentives for contractors to complete on time when compared with the other procurement methods considered; • Whole-of-life outcomes – optimises the whole-of-life and maintenance outcomes while delivering a more competitive cost outcome by ensuring trade-offs between up-front construction costs and ongoing maintenance and life cycle costs; • Risk – PPPs achieve the most robust transfer of risk with most of the design, construction, maintenance and relevant facilities management services risks transferred to the private sector on a whole-of-life basis; and • Innovation – the competitive tender process and overall PPP framework provides significant incentive for the private sector entities to identify and incorporate innovation in the design, construction and operation of the asset.
New Bendigo Hospital	DHHS, Health	129.46	135.84	6.38	

Completion date

Project name	Output(s) and portfolio(s) and/or agency	Estimated completion date	Revised estimated completion date	Variance explanation
Casey Hospital Expansion	DHHS, Health	Jun-20	Jun-20	N/A
New Bendigo Hospital	DHHS, Health	Dec-16	Jun-18	Project completed June 2018, entered Defects Liability Period. Minor outstanding works and experienced invoicing delays.

Scope

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

Section C: Revenue and appropriations

Question 8 (all departments and entities) Revenue – variances from previous year

Please explain any changes equal to or greater than $\pm 10\%$ or \$100 million between the actual result for 2017-18 and 2018-19 and the actual result for 2017-18 and 2018-19 for each revenue category detailed in your operating statement. Please also indicate what any additional revenue was used for or how any reduced amounts of revenue affected service delivery and then link it to the relevant output and portfolio.

Please also detail the outcomes in the community² achieved by any additional expenses or the impact on the community of reduced expenses (if there was no impact, please explain how that was achieved).

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

If there were no revenue/income categories for the department/agency for which the 2017-18 and 2018-19 expenditure changed from the prior year's expenditure by more than $\pm 10\%$ or \$100 million, you do not need to answer this question. If this is the case, please indicate 'no relevant line items' in the table(s) below.

²That is, the impact of service delivery on the community rather than a description of the services delivered.

2017-18 Response

Revenue category	2016-17 actual (\$ million)	2017-18 actual (\$ million)	Explanations for changes ±10% or \$100 million	How the additional revenue was used/the impact of reduced revenue. If no impact, how was this achieved	Relevant output(s) and portfolio(s)
Output appropriations	13,755.3	15,013.3	The increase in output appropriation from 2016-17 to 2017-18 is due primarily to new policy initiatives approved by government and funding indexation.	The additional revenue was used primarily to fund new policy initiatives approved by government and increases in costs of ongoing initiatives.	Various outputs and portfolios
Sales of goods and services	1,566.0	1,725.1	The increase is primarily due to health service patient and other fee revenues; e.g. car parking.	The additional revenue was used to provide additional hospital services.	Various outputs (Health/Ambulance Services)
Grants	6,189.5	6,427.9	The increase is due mainly to additional Commonwealth contributions under the National Health Reform Agreement.	The additional funding was used to fund additional Health Service activity.	Various outputs (Health)
Fair value of assets and services received free of charge or for nominal consideration	154.6	7.4	The decrease is due primarily to land and buildings received and then transferred to Kardinia Park Stadium Trust in 2016-17.	The revenues are book entries and the assets were transferred subsequently to Kardinia Park Stadium Trust in 2016-17.	Sport and recreation output (Sport)

2018-19 Response

Revenue category	2017-18 actual (\$ million)	2018-19 actual (\$ million)	Explanations for changes ±10% or \$100 million	How the additional revenue was used/the impact of reduced revenue. If no impact, how was this achieved	Relevant output(s) and portfolio(s)
Output appropriations	15,013.3	16,182.9	The increase in output appropriation from 2017-18 to 2018-19 is due primarily to new policy initiatives approved by government and funding indexation.	The additional revenue was used primarily to fund new policy initiatives approved by government and increases in costs of ongoing initiatives.	Various outputs and portfolios
Special appropriations	1,359.8	1,513.4	The increase is due mainly to higher hypothecated revenue from public lottery taxes.	No impact, as the additional revenue was used to fund government initiatives that would have otherwise been funded from output appropriation.	Various outputs and portfolios
Grants	6,427.9	6,791.6	The increase is due mainly to additional Commonwealth contributions under the National Health Reform Agreement and Commonwealth grants paid direct to health agencies.	The additional funding was used to fund additional Health Service activity.	Various outputs (Health)

Question 9 (all departments and entities) Revenue – variances from budget to actual

Please explain any variances equal to or greater than $\pm 10\%$ or \$100 million between the initial budget estimate (not the revised estimate) and the actual result for 2017-18 and 2018-19 for each revenue category detailed in your operating statement. Please also indicate what any additional revenue was used for or how any reduced amounts of revenue affected service delivery and then link it to the relevant output and portfolio.

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

2017-18 Response

Revenue category	2017-18 Budget estimate (\$ million)	2017-18 actual (\$ million)	Explanations for changes $\pm 10\%$ or \$100 million	How the additional revenue was used/the impact of reduced revenue. If no impact, explain why	Relevant output(s) and portfolio(s)
Output appropriations	14,708.3	15,013.3	The variance is due to additional funding received for initiatives and cost increases during 2017-18. This funding was reflected in the Revised Budget.	Details of use of additional funds are outlined in Question 3 of the questionnaire.	Various outputs and portfolios
Grants	6,150.2	6,427.9	The variance is mainly due to: <ul style="list-style-type: none"> Variations to Commonwealth funding contributions under the National Health Reform Agreement Grant from Community Support Fund for Drug and Alcohol Treatment programs (that would have otherwise been funded from output appropriation) Initiatives funded by revenue received from other government departments 	The additional funding was used to fund additional Health Service activity and provide additional community services.	Various outputs and portfolios

2018-19 Response

Revenue category	2018-19 Budget estimate (\$ million)	2018-19 actual (\$ million)	Explanations for changes $\pm 10\%$ or \$100 million	How the additional revenue was used/the impact of reduced revenue. If no impact, explain why	Relevant output(s) and portfolio(s)
Output appropriations	16,052.5	16,182.9	The variance is due to additional funding received for initiatives and cost increases during 2018-19. This funding was reflected in the Revised Budget.	Details of use of additional funds are outlined in Question 3 of the questionnaire.	Various outputs and portfolios
Special appropriations	1,354.5	1,513.4	The variance is due mainly to higher than expected hypothecated revenue from public lottery taxes.	No impact, as the additional revenue was used to fund government initiatives that would have otherwise been funded from output appropriation.	Various outputs and portfolios
Other income	680.6	775.8	The variance is mainly due to higher than expected health services' own source revenue, which has been subsequently updated in the Revised Budget.	The additional revenue is invested back into the activities of health services, allowing for acquisition of new equipment, investing in new technologies, progressing minor upgrades and improving facilities.	Various outputs (Health/Ambulance Services)

Section D: Expenses

Question 10 (all departments and entities) Expenses changed from previous year

Please explain any changes equal to or greater than $\pm 10\%$ or \$100 million with regards to the actual result for 2016-17 and 2017-18 for each category of expenses detailed in your operating statement, the initial budget estimate (not the revised budget), and 2017-18 and 2018-19 actual results. Please also detail the outcomes in the community³ achieved by any additional expenses or the impact on the community of reduced expenses (if there was no impact, please explain how that was achieved).

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

2017-18 Response

Expenses category	2016-17 Actual \$ million	2017-18 Budget estimate \$ million	2017-18 Actual \$ million	Explanations for variances $\pm 10\%$ or \$100 million	Outcomes achieved by additional expenses/impact of reduced expenses. If no impact, how was this achieved
Employee benefits	10,904.9	11,449.1	11,751.1	The increase is driven primarily by greater activity in health services requiring additional staff and annual cost increases.	Increase to departmental output service delivery.
Interest expense	186.7	224.0	188.1	Increase in the 2017-18 estimate relates to finance lease interest expense on Public Private Partnership (PPP) finance leases, which are updated periodically to reflect changes in discount rates and other assumptions.	No impact on outcomes as the estimate reflects an increase in funding to cover finance costs which do not have an impact service delivery.

³That is, the impact of service delivery on the community rather than a description of the services delivered.

Expenses category	2016-17 Actual \$ million	2017-18 Budget estimate \$ million	2017-18 Actual \$ million	Explanations for variances $\pm 10\%$ or \$100 million	Outcomes achieved by additional expenses/impact of reduced expenses. If no impact, how was this achieved
Grants and other transfers	2,089.9	2,319.4	2,520.8	The increase is driven primarily by higher payments to the Commonwealth, including to the National Disability Insurance Agency (NDIA) for the transition to the National Disability Insurance Scheme (NDIS) and to the Director of Housing.	Increase to departmental output service delivery.
Other operating expenses	7,867.2	8,512.1	8,393.9	The variance is primarily driven by additional funding for new policy initiatives provided in the 2017-18 State Budget and the continuing implementation of initiatives announced in previous budgets.	Increase to departmental output service delivery.

2018-19 Response

Expenses category	2017-18 Actual \$ million	2018-19 Budget estimate \$ million	2018-19 Actual \$ million	Explanations for variances $\pm 10\%$ or \$100 million	Outcomes achieved by additional expenses/impact of reduced expenses. If no impact, how was this achieved
Employee benefits	11,751.1	12,806.2	12,860.5	The increase is driven primarily by increased demand for health services requiring additional staff and annual cost increases.	Increase to departmental output service delivery.
Grants and other transfers	2,520.8	3,027.9	3,241.3	The increase is primarily due to the ramping up of transitioning National Disability Insurance Scheme (NDIS) clients.	Increase to departmental output service delivery.
Other operating expenses	8,393.9	8,210.7	8,402.0	The variance is primarily driven by additional funding for new policy initiatives provided in the 2018-19 State Budget and the continuing implementation of initiatives announced in previous budgets.	Increase to departmental output service delivery.

Question 11 (all departments and entities) Changes to service delivery from savings initiatives

Please provide the following details of the impact on service delivery as a result of the savings initiatives announced in the 2017-18 and 2018-19 Budget:

- Savings target in the 2017-18 and 2018-19 Budget and the amount of the savings target allocated to the department/entity
- Actual savings achieved in 2017-18 and 2018-19 and the actions taken to achieve the savings target allocated and their impact, including the link to the relevant output and portfolio impacted.

2017-18 Response

Savings initiative in the 2017-18 Budget \$ million	Savings target allocated to the department/entity in 2017-18	Actual savings achieved in 2017-18 \$ million	Actions taken to achieve the allocated savings target	What was the impact as a result of the measures taken to achieve the savings target? <i>(e.g. frontline and/or other areas of business that saw the impact)</i> If no impact, how was this achieved	Which output(s) and portfolio(s) were impacted (if relevant)
Centralised banking and cash management reform (17-18 BP3, pg. 114)	Nil	Nil	Nil	N/A	N/A
Whole of Government efficiencies (17-18 BP3, pg. 114)	97.2	97.2	Savings allocated to DHHS were achieved through efficiencies and cost management strategies targeting administration, procurement, communications, consultancies, and staffing costs.	These savings were achieved without impacting on service delivery and were achieved through effective cost management strategies implemented across the department.	Efficiencies were realised across all portfolios.

2018-19 Response

Savings initiative in the 2018-19 Budget \$ million	Savings target allocated to the department/entity in 2018-19	Actual savings achieved in 2018-19 \$ million	Actions taken to achieve the allocated savings target	What was the impact as a result of the measures taken to achieve the savings target? <i>(e.g. frontline and/or other areas of business that saw the impact)</i> If no impact, how was this achieved	Which output(s) and portfolio(s) were impacted (if relevant)
Nil	Nil	Nil	Nil	N/A	N/A

Question 12 (all departments) Achievement of reprioritisation of existing resources

The 2017-18 and 2018-19 budget papers include targets for 'funding from reprioritisation of existing resources' to fund new initiatives (2017-18 Budget Paper No.2, p.55 and 2018-19 Budget paper No.2, pg. 54). This is in addition to any savings or efficiencies resulting from expenditure reduction measures. For the department (including all controlled entities),⁴ please indicate:

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

2017-18 Response

Area of expenditure originally funded	Area of expenditure actually funded	Value of funding reprioritised in 2017-18 (\$ million)	Impact of reprioritisation of funding (if no impact, how was this achieved)	Output(s) and portfolio(s) impacted (if relevant)
The reprioritisation of resources was achieved through efficiencies and cost management strategies across all portfolios, targeting administration, procurement, communications,	Addressing occupational violence against health workers and workplace bullying	1.5	Reprioritisation of funding was achieved through efficiencies and cost management strategies across all portfolios. There was no specific impact on other initiatives or service delivery.	
	Civil claims cost	2.0		
	Implementation of quality and safety reforms - Better, Safer Care	12.7		

⁴ That is, please provide this information for the Department on the same basis of consolidation as is used in the budget papers.

Area of expenditure originally funded	Area of expenditure actually funded	Value of funding reprioritised in 2017-18 (\$ million)	Impact of reprioritisation of funding (if no impact, how was this achieved)	Output(s) and portfolio(s) impacted (if relevant)
consultancies, and staffing costs.	Improving access to elective surgery; meeting hospital services demand; meeting clinical services demand	76.0		
The reprioritisation of resources was achieved through efficiencies and cost management strategies across all portfolios, targeting administration, procurement, communications, consultancies, and staffing costs.	Strengthening oversight to reduce abuse in disability services	0.5	Reprioritisation of funding was achieved through efficiencies and cost management strategies across all portfolios. There was no specific impact on other initiatives or service delivery.	
	Supporting the transition to the National Disability Insurance Scheme	0.3		
	Thunderstorm asthma and other extreme weather events - Enhancing preparedness, response and community education	5.9		
	WoVG - Family Violence - Delivering on the Royal Commission into Family Violence recommendations on funding reform	6.3		
	WoVG - Family Violence - Enhanced role for universal service providers	10.2		
	WoVG - Family Violence - Family violence industry planning	5.2		
	WoVG - Ice Action Plan - Stage 3 - Strengthening alcohol and other drug treatment data systems	0.2		

Area of expenditure originally funded	Area of expenditure actually funded	Value of funding reprioritised in 2017-18 (\$ million)	Impact of reprioritisation of funding (if no impact, how was this achieved)	Output(s) and portfolio(s) impacted (if relevant)
<i>Sport & Rec – MoG'd out of Dept</i>	<i>Public swimming pool safety</i>	<i>0.7</i>		
	<i>Shooting Sports Facilities Program</i>	<i>1.0</i>		
	<i>Significant Sporting Events Program supplementation</i>	<i>1.0</i>		
	<i>Sports Infrastructure Fund</i>	<i>9.1</i>		

2018-19 Response

Area of expenditure originally funded	Area of expenditure actually funded	Value of funding reprioritised in 2018-19 (\$ million)	Impact of reprioritisation of funding (if no impact, how was this achieved)	Output(s) and portfolio(s) impacted (if relevant)
The reprioritisation of resources was achieved through efficiencies and cost management strategies across all portfolios, targeting administration, procurement, communications, consultancies, and staffing costs.	Better assisting children in the statutory child protection system	9.3	Reprioritisation of funding was achieved through efficiencies and cost management strategies across all portfolios. There was no specific impact on other initiatives or service delivery.	
	Better Futures - Supporting young care leavers	2.3		
	Family violence therapeutic and flexible support	0.8		
	Supporting demand for ambulance services	2.5		

Area of expenditure originally funded	Area of expenditure actually funded	Value of funding reprioritised in 2018-19 (\$ million)	Impact of reprioritisation of funding (if no impact, how was this achieved)	Output(s) and portfolio(s) impacted (if relevant)
	Supporting the transition to the National Disability Insurance Scheme	1.8		
	Therapeutic approaches for children in care with complex needs	8.8		

Question 13 (all departments) Contractors, Consultants and Labour Hire Arrangements

Please indicate how much the department spent on contractors, consultants and labour hire arrangements during 2016-17, 2017-18 and 2018-19. Labour hire arrangements include the cost of engaging the labour recruiting firm, plus additional costs paid to the labour recruiting firm for the provision of the services of the contractor. Please also explain variances equal to or greater than $\pm 10\%$ between years and list the business areas impacted and how.

2016-17 Actual \$ million	2017-18 Actual \$ million	2018-19 Actual \$ million	Explanation for variances (year on year) $\pm 10\%$	Which business areas were impacted/benefitted and how?	Please link your response to relevant output(s) and portfolio(s)
679.5	746.3	826.5	<p>2016-17 to 2017-18 = 9.8% increase. 2017-18 to 2018-19 = 10.8% increase.</p> <p>Variances due to increased demand on contractors, consultants and labour hire providers to support the department's construction, ICT and social programs over that period.</p>	Spend on 'contractors, consultants and labour hire' involved approximately 3,600 vendors to support front-line service delivery, such as for housing and disability services, and the delivery of (for example) telecommunications, resourcing, information technology and other services that supported the department to undertake its various responsibilities.	Department spend on external vendors to provide services classified as 'contractor, consultant and labour hire' impacted most / all department outputs and portfolios including: Minister for Disability, Ageing and Carers; Minister for Housing;

					and Minister for Health.
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Data is based on information publicly available through the annual reporting of Additional information Available on Request (consultants and contractors, which includes labour hire).

Question 14 (PNFC and PFC entities only) Dividends and other amounts paid to the general government sector

Please detail the type and value of dividends, amounts equivalent to dividends, non-dividend grants, and capital repatriations paid by your agency to the general government sector in 2017-18 and 2018-19, explaining the reasons for any significant changes over that period and the impact of any changes on the entity.

2017-18 Response

Type of dividend paid	2017-18 Budget (\$ million) <i>BP 5, pg. 21</i>	2017-18 Actual (\$ million)	Explanations for variances $\pm 10\%$ or \$100 million	Impact on the agency. If no impact, how was this achieved	Funding ratio at 30 June 2018
No dividends paid by Director of Housing to GGS					

2018-19 Response

Type of dividend paid	2018-19 Budget (\$ million) <i>BP 5, pg. 21</i>	2018-19 Actual (\$ million)	Explanations for variances $\pm 10\%$ or \$100 million	Impact on the agency. If no impact, how was this achieved	Funding ratio at 30 June 2019
No dividends paid by Director of Housing to GGS					

Section E: Public sector workforce

Question 15 (all departments and entities) Full Time Equivalent (FTE) staff by level and category

Please fully complete the table below, providing actual FTE staff numbers at 30 June 2017, at 30 June 2018 and 30 June 2019 (broken down by the categories listed below) for the department. Please include specific categories as relevant to the department/entity and where relevant, provide a description of what categories constitute 'other'. Please provide figures consolidated on the same basis as the expenditure for the department in the budget papers and detail which, if any, entities are included in the FTE numbers provided.

Category	30 June 2017 Actual FTE number	30 June 2018 Actual FTE number	30 June 2019 Actual FTE number
Secretary	1.0	1.0	1.0
EO-1	4.8	4.0	3.0
EO-2	59.5	62.0	62.7
EO-3	76.2	95.7	115.3
VPS-7	21.6	23.6	23.0
VPS-6	912.8	967.8	1,019.4
VPS-5	1,445.6	1,561.3	1,635.7
VPS-4	826.7	912.6	894.0
VPS-3	613.4	647.8	642.0
VPS-2	351.2	375.0	389.6
VPS-1	4.3	14.6	20.5
Allied Health	200.8	166.1	100.6
Child protection practitioner	1,575.8	1,932.7	2,107.2
Children, youth and families	185.7	233.2	238.5
Disability development and support	4,312.5	4,418.8	2,119.4
Housing services	471.4	502.5	503.5
Other	185.2	181.8	191.0
total	11,248.5	12,100.5	10,066.5 *

* The number of FTE differs from the total FTE reported in the 2018-19 Annual Report due to the transition of Respect Victoria to the Department of Premier and Cabinet on 1 January 2019.

*Please provide a breakdown for Youth custodial and Custodial officers by level (for example, YW1, YW2, YW3, YW4, YW5 and YW6).

**Other includes - FTE for the following entities:

**** Please note to maintain consistency in reporting, the '30 June 2017 Actual FTE numbers' includes FTE for SCV, VAHI and FSV. These FTE figures have been removed and tabled below for 2018 and 2019 actuals.**

Safer Care Victoria

Category	30 June 2018 Actual FTE number	30 June 2019 Actual FTE number
EO-1	0.8	0.8
EO-2	0	0
EO-3	3.6	4.0
VPS-7	0	0.5
VPS-6	18.9	28.8
VPS-5	40.1	53.8
VPS-4	17.0	22.3
VPS-3	5.4	8.6
VPS-2	2.0	1.0
Other	2.5	0.5
TOTAL	90.3	120.3

Family Safety Victoria

Category	30 June 2018 Actual FTE number	30 June 2019 Actual FTE number
EO-1	0	0
EO-2	5.8	6.0
EO-3	12.3	12.8
VPS-7	5.0	6.0
VPS-6	47.5	77.3
VPS-5	64.6	105.8
VPS-4	26.3	35.7
VPS-3	24.2	27.4
VPS-2	3.0	6.0
VPS-1	0	1.0
Child protection practitioner	14.3	11.9
Other	1.0	1.0
TOTAL	204.0	290.9

VAHI

Category	30 June 2018 Actual FTE number	30 June 2019 Actual FTE number
EO-1	1.0	1.0
EO-2	1.0	1.0
EO-3	4.0	4.0
VPS-7	1.0	2.0
VPS-6	18.6	22.5
VPS-5	27.0	28.3
VPS-4	4.5	7.4
VPS-3	3.0	4.0
VPS-2	1.0	2.0
TOTAL	61.1	72.2

Respect Victoria

Category	30 June 2018 Actual FTE number	30 June 2019 Actual FTE number
EO-2	NA	1.0
VPS-6	NA	4.0
VPS-5	NA	7.0
VPS-4	NA	3.0
VPS-3	NA	1.0
TOTAL	NA	16.0

Question 16 (all departments and entities) Salary by employment category

In the table below, please detail the salary costs for 2016-17, 2017-18 and 2018-19, broken down by ongoing, fixed-term and casual, and explain any variances equal to or greater than $\pm 10\%$ or \$100 million between the years for each category.

Employment category	Gross salary 2016-17 (\$ million)	Gross salary 2017-18 (\$ million)	Gross salary 2018-19 (\$ million)	Explanation for any year-on-year variances $\pm 10\%$ or \$100 million
Ongoing	874	953	1,039	The department has been upskilling and building its capability to deliver more work internally. Additionally, to reduce spend on labour hire and contracted staff, the department has undergone to convert roles, which are of ongoing significance, therefore impacting FTE numbers. Furthermore, the establishment of three new Administrative Offices (Safer Care Victoria, Family Safety Victoria and the Victorian Agency for Health Information) have impacted the department's financials.
Fixed-term	84	120	159	
Casual	66	71	70	
Total	1,024	1,144	1,268	

Question 17 (all departments and entities) Executive salary increases

Please detail the number of executives who received increases in their base remuneration in 2017-18 and 2018-19, breaking that information down according to what proportion of their salary the increase was, and explaining the reasons for executives' salaries increasing in each bracket.

2017-18 Response

Increase in base remuneration	Number of executives receiving increases in their base rate of remuneration of this amount in 2017-18, apart from normal increases due to employment agreements	Reasons for these increases
0-3%	1	Review on reappointment
3-5%	9	Promotion Review on reappointment Work value increase
5-10%	5	Promotion Work value increase
10-15%	5	Promotion Review on reappointment Work value increase
greater than 15%	1	Promotion

Family Safety Victoria

Increase in base remuneration	Number of executives receiving increases in their base rate of remuneration of this amount in 2017-18, apart from normal increases due to employment agreements	Reasons for these increases
0-3%		
3-5%		
5-10%	1	Work Value Increase
10-15%		
greater than 15%	2	Work Value Increase Promotion

Victorian Agency for Health Information

Increase in base remuneration	Number of executives receiving increases in their base rate of remuneration of this amount in 2017-18, apart from normal increases due to employment agreements	Reasons for these increases
0-3%		
3-5%	1	Work value increase
5-10%		
10-15%		
greater than 15%		

Nil relevant increases for Safer Care Victoria

2018-19 Response

Department of Health and Human Services

Increase in base remuneration	Number of executives receiving increases in their base rate of remuneration of this amount in 2018-19, apart from normal increases due to employment agreements	Reasons for these increases
0-3%	7	Promotion Review on reappointment Work value increase
3-5%	10	Promotion Review on reappointment Work value increase
5-10%	10	Promotion Review on reappointment Work value increase
10-15%	3	Promotion Review on reappointment
greater than 15%	5	Promotion Review on reappointment

Family Safety Victoria

Increase in base remuneration	Number of executives receiving increases in their base rate of remuneration of this amount in 201-19, apart from normal increases due to employment agreements	Reasons for these increases
0-3%	1	Review on reappointment
3-5%		
5-10%	1	Work Value Increase
10-15%		
greater than 15%	1	Review on reappointment

Victorian Agency for Health Information

Increase in base remuneration	Number of executives receiving increases in their base rate of remuneration of this amount in 2017-18, apart from normal increases due to employment agreements	Reasons for these increases
0-3%		
3-5%		
5-10%	1	Work Value Increase
10-15%		
greater than 15%		

Nil relevant increases for Safer Care Victoria

Question 18 (all departments and entities) Enterprise Bargaining Agreement (EBAs)

Please list the Enterprise Bargaining Agreement (EBAs) concluded in 2017-18 and 2018-19 that had an impact for the department/agency. For each EBA, please show the number of employees affected and the growth in employee expenses attributable to the EBA.

2017-18 Response

Enterprise Bargaining Agreement	Number of employees affected	Number of employees as a % of department/entity	Growth in employee expenses attributable to the EBA (\$ million)	Growth in employee expenses attributable to the EBA (\$ million) as a % of total employee expenses
<i>Disability Services Enterprise Agreement Victoria 2018-2022</i> (Administrative payment made the first full pay period after 17 December 2017)	5516 (as at 1/1/2018)	40.9% (as at 1/1/2018)	~\$13 million per annum (~\$16 million when on-costs are included)	1.21%

2018-19 Response

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

Section F: Government decisions impacting on the finances

Question 19 (all departments and entities) Commonwealth Government decisions

Please identify any Commonwealth Government decisions during 2017-18 and 2018-19 which had not been anticipated/not been concluded before the finalisation of the State budget in 2017-18 and 2018-19 and their impact(s) on the department's/entity's finances or activities during those years (including new funding agreements, discontinued agreements and changes to funding levels). Please quantify the impact on income and expenses where possible.

2017-18 Response

Commonwealth Government decision	Impact(s) in 2017-18	
	on income (\$ million)	on expenses (\$ million)
National Partnership Agreements		
Essential Vaccines <i>\$9.55m of funding was carried over at end of 17-18 into 18-19. Commonwealth implemented a new Agreement during the 2017-18 year which reduced the funding significantly than what was historically provided</i>	-21.9	-12.3
Victorian Cytology Services	10.2	10.2
Adult Public Dental Services <i>Funding paid after 2017-18 budget was published. The 2017-18 actual payment included backpay for previous financial year activities / service delivery.</i>	33.6	21.6
Pay Equity for Social and Community Services - Disability Services	37.9	37.9
Pay Equity for Social and Community Services - Home and Community Care	6.2	6.2
Albury-Wodonga Regional Cancer Centre	1.1	1.1
Leongatha Integrated Primary Care Centre	1.8	1.8
Albury-Wodonga Cardiac Catheterisation Laboratory	-1.0	-1.0
Improving Local Access to Health Care on Phillip Island	2.0	2.0
Commonwealth Own Purpose Expenditure (COPEs)		
Commonwealth Regional Assessment Services	34.0	34.0
National Health Reform Agreement		
Hospital Services	58.2	58.2
Public Health	1.4	1.4

2018-19 Response

Commonwealth Government decision	Impact(s) in 2018-19	
	on income (\$ million)	on expenses (\$ million)
National Partnership Agreements		
Expansion of the BreastScreen Australia Program <i>Commonwealth funding received for 2017-18 and 2018-19 at the end of June 2018. \$3.0m of funding was carried over into 2019-20</i>	7.5	4.4
Victorian Cytology Services	10.3	10.3
Pay Equity for Social and Community Services - Housing	-13.7	-13.7

National Housing and Homelessness Agreement	395.4	395.4
National Bowel Cancer Screening Program <i>Agreement signed after finalisation of the 2018-19 budget. some funding was carried over into 2019-20</i>	1.9	1.5
Commonwealth Own Purpose Expenditure (COPEs)		
National Reform Agenda for Organ and Tissue Donation	10.0	10.0
Mental Health Professional Online Development	1.2	1.2
Commonwealth Home Support Program <i>Carryover impact to 2019-20</i>	1.9	0.1
Aged care assessment program	30.9	30.9
National Health Reform Agreement		
Hospital Services <i>State Substitution</i>	-226.7	0

Question 20 (all departments and entities) Council of Australian Governments (COAG) decisions

Please identify any COAG decisions during 2017-18 and 2018-19 which had not been anticipated/not been concluded before the finalisation of the State Budget in 2017-18 and 2018-19 and their impact(s) on the department's/entity's finances or activities during those years (including new funding agreements, discontinued agreements and changes to agreements). Please quantify the impact on income and expenses where possible.

2017-18 Response

Commonwealth Government decision	Impact in 2017-18	
	on income (\$ million)	on expenses (\$ million)
No additional information, please refer to response to Question 19		

2018-19 Response

Commonwealth Government decision	Impact in 2018-19	
	on income (\$ million)	on expenses (\$ million)
No additional information, please refer to response to Question 19		

Section G: General

Question 21 (all departments and entities) Key audit matters

Please list any Key Audit Matters (KAMs) identified by the Victorian Auditor General in the department/entities 2017-18 and 2018-19 annual reports and provide information about the associated actions taken by the department/entity to benefit future disclosures or manage associated risks, since the KAMs were identified.

2017-18 Response

Key audit matters identified	Actions taken
Interim revaluation of land	<p>The Valuer General Victoria was engaged to assist with the revaluation of land and extensive work was conducted by the department to review the fair values arrived at by this external valuation expert. All necessary disclosures required to meet the requirements of the applicable Accounting Standards and Financial Reporting Directions were included in the financial statements for 2017-18. The Victorian Auditor-General's office was satisfied that this key audit matter was properly addressed for the 2017-18 audit.</p> <p>As a full revaluation was scheduled in 2018-19 in accordance with the Financial Reporting Directions, a detailed plan was developed to address the complexity of revaluation for the subsequent year.</p> <p>Revaluation was not identified as a Key audit Matter in 2018-19.</p>

2018-19 Response

Key audit matters identified	Actions taken
Nil	Nil

Question 22 (all departments and entities) Reviews/studies undertaken

- a) Please list all internal and external reviews/studies commenced or completed by or on behalf of the department/agency in 2017-18 and 2018-19 and provide the following information:
- i. Name of the review/study and which portfolio and output/agency is responsible
 - ii. Reasons for the review/study
 - iii. Terms of reference/scope of the review/study
 - iv. Timeline for the review/study
 - v. Anticipated outcomes of the review/study
 - vi. Estimated cost of the review/study and final cost (if completed)
 - vii. Final cost if completed
 - viii. Where completed, whether the review/study is publicly available and where.

2017-18 Response

Name of the review (portfolio(s) and output(s)/agency responsible)	Reasons for the review/study	Term of reference /scope	Timeline	Anticipated outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL
Published external reviews that included the department							
Inquiry into Drug Law Reform - Law Reform, Road and Community Safety (JIC) Committee	To inquire into the effectiveness of laws, procedures and regulations relating to illicit and synthetic drugs and prescription medication in minimising drug-related health, social and economic harm; and best practice in drug law reform and other positive reforms that could be adopted into Victorian law.	See Reasons column	Report tabled 27 March 2018	n/a - report published by an external body	n/a - report published by an external body	n/a - report published by an external body	Y https://www.parliament.vic.gov.au/58th-parliament/lrrcsc/inquiries/article/2812

Inquiry into youth justice centres in Victoria – Legal and Social Issues Committee of LC	To inquire into issues at both Parkville and Malmsbury Youth Justice Centres.	See Reasons column	Report tabled 6 March 2018	n/a - report published by an external body	n/a - report published by an external body	n/a - report published by an external body	Y https://www.parliament.vic.gov.au/lsc-lc/inquiries/article/3198
Auditor-General's Report on the Annual Financial Report of the State of Victoria - Victorian Auditor-General's Office	To audit, and provide an opinion on, the financial statements of the 276 state-controlled entities each year, including the Department of Health and Human Services.	See Reasons column	Report tabled November 2017	n/a - report published by an external body	n/a - report published by an external body	n/a - report published by an external body	Y https://www.audit.vic.gov.au/report/auditor-generals-report-annual-financial-report-state-victoria-2016-17
Community Health Program - Victorian Auditor-General's Office	To examine whether the Community Health Program (CHP) effectively contributes to good healthcare outcomes for Victoria's priority populations.	See Reasons column	Report tabled June 2018	n/a - report published by an external body	n/a - report published by an external body	n/a - report published by an external body	Y https://www.audit.vic.gov.au/report/community-health-program
Effectively planning for population growth - Victorian Auditor-General's Office	To determine whether state planning, in designated greenfield growth areas and in established areas, effectively meets the needs of the rapidly growing population for birthing, maternal child health and funded kindergarten services and related infrastructure.	See Reasons column	Report tabled August 2017	n/a - report published by an external body	n/a - report published by an external body	n/a - report published by an external body	Y https://www.audit.vic.gov.au/report/effectively-planning-population-growth

Enquiry into the provision of alcohol and drug rehabilitation services following contact with the criminal justice system - Victorian Ombudsman	To enquire about the experiences of former prisoners referred to community based alcohol and other drug (AOD) services, particularly in rural and regional Victoria, and the efficacy of community AOD services across Victoria in preventing AOD users in coming into contact with the justice system and in addressing recidivism.	See Reasons column	Report tabled September 2017	n/a - report published by an external body	n/a - report published by an external body	n/a - report published by an external body	Y https://www.ombudsman.vic.gov.au/getattachment/ff920955-c8aa-488d-a1a0-83a57897ecae/publications/parliamentary-reports/enquiry-into-provision-of-alcohol-and-drug-rehab.aspx
ICT disaster recovery planning - Victorian Auditor-General's Office	To determine whether departments' and Victoria Police's ICT systems and data supporting critical business functions can be appropriately recovered in the event of a disaster.	See Reasons column	Report tabled November 2017	n/a - report published by an external body	n/a - report published by an external body	n/a - report published by an external body	Y https://www.audit.vic.gov.au/sites/default/files/2017-12/20171129-ICT-Disaster-Recovery.pdf
Internal audit performance - Victorian Auditor-General's Office	To establish how well departments are using their internal audit resources.	See Reasons column	Report tabled August 2017	n/a - report published by an external body	n/a - report published by an external body	n/a - report published by an external body	Y https://www.audit.vic.gov.au/report/internal-audit-performance?section=
Investigation into the financial support provided to kinship carers - Victorian Ombudsman	To investigate the administration of financial support to kinship carers to identify opportunities to strengthen the kinship care system.	See Reasons column	Report tabled December 2017	n/a - report published by an external body	n/a - report published by an external body	n/a - report published by an external body	Y https://www.ombudsman.vic.gov.au/getattachment/e944c115-b5bd-4b55-bcec-5d997bdbb9d7//publications/parliamentary-reports/inv-into-financial-support-to-kinship-carers.aspx

Investigation into the management of maintenance claims against public housing tenants - Victorian Ombudsman	To investigate the department's policy and procedures for dealing with maintenance debts arising from vacated Office of Housing properties, whether actual practice is consistent with policy and procedures and whether the department is meeting its obligations as a model litigant when dealing with such breaches and associated debts, including the use of the Victorian Civil and Administrative Tribunal (VCAT) by the department to arbitrate these matters.	See Reasons column	Report tabled October 2017	n/a - report published by an external body	n/a - report published by an external body	n/a - report published by an external body	Y https://www.ombudsman.vic.gov.au/Publications/Parliamentary-Reports/Inv-into-mgt-of-maintenance-claims-public-housing
Investigation into the management and protection of disability group home residents by the Department of Health and Human Services and Autism Plus - Victorian Ombudsman	To investigate whether Autism Plus, a for-profit provider of accommodation and day program services, appropriately managed the behaviour of a young man in a group home for persons with a disability and whether the department adequately monitored Autism Plus at the relevant time (as the regulator and funder) and whether Disability Services and Child Protection provided adequate care, management and protection of the client to prevent harm to him and other residents.	See Reasons column	Report tabled September 2017	n/a - report published by an external body	n/a - report published by an external body	n/a - report published by an external body	Y https://www.ombudsman.vic.gov.au/getattachment/e0a10243-047c-4973-aaec-4801f9e5e8ae
Maintaining the mental health of child protection practitioners - Victorian Auditor-General's Office	To determine whether child protection practitioners are maintaining good mental health and wellbeing	See Reasons column	Report tabled May 2018	n/a - report published by an external body	n/a - report published by an external body	n/a - report published by an external body	Y https://www.audit.vic.gov.au/report/maintaining-mental-health-child-protection-practitioners?section=

Managing surplus government land - Victorian Auditor-General's Office	To determine whether government agencies are achieving best value from surplus land.	See Reasons column	Report tabled March 2018	n/a - report published by an external body	n/a - report published by an external body	n/a - report published by an external body	Y https://www.audit.vic.gov.au/report/managing-surplus-government-land?section=
Results of 2016-17 Audits: Public Hospitals - Victorian Auditor-General's Office	To comment on the matters arising from the 2016–17 financial report audits of the Victorian public hospital sector, made up of 86 hospitals and 23 controlled entities, and assess the sector's financial performance during 2016–17 and its sustainability risks as at 30 June 2017.	See Reasons column	Report tabled November 2017	n/a - report published by an external body	n/a - report published by an external body	n/a - report published by an external body	Y https://www.audit.vic.gov.au/report/results-2016-17-audits-public-hospitals?section=
The Victorian Government ICT Dashboard - Victorian Auditor-General's Office	To examine whether transparency in government ICT investments has improved since the development of the ICT Dashboard.	See Reasons column	Report tabled June 2018	n/a - report published by an external body	n/a - report published by an external body	n/a - report published by an external body	Y https://www.audit.vic.gov.au/report/victorian-government-ict-dashboard

Victorian public hospital operating theatre efficiency - Victorian Auditor-General's Office	To determine whether Victoria's public hospitals optimise their use of operating theatres to undertake surgery.	See Reasons column	Report tabled October 2017	n/a - report published by an external body	n/a - report published by an external body	n/a - report published by an external body	Y https://www.audit.vic.gov.au/report/victorian-public-hospital-operating-theatre-efficiency?section=
All external 'research and development activities' – greater than \$100,000 which may have resulted in a report to the CEO/Sec/Minister/public report, media article or public discussion							
A long term study into the potential health effects from the Hazelwood coal mine fire - Monash University, in consortium with other research institutions.	The Hazelwood Long Term Health Study is a comprehensive 20 year project to understand the potential long term health effects of exposure to the smoke from the 2014 Hazelwood Mine Fire. The study is researching the potential effects of smoke exposure on future rates of cancer, cardiovascular disease, respiratory and psychological illness. The results will help to inform responses to similar events in the future to best reduce the risk of these illnesses.	See Reasons column	Ongoing since 2015	See reasons column	n/a - report published by an external body	n/a - report published by an external body	Y https://hazelwoodhealthstudy.org.au/

Develop and pilot use of a Child Protection Decision Support tool incorporating a predictive risk model – conducted by KPMG	To develop and pilot a decision support tool designed to provide Child Protection intake workers with access to service use information and risk predictions to support their decision making. The Tool is an input into the refreshed Child Protection Risk Assessment Framework which is also being piloted.	See Reasons column	Fact sheet on tool published October 2018	See reasons column	-	Cost not included in published document	Information on tool: https://www.dhhs.vic.gov.au/child-protection-decision-support-tool
Development of trans and gender diverse services in Victoria – conducted by Australian Healthcare Associates (AHA)	To develop a new statewide service model for the delivery of gender identity and related health and human services to trans and gender diverse people in Victoria.	See Reasons column	AHA appointed late 2017. Final report published 21 Feb 2019	See reasons column	-	Cost not included in published document	Y https://www2.health.vic.gov.au/about/publications/researchandreports/development-trans-gender-diverse-services-victoria-final-report
Developmental evaluation of the place-based suicide prevention trials - An evaluation consortium, comprised of the Sax Institute and Southern Synergy Research Centre	A developmental evaluation (establishment phase) of the place-based suicide prevention trials will be conducted to: a) comprehensively assess the first phase of the collective impact approach to suicide prevention including governance, backbone support and local implementation b) establish the foundation for implementation and future evaluation phases (formative and summative) including data collection.	See Reasons column	Begun in 2017. Not expected to be completed until 2020 (fourth and final year of trials)	See reasons column	n/a - report published by an external body	n/a - report published by an external body	Y https://www.saxinstitute.org.au/news/evaluation-matters-suicide-prevention/

Delivering Better Cardiac Outcomes: Primary, Specialist and hospital care – conducted by The University of New South Wales (UNSW)	To work with the National Data Linkage Demonstration project dataset to conduct practice-relevant analysis to create high quality information that can be used by clinical networks and audiences to improve patient’s journeys and outcomes.	See Reasons column	Publicly available documents last updated in June 2019	See reasons column	-	Cost not included in published document	Y https://www.bettersafercare.vic.gov.au/reports-and-publications/delivering-better-cardiac-outcomes-in-victoria-an-initiative-of-the-national-data-linkage
Housing assistance demand and supply model – conducted by SGS Economics and Planning	Commissioned in late August 2017, this is a strategic planning tool developed to measure and project the quantum, type and spatial distribution of vulnerable households who will require housing assistance. The model allows for analysis across the spectrum of housing assistance – ranging from light to deeper subsidy types.	See Reasons column	TBC	See reasons column	-		N
International Health Policy Survey series - Social Science Research Solutions, through agreement with The Commonwealth Fund	To collect information about people’s experience with the health system in Victoria. The survey series collects data for benchmarking to assess the performance of the Victorian healthcare system, as part of an international study of healthcare issues. The type of information collected is highly topical and not available from other sources.	See Reasons column	TBC	See reasons column	n/a - report published by an external body	n/a - report published by an external body	Y Website for the survey: https://www.commonwealthfund.org/series/international-health-policy-surveys

Melbourne Gay Community Periodic Survey – conducted by University of New South Wales Thorne Harbour Health (formerly the Victorian AIDS Council)	A cross-section of gay and homosexually active men in Melbourne and Victoria providing data on sexual, drug use and testing practices related to the transmission of HIV and other sexually transmissible infections.	See Reasons column	Ongoing	See reasons column	DHHS contributes 68,343.00 per annum.	n/a - Annual funding of 68,343.00 per annum. Is provided to support the survey which is ongoing.	Y https://www.arts.unsw.edu.au/centre-social-research-health/our-projects/gay-community-periodic-surveys
RISE Study: Recent diagnosis and the impact of support on the experiences of HIV (improving support for people newly diagnosed with HIV) – conducted by University of NSW	This is a National Health Medical Research Council (NHMRC) partnership project assessing the impact of interventions involving clinic and community-based support to enhance HIV treatment and care in people who are newly-diagnosed with HIV.	See Reasons column	Ongoing	See reasons column	DHHS contributes \$54640 per annum	DHHS contributes \$54640 per annum to 2021	Y https://kirby.unsw.edu.au/project/rise
Victorian cancer plan monitoring and evaluation framework – conducted by CrONDAR	To provide a systematic and organised mechanism to track and report changes in cancer outcomes over the long term, the framework will help to identify emerging trends and potential problems early and to monitor inequalities in cancer outcomes.	See Reasons column	Published June 2018	See reasons column	-	Cost not included in published document	Y https://www2.health.vic.gov.au/about/health-strategies/cancer-care/victorian-cancer-plan-monitoring-and-evaluation

Victorian component of the National Study of Adult Oral Health 2016-18 (NSAOH), a cross-sectional and longitudinal survey including clinical examination of 1,400 adults across Victoria – conducted by Dental Health Services Victoria	To provide information about the pattern of dental disease and use of dental services in adults which is necessary for service delivery planning, policy and program development.	See Reasons column	TBC	See reasons column	-	n/a - report published by an external body	N
Victorian Population Health Survey – conducted by the Social Research Centre	Contractor appointed to conduct the survey's fieldwork across Victoria to capture health data about the health status of the adult Victorian population that is used for evidence-based policy development and strategic planning across the department and wider community.	See Reasons column	2016 survey released 1 August 2018	See reasons column	-	Cost not included in published document	Y (2017 survey) https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey/victorian-population-health-survey-2016

2018-19 Response

Name of the review (portfolio(s) and output(s)/agency responsible)	Reasons for the review/study	Term of reference /scope	Timeline	Anticipated outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL
Published external reviews that included the department							
Access to Mental Health Services - Victorian Auditor-General's Office	To determine if people with mental illness have timely access to appropriate treatment and support services.	See reasons column	Report tabled March 2019	n/a - report published by an external body	n/a - report published by an external body	n/a - report published by an external body	Y https://www.audit.vic.gov.au/report/access-mental-health-services
Auditor-General's Report on the Annual Financial Report of the State of Victoria: 2017–18 - Victorian Auditor-General's Office	To audit, and provide an opinion on, the financial statements of the 265 state-controlled entities each year, including the Department of Health and Human Services.	See reasons column	Report tabled October 2018	n/a - report published by an external body	n/a - report published by an external body	n/a - report published by an external body	Y https://www.audit.vic.gov.au/report/auditor-generals-report-annual-financial-report-state-victoria-2017-18
Child and Youth Mental Health - Victorian Auditor-General's Office	To determine whether child and adolescent mental health services are effectively preventing, supporting and treating child and youth mental health problems.	See reasons column	Report tabled June 2019	n/a - report published by an external body	n/a - report published by an external body	n/a - report published by an external body	Y https://www.audit.vic.gov.au/report/child-and-youth-mental-health
Contract Management Capability in DHHS: Service Agreements - Victorian Auditor-General's Office	To assess whether DHHS has sufficient capability in managing service agreements to ensure funded organisations deliver agreed health and wellbeing supports and outcomes to clients.	See reasons column	Report tabled September 2018	n/a - report published by an external body	n/a - report published by an external body	n/a - report published by an external body	Y https://www.audit.vic.gov.au/report/contract-management-capability-dhhs-service-agreements?section=

Family violence reform - Family Violence Reform Implementation Monitor – an independent statutory officer	Review government implementation of family violence reforms. The Family Violence Implementation Monitor is required by legislation to table an annual report to Parliament each year from 2017 to 2020. Second report as at 1 November 2018. The Monitor's report comments on how effective the Victorian Government and its agencies have been in implementing the Family Violence Reform. The second report included The Orange Door - Support and Safety Hubs.	See reasons column	Second report as at 1 November 2018 tabled in March 2019	n/a - report published by an external body	n/a - report published by an external body	n/a - report published by an external body	Y https://fvrim.vic.gov.au/second-report-parliament-1-november-2018
Impact assessment and consequence management - Inspector-General for Emergency Management	To determine whether State Trustees Limited is acting in the best interests of vulnerable clients, including the department's role in providing funding for clients who cannot pay State Trustees for services under a Community Services Agreement.	See reasons column	Report published August 2019	n/a - report published by an external body	n/a - report published by an external body	n/a - report published by an external body	Y https://www.igem.vic.gov.au/reports-and-publications/igem-reports/impact-assessment-and-consequence-management
Investigation into State Trustees - Victorian Ombudsman	To determine whether State Trustees Limited is acting in the best interests of vulnerable clients, including the department's role in providing funding for clients who cannot pay State Trustees for services under a Community Services Agreement.	See reasons column	Report tabled June 2019	n/a - report published by an external body	n/a - report published by an external body	n/a - report published by an external body	Y https://www.ombudsman.vic.gov.au/getattachment/abaabe1c-f34e-40f6-a652-9771636272b0/publications/parliamentary-reports/investigation-into-state-trustees.aspx

Investigation into the imprisonment of a woman found unfit to stand trial - Victorian Ombudsman	To determine whether there is a systemic issue arising from the case of a woman who was imprisoned and found unfit to stand trial and not guilty because of mental impairment.	See reasons column	Report tabled October 2018	n/a - report published by an external body	n/a - report published by an external body	n/a - report published by an external body	Y https://www.ombudsman.vic.gov.au/Publications/Parliamentary-Reports/Investigation-into-the-imprisonment-of-a-woman-fou
Investigation of a complaint about Ambulance Victoria - Victorian Ombudsman	Investigation of a complaint about the fees imposed for treatment without transport by Ambulance Victoria.	See reasons column	Report tabled in May 2019	n/a - report published by an external body	n/a - report published by an external body	n/a - report published by an external body	Y https://www.ombudsman.vic.gov.au/getattachment/dd01d14c-f26e-4309-a721-490954c44ae2//publications/parliamentary-reports/investigation-of-a-complaint-about-ambulance-victo.aspx
Managing Private Medical Practice in Public Hospitals - Victorian Auditor-General's Office	To determine whether DHHS and health services are effectively managing private practice in public hospitals to optimise outcomes for health sector.	See reasons column	Report tabled in June 2019	n/a - report published by an external body	n/a - report published by an external body	n/a - report published by an external body	Y https://www.audit.vic.gov.au/report/managing-private-medical-practice-public-hospitals?section=
Review of connecting and collaborating with the private sector and community organisations - Inspector-General for Emergency Management	Connecting and collaborating with the private sector and community organisations is a system-wide review identified in IGEM's 2016 Annual Forward Plan of Reviews and conducted under section 64(1)(b) of the Emergency Management Act 2013.	See reasons column	Report published June 2019	n/a - report published by an external body	n/a - report published by an external body	n/a - report published by an external body	Y https://www.igem.vic.gov.au/reports-and-publications/igem-reports/review-of-connecting-and-collaborating-with-the-private-sector

Review of emergency management for high-risk Victorian communities - Inspector-General for Emergency Management	Emergency management for high-risk Victorian communities is a system-wide review identified in IGEM's 2017 Annual Forward Plan of Reviews and conducted under section 64(1)(b) of the Emergency Management Act 2013.	See reasons column	Report published October 2019	n/a - report published by an external body	n/a - report published by an external body	n/a - report published by an external body	Y https://www.igem.vic.gov.au/reports-and-publicationspublications/review-of-emergency-management-for-high-risk-victorians
Security of Government Buildings - Victorian Auditor-General's Office	To determine whether Victorian Government office accommodation is sufficiently secure to prevent unauthorised access and other criminal or antisocial behaviour that may threaten the safety of staff, visitors and members of the public.	See reasons column	Report tabled May 2019	n/a - report published by an external body	n/a - report published by an external body	n/a - report published by an external body	Y https://www.audit.vic.gov.au/sites/default/files/2019-05/290519-Security-Gov-Buildings.pdf
Security of Patients' Hospital Data - Victorian Auditor-General's Office	To determine whether public health services' IT security policies, procedures and practices effectively protect patient data.	See reasons column	Report tabled May 2019	n/a - report published by an external body	n/a - report published by an external body	n/a - report published by an external body	Y https://www.audit.vic.gov.au/report/security-patients-hospital-data
State Purchase Contracts - Victorian Auditor-General's Office	To assess whether state government agencies are realising benefits in procurement by using SPCs.	See reasons column	Report tabled September 2018	n/a - report published by an external body	n/a - report published by an external body	n/a - report published by an external body	Y https://www.audit.vic.gov.au/report/state-purchase-contracts?section=
Compliance with the Asset Management Accountability Framework - Victorian Auditor-General's Office	To determine the reliability of agencies' certifications of compliance with the Asset Management Accountability Framework (AMAF).	See reasons column	Report tabled 23 May 2019	n/a - report published by an external body	n/a - report published by an external body	n/a - report published by an external body	Y https://www.audit.vic.gov.au/report/compliance-asset-management-accountability-framework

Royal Commission into Mental Health System	The Terms of reference and names of the Commissioners for the Royal Commission into Mental Health were announced on 24 February 2019. The Terms of reference can be found at: https://engage.vic.gov.au/download_file/13152/2135 .	See reasons column	Final report due October 2020	n/a - report not yet released	n/a - report not yet released	n/a - report not yet released	N/A
Review of the Medically Supervised Injecting Room (MSIR) - Colmar Brunton and the Burnet Institute	As prescribed in the Drugs, Poisons and Controlled Substances Act 1981 (the Act), the Review will conduct a review of the operation and use of the licensed MSIR, the extent to which the objects of the Act has been advanced during the period of the licence, and how the Act and regulations for the MSIR has operated and whether they require amendment.	Terms of reference of panel:	Review to the Secretary and Minister for Mental Health in 2019-20, to inform a decision on whether the trial should be extended past 29 June 2020.	In progress - will inform decision-making on whether the MSIR trial should be extended past 29 June 2020.	n/a - report not yet released	n/a - report not yet released	Yes, to be made public in 2020. Terms of reference of panel: https://www2.health.vic.gov.au/alcohol-and-drugs/aod-treatment-services/injecting-room/injecting-room-independent-review-panel
All external 'research and development activities' – greater than \$100,000 which may have resulted in a report to the CEO/Sec/Minister/public report, media article or public discussion							
Beating Buruli in Victoria - The Doherty Institute and research partners	A two-year partnership project to better understand the epidemiology and transmission of Buruli ulcer. The project includes 4 sub studies looking at environmental factors, potential interventions, laboratory work and disease modelling.	See reasons column	Two-year project, running from September 2018	See reasons column	-	Cost not included in published document	Y – information about the bacteria and the study https://www2.health.vic.gov.au/public-health/infectious-diseases/beatung-buruli

Common Elements Approach - Centre for Evidence and Implementation	Project to identify and implement evidence-informed practices across service types in the child and family services system, supporting practitioners to build stronger client relationships that elicit change and lead to improved outcomes.	See reasons column	The identification of common elements appears to have been completed while implementation is ongoing. No specific dates given on the CEI's website.	See reasons column	n/a - report published by an external body	n/a - report published by an external body	Information on the project: https://www.ceiglobal.org/our-work-original/building-capacity-through-implementation-science/using-common-elements-approach-victorian-human-services
Development of Technical Specifications for the Menu of Evidence-informed Practices and Programs - Centre for Evidence and Implementation with input from University of Melbourne	Project to develop a transparent and replicable guide that outlines how to search and assess published literature on effective interventions for vulnerable children and families and then synthesise this information for decision makers.	See reasons column	Completed	See reasons column	-	Cost not included in published document	Various documents relating to the department's research on evidence-based practices are available at: https://www.dhhs.vic.gov.au/publications/roadmap-reform-strong-families-safe-children
Evaluation of the South Initiative Out-of-Home-Care Trials - Urbis	Contribute to an evaluation of trials in the South Region which aim to reduce the need for out-of-home-care, improve the experience of out-of-home-care and support people to transition out of out-of-home-care.	See reasons column	Complete – Oct 2018	See reasons column			N

<p>Implementation evaluation study of evidence-based programs in family services - Centre for Evidence and Implementation</p>	<p>To deliver an implementation evaluation and to design an outcome evaluation for evidence-based programs in family services funded by the department.</p>	<p>See reasons column</p>	<p>Completed</p>	<p>See reasons column</p>	<p>n/a - report published by an external body</p>	<p>n/a - report published by an external body</p>	<p>Y – information about the project only https://www.ceiglobal.org/our-work/trialling-testing-and-evaluating/delivering-evidence-based-practice-victorias-family-services</p>
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<p>Medicinal cannabis safety and effectiveness study - Department of Health and Human Services, University of Melbourne, University of Sydney</p>	<p>This is a longitudinal study using online tools to collect data from patients and practitioners regarding the use, safety and effectiveness of medicinal cannabis products prescribed in Australia.</p>	<p>See reasons column</p>	<p>Began late 2018. Will recruit participants over 3-years; final surveys completed 25 months later. Initial results will be made available in a de-identified aggregate form and published twice annually. Final results will be published following completion of study and after a further time to allow for analysis to take place.</p>	<p>See reasons column</p>			<p>Y</p> <p>https://www2.health.vic.gov.au/public-health/drugs-and-poisons/medicinal-cannabis/medicinal-cannabis-study</p> <p>Description of project as at 13 August:</p> <p>https://www.liv.asn.au/Staying-Informed/General-News/General-News/August-2019/The-Permanency-Amendments-Longitudinal-Study</p>
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Permanency Amendments Longitudinal Study (PALS) - Consortium led by the University of Melbourne including the University of Sydney and University of New South Wales	A longitudinal study to understand the impact of the 2016 permanency amendments to the Children, Youth and Families Act 2005 on outcomes for children and young people involved with child protection. The study responds to a recommendation made by the Commission for Children and Young People in its 2017 inquiry report 'Safe and wanted'.	See reasons column	Two-year project from 2019	See reasons column	n/a - report published by an external body	n/a - report published by an external body	
Research and data analytics - University of Adelaide	Collaboration between University of Adelaide and DHHS to analyse a series of policy questions using departmental linked data sets to support Children and Families Reform.	See reasons column	Ongoing	See reasons column			N
Search and assess published literature for the Menu of Evidence-informed Practices and Programs - University of Adelaide	Project to develop a repository of the best available evidence for decision makers, supporting the children and families services system deliver evidence-informed interventions that improve outcomes for children, young people and families.	See reasons column	In Progress	See reasons column	-	Cost not included in published document	Various documents relating to the department's research on evidence-based practices are available at: https://www.dhhs.vic.gov.au/publications/roadmap-reform-strong-families-safe-children

The first evaluation of The Orange Door - PricewaterhouseCoopers (PwC) in partnership with Pricewaterhouse Indigenous Consulting and the Australian Catholic University.	To evaluate the establishment, operations and initial service offering of The Orange door in the first four areas. To identify key lessons and make recommendations for improvements to establishment activities and processes to support implementation of The Orange Door in the next three areas and to improve the initial service offering at The Orange Door in current areas.	See reasons column	Ongoing (commenced September 2018)	n/a - report not yet released	n/a - report not yet released	n/a - report not yet released	Request for Tender (now closed) available at: https://www.tenders.vic.gov.au/tender/view?id=96884
Inquiry into NDIS Market readiness - National Disability Insurance Scheme (JSC) Committee of Federal Parliament	As part of the committee's role to inquire into the implementation, performance and governance of the National Disability Insurance Scheme (NDIS), the committee will inquire into and report on market readiness for provision of services under the NDIS.	See reasons column	Report tabled 20 September 2018	See reasons column	n/a - report published by an external body	n/a - report published by an external body	Y https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/MarketReadiness/Report

Inquiry into the Quality of Care in Residential Aged Care Facilities in Australia - Health, Aged Care and Sport (SC) Committee of Federal Parliament	The Standing Committee on Health, Aged Care and Sport will inquire into and report on: 1. The incidence of all mistreatment of residents in residential aged care facilities and associated reporting and response mechanisms, including the treatment of whistle blowers; 2. The effectiveness of the Australian Aged Care Quality Agency, the Aged Care Complaints Commission, and the Charter of Care Recipients' Rights and Responsibilities in ensuring adequate consumer protection in residential aged care; and 3. The adequacy of consumer protection arrangements for aged care residents who do not have family, friends or other representatives to help them exercise choice and their rights in care.	See reasons column	Report tabled October 2018	See reasons column	n/a - report published by an external body	n/a - report published by an external body	Y https://www.aph.gov.au/Parliamentary_Business/Committees/House/Health_Aged_Care_and_Sport/AgedCareFacilities/Report
Thunderstorm asthma – Coroner's Court of Victoria	Inquest into the ten deaths that related to the thunderstorm asthma event of November 2016.	See reasons column	Findings completed 9 November 2018	See reasons column			N

<p>Accessibility and quality of mental health services in rural and remote Australia – Community Affairs References Committee (SSC) of Federal Parliament</p>	<p>To inquire and report on the accessibility and quality of mental health services in rural and remote Australia, with specific reference to: (a) the nature and underlying causes of rural and remote Australians accessing mental health services at a much lower rate; (b) the higher rate of suicide in rural and remote Australia; (c) the nature of the mental health workforce; (d) the challenges of delivering mental health services in the regions; (e) attitudes towards mental health services; (f) opportunities that technology presents for improved service delivery; and (g) any other related matters.</p>	<p>See reasons column</p>	<p>Report tabled 4 December 2018</p>	<p>See reasons column</p>	<p>n/a - report published by an external body</p>	<p>n/a - report published by an external body</p>	<p>Y https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/MentalHealthServices/Report</p>
<p>Effectiveness of the Aged Care Quality Assessment and accreditation framework for protecting residents from abuse and poor practices, and ensuring proper clinical and medical care standards are maintained and practised – Community Affairs References Committee (SSC) of Federal Parliament</p>	<p>On 13 June 2017, the Senate referred this matter to the Senate Community Affairs References Committee for inquiry and report: a. the effectiveness of the Aged Care Quality Assessment and accreditation framework for protecting residents from abuse and poor practices, and ensuring proper clinical and medical care standards are maintained and practised; b. the adequacy and effectiveness of complaints handling processes at a state and federal level, including consumer awareness and appropriate use of the available complaints mechanisms;</p>	<p>See reasons column</p>	<p>Final report tabled April 2019</p>	<p>See reasons column</p>	<p>n/a - report published by an external body</p>	<p>n/a - report published by an external body</p>	<p>Y https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/AgedCareQuality/Report</p>

	<p>c. concerns regarding standards of care reported to aged care providers and government agencies by staff and contract workers, medical officers, volunteers, family members and other healthcare or aged care providers receiving transferred patients, and the adequacy of responses and feedback arrangements;</p> <p>d. the adequacy of medication handling practices and drug administration methods specific to aged care delivered at Oakden;</p> <p>e. the adequacy of injury prevention, monitoring and reporting mechanisms and the need for mandatory reporting and data collection for serious injury and mortality incidents;</p> <p>f. the division of responsibility and accountability between residents (and their families), agency and permanent staff, aged care providers, and the state and the federal governments for reporting on and acting on adverse incidents; and</p> <p>g. any related matters.</p>						
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b) Please outline the Department's/Agencies in house skills/capabilities/expertise to conduct reviews/studies/evaluations/data analysis of the programs and services for which the Department /Agency is responsible.

The following areas provide specific in-house skills, capabilities and expertise to conduction reviews, studies, evaluations and data analysis of the programs and services for which the department is responsible.

- Strategy and Planning Division provides internal consultancy on policy design and leads thinking on long-term reforms within and across ministerial portfolios to progress our key results. It is building the department's capabilities in analytics and research and evaluation.
- Safer Care Victoria is the lead agency for quality and safety improvement in health care. Safer Care Victoria oversees and supports health services to provide safe, high-quality care to patients. The agency works with health services and the department to support state-wide and regional partnerships that deliver sustained, measurable improvements. It also partners with consumers and their families, clinicians and health services to support the continuous improvement of health care.
- The Victorian Agency for Health Information is responsible for providing data and information products that stimulate and inform improvements in clinical care across public and private hospitals, strengthen local oversight of health and community services and inform Victorians about safety and quality of care in their local area. The agency also has primary responsibility for population health surveillance of noncommunicable diseases and their determinants in Victoria through the Health Intelligence Unit.

In addition, the department is undertaking a broad program of organisational reform that will enable it to continue to improve the health and wellbeing of all Victorians. The Organisational Transformation division was established in January 2019 to support this important program of work. The division is leading a transformation program that will plan, develop and oversee implementation of new ways of managing departmental functions over the next two years. It is also driving work to embed ongoing innovation, business process management, and change practices and culture to enable staff to work more effectively and efficiently.

All wording taken from the published DHHS strategic plan accessible at:

<https://www.dhhs.vic.gov.au/sites/default/files/documents/201907/Department%20of%20Health%20and%20Human%20Services%20strategic%20plan.pdf>

Question 23 (all departments and entities) Annual reports – performance measure targets and objective indicators -

a) Please provide the following information on performance measures that did not meet their 2017-18 and 2018-19 targets

2017-18 Response

Performance measure	2017-18 target (Budget)	2017-18 actual (Annual report)	Variance	Explanation	Output(s) and portfolio(s) impacted
Unplanned/unexpected readmission for hip replacement	2.5	3.4	36.0	In 2018–19 Safer Care Victoria commenced work with health services to identify the causes underlying unplanned readmissions of these patients. Health services are expected to develop improvements to reduce this rate as part of their work plans.	Acute Health Services – Admitted Services
Unplanned/unexpected readmission for knee replacement	6	6.3	5.0	Health services with high rates of readmissions are expected to develop improvement strategies to reduce this rate as part of their work plans in 2018–19	Acute Health Services – Admitted Services
Unplanned/unexpected readmission for paediatric tonsillectomy and adenoidectomy	2.2	2.5	13.6	In 2018-19 Safer Care Victoria commenced a statewide improvement program, led by the Victorian Paediatric Clinical Network, to reduce variation in tonsillitis care overall and unplanned readmissions.	Acute Health Services – Admitted Services

Emergency patients treated within clinically recommended time to treatment	80	72.6	-9.3	The result is due to increasing demand for emergency department services across the Victorian hospital system. Additional funding was provided during Q3 and Q4 to assist in meeting this increased demand. - Safer Care Victoria is working with health services to implement strategies to improve performance.	Acute Services – Non Admitted Services
Emergency patients with a length of stay of less than four hours	75	69.2	-7.7	The result is due to higher number of emergency presentations and stable number of patients presenting for less urgent conditions (categories 4 and 5).	Acute Services – Non Admitted Services
Proportion of ambulance patient transfers within 40 minutes	90	83.3	-7.4	The result is due to increasing demand for emergency department services across the Victorian hospital system which impacts on performance. Additional funding was provided during Q3 and Q4 to assist in meeting demand. The department is working with Safer Care Victoria and the hospital system to implement strategies to further improve performance.	Acute Services – Non Admitted Services
Eligible seniors in the seniors card program	95	82	-13.7	The result is due to smaller proportions than expected taking up the Seniors Business Discount Card, which does not include public transport discounts.	Ageing, Aged and Home Care – Seniors Programs and Participation

Percentage of high, medium and low priority clients assessed within the appropriate time – community	90	49	-45.6	<p>The result is due to a fourfold increased demand for reviews and the effect of changes to Home Care Packages on low-priority referrals. A number of improvement measures are in place to address these issues.</p> <p>This performance measure will be replaced with three new performance measures in 2018–19 to align with Commonwealth performance requirements.</p>	Ageing, Aged and Home Care – Aged Care Assessment
Home and Community Care for Younger People – hours of service delivery	2,216	1,804	-18.6	The result is due to delays for existing clients transitioning to the NDIS.	Ageing, Aged and Home Care – Home and Community Care for Younger People
CERT arrival occurs prior to ambulance	85	75.7	-10.9	<p>New services and increased availability of emergency ambulances (as result of recent reforms) have contributed to the reduction in CERT first arrivals. This is considered a positive result as emergency ambulances are more frequently arriving first.</p> <p>This performance measure is proposed to be discontinued in 2018–19 as it no longer accurately reflects CERT performance.</p>	Ambulance Services – Ambulance Emergency Services
State-wide non-emergency air transports	2,546	2,233	-12.3	The higher-than-target result is due to lower demand for air services. Air activity is entirely demand driven.	Ambulance Services – Ambulance Non-Emergency Services

Number of phone contacts from family members seeking support	14,300	10,590	-25.9	The result is primarily due to a decline in contacts from family members across all services in 2017–18. In response, the department is continuing to engage with the service provider that delivers these services to ensure that they are appropriately promoted.	Drug Services – Drug prevention and control
Number of telephone, email, website contacts and requests for information on alcohol and other drugs	2,000	1,538	-23.1	The result is primarily due to the website redevelopment of the primary service provider leading to a significant reduction in contacts. The department is working with the provider to rectify the issue and will continue to monitor to ensure that the upward trend continues.	Drug Services – Drug prevention and control
Residential bed days	110,048	99,453	-9.6	The result is due to changes to historical reporting practices by service providers and data derivation issues. This will be addressed as part of the forthcoming implementation of the Victorian Alcohol and Drug Collection, the new data specification for drug treatment and rehabilitation services.	Drug Services – Drug treatment and rehabilitation

Trained alcohol and drug workers	85	61.4	-27.8	The result is due to the limitation of current methodology of this measure to only include workforce with a formal qualification specialising in alcohol and drug studies or addiction medicine and is estimated based on the 2016–17 workforce survey. The survey is run every two years, therefore actual result will not be available until 2018–19 reporting. This measure will be replaced by a new performance measure 'Workers complying with Alcohol and Other Drug Minimum Qualification Strategy requirements' in 2018–19 to better reflect the minimum qualification requirement for the funded AOD sector.	Drug Services –Drug treatment and rehabilitation
Emergency patients admitted to a mental health bed within eight hours	80	57.5	-28.1	The result is due to high level of demand as people are presenting directly to emergency departments needing an acute inpatient admission.	Mental Health – Clinical Care
Clients receiving community mental health support services	11,550	9,765	-15.5	The result is impacted by the delays to the transition to National Disability Insurance Scheme.	Mental Health – MCHSS
Better Health Channel visits	40,000	31,508	-21.2	Improvements to technology and new content resulted in a 10 per cent rise in visits to the website in 2017-18.	Primary, Community and Dental Health

Number of referrals made using secure electronic referral systems	250,000	90,000	-64.0	This result was expected and is due to the implementation of new Commonwealth electronic platforms introduced with the My Aged Care and National Disability Insurance Scheme that redirect the flow of e-referrals to the Commonwealth systems. This result does not reflect activity. Final end-of-year result will be available by February 2019 when all reports are received but will still be significantly lower than 250,000 which is not possible to achieve with the new NDIS and MyAgedCare systems. This output group and performance measure is currently under review as it is no longer reflective of system performance.	Primary, Community and Dental Health
Calls to food safety hotlines	4,500	4,152	-7.7	The number of calls to the food safety hotline varies from quarter to quarter. The 4,152 calls received to the hotline in 2017-18 is 8 per cent less than the estimated target, but comparable with the number of phone calls received in 2016-17 (4,213). This lower level of calls follows amendments in 2016-17 to both the hotline message and the food safety website. These amendments provide clearer information for the public and local government and steer food complaints directly to local councils for investigation.	Public Health – Health Protection

Women screened for cervical cancer	570,000	511,249	-10.3	The result is due to the change in data collection methods, following the renewal of the National Cervical Screening Program that requires laboratories to report to the Commonwealth Government national register, instead of the Victorian Government.	Public Health – Health Protection
Participation rate of women in target age range screened for cervical cancer	62	58	-6.5	The result is affected by changes to the national cervical cancer screening program in increasing recommended screening interval from two years to five years and changing the target age range.	Public Health – Health Protection
Small rural weighted activity unit	350,000	329,341	-5.9	. System changes to improve activity reporting to commence in 2018–19.	Small rural health – acute health
Home and Community Care for Younger People – hours of service delivery	107,719	100,479	-6.7	The result is impacted by delays to existing clients transitioning to the NDIS.	Small rural health – HCCS
Number of clients assisted by a Risk Assessment and Management panel	860	642	-25.3	The result is due to the large number of referrals appropriately managed without a Risk Assessment and Management Panel response (than previously forecasted).	Child Protection and Family Services
Bond loans provided during the year	12,000	9,321	-22.3	The result is due to lower demand. The measure is influenced by market rental conditions. Any eligible person who requests a bond loan is provided one.	Housing Assistance

Total social housing dwellings acquired during the year	1,078	884	-18.0	The result is due to additional leases in the private rental market. Affordability and availability of private rental leases has been challenging due to a lack of supply. The outstanding leases are to be delivered in 2018-19.	Housing Assistance
Number of nights of refuge accommodation provided to victims of family violence	48,000	38,920	-18.9	The result is due to shorter than expected lengths of stay in refuge by victim survivors of family violence. This has enabled more victim survivors to be placed in refuge.	Housing Assistance
Social housing tenants satisfied with completed non-urgent maintenance works	80	71.6	-10.5	The result is due to the increased volume of calls requesting gas heater maintenance due to the department raising tenant awareness of the harmful effects of carbon dioxide emissions from open flued gas heaters. Additional contractors have been engaged and are working at full capacity to meet the increased demand.	Housing Assistance
Workers trained in the Family Violence Risk Assessment and Risk Management Framework	10,000	4,210	-57.9	The variance reflects a change in commencement date for the Family Violence Risk Assessment and Risk Management Framework reforms to align with the roll out of the Child Information Sharing Scheme and minimise training obligations for frontline workers, which has also led to the re-phasing of timeframe for training programs.	Family Violence Service Delivery

Support and Safety Hubs established	5	3	-40.0	The result is due to issues with securing sites in two locations. Four of the five Support and Safety Hubs launch areas are now operational, with the North East Melbourne Hub commencing on 10 July 2018.	Family Violence Service Delivery
Total assessments completed at the Support and Safety Hubs	2,500	472	-81.1	The result reflects the timing of service commencement. Hub operations at three sites commenced during Q4, with partial service delivery targets met. The estimate as recorded does not represent the total number of assessments completed across these sites, due to the change process associated with hub establishment, new service delivery model, and substantial practice and ICT systems changes. Preliminary result, base line data will be available for actuals in 2018–19 onwards.	Family Violence Service Delivery
Assessments completed within agreed timeframes	80	0	-100.0	The result reflects how long it takes to establish an agreed timeframe for the completion of assessments within an integrated service delivery context. Family Safety Victoria is working with funded agencies to establish the timeframes for assessments to be completed that are applicable for family violence, perpetrator risk and child wellbeing assessments conducted by the integrated specialist teams within The Orange Door. Preliminary result, base line data will be available for actuals in 2018–19 onwards.	Family Violence Service Delivery

Clients receiving case management services	4,100	3,518	-14.2	The result is due to the planned transfer of staff to 'first-offer' roles at the National Disability Insurance Agency, and the time taken to recruit, and train interim staff hired on a short-term basis to deliver case management work. With more staff now having completed their training, performance is increasing as evidenced by the strong Q4 2017-18 result.	Disability Services
Clients who have had a comprehensive health status review	90	NA	NA	No data available	Disability Services
Support plans reviewed at least once during each period of three years commencing from when the support plan was first prepared (accommodation supports)	100	NA	NA	No data available.	Disability Services
Support plans reviewed every 12 months for persons residing in residential institutions	100	NA	NA	No data available.	Disability Services
Support plans prepared within 60 days of the person commencing to regularly access the disability services (accommodation supports)	100	NA	NA	No data available	Disability Services
Support plans prepared within 60 days of the person commencing to regularly access the disability services (individualised supports)	100	87.5	-12.5	The result is due to the inflow of urgent clients needing disability support. These clients have complex disability support needs and are timelier to prepare adequate support plans.	Disability Services

Percentage of Supported Independent Living (SIL) services vacancies filled within 60 business days	100	87.5	-12.5	The result reflects the transition to new vacancy coordinator arrangements required under NDIS.	Disability Services
Percentage of Specialist Disability Accommodation (SDA) services vacancies filled within 60 business days	100	68.8	-31.2	The result is due to delays of the National Disability Insurance Agency in approving client SDA eligibility. There is a 97 per cent occupancy across state owned properties.	Disability Services
National Disability Insurance Scheme participants	50,697	36,148	-28.7	The result is due to the slower than forecast transition of clients into the National Disability Insurance Scheme by the National Disability Insurance Agency. The department is working with the National Disability Insurance Agency on the development of a transition completion plan in 2018–19 and has established systems and processes supporting the expedition of state clients to transition to the National Disability Insurance Scheme.	Disability Services – Victorian Contribution to NDIS
Combat sports licences, registrations and permits issued	600	480	-20.0	The result is due to fewer applications for permits, licences and registrations. The number of applications is always variable and depends on demand from the industry.	Empowering Individuals and Communities – Sport and recreation

2018-19 Response

Performance measure	2018-19 target (Budget)	2018-19 actual (Annual report)	Variance	Explanation	Output(s) and portfolio(s) impacted
Unplanned/unexpected readmission for hip replacement	2.5	3.4	36.0	Preliminary result. Actual end-of-year results will be available late 2019. Safer Care Victoria is working with health services to identify the causes of unplanned readmissions of these patients.	Acute Health Services – Admitted Services
Unplanned/unexpected readmission for paediatric tonsillectomy and adenoidectomy	2.2	2.5	13.6	Preliminary result. Actual end-of-year results will be available late 2019 after receipt of health service end-of-year submissions. In 2018–19 Safer Care Victoria commenced a statewide improvement program, led by the Victorian Paediatric Clinical Network, to reduce variation in tonsillitis care overall and unplanned readmissions. This is expected to see an improvement in readmission rates over time.	Acute Health Services – Admitted Services
Emergency patients treated within clinically recommended 'time to treatment'	80	71.5	-10.6	Preliminary result. Actual end-of-year results will be available late 2019. The result is lower than the target due to increasing demand for emergency department services across the Victorian hospital system. The Timely Care Partnership has been initiated by Safer Care Victoria to improve sector performance.	Acute Health Services – emergency services

Emergency patients with a length of stay of less than four hours	75	67.5	-10.0	Preliminary result. Actual end-of-year results will be available late 2019. The result is lower than the target due to higher number of emergency presentations and stable number of patients presenting for less urgent conditions (categories 4 and 5).	Acute Health Services – emergency services
Proportion of ambulance patient transfers within 40 minutes	90	81.6	-9.3	Preliminary result. Actual end-of-year results will be available late 2019. The result is lower than the target due to increasing demand for emergency department services across the Victorian hospital system which impacts on performance. The department has established the Ambulance Taskforce with key stakeholders across the sector to identify and improve performance.	Acute Health Services – emergency services
Average waiting time (calendar days) from referral to assessment	16	18	12.5	Performance relates to lower-acuity community assessments. High-priority and medium-priority assessments are meeting key performance indicators.	Ageing, Aged and Home Care – Aged care assessments
Home and Community Care for Younger People – hours of service delivery	2,117	1,408	-33.5	Preliminary result. Actual end-of-year results will be available late 2019. Outcomes in 2018–19 reflect the impact of transformation on the sector in particular the transition of hours of service delivery to the NDIS. The drop reflects the effect of full phase into nine NDIS areas.	Ageing, Aged and Home Care – Home and Community Care Program for Younger People

Statewide non-emergency air transports	2,342	2,189	-6.5	The higher-than-target result is due to lower demand for air services. Air activity is entirely demand driven.	Ambulance Services – Ambulance Non-Emergency Services
Number of phone contacts from family members seeking support	14,300	10,005	-30.0	Preliminary result. Actual end-of-year results will be available late 2019. The result is lower than the target, due to a decline in contacts from family members in 2018–19. In response, the department is working with service providers to raise awareness of their service.	Drug Services – Drug Prevention and Control
Commenced courses of treatment: residential-based drug treatment services	6,606	5,681	-14.0	Preliminary result. The preliminary result is lower than the target but is expected to lift in 2019–20 as providers fully transition to the new Victorian Alcohol and Drug Collection.	Drug Services – Drug Treatment and Rehabilitation
Number of Drug Treatment Activity Units (DTAUs)	90,325	80,666	-10.7	Preliminary result. The preliminary result is lower than the target but is expected to lift in 2019–20 as providers fully transition to the new Victorian Alcohol and Drug Collection.	Drug Services – Drug Treatment and Rehabilitation
Number of new residential withdrawal clients	2,309	1,767	-23.5	Preliminary result. The preliminary result is lower than the target due to the continuation of a long-term trend of increasing client complexity, leading to lower overall throughput. This is due to more clients receiving multiple courses of treatment and having longer lengths of stay.	Drug Services – Drug Treatment and Rehabilitation

<p>Workers complying with Alcohol and Other Drug Minimum Qualification Strategy requirements</p>	<p>85</p>	<p>72</p>	<p>-27.8</p>	<p>Preliminary result. The result is estimated based on the 2016–17 workforce survey. The actual result for 2018–19 will be available late 2019. The preliminary result is lower than the target. The 2018–19 result is expected to be higher than the preliminary result, reflecting the department’s investment in workforce training. The measure was updated in 2018–19 to include workers that have a health, social or behavioural science tertiary qualification from a non-alcohol and other drugs (AOD) course as well as those that are currently completing or have completed the units of competency of the minimum qualification requirement for the funded AOD sector.</p>	<p>Drug Services – Drug Treatment and Rehabilitation</p>
<p>Percentage of new clients to existing clients</p>	<p>50</p>	<p>37.7</p>	<p>-24.6</p>	<p>Preliminary result. The preliminary result is lower than the target due to the continuation of a long-term trend of increasing client complexity. This is due to more clients receiving multiple courses of treatment and having longer lengths of stay. In response, the department is delivering innovative models of care (for example, the dual diagnosis service) to respond to clients with complex needs and to increase capacity for new clients in the system.</p>	<p>Drug Services – Drug Treatment and Rehabilitation</p>

Percentage of residential rehabilitation courses of treatment greater than 65 days	50	33.5	-33.0	Preliminary result. The preliminary result is lower than the target due to several service providers operating delivery models with shorter courses of treatment. This is a positive result.	Drug Services – Drug Treatment and Rehabilitation
Successful courses of treatment (episodes of care): residential-based drug treatment services	6,133	4,536	-26.0	The preliminary result is lower than the target but is expected to lift in 2019–20 as providers fully transition to the new Victorian Alcohol and Drug Collection.	Drug Services – Drug Treatment and Rehabilitation
Number of designated mental health services achieving or maintaining accreditation under the National Standards for Mental Health Services	18	16	-11.1	Whilst the number of designated mental health services against the National Mental Health Standards is below target, all Victorian mental health services are accredited. Victorian health services are in transition to a single accreditation process – 16 services were accredited under the National Mental Health Services and two under the new National Safety and Quality in Health Services Standards (second edition).	Mental Health – Clinical Care

Emergency patients admitted to a mental health bed within eight hours	80	53	-33.8	The result is due to the increasing trend in the number of people presenting directly to emergency departments. The majority of rural services meet the 80 per cent of emergency patients admitted to a mental health bed within eight hours target, yet results for metropolitan services impact negatively on the statewide results. The department is addressing demand via the development of Mental Health and Alcohol and Other Drug Emergency Department hubs, clinical uplift of Prevention and Recovery Care Units and Intensive Community Mental Health Packages.	Mental Health – Clinical Care
Clients receiving community mental health support services	6,440	5,732	-11.0	The result is due to a greater than anticipated number of clients of Mental Health Community Support Services defined programs that transitioned to the NDIS in 2018–19. The target for 2019–20 has been reduced to reflect the transfer of Individualised Client Support Package clients to the National Disability Insurance Scheme (NDIS).	Mental Health – MHCSS

Calls to food safety hotlines	4,500	4,221	-6.2	4,221 calls received to the hotline in 2018–19 is 6 per cent less than the estimated target, but comparable with the number of phone calls received in 2017–18 (4,152). This lower level of calls reflects the use of alternative approaches for the public and local government to receive information. For example, the food safety website guides food complaints directly to local councils for investigation.	Public Health – Health Protection
Inspections of cooling towers	1,250	1,160	-7.2	The result is due to a decrease in cases of Legionnaires disease reported to the department. This resulted in a decrease in the number of inspections of cooling towers that were required. This is a positive result.	Public Health – Health Protection
Women screened for cervical cancer	570,000	504,050	-11.6	The result is due to implementation of the renewed National Cervical Screening Program and transition to a new National Cancer Screening Register. During the transition, some records were provided directly to the National Cancer Screening Register as opposed to the Victorian register so this figure is not a complete picture of cervical screening participation in Victoria. There is a participation report due from the Australian Institute of Health and Wellbeing by the end of the year.	Public Health – Health Protection

Immunisation coverage: adolescent (Year 7) students fully immunised for DTPa (diphtheria, tetanus and pertussis)	90	81.2	-9.8	This measurement is data for school Year 7 adolescents vaccinated at a school session or where it is indicated on their returned consent card that they have previously had the injection elsewhere (general practice). It does not include school Year 7 adolescents that return consent cards declining vaccination at school and then proceed to have vaccination elsewhere. These vaccinations are not measurable from the Australian Immunisation Register with no indicated School Year level being indicated on individuals' records.	Public Health – Health Protection
Home and Community Care for Younger People – hours of service delivery	88,919	75,376	-15.2	Preliminary result. Actual end-of-year results will be available late 2019. This measure is being impacted by the National Disability Insurance Scheme (NDIS) transition. The 2019–20 target has been lowered to reflect the effect of Victorian clients transitioning to the NDIS.	Small Rural Services –HCCS

Number of family services cases provided to Aboriginal families	3,347	2,760	-17.5	The result reflects gaps in available data. The department is working with Aboriginal community controlled organisations on options to improve data systems and reporting.	Child Protection and Family Services
Number of clients assisted by a Risk Assessment and Management panel	860	602	-30.0	Preliminary result. Actual end-of-year results will be available late 2019. This result is lower than the target as it reflects effective service delivery to divert clients from a Risk Assessment and Management response. This is a positive result.	Child Protection and Family Services
Number of children who receive a SABTS response	1,150	1,050	-8.7	Preliminary result. Actual end-of-year results will be available late 2019.	Child Protection and Family Services
Number of calls made to the statewide telephone help line for men regarding family violence	9,000	7,289	-19.0	This result reflects increased efficiencies in service delivery. This is a positive result.	Child Protection and Family Services
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	3	3.2	6.7	This measure is an indicator of effective substantiation decision making. The variation from the target is minimal (3.2 per cent against a target of 3.0 per cent). In some circumstances a subsequent substantiation within three months is valid due to changed circumstances or new information.	Child Protection and Family Services
Number of bonds issued to low income Victorians to assist access to the private rental market	12,000	8,754	-27.1	The result is due to lower demand. The measure is influenced by market rental conditions. Any eligible person who requests a bond loan is provided with one.	Housing Assistance

Number of nights of refuge accommodation provided to victims of family violence	48,000	45,304	-5.6	Result is due to the average length of stay in refuge by victim survivors of family violence being marginally shorter than anticipated.	Housing Assistance
Social housing tenants satisfied with completed non-urgent maintenance works	80	70.8	-11.5	This result is due to the increased volume of calls requesting gas heater maintenance due to Energy Safety Victoria's public safety campaign aimed at raising the awareness of the harmful effects of carbon dioxide emissions from open flued gas heaters.	Housing Assistance
Average waiting time for public rental housing for those clients who have received priority access housing allocation or a priority transfer	10.5	11.6	10.5	The result is due to tenants' lack of movement through the system and the number of properties requiring redevelopment.	Housing Assistance

Support and Safety Hubs established	8	5	-37.5	During 2018–19, three Support and Safety Hubs commenced services during quarters 1 and 2, with a total of five Support and Safety Hubs delivering services statewide, and preparatory work having commenced in three areas. This reflects lessons from the Family Violence Implementation Monitor, and The Orange Door 2018 Evaluation (PWC, December 2018) to allow additional area-based prep work in advance of service commencement. The result is lower than the target due to the decision to sequence implementation of the next three Support and Safety Hubs from early 2019–20.	Family Violence Service Delivery
Support plans reviewed at least once during each period of three years commencing from when the support plans was first prepared (individualised supports)	100	76.4	-23.6	The 2018–19 outcome is due to clients earmarked for NDIS transition not having their individualised supports reviewed since their NDIS planning is imminent	Disability Services
Percentage of Specialist Disability Accommodation (SDA) services vacancies filled within 60 business days	100	92.3	-7.7	Eleven out of twelve vacancies were filled within 60 business days, with the twelfth vacancy now filled. This is a positive result.	Disability Services

National Disability Insurance Scheme participants	105,324	71,458	-32.2	The result is due to the slower than forecast transition of clients to the National Disability Insurance Scheme by the National Disability Insurance Agency (NDIA). Given the NDIA delays, the department has implemented strategies to expedite client transition by increasing the volume of follow-up actions and prioritising clients with complex needs.	Disability Services
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b) Please provide the following information for objective indicators where data was not available at publication of the annual report

2017-18 Response

Objective indicators stated in annual report for which data was not available at date of publication	Best available data for 2017-18 and relevant date (ie. All results are through June 2018)	Explanation for the absence of data in annual report
Eligible newborns screened for hearing deficit before one month of age	98.6	Finalised data from the Victorian Infant Hearing Screening Program were not received until late 2018.
Intensive care unit central line associated blood stream infections (CLABSI) per 1,000 device days	0.7	Health service submissions were not received until late 2018.
Major trauma patients transferred to a major trauma service	90.4	Finalised data was not available from the Victoria State Trauma Registry until late 2018
Patient reported hospital cleanliness	71	Survey results were not available until late 2018.
Staphylococcus aureus bacteraemias (SAB) infections per 10,000 patient days	0.8	Health service submissions were not received until late 2018.
Unplanned/unexpected readmission for acute myocardial infarction	1.6	Health service submissions were not received until late 2018.
Unplanned/unexpected readmission for heart failure	8.8	Health service submissions were not received until late 2018.
Unplanned/unexpected readmission for hip replacement	3.7	Health service submissions were not received until late 2018.

Unplanned/unexpected readmission for knee replacement	6.1	Health service submissions were not received until late 2018.
Unplanned/unexpected readmission for paediatric tonsillectomy and adenoidectomy	2.4	Health service submissions were not received until late 2018.
Number of referrals made using secure electronic referral systems	95,000	This information would only be available at the individual health service level; it is not collected/monitored at a departmental level.
Primary Care Partnerships with reviewed and updated strategic plans	100	Health service submissions were not received until late 2018.
Smoking cessation of Aboriginal mothers	24	Health service submissions were not received until late 2018.
Workplaces and pubs and clubs complying with smoke-free environment laws	99	Finalised data from the Municipal Association of Victoria report were not available until late 2018.
Practitioner medicinal cannabis authorisations processed within prescribed timeline	No data available.	Due to changes in Commonwealth regulatory settings, operations under the Access to Medicinal Cannabis Act 2016 had not commenced and no practitioner medicinal cannabis authorisations were required.
Small rural weighted activity unit	329,341	Health service submissions were not received until late 2018.
Number of households assisted with long-term social housing (public, Aboriginal and community long-term tenancies at end of year)	77,063	Survey results were not available until late 2018.
Households receiving mains electricity concessions	917,715	The 2017-18 data set was not finalised until late 2018.
Households receiving mains gas concessions	670,808	The 2017-18 data set was not finalised until late 2018.
Households receiving non-mains energy concessions	24,918	The 2017-18 data set was not finalised until late 2018.
Households receiving pensioner concessions for municipal rates and charges	434,529	The 2017-18 data set was not finalised until late 2018.
Households receiving water and sewerage concessions	689,851	The 2017-18 data set was not finalised until late 2018.
Percentage of Community Services Agreement performance targets that have been achieved by State Trustees	100	The 2017-18 data set was not finalised until late 2018.

Clients who have had a comprehensive health status review	No data available.	No data available.
Support plans reviewed at least once during each period of three years commencing from when the support plan was first prepared (accommodation supports)	No data available.	No data available.
Support plans reviewed every 12 months for persons residing in residential institutions	No data available.	No data available.
Support plans prepared within 60 days of the person commencing to regularly access the disability services (accommodation supports)	No data available.	No data available.
Participation by young people in programs that provide opportunities to be involved in social and economic life in their communities	306,545	A wide range of programs with multi-year funding agreements contribute to the BP3 measures for Youth Affairs. Final results could not be confirmed until all programs contributing to the measure completed their reports in late 2018.
Participation by young people in programs that support young people to be involved in decision making in their community	4,222	A wide range of programs with multi-year funding agreements contribute to the BP3 measures for Youth Affairs. Final results could not be confirmed until all programs contributing to the measure completed their reports in late 2018.
Participants reporting development of transferrable skills that support education, training and vocational opportunities	97	A wide range of programs with multi-year funding agreements contribute to the BP3 measures for Youth Affairs. Final results could not be confirmed until all programs contributing to the measure completed their reports in late 2018.
Percentage of programs delivered within agreed timeframes	99	A wide range of programs with multi-year funding agreements contribute to the BP3 measures for Youth Affairs. Final results could not be confirmed until all programs contributing to the measure completed their reports in late 2018.

2018-19 Response

Objective indicators stated in annual report for which data was not available at date of publication	Best available data for 2018-19 and relevant date (ie. No new data since publication of Annual Report)	Explanation for lack of timely data in annual report	Action taken to ensure timely data for 2019-20 annual report
Perinatal mortality rate per 1 000 of babies of Aboriginal mothers, using rolling 3 year average	10	Final results will not be available until late 2019, after receipt of Consultative Council on Obstetric and Paediatric Mortality and Morbidity report.	N/A
Eligible newborns screened for hearing deficit before one month of age	98.7	Final results will not be available until late 2019, after receipt of health service end-of-year data submissions.	N/A
Hand hygiene compliance	85	Final results will not be available until late 2019, after receipt of health service end-of-year data submissions.	N/A
Hospitals participating in Victorian Hospital Acquired Infection Surveillance System (VICNISS)	100	Final results will not be available until late 2019, after receipt of health service end-of-year data submissions.	N/A
Intensive Care Unit central line associated blood stream infections (CLABSI) per 1000 device days	0.9	Final results will not be available until late 2019, after receipt of health service end-of-year data submissions.	N/A
Major trauma patients transferred to a major trauma service	91.9	Final results will not be available until late 2019, after receipt of health service end-of-year data submissions.	N/A

Perinatal and child mortality reports received, reviewed and classified	100	Final results will not be available until late 2019, after receipt of Consultative Council on Obstetric and Paediatric Mortality and Morbidity report.	N/A
Patient reported hospital cleanliness	69.4	Final results will not be available until late 2019, after receipt of health service end-of-year data submissions.	N/A
Staphylococcus aureus bacteraemias (SAB) infections per 10000 patient days	0.9	Final results will not be available until late 2019, after receipt of health service end-of-year data submissions.	N/A
Unplanned/unexpected readmission for acute myocardial infarction	1.5	Final results will not be available until late 2019, after receipt of health service end-of-year data submissions.	N/A
Unplanned/unexpected readmission for heart failure	8.9	Final results will not be available until late 2019, after receipt of health service end-of-year data submissions.	N/A
Unplanned/unexpected readmission for hip replacement	3.4	Final results will not be available until late 2019, after receipt of health service end-of-year data submissions.	N/A
Unplanned/unexpected readmission for knee replacement	5.2	Final results will not be available until late 2019, after receipt of health service end-of-year data submissions.	N/A
Unplanned/unexpected readmission for paediatric tonsillectomy and adenoidectomy	2.5	Final results will not be available until late 2019, after receipt of health service end-of-year data submissions.	N/A

Patients' experience of emergency department care	83.3	Final results will not be available until late 2019, after receipt of health service end-of-year data submissions.	N/A
Emergency Category 1 treated immediately	100	Final results will not be available until late 2019.	N/A
Emergency patients treated within clinically recommended 'time to treatment'	71.5	Final results will not be available until late 2019.	N/A
Emergency patients with a length of stay of less than four hours	67.5	Final results will not be available until late 2019.	N/A
Proportion of ambulance patient transfers within 40 minutes	81.6	Final results will not be available until late 2019.	N/A
Pension-level Supported Residential Services residents provided with service coordination and support/brokerage services	769	Final results will not be available until late 2019.	N/A
Home and Community Care for Younger People - number of clients receiving a service	72561	Final results will not be available until late 2019.	N/A
Home and Community Care for Younger People - hours of service delivery	1408	Final results will not be available until late 2019.	N/A
Proportion of adult VF/VT cardiac arrest patients with vital signs at hospital	52	Final results will not be available until late 2019.	N/A
Number of phone contacts from family members seeking support	10005	Final results will not be available until late 2019.	N/A
Needles and syringes provided through the Needle and Syringe Program	11055.3	Final results will not be available until late 2019.	N/A
Clients on the pharmacotherapy program	14063	Final results will not be available until late 2019.	N/A

Commenced courses of treatment: community-based drug treatment services	9704	Publication of final results affected by the change in data source to the new Victorian Alcohol and Drugs Collection, introduced in 2018-19.	The department is actively working with providers over the 2019-20 reporting period to address post implementation data quality issues.
Commenced courses of treatment: residential-based drug treatment services	5681	Publication of final results affected by the change in data source to the new Victorian Alcohol and Drugs Collection, introduced in 2018-19.	The department is actively working with providers over the 2019-20 reporting period to address post implementation data quality issues.
Number of Drug Treatment Activity Units (DTAUs)	80666	Publication of final results affected by the change in data source to the new Victorian Alcohol and Drugs Collection, introduced in 2018-19.	The department is actively working with providers over the 2019-20 reporting period to address post implementation data quality issues.
Number of new residential withdrawal clients	1767	Publication of final results affected by the change in data source to the new Victorian Alcohol and Drugs Collection, introduced in 2018-19.	The department is actively working with providers over the 2019-20 reporting period to address post implementation data quality issues.
Residential bed days	175334	Publication of final results affected by the change in data source to the new Victorian Alcohol and Drugs Collection, introduced in 2018-19.	The department is actively working with providers over the 2019-20 reporting period to address post implementation data quality issues.
Workers complying with Alcohol and Other Drug Minimum Qualification Strategy requirements	61.4	Final results will not be available until late 2019.	N/A
Percentage of new clients to existing clients	37.7	Publication of final results affected by the change in data source to the new Victorian Alcohol and Drugs Collection, introduced in 2018-19.	The department is actively working with providers over the 2019-20 reporting period to address post implementation data quality issues.

Percentage of residential rehabilitation courses of treatment greater than 65 days	33.5	Publication of final results affected by the change in data source to the new Victorian Alcohol and Drugs Collection, introduced in 2018-19.	The department is actively working with providers over the 2019-20 reporting period to address post implementation data quality issues.
Successful courses of treatment (episodes of care): community-based drug treatment services	7774	Publication of final results affected by the change in data source to the new Victorian Alcohol and Drugs Collection, introduced in 2018-19.	The department is actively working with providers over the 2019-20 reporting period to address post implementation data quality issues.
Successful courses of treatment (episodes of care): residential-based drug treatment services	4536	Publication of final results affected by the change in data source to the new Victorian Alcohol and Drugs Collection, introduced in 2018-19.	The department is actively working with providers over the 2019-20 reporting period to address post implementation data quality issues.
Average working days between screening of client and commencement of community-based drug treatment	0.06	Publication of final results affected by the change in data source to the new Victorian Alcohol and Drugs Collection, introduced in 2018-19.	The department is actively working with providers over the 2019-20 reporting period to address post implementation data quality issues.
Average working days between screening of client and commencement of residential-based drug treatment	5.95	Publication of final results affected by the change in data source to the new Victorian Alcohol and Drugs Collection, introduced in 2018-19.	The department is actively working with providers over the 2019-20 reporting period to address post implementation data quality issues.
Number of referrals made using secure electronic referral systems	75000	Final results will not be available until late 2019.	N/A
Primary Care Partnerships with reviewed and updated Strategic Plans	100	Final results will not be available until late 2019.	N/A
Service delivery hours in community health care	1125	Final results will not be available until late 2019.	N/A

Maternal and child health clients with children aged 0 to 1 year receiving additional support through enhanced maternal and child health services	15	Final results will not be available until late 2019.	N/A
Total number of Maternal and Child Health Service clients (aged 0 to 1 year)	80000	Final results will not be available until late 2019.	N/A
Children aged 0 to 1 month enrolled at maternal and child health services from birth notifications	99	Final results will not be available until late 2019.	N/A
Smoking cessation of Aboriginal mothers	23.5	Final results will not be available until late 2019, after receipt of Consultative Council on Obstetric and Paediatric Mortality and Morbidity report.	N/A
Persons completing the Life! - Diabetes and Cardiovascular Disease Prevention program	5782	Final results will not be available until late 2019.	N/A
Workplaces and pubs and clubs complying with smoke free environment laws	99	Final results will not be available until late 2019.	N/A
Small rural weighted activity unit	350000	Final results will not be available until late 2019.	N/A
Home and Community Care for Younger People - hours of service delivery	75376	Final results will not be available until late 2019.	N/A
Service delivery hours in community health care	105375	Final results will not be available until late 2019.	N/A
Number of clients assisted by a Risk Assessment and Management panel	602	Final results will not be available until late 2019.	N/A
Number of children who receive a SABTS response	1050	Final results will not be available until late 2019.	N/A

Sexual assault support services clients receiving an initial response within five working days of referral	98.7	Final results will not be available until late 2019.	N/A
Households assisted with housing establishment assistance during year	36000	Final results will not be available until late 2019.	N/A
Number of households assisted with long term social housing (public, Aboriginal and community long-term tenancies at end of year)	77900	Final results will not be available until early 2020.	N/A
Number of family violence victims who receive a refuge response	897	Final results will not be available until late 2019.	N/A
Number of nights of refuge accommodation provided to victims of family violence	45786	Final results will not be available until late 2019.	N/A
Workers trained in the Family Violence Risk Assessment and Risk Management Framework	11323	Final results will not be available until late 2019.	N/A
Satisfaction by workers with family violence training	94.8	Final results will not be available until late 2019.	N/A
Satisfaction of clients with Support and Safety Hubs services	80	Final results will not be available until early 2020.	N/A
Households receiving mains electricity concessions	919313	Final results will not be available until late 2019.	N/A
Households receiving mains gas concessions	677130	Final results will not be available until late 2019.	N/A
Households receiving non-mains energy concessions	24357	Final results will not be available until late 2019.	N/A
Households receiving pensioner concessions for municipal rates and charges	435570	Final results will not be available until late 2019.	N/A

Households receiving water and sewerage concessions	690568	Final results will not be available until late 2019.	N/A
Number of clients receiving trustee services	14793	Final results will not be available until late 2019.	N/A
Percentage of Community Service Agreement performance targets that have been achieved by State Trustees	87	Final results will not be available until late 2019.	N/A
Percentage of customers satisfied with State Trustee Limited services	75	Final results will not be available until late 2019.	N/A
Percentage of customer requests answered by State Trustees within the timelines set in the Community Service Agreement	90	Final results will not be available until late 2019.	N/A
Annual reporting against the State disability plan within agreed timeframes	100	Final results will not be available until late 2019.	N/A

Question 24 (all departments and entities) Challenges experienced by department/agency

Please list a minimum of five main challenges faced by the department/agency in 2017-18 and 2018-19.

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

2017-18 Response

	Challenge experienced	Internal/ External	Causes of the challenge
1.	Growing demand for services	External	Population growth and demographic changes within Victoria Chronic disease and long-term health conditions Winter demand and flu Increased awareness of family violence on children leading to increased reports to Child Protection services
2.	Capacity of workforce	Both	Workforce recruitment and retention Supply constraints in many professions, and particularly in regional areas Reforms across health and human services require significant changes to workforce roles and practices; regulation, credentialing and training
3.	New and increasing public health risks	External	Environmental changes, including extreme weather patterns Antibiotic resistance Obesity Social isolation and lack of social supports
4.	Access to primary and acute care, particularly in rural areas	External	Closure of general practice clinics in small regional towns Ageing workforce Limitations of federal funding model in general practice
5	Interface with Commonwealth Policy and services	External	Delays and impact of transition to NDIS Aged care service demands Primary Care and Acute care interface challenges

2018-19 Response

	Challenge experienced	Internal/ External	Causes of the challenge
1.	Growing demand for services	External	Population growth and demographic changes within Victoria Chronic disease and long-term health conditions Winter demand and flu Increased awareness of family violence on children leading to increased reports to Child Protection services
2.	Capacity of workforce	Both	Workforce recruitment and retention Supply constraints in many professions, and particularly in regional areas Reforms across health and human services require significant changes to workforce roles and practices; regulation, credentialing and training
3.	New and increasing public health risks	External	Environmental changes, including extreme weather patterns Antibiotic resistance Obesity Social isolation and lack of social supports
4.	Access to primary and acute care, particularly in rural areas	External	Closure of general practice clinics in small regional towns Ageing workforce Limitations of federal funding model in general practice
5	Interface with Commonwealth Policy and services	External	Delays and impact of transition to NDIS Aged care service demands Primary Care and Acute care interface challenges

Question 25 (all departments) Newly created bodies

Please list all newly created bodies (authorities, offices, commissions, boards and/or councils) created within the department in 2017-18 and 2018-19 and provide the following information:

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

2017-18 response

Name of the body	Date body created	Expenditure in 2017-18	FTE staff	Purpose/function(s) of the body
Family Safety Victoria	1 July 2017	\$69,344,701.03	204	Family Safety Victoria was created to deliver family violence reform and drive action to end family violence. The roles include to implement key recommendations from the Royal Commission into Family Violence, to make it easier for people to get the help they need, to ensure people with lived experience and people with specialist expertise inform and guide the reform, to bring organisations together to create new and coordinated ways to respond to family violence, and better support families.
Safer Care Victoria	January 2017	\$35,228,272.29	90.2	Safer Care Victoria (SCV) was created as the state's lead agency for improving quality and safety in Victorian healthcare. SCV support health services to monitor performance, guide best practice, and help them identify and respond to areas where they can improve. Its purpose is to enable all health services to deliver safe, high-quality care and experiences for patients, carers and staff.
Victorian Agency for Health Information	June 2017	\$19,773,975.16	61.1	VAHI was created as part of Victorian Government reforms to overhaul quality and safety across Victoria's healthcare system. VAHI analyses and shares information across the Victorian health system to ensure services have an accurate picture of their quality and safety. VAHI monitors and reports on public and private services that impact on health, wellbeing, quality and safety to stimulate and inform improvements, increase transparency and accountability, and inform the community.

			VAHI collects and analyses information about the health status of Victorians to inform policy development and planning, and to give a complete picture of health in Victoria.
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2018-19 response

Name of the body	Date body created	Expenditure in 2018-19	FTE staff	Purpose/function(s) of the body
Respect Victoria	4 October 2018	7,080,802.47	16	Respect Victoria was established as an independent statutory authority under the Prevention of Family Violence Act 2018. The role is to prevent all forms of family violence and violence against women before they happen, by driving evidence-informed primary prevention. No longer in the department – 1 January 2019.

Section H: Implementation of previous recommendations

Question 26 (relevant departments only)

Please provide an update on the status of the implementation of each of the below recommendations that were made by the Committee in its *Report on the 2016-17 Financial and Performance Outcomes* and supported by the Government. Please delete those lines that are not relevant to the department.

Department	Recommendation supported by Government	Actions taken at 20 September 2018	Update on status of implementation
DTF	RECOMMENDATION 1: Due to the historic volatility of the net result for the public financial corporations' sector and its significant variance from budget estimates, future Annual Financial Reports contain a specific explanation for growth from the previous year and variance from original estimates. These explanations should separate the operating result and other economic flows and discuss any relevant macroeconomic factors in more detail.	Future Annual Financial Reports will include an explanation of the key drivers of the net result for the public financial corporations' sector. This will include comments on the operating result and other economic flows separately. In this respect, it is worth noting that other economic flows are largely attributable to the impact that movements in bond yields have on the valuation of liabilities of the Treasury Corporation of Victoria (TCV) and the State's insurance agencies. In particular, of the \$6.2 billion of other economic flows that were reported in the 2016-17 Annual Financial Report for the PFC sector, over half related to a gain that arose due to the impact that a fall in bond yields had on the value of these agencies' liabilities.	NOT APPLICABLE FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES
DTF	RECOMMENDATION 2: When estimates of the net result for the public financial corporations' sector are altered by more than \$1 billion in any direction in a budget update or a subsequent set of budget papers, a detailed explanation be provided of the	Future budget papers will include an explanation of variations to the estimated net result for the public financial corporations' sector that exceed \$1 billion. Please note that	NOT APPLICABLE FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES

	updated estimate, including reasons why the estimate has changed.	variations of this order are not unexpected as the liabilities of this sector can vary significantly as a result of movements in the bond yields that underlie their valuation.	
DTF/DHHS/ DPC	<p>RECOMMENDATION 4: Targets and metrics developed for gender equality are developed that include:</p> <p>(a) measuring the impact of the overall Budget on women and girls aged over 12</p> <p>(b) performance measures tracking achievements and progress at the departmental level, reported upon annually</p>	<p>The Government has commenced the introduction of Gender Equality Budget Statements, starting with the inaugural 2017-18 Gender Equality Budget Statement. All future budgets will be required to identify specific budget impacts on Gender Equality.</p> <p>The Victorian Government has developed a draft Outcomes Framework to measure progress towards our vision for gender equality in Victoria. The draft Outcomes Framework includes preliminary outcome indicators and potential targets, and details how progress against Safe and Strong: A Victorian Gender Equality Strategy will be measured and reported. Critically, the Outcomes Framework will provide the Victorian Government with both quantitative and qualitative data to promote accountability, inform decision-making, and facilitate organisational learning and continuous improvement. Reports against the Outcomes Framework will form the basis for annual reporting on progress towards gender equality targets.</p>	<p>Following the 2018 election, the output 'Gender equality and the prevention of family violence policy and programs' moved from DHHS to DPC (effective 1 January 2019).</p>

	<p>(c) targets for greater gender equality in the public sector, including recruitment and the procurement of gender-responsive suppliers and contractors.</p>	<p>The Department of Health and Human Services has established the Gender Equality Deputy Secretaries Group working across all Victorian Public Service agencies to drive actions within their own departments and the public sector more broadly. The Office of Prevention and Women’s Equality will commence reporting on progress with gender equality initiatives from July 2018 through the Gender Equality Deputy Secretaries Group to the Victorian Secretaries Board. The Department of Health and Human Services has also been working with the Department of Treasury and Finance to evaluate the social and economic impact of gender equality in our policies, service delivery and budgets.</p> <p>Significant progress has been made to implement Safe and Strong: A Victorian Gender Equality Strategy within the public sector including meeting and then exceeding the Premier’s Women on Boards commitment. Since setting this target in March 2015, the representation of women on paid boards has increased from 39% to 53% as of 28 March 2018.</p>	
<p>DHHS</p>	<p>RECOMMENDATION 10: Where unplanned/unexpected re-admissions targets are exceeded by more than five per cent, or lower than five per cent the Department of Health and Human</p>	<p>Results below target occur when the number of avoidable readmissions varies significantly from that expected. Readmissions can be reduced through effective discharge planning that</p>	<p>The methodology and scope for calculating both indicators have been reviewed, and improved measures are currently in development. These measures will capture readmissions to any hospital as opposed to</p>

	<p>Services provide reasons for the result in its annual report.</p>	<p>ensures appropriate physical and social supports are available to the patients. Often patients will return to hospital due to pain, infection or concern that recovery is not progressing as expected. A good discharge plan will address these factors pre-emptively through incorporating a suitable level of rehabilitation, a pain management plan and scheduled review appointments.</p> <p>In 2018-19, Safer Care Victoria will commence further work with health services to identify the causes underlying unplanned readmissions of hip replacement surgery patients and will expect health services to develop improvements to reduce this rate as part of their work plans. This process will give the Department of Health and Human Services a level of information that was not previously available to it.</p> <p>Safer Care Victoria has recently started a state-wide improvement program, led by the Victorian Paediatric Clinical Network, to reduce variation in tonsillitis care overall and will include consideration of unplanned readmission.</p> <p>Safer Care Victoria will work with the department to improve the level of detail that accompanies performance outcome reporting in the annual report.</p>	<p>the current measures which monitor only readmissions to the same hospital.</p> <p><u>Unplanned readmissions after hip replacement surgery</u></p> <ul style="list-style-type: none"> • It is anticipated that the implementation of the new hip replacement surgery unplanned readmission measure will occur during 2020-21. • The revised measure will provide a more complete account of the rate of readmissions and reasons for them. • More importantly the new measure will identify examples of effective practice from which other health services can learn. • Using this information, health services will be expected to develop improvement plans that will reduce readmissions. <p><u>Reducing variation in tonsillitis care</u></p> <ul style="list-style-type: none"> • The Paediatric Clinical Network has enlisted five health services to identify and trial clinical practice changes that will reduce variation in care, including the need for readmission. • Two collaborative learning sessions have been held with health services
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			<p>at which advancements in care were shared and evaluated.</p> <ul style="list-style-type: none"> • It is anticipated that the learnings from services with the lowest rate of readmission will form the basis of improvement initiatives for other services. • It is anticipated that the implementation of the new paediatric tonsillectomy unplanned readmission measure will occur during 2019-20. <p>Progressively, from the 2017-18 annual report onwards, the department has increased the level of detail accompanying performance outcome reporting, such that now it includes additional information when the result is five per cent above or below target.</p>
<p>DHHS</p>	<p>The Department of Health and Human Services:</p> <p>(a) disclose in its annual report information showing trends in elective surgery waiting times for particular specialities that show a significant improvement or deterioration</p> <p>(b) explore the option of expanding the indicator on chronic disease risk factors beyond smoking.</p>	<p>Data analysis by specialty has commenced that will inform the selection of potential specialties to be part of a reporting set. These will then be tested with Safer Care Victoria, consumers and health service executives to ensure they are operationally and clinically meaningful representations of waiting time.</p> <p>The Department of Health and Human Services will explore the option to expand indicators on chronic disease risk factors (e.g. overweight and obesity,</p>	<p>(a) The Department of Health and Human Services continues to oversight elective surgery waiting times through the Victorian health services Performance Monitoring Framework. These measures are developed based on triage categories and are assessed against being admitted in the clinically recommended time.</p> <p>(b) The Victorian Population Health Survey routinely collects risk factors for chronic disease each year.</p>

		fruit and vegetable consumption, and physical activity) in budget performance measures to facilitate trend analysis and allow comparisons to benchmarks. The department notes there can be a significant lag time between the Victorian Public Health Survey (which surveys these risk factors across the Victorian community) and the availability of data on these indicators.	These are overweight and obesity, smoking, fruit and vegetable consumption, alcohol consumption, physical activity and psychological distress. In 2020, we will report the trend analysis for the past five years, that is, 2015 to 2019 for these risk factors.
DET	RECOMMENDATION 13: The Department of Education and Training explain in its annual report the rationale for not reporting against all of the indicators set out in the Budget.	DET supports inclusion of this information and, where data is unavailable at the time of submission of the Annual Report, DET will provide the most recent available data and include a footnote explaining the rationale for not including this information. DET notes that data for the measure 'Children who have no general developmental issues on entry to prep' was reported on pages 21 and 22 of the 2016-17 DET Annual Report, and that data for the measure 'VET participation by learners facing barriers' was not available at the time of submission of the Annual Report.	NOT APPLICABLE FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES
DET	RECOMMENDATION 17: To assist interested parties assess actual performance against targeted activity, if final figures for the current reporting year are not available in time for report publication, the Department of Education and Training disclose in its annual report how this data relating to the Early Childhood Development output can be accessed	Where Early Childhood data is unavailable in the future, DET will provide the most recent available data and include a footnote explaining the rationale for non-inclusion. A web link to the most up-to-date published data will also be included on the DET website.	NOT APPLICABLE FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES

	and the latest date that the data will become publicly available.	Updated data will be published in the subsequent DET Annual Report.	
DJPR/DOT	RECOMMENDATION 18: Where activities of the Department during a year have an impact on outcomes relevant to the Department's objectives, such as increasing employment opportunities, the Department of Economic Development, Jobs, Transport and Resources' annual report reflect this to enhance its accountability	The Department will continue to investigate opportunities to enhance its accountability through providing additional information on the achievement of outcomes in its annual report.	NOT APPLICABLE FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES
DELWP	RECOMMENDATION 27: For the newly established objective 'Reliable, efficient, accessible, safe and sustainable energy services', the Department of Environment, Land, Water and Planning develop a wider suite of indicators to complement the sole indicator that currently relates to only renewables.	Implemented	NOT APPLICABLE FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES
DELWP	RECOMMENDATION 28: For the objective 'Sustainable and effective local governments', the Department of Environment, Land, Water and Planning report on a greater suite of quantitative indicators that reflect the work of Local Government Victoria	The Department of Environment, Land, Water and Planning supports the recommendation. As part of the department's annual business planning process, the department continually reviews and assesses its objective indicators and performance measures, for relevance and appropriateness, to ensure the department can appropriately measure its service delivery performance. DELWP will incorporate PAEC's recommendation as part of its 2019-20 annual business planning process, with full implementation anticipated for 2020-21 reporting.	NOT APPLICABLE FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES
DELWP	RECOMMENDATION 29: The Department of Environment, Land, Water and Planning explain in	The Department of Environment, Land, Water and Planning's approach to	NOT APPLICABLE FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES

	its annual report the basis for the state-wide bushfire risk of 70 per cent or below target and what the target means in lay terms	<p>bushfire risk assessment is outlined on page 80 of the 2017 DELWP annual report.</p> <p>Further explanation is also provided on page 17 of DELWP's 2016-20 corporate plan and is also explained in detail in the following Government policy document: Safer Together – a new approach to reducing the risk of bushfire in Victoria.</p> <p>DELWP will provide additional clarifying information in the 2018 DELWP Annual Report on the basis for the state-wide bushfire risk of 70 per cent or below target, and what the target means.</p>	
DELWP	RECOMMENDATION 30: Where there is a significant underspend in a year due to a delay experienced in a particular program, the Department of Environment, Land, Water and Planning explain the circumstances surrounding the delay in its annual report and remedial action taken, rather than only disclosing the delay	The Department of Environment, Land, Water and Planning supports the recommendation and agrees to provide further detail and context in its annual report, on programs that have been significantly underspent and delayed.	NOT APPLICABLE FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES
DPC	RECOMMENDATION 31: Where significant proportions of output funding are not spent in a year and carried forward to the subsequent year, the Department of Premier and Cabinet outline the underlying reasons for the under-spend in the annual report, together with a discussion on the subsequent impact on the delivery of services and outcomes for that year	<p>Output – Aboriginal Policy, Strengthening Aboriginal Cultural Heritage and Communities – underspend \$7.6 million The underspend is due to delays in several projects, the largest being the First Mortgage on Aboriginal Community - Community Infrastructure Program (FMCIP) and redevelopment of the Sir Douglas Nicholls Oval.</p> <p>The FMCIP experienced delays in the development of the program guidelines</p>	NOT APPLICABLE FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES

		<p>as Aboriginal Victoria sought the views of a number of Aboriginal Community Controlled organisations to co-design elements of the guidelines. The Department of Premier and Cabinet (DPC) will meet 2018–19 BP3 targets for the lifting of first mortgages. DPC has released the budgeted \$1 million which supports redeveloping the Sir Douglas Nicholls Oval. Upgrades, repairs and maintenance are currently underway. Other minor project delays were the following:</p> <ul style="list-style-type: none">• The delay in the delivery of a training program was due to low participant uptake. The impact is that there needs to be a reconsideration of the most appropriate governance model for the Aboriginal community. No program will be delivered during 2018–19 whilst a new approach is developed.• Aboriginal Lands Act (ALA) review was delayed due to a change to the management approach. Private contractors were the preferred choice to enable a more rigorous, culturally appropriate and transparent outcome for the community.• Aboriginal Heritage Country Mapping has commenced. The evaluation and scoping process	
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		<p>resulted in release of funding for the Pilot Project and on agreed project milestones, however 20 per cent of the project will fall into 2018–19.</p> <ul style="list-style-type: none"> • Ancestral Remains Database (ARD) currently does not have the required functionality and requires an internal gap analysis to determine needs. It is expected that this project will proceed in 2018–19. <p>Output – Support to Veterans in Victoria – underspend \$0.9 million The underspend related to phasing of payments and delays in meeting funding milestones with some ANZAC Centenary projects and with the Victoria Remembers grant program. These did not have a negative impact on program and outcome delivery.</p> <p>Output – Public Sector ICT and Digital Government – underspend \$14.7 million The 2016–17 actual is less than the target mainly due to unspent funding relating to a grant received from the Department of Economic Development, Jobs, Transport and Resources which was received and used for future operational requirements.</p>	
DTF	RECOMMENDATION 33: To provide clearer performance-related connections in the	Clearer links between objectives, objective indicators, outputs and performance measures were introduced	NOT APPLICABLE FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES

	Department's annual report, the Department of Treasury and Finance link its objectives and performance indicators with its outputs to be delivered as part of the budget process.	in the 2017-18 Budget and will be reported against in the 2017-18 Annual Report.	
DTF	RECOMMENDATION 35: The Department of Treasury and Finance include comprehensive information in its annual report of the outcomes achieved in relation to the indicator 'Ensure high-value high-risk Government projects are completed within agreed timeframes and scope'.	The objective indicator "Ensure high-value high-risk Government projects are completed within agreed timeframes and scope through ensuring adherence to standards" was superseded by "percentage of Government projects completed within agreed budgets, timeframes and scope or evidenced by timely and appropriate remedial actions where necessary" in 2017-18. This indicator was amended to reflect a more measurable outcomes focus, in accordance with DTF's Whole of Victorian Government Performance Management Framework. DTF will provide information in its 2017-18 Annual Report of the outcomes achieved in relation to the revised indicator.	NOT APPLICABLE FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES
DTF	RECOMMENDATION 36: The Department of Treasury and Finance disclose whether their key clients consider high quality, timely and relevant advice has been provided on: <ul style="list-style-type: none"> (a) economic policy, forecasts, legislation and frameworks (b) asset management, the delivery of infrastructure, management of government land, borrowings, investments, insurance, superannuation issues and prudential supervision in its annual report 	DTF supports this recommendation and will include further detail in its 2018-19 Annual Report.	NOT APPLICABLE FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES

Section I: Department of Treasury and Finance only

Question 27 (DTF only) Revenue certification

NOT APPLICABLE FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES

The Resource Management Framework outlines that on receipt of a revenue certification invoice, DTF assesses actual departmental output performance against agreed performance measures based on output delivery. In the event that assessment at output level may be deemed inappropriate, DTF and the department may agree on alternative, suitable and appropriate performance information that could be used as the basis for revenue certification.⁵

Please detail all outputs which DTF assessed as not having met their measures for 2017-18 and 2018-19, indicating for each:

- a) the relevant Department, output and portfolio
- b) the performance measure(s) not met
- c) the reasons provided by the Department for the performance measure(s) not being met
- d) the amount of the initial invoice
- e) the amount of revenue certified
- f) the evidence base used for the revenue certification.

2017-18 Response

Department	Output(s) and portfolio(s)	Performance measure(s) not met	Reason for not meeting the measure(s)	Initial invoice (\$ million)	Revenue certified (\$ million)	Evidence used for approving the invoice or not approving the invoice

2018-19 Response

Department	Output(s) and portfolio(s)	Performance measure(s) not met	Reason for not meeting the measure(s)	Initial invoice (\$ million)	Revenue certified (\$ million)	Evidence used for approving the invoice or not approving the invoice

⁵ Resource Management Framework, pg. 93

Question 28 (DTF only) Net cash flows from investments in financial assets for policy purposes – General Government Sector (GGS)

NOT APPLICABLE FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Regarding the 'net cash flows from investments in financial assets for policy purposes' in the GGS cash flow statement for 2017-18 and 2018-19, please provide:

- a) the top five projects that contributed to the variance recorded in each year
- b) the initial budget estimate (not the revised estimate) for net cash flow in 2017-18 and 2018-19 (source: 2017-18 BP 5, pg. 10 and 2018-19 BP 5, pg. 10) and the actual net cash flow in 2017-18 and 2018-19 (source: 2017-18 Financial Report, pg. 31 and 2018-19 Financial Report, pg. 31)
- c) an explanation for variances between budget estimate and actual net cash flow.

2017-18 Response

	Project name	Department	Output(s) and portfolio(s)	Estimated net cash flow in 2017-18	Actual net cash flow in 2017-18	Variance explanation
1.						
2.						
3.						
4.						
	Other					
	Total net cash flow					

2018-19 Response

	Project name	Department	Output(s) and portfolio(s)	Estimated net cash flow in 2018-19	Actual net cash flow in 2019-20	Variance explanation
1.						
2.						
3.						
4.						
5.						
	Other					
	Total net cash flow					

Question 29 (DTF only) Purchases of non-financial assets – General Government Sector (GGS)

Regarding the 'purchases of non-financial assets' by the GGS in 2017-18 and 2018-19 (source: 2017-18 BP 5, pg. 31 and 2018-19 BP 5, pg. 31), please compare the initial budget estimate for each department to the actual value of 'purchases of non-financial assets' (source: 2017-18 Financial Report, pg. 45 and 2018-19 Financial Report, pg. 31) for each department, explaining any variances equal to or greater than $\pm 10\%$ or \$100 million (please fill all blank spaces) and then link it to the relevant output and portfolio.

NOT APPLICABLE FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES

2017-18 Response

By department	Types of non-financial assets	Initial budget estimate 2017-18 \$ million	Actual 2017-18 \$ million	Variance (%)	Variance explanation	Relevant Output(s) and portfolio(s)
Department of Health and Human Services						
Department of Economic Development, Jobs, Transport and Resources						
Department of Education and Training						
Department of Justice and Regulation						
Department of Environment, Land, Water and Planning						
Court Services Victoria						
Department of Premier and Cabinet						
Department of Treasury and Finance						
Department of Parliamentary Services						

2018-19 Response

By department	Types of non-financial assets	Initial budget estimate 2018-19 \$ million	Actual 2018-19 \$ million	Variance (%)	Variance explanation	Relevant Output(s) and portfolio(s)
Department of Health and Human Services						
Department of Transport						
Department of Justice and Community Safety						
Department of Education and Training						
Department of Jobs, Precincts and Regions						
Department of Environment, Land, Water and Planning						
Court Services Victoria						
Department of Premier and Cabinet						
Department of Treasury and Finance						
Department of Parliamentary Services						

Question 30 (DTF only) Revenue initiatives

Regarding the revenue initiatives announced in the 2017-18 and 2018-19 Budgets, please provide an explanation for the variances equal to or greater than ±10% or \$100 million between budget estimates and the actual results.

NOT APPLICABLE FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES

2017-18 Response

Initiative	2017-18 budget estimate (\$ million)	2017-18 actual (\$ million)	Explanation for any variance ±10% or \$100 million

2018-19 Response

Initiative	2018-19 budget estimate (\$ million)	2018-19 actual (\$ million)	Explanation for any variance ±10% or \$100 million

Question 31 (DTF only) Expenses by departments – General Government Sector (GGS)

Regarding expenses of the GGS in 2017-18 and 2018-19 (source: 2017-18 BP 5, pg. 30 and 2018-19 BP 5, pg. 30), please compare the initial budget estimates (not the revised estimate) for each department to the actual expenses for each department (source: 2017-18 Financial Report, pg. 45 and 2018-19 Financial Report, pg. 45), explaining any variances equal to or greater than $\pm 10\%$ or \$100 million (please fill all blank spaces) and then link it to the relevant output and portfolio.

NOT APPLICABLE FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES

2017-18 Response

By department	Initial budget estimate 2017-18 \$ million	Actual 2017-18 \$ million	Variance (%)	Variance explanation	Relevant Output(s) and portfolio(s)
Department of Health and Human Services					
Department of Economic Development, Jobs, Transport and Resources					
Department of Education and Training					
Department of Justice and Regulation					
Department of Environment, Land, Water and Planning					
Court Services Victoria					
Department of Premier and Cabinet					
Department of Treasury and Finance					
Department of Parliamentary Services					

2018-19 Response

By department	Initial budget estimate 2018-19 \$ million	Actual 2018-19 \$ million	Variance (%)	Variance explanation	Relevant Output(s) and portfolio(s)
Department of Health and Human Services					
Department of Education and Training					
Department of Transport					
Department of Justice and Community Safety					
Department of Environment, Land, Water and Planning					
Department of Jobs, Precincts and Regions					
Court Services Victoria					
Department of Premier and Cabinet					
Department of Treasury and Finance					
Department of Parliamentary Services					

Question 32 (DTF only) Economic variables

Please indicate the estimated and actual result for the following economic variables. For the estimate, please use the initial estimate used in preparing the 2017-18 and 2018-19 budget papers (not revised estimates). For any variance equal to or greater than ±0.5 percentage points, please provide an explanation for the variance. Please fill all blank spaces.

NOT APPLICABLE FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES

2017-18 Response

Economic variable	Budget estimate 2017-18	Actual 2017-18 result	Variance	Explanation for variances equal to or greater than ±0.5 percentage points
Real gross state product growth				
Employment growth				
Unemployment rate				
Consumer price index growth				
Wage price index growth				
Population growth				
Interest rates				
Household consumption growth				
Property prices growth				
Property volume				
Employee expenses				
Exchange rate				

2018-19 Response

Economic variable	Budget estimate 2018-19	Actual 2018-19 result	Variance	Explanation for variances equal to or greater than ± 0.5 percentage points
Real gross state product growth				
Employment growth				
Unemployment rate				
Consumer price index growth				
Wage price index growth				
Population growth				
Interest rates ^(a)				
Household consumption growth				
Property prices growth				
Property volume				
Employee expenses				
Exchange rate				

Question 33 (DTF only) Resource Management Framework – Funding reviews

NOT APPLICABLE FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES

Section 6.2 of the Resource Management Framework outlines the funding review policy of the evaluation stage of the Integrated Management Cycle.

Section 6.2 states that ‘the requirements and guidance for doing reviews are currently under review’ and that ‘Departments will be advised when this policy is updated’. Please provide an update of the review and the status of the policy.

Section J: Treasury Corporation of Victoria only

Question 34 Dividends

NOT APPLICABLE FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES

- a) Please explain the factors that have been involved in the negotiations with the Treasurer, in relation to the amount of dividends paid by the Treasurer Corporation of Victoria (TCV) in 2017-18 and 2018-19.

	Dividends paid in 2017-18	Dividends paid in 2018-19
Amount of dividends paid (\$ million)		
Factors that have been involved in the negotiations with the Treasurer to determine the amount of dividends paid.		

Question 35 Commodity risk management

NOT APPLICABLE FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES

- a) Please provide details of TCV's Commodity Risk Management Policy

- b) Please explain how this policy influenced the business activities undertaken by TCV in 2017-18 and 2018-19

Question 36 Foreign exchange risk management
NOT APPLICABLE FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES

a) Please provide details of TCV's Foreign Risk Management Policy

b) Explain how this policy influenced the business activities undertaken by TCV in 2017-18 and 2018-19.

Question 37 Public Private Partnership (PPP) projects
NOT APPLICABLE FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES

a) Please indicate how many PPP projects (and which ones) TCV provided 'project advisory services' for in 2017-18 and 2018-19. For each project, please also specify if the project is a newly confirmed engagement or if it was for a project that was already underway.

b) Please indicate how many business cases TCV provided (and which clients these were for) as part of its 'project advisory services' in 2017-18 and 2018-19. For each business case, also specify if the project forms part of the Department of Treasury and Finance's Gateway Review Process.

2017-18 Response

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

2018-19 Response

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

Question 38 Green Bonds

NOT APPLICABLE FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES

How many TCV Green Bonds were issued in 2017-18 and 2018-19? Please also indicate the maturity and the rate of return.

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