

**PARLIAMENT OF VICTORIA**

Public Accounts and Estimates Committee



**2019-20**

**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 2019-20 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 2019-20 financial year, 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 Monday 1 February 2021**.

Please email the completed questionnaire (in word and pdf) to [paec@parliament.vic.gov.au](mailto: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 output initiatives from past budgets

- a) For all initiatives that were completed in 2019-20, please provide details of the outcomes 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).

Initiative	Year and funding allocated		Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated (\$)				
<b>BI 20-11</b> Supporting vulnerable children in need – Urgent and essential maintenance of care service properties	2019-20	2019-20 \$0.108 m	30-Jun-20	Funding provided to maintain and repair residential care properties across Victoria.	Funding was provided for the maintenance of residential care properties and has been fully expended.	Child Protection
<b>BI 20-15</b> Progressing the children and families reform agenda – Caring for adults who were in institutional care as children before 1990 ( <b>Lapsing</b> )	2019-20	1,108,000	30-Jun-20	Provide funding to Open Place (Berry Street) and Care Leavers Australasia Network (CLAN) to deliver: <ul style="list-style-type: none"> <li>• social support groups</li> <li>• a health and dental brokerage program</li> <li>• advocacy services including advice and information</li> <li>• emotional support</li> <li>• temporary accommodation for historical artefacts</li> </ul>	Services have been delivered in accordance with outputs and targets as stated in Service Agreement variations with Open Place (Berry Street) and Care Leavers Australasia Network (CLAN). <u>Open Place</u> delivered: <ul style="list-style-type: none"> <li>• social support groups</li> <li>• a health and dental brokerage program</li> </ul>	Child Protection

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				suitable for an Australian orphanage museum.	<p><u>CLAN</u> delivered:</p> <ul style="list-style-type: none"> <li>• advocacy services including advice and information</li> <li>• emotional support</li> <li>• temporary accommodation for historical artefacts suitable for an Australian orphanage museum.</li> </ul>	
<b>BI 20-38</b> Men's Sheds upgrades in Eastern Victoria	2019-20	\$100,000	30-Jun-20	<p>Up to 27 men's sheds, located across Eastern Victoria, to receive minor capital upgrades such as air conditioning/heating, or other minor works as identified by each men's shed group.</p> <p>Engagement in these projects is expected to lead to increased morale and connection for participants. Increased amenity results in increased involvement and community connection for men.</p>	<p>23 of the nominated 27 men's shed groups were allocated funding totalling \$90,423 (including GST).</p> <p>Of the four groups that were not allocated funding, one was deemed ineligible as the nominated project had already been allocated funding the previous year, another group stated that the funding was not required, and two groups failed to sign and return the required Agreement.</p> <p>Positive feedback was received anecdotally by the department from recipients and from the Victoria Men's Shed Association, but the actual impact in men's health and wellbeing as a result of the program was not measured.</p>	Disability, Ageing and Carers

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<b>BI 20-09</b> Supporting vulnerable children in need – Increased demand for children with complex disabilities	2018-19 2019-20	2018-19 \$19.61 m 2019-20 \$10,196 m	30-Jun-20	The initiative was expected to support children with complex disabilities who were already in placements in order to provide continuity of service while a Memorandum of Understanding was renegotiated with the National Disability Insurance Scheme.	Early intervention occurred for children with complex disability support needs to allow them to remain in the family home. Prevented children with complex disability support needs entering the statutory system unnecessarily with the establishment of voluntary accommodation arrangements in collaboration with the National Disability Insurance Authority (NDIA).	Child Protection
<b>BI 20-11A</b> Supporting vulnerable children in need: Urgent and essential maintenance of care services properties: Installation of fire sprinklers at 24 properties (eight [8] properties per annum)	2019-20	2019-20 \$800,000	30-Jun-20	Install fire sprinklers at 24 properties (eight properties per annum)	19 houses upgraded with fire safety measures.	Child Protection
<b>BI 20-14</b> Progressing the children and families reform agenda – Bolstering	2019-20	\$847,000	30-Jun-20	Establish appropriate governance and advisory structures for the pilot. Clear measures to be identified, and qualitative	The Children with Complex Disability Support Needs program family services program has been successfully delivered as a pilot by six family	Child Protection

Initiative	Year and funding allocated		Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
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early family services along the pathways of support				and quantitative data will be collected to assess the effectiveness of the initiative.	services agencies from September 2019 – June 2020.	
<b>BI 20-12</b> Better assisting children in the statutory child protection system – Increased demand for child protection services	2019-20	2019 \$6,650,076	30-Jun-20	Recruit additional child protection practitioners to deliver a more effective, better targeted and better resourced statutory child protection service that can meet performance measures of quality and timeliness.	Forty-four additional child protection practitioners were recruited.	Child Protection
<b>BI 20-21</b> Perpetrator responses – Enhancing the response to demand for men's behaviour change programs, including new standards ( <b>Lapsing</b> )	2019-20	\$7.483 m (\$9.096 m ongoing)	24-Jul-19	Continue to fund men's behaviour change programs.	Funding enabled 4,486 men to participate in a Men's Behaviour Change Program (MBCP) – a higher than expected outcome, indicating high level of demand for perpetrator programs.  The COVID-19 pandemic impacted the delivery of MBCP groups, with service adaptations made in response to the restrictions on face-to-face service delivery.  For example, providers transitioned from in-person MBCP group to online (video), in conjunction with telephone supports.	Prevention of Family Violence

Initiative	Year and funding allocated		Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
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<b>BI 20-22</b> Perpetrator responses – Men's family violence (Lapsing)	2019-20	\$5.630 m (\$6.843 m ongoing)	24-Jul-19	Continue to fund men's behaviour change programs – allowing for 3,400 men to participate.	Funding enabled 4,486 men to participate in a Men's Behaviour Change Program (MBCP) – a higher than expected outcome, indicating high level of demand for perpetrator programs.  Thirty places in the Graduate Certificate course were also supported.  The COVID-19 pandemic impacted the delivery of MBCP groups, with service adaptations made in response to the restrictions on face-to-face service delivery.  For example, providers transitioned from in-person MBCP group to online (video), in conjunction with telephone supports.	Prevention of Family Violence
<b>BI 20-23</b> Perpetrator responses – Case management services (Lapsing)	2019-20	\$3.69 m (\$4.480 m ongoing)	1-Jul-20	Delivery of 1,300 places state-wide including to Aboriginal and Lesbian, Gay, Bisexual, Transgender, Intersex, or Questioning (LGBTIQ) cohorts through specialist providers.	Case management was delivered to 1,370 perpetrators of family violence who required individualised support to address a range of needs including housing and homelessness, mental health support, and drug and alcohol issues.	Prevention of Family Violence

Initiative	Year and funding allocated		Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
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					Delivery of the perpetrator case management program was impacted by the COVID-19 pandemic, with high level of demand for perpetrator programs and restrictions on face-to-face service delivery.	
<b>BI 20-29</b> Family violence and Sexually Abusive Behaviours Treatment Service (SABTS) (Lapsing)	2019-20	\$1.47 m	30-Aug-19	Continue to fund the Sexually Abusive Behaviours Treatment Service (SABTS) program to provide support to children and young people engaging in sexually abusive behaviours.	1,037 children and young people engaging in sexually abusive behaviours received support in 2019-20. Face to face service delivery of the SABTS program was affected by the COVID-19 pandemic.	Prevention of Family Violence
<b>BI 20-71</b> Family violence refuge and crisis case management response – CCTV cameras in Centre Against Violence women's refuge in North East	2019-20	\$0.05 m	2-Aug-19	Install safety devices at Centre Against Violence's women's refuge in Victoria's North East.	Direct allocation of funds to Centre Against Violence (CAV) women's refuge in August 2019. Successful installation of the safety devices at Centre Against Violence's women's refuge in Victoria's North East.	Family Safety Victoria
<b>BI 20-72</b> Family violence refuge and crisis case management response – Expansion of Wodonga and	2019-20	\$0.2 m	30-Sep-19	Deliver specialist family violence counselling for approximately 90 children.	Additional specialist family violence counselling services in Wodonga and Wangaratta supported approximately 90 children.	Family Safety Victoria

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Wangaratta specialist children's family violence counselling services						
<b>BI 20-36</b> Future provision of public sector residential aged care	2019-20	\$26.922 m over 12 months (lapsing 30 June 2020)	30-Jun-20	Funding allocated to maintain 1,959 beds, consisting of: <ul style="list-style-type: none"> <li>• 355 beds - generic Public sector residential aged care services (PSRACS) operating in metropolitan Melbourne</li> <li>• 928 beds - Low Care services operating in rural and regional Victoria</li> <li>• maintaining the number of funded available days for High Care services in rural and regional Victoria – 676 beds.</li> </ul>	Funding expended and service provision maintained in metropolitan Melbourne as well as in rural and regional locations.  Provided 708,336 available bed days so that they continue to be available for Victorians requiring residential aged care.	Residential Aged Care output Ageing portfolio
<b>BI 20-75</b> Critical mental health service demand – Meeting unavoidable demand for mental health services	2019-20	\$67.57 m over four (4) years (in 2019-20 and 2020-21)	30-Jun-20	The following additional mental health services were funded to meet increased demand. <ul style="list-style-type: none"> <li>• two new acute women forensic beds, Thomas Embling Hospital, by 2019-20</li> <li>• three new acute high dependency beds, Orygen Youth</li> </ul>	<ul style="list-style-type: none"> <li>• The investment increased capacity within hospital and community-based services to meet demand.</li> <li>• The clinical mental health services were able to improve the health outcomes for individuals and their families.</li> <li>• The health services were able to develop contemporary</li> </ul>	Mental Health

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				<p>(Melbourne Health), by 2019-20</p> <ul style="list-style-type: none"> <li>• two new subacute adult PARC beds, Barwon Health, by 2019-20 (50% part-year effect)</li> <li>• the purchase of 21 private hospital beds across two years including: <ul style="list-style-type: none"> <li>○ four adult acute beds, Melbourne Health</li> <li>○ three youth beds, Melbourne Health</li> <li>○ five adult beds, Mercy Health</li> <li>○ nine adult beds, Monash Health</li> </ul> </li> <li>• increased capacity at three PARC units across Victoria (Monash Health x 2 and Melbourne Health x1)</li> <li>• Increased community service hours to over 7,000 Victorians (distributed across 17 designated area mental health services and Forensicare).</li> </ul>	<p>models of care that met the needs of individuals, families and communities.</p> <ul style="list-style-type: none"> <li>• The public and private partnerships supported integrated approaches to deliver tailored services for individuals diagnosed with a mental illness.</li> </ul>	

Initiative	Year and funding allocated		Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
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<b>BI 20-98</b> Clinical Technology Refresh Program – Digital Clinical Technology Refresh Program	2019-20	2020 \$13 m	30-Jun-20	Funding to be distributed to Victorian public health services, either directly or via whole-of-state contracts that directly reduce the risk of Information and Communications Technology (ICT) outages to health services. Evidence of infrastructure purchased and installation underway.	Funding has been distributed to Victorian public health services, either directly or via whole-of-state contracts that directly reduce the risk of Information and Communications Technology (ICT) outages to health services. There has been an 8.5% reduction in reported ICT outages in health services over the 12 months ending 31 December 2020. Collation of evidence of infrastructure purchased and installation completed in December 2020.	Health
<b>BI 20-55</b> National Housing and Homelessness Agreement – Continuation of the National Partnership Agreement on Homelessness – Victorian matched funding	2019-20	2019-20 \$24.7M	30-Jun-20	The National Homelessness Data Collection identifies clients that are supported through these initiatives. Over 16,000 episodes per annum of support for people at risk of or experiencing homelessness and over 30,000 episodes per annum of initial assessment and planning, which provides immediate response.	Households provided with housing establishment assistance - 38,458 Number of clients assisted to address and prevent homelessness - 115,168 Number of clients provided with accommodation - 29,293 Number of clients assisted to address and prevent homelessness due to family violence - 53,136 Proportion of clients where support to sustain housing	Housing

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				Funds are expended through the Department's Annual Audit requirements.	tenure was provided or referred - 86.6%	
<b>BI 20-100</b> Rural Residential Aged Care Facilities Renewal 2019-20	2019-20 <i>As per BP4: This project is funded from the Regional Health Infrastructure Fund</i>	\$10,000,000	30-Jun-20	Support small capital projects to enhance the quality and amenity of rural residential aged care facilities.	Funding was allocated to 18 agencies (19 projects) in late 2019 Projects are in delivery by agencies.	Disability, Ageing and Carers
<b>BI 20-97C</b> Engineering infrastructure and medical equipment replacement programs – 2019-20 – Output funding	2019-20	\$1,600,000	30-Jun-20	Develop an asset condition program and build the asset data and knowledge to enable effective renewal strategies for the health portfolio.	Delivered a condition framework and completed engineering condition assessments on approx. 30% of the portfolio. Renewal analysis completed for medical equipment at three major metro health services.	Health
<b>BI 20-35</b> Response to allegations of child abuse in organisations – Output funding (Lapsing)	2019-20 \$3.862 m 2020-21 \$3.959 m 2021-22 \$4.058 m 2022-23 \$4.160 m ongoing \$4.264 m	2019-20 \$3.862 m	30-Jun-20	The Commission for Children and Young People (CCYP) will be able to continue to deliver its statutory functions under the Reportable Conduct Scheme.  The CCYP's functions are to: <ul style="list-style-type: none"><li>provide independent scrutiny and oversight of services for children and young people, particularly those in the</li></ul>	The funding provided enabled the statutory body to deliver against its legislative obligations.	Families and Children

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				<p>out-of-home-care, child protection and youth justice systems</p> <ul style="list-style-type: none"> <li>• advocate for best practice policy, program and service responses to meet the needs of children and young people</li> <li>• support and regulate organisations that work with children and young people to prevent abuse and make sure these organisations have child safe practices.</li> </ul>		
<b>BI 20-47</b> Health Complaints Commissioner (HCC) (Lapsing)	2019-20 \$3.739 m 2020-21 \$3.832 m 2021-22 \$3.928 m 2022-23 \$4.026 m ongoing \$4.127 m	2019-20 \$3.739 m	30-Jun-20	The Health Complaints Commissioner (HCC) will perform its mandated roles to improve the quality of health services and protect the Victorian public from any serious risk that a health service provider poses.	The funding provided enabled the statutory body to deliver against its legislative obligations.	Health
<b>BI 20-48</b>	2019-20 \$0.962 m 2020-21 \$1.000 m	2019-20 \$0.962 m	30-Jun-20	The Victorian Assisted Reproductive Treatment	The funding provided enabled the statutory body to deliver	Health

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Victorian Assisted Reproductive Treatment Authority (VARTA)	2021-22 \$1.025 m 2022-23 \$1.051 m ongoing \$1.077 m			Authority (VARTA) will meet increased demand for services and effectively undertake its regulatory role, ensuring there is greater oversight of the industry and accurate information about treatment.	against its legislative obligations.	
<b>BI 20-83</b> Mental Health Tribunal ( <b>Lapsing</b> )	2019-20 \$1.585 m 2020-21 \$1.625 m	2019-20 \$1.585 m	30-Jun-20	The Mental Health Tribunal issues a report on the number of hearings it conducts each year.	The funding provided enabled the statutory body to deliver against its legislative obligations.	Mental Health
<b>BI 20-84</b> Mental Health Complaints Commissioner (MHCC)	2019-20 \$2.217 m 2020-21 \$2.281 m	2019-20 \$2.217 m	30-Jun-20	The Mental Health Complaints Commissioner (MHCC) will be able to deliver its full complement of statutory responsibilities and meet demand for its service obligations.  This includes: <ul style="list-style-type: none"> <li>• undertaking investigations into complaints that raise significant safeguarding issues</li> <li>• capacity to meet increasing demand for complaint resolution</li> </ul>	No lapsing funding was provided. The body delivered against its regulatory obligation on its base funding.	Mental Health

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				<ul style="list-style-type: none"> <li>development of its data analytics capacity to identify and track key issues and trends and to effectively utilise and share data to support services to better identify and respond to critical trends.</li> </ul>		
<b>BI 20-19</b> Civil claims for historical institutional child abuse	2019-20	\$20 m (set aside in central contingency with its release subject to a reconciliation of premium and claims expenses being provided)	12-Jun-20	A reconciliation of costs incurred by the department, independently verified by the Victorian Managed Insurance Agency, to be completed and provided to the Department of Treasury and Finance and the release of funds from contingency is requested.	Actual costs incurred by the department in respect of civil claims for historical institutional child abuse amounted to \$19.872 m.	Child Protection
<b>BI 20-88</b> Better mental health care for our emergency workers – Department of Health and Human Services component	2019-2023	\$6 m	Deliverable 1: 24 February 2020. Deliverable 2: by 30 Jun 2021	The key deliverable will be the implementation and operation of a Central Access Referral and Treatment (CART) service that will provide a central access point for screening and initial needs identification, and the	The Central Access Referral and Treatment (CART) service and Specialist Network of Clinicians commenced operation on 24 February 2020. Service performance indicators were met by the CART service provider however utilisation of the service has been very low,	Mental Health

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				<p>establishment of and referral to the Specialist Network of Clinicians.</p> <p>Key performance indicators will be established to ensure that the initiative is delivering against its aims and objectives. Indicators will focus on service utilisation, service performance, emergency service worker need and mental health needs and clinician activities.</p> <p>The expenditure of the proposed funding based upon contractual deliverables will provide a measure of the final output.</p> <p>The Centre of Excellence will be established and will be operational and delivering against performance measures.</p> <p>The expenditure of the proposed funding based upon contractual deliverables will provide a</p>	<p>with only one eligible call being received by the service.</p> <p>The next steps for this project are being determined in collaboration with the Department of Justice and Community Safety.</p> <p>The launch of the Centre of Excellence was intended from July 2021. This has been bought forward, with service specifications developed, and the procurement process to engage a service provider has commenced.</p> <p>It is intended that the Centre of Excellence will commence operations later in 2020-21.</p>	

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				measure of the final output.		
<b>BI 20-46</b> Human immunodeficiency virus (HIV) prevention – community-based rapid testing	2019-20	\$2.8 m over four (4) years non recurrent	30-Jun-23	<p>PRONTO! The rapid Human immunodeficiency virus (HIV) testing service will continue to operate sexual health testing and Pre-Exposure Prophylaxis (PrEP) clinics without any disruption in service delivery subject to future COVID-19 restrictions.</p> <p>The number of rapid HIV test appointments available will be influenced by restrictions and it is unlikely that the 2020-21 target will be reached.</p>	<p>Appointments and testing were down as PRONTO! Closed peer rapid HIV testing appointments on 9 July 2020 to comply with COVID-19 stage 4 restrictions.</p> <p>It is anticipated that the actual outcome for 2020-21 will be equivalent to 50% of the target measure.</p>	Health
<b>BI 20-18</b> Case management by Aboriginal community-controlled organisations – Building culturally strong communities and improving access for Aboriginal children and families	2019-20 \$5.6 m 2020-21 \$8 m	2019-20	30-Jun-20	<ul style="list-style-type: none"> <li>• An increased number of Aboriginal children case managed by an Aboriginal community-controlled organisation</li> <li>• Key performance indicators as agreed by the Aboriginal Children's Forum are met</li> <li>• All 200 targets are filled</li> <li>• All 171 Intensive Family Services (200 Hours) are</li> </ul>	<p>The funding has increased the number of Aboriginal children case managed by an Aboriginal community-controlled organisation to approximately 50% as at November 2020.</p> <p>This includes a 24% increase in utilisation of intensive family services targets to support reunification of children to their birth family.</p>	Child Protection

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				<p>expanded to support Aboriginal children to be reunify with their birth family</p> <ul style="list-style-type: none"> <li>• Improve quality of practice in Aboriginal Children in Aboriginal Care through four practice leader positions.</li> </ul>		
<p><b>BI 20-76</b> Critical mental health service demand – Grow and diversify the workforce to drive reform</p>	<p>2019-20 2020-21</p>	<p>\$4.57 m \$5.13 m</p>	<p>31-May-21</p>	<p>Funding has been allocated to services for 15 Full-time equivalent (FTE) additional places in the nurse transition program and nurse educator positions. 5.5 FTE Nurse educator positions are funded and recruited to support additional trainees.</p> <p>Hello Open Minds attraction campaign is released across the target audiences.</p> <p>Recruitment of a Director of Training for Specialist International Medical Graduates is complete. Addiction psychiatry training capacity is increased.</p>	<p>Recruitment of 2019-20 and 2020-21 funded nurse transition positions is complete with 15 additional positions in place as well as 5.5 Full-time equivalent (FTE) nurse educators to support the positions.</p> <p>Hello Open Minds established a regional relocation grants program and pre-qualification registered nurse employment program pilots at three services.</p> <p>A Director of Training for Specialist Medical Graduates was appointed and is in place. A Director of Advanced Training – Addiction Psychiatry has been appointed at Turning Point to complement the addiction medicine training program.</p>	<p>Mental Health</p>

Initiative	Year and funding allocated		Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
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				A leadership development program for psychiatrists is developed, available and scholarships allocated. Needs analysis undertaken and funding allocated to psychiatry TeleHealth initiatives.	Psychiatry workforce development grants: In 2019-20, five grants for individual leadership development activity were provided while three organisations received funding to implement digital solutions for workforce development. A second round of grants focused on individual leadership development will be available in February 2021 with a proposed approach under review.	
<b>BI 20-77</b> Aboriginal health, wellbeing and safety – mental health demonstration projects – Safeguarding people at risk of harm – Aboriginal demonstration projects ( <b>Lapsing</b> )	2016-17 2018-19 2019-20	\$7.7 m \$4.0 m \$8.5 m	30-Jun-21	<ul style="list-style-type: none"> <li>Funding has been allocated to four demonstration project sites to enable continuation of services</li> <li>Staff across all four sites are retained in positions</li> <li>Completion of evaluation report by end of December 2020.</li> </ul>	To date, more than 400 Aboriginal people have received support through the Demonstration Projects. The Ballarat and District Aboriginal Co-operative <i>Keela Borron</i> Demonstration Project has also shown success with eighteen children being reunited with their Aboriginal parents.	Mental Health
<b>BI 20-05</b> Kinship care – Kinship Care Model	2017-18 2018-29 2019-20 ongoing	2017-18 \$13.3 m 2018-19 \$20.2 m 2019-20	Ongoing	<ul style="list-style-type: none"> <li>Kinship engagement teams are operational and delivering supports to carers</li> <li>First Supports are being delivered by Community</li> </ul>	<ul style="list-style-type: none"> <li>Kinship engagement teams are operational and delivering supports to carers</li> <li>First Supports are being delivered by Community service organisations (CSOs)</li> </ul>	Child Protection

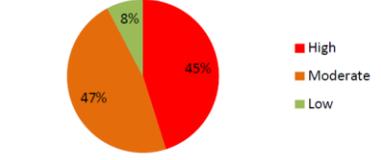
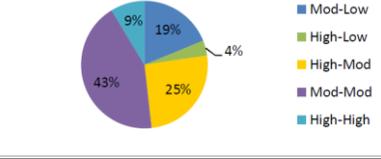
Initiative	Year and funding allocated		Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated (\$)				
		\$27.571 m ongoing		<p>service organisations (CSOs) and Aboriginal community-controlled organisations (ACCOs) to new kinship families</p> <ul style="list-style-type: none"> <li>• 300 children are case contracted to CSOs</li> <li>• Brokerage is fully expended to stabilise existing placements at risk of breakdown.</li> </ul>	<p>and Aboriginal community-controlled organisations (ACCOs) to new kinship families</p> <ul style="list-style-type: none"> <li>• 300 children are case contracted to CSOs</li> <li>• Brokerage is fully expended to stabilise existing placements at risk of breakdown.</li> </ul>	
<b>BI 20-06</b> Aboriginal kinship finding service	2019-20 ongoing \$2.36 m	2019-20 ongoing \$2.36 m	Ongoing	An increased compliance with the Aboriginal Child Placement Principle by identifying kinship networks early and increasing the number of Aboriginal children placed with Aboriginal kin or community and therefore connected to culture.	The new service has provided: <ul style="list-style-type: none"> <li>• 60 successful family finding cases</li> <li>• 88 expanded genograms</li> <li>• 27 cases of establishing Aboriginality.</li> </ul>	Child Protection
<b>BI 20-08</b> Supporting vulnerable children in need – Increased demand for children who cannot live with their parents	2019-20 2020-21 ongoing	2019-20 \$5.567 m 2020-21 \$5.835 m ongoing	Ongoing	2019-20 Budget Paper No. 3 (BP3) targeted a daily number of children in out-of-home care placements of 11,868. The 2019-20 target reflected an increase of 1,478 children in out-of-home care placements, compared to the 2018-19 target.	For 2019-20: Funding has been fully expended; data for the Budget Paper No. 3 (BP3) measure.  Daily average number of children in care service placements, reveals that the target for 2019-20 has been met.	Child Protection

Initiative	Year and funding allocated		Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated (\$)				
<b>BI 20-10</b> Supporting vulnerable children in need – Flexible funding support for permanent care placements	2019-20 2020-21 ongoing	2019-20 \$2.076 m 2020-21 \$2.174 m ongoing	Ongoing	The funding was expected to support eligible carers of children aged 0-17 years in a permanent care placement (with a state average daily number of 2,963 children 0-17 years in a permanent care placement).	For 2019-20: Funding has been fully expended and permanent carers are accessing flexible funding.	Child Protection
<b>BI 20-16</b> Progressing the children and families reform agenda – Supported transitions to independent living (Better Futures)	2018-19 2019-20	2018-19 \$2.3 m 2019-20 \$2.355 m	30-Jun-20	Better Futures support has been delivered to young people across the DHHS South Division.  Better Futures providers, including Aboriginal community-controlled organisations (ACCOs), have increased capacity to respond to the individual needs of care leavers as a result of this investment.	All young people are referred to Better Futures at 15 years and 9 months of age and are supported to have a voice in their transition planning and to develop a relationship with their Better Futures worker as they prepare to transition to adulthood.	Child Protection
<b>BI 20-40</b> Victorian Patient Transport Assistance Scheme (VPTAS)	2019-20	\$2.6 m \$17.8 m total recurrent	30-Jun-20	Victorian Patient Transport Assistance Scheme (VPTAS) funding of \$2.6 million will support 1,880 additional claims for 791 eligible Victorians.  The scheme is monitored on a continuous basis using	The Victorian Patient Transport Assistance Scheme (VPTAS) achieved 95% against its budgeted annual target inclusive of the 1,880 additional claims.	Health

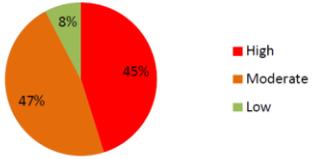
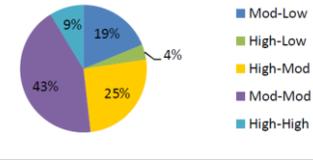
Initiative	Year and funding allocated		Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated (\$)				
				select performance indicators of throughput, the queue size of claims awaiting assessment and the team's productivity and timeliness in assessing and paying claims.		
<b>BI 20-50</b> Responding to people's end of life care choices – Expanding Home Based Palliative Care (metropolitan)	2019-20 ongoing	2019-20 \$4.4 m ongoing \$7.4 m	Ongoing	<p>Increase in the number of people receiving home-based palliative care and an increase in the number of direct palliative care contacts (occasions of service) for designated community palliative care providers.</p> <p>Improved outcomes for people receiving home-based palliative care through:</p> <ul style="list-style-type: none"> <li>• Reduction in the waiting time for commencement of palliative care (community clients)</li> <li>• Improvement in providers' responsiveness in managing clients with urgent needs (time in the unstable phase).</li> </ul>	<p>Number of contacts by metropolitan community palliative care services:</p> <p>The number of contacts/occasions of service by metropolitan community palliative care services in 2019-20 was 457,809. This is an additional 28,470 compared to 2018-19 activity however under the expected activity target for 2019-20.</p>	Health

Initiative	Year and funding allocated		Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated (\$)				
<b>BI 20-54</b> Responding to people's end of life care choices – Palliative Care beds in high demand metropolitan regions	2019-20 ongoing	2019-20 \$3.5 m ongoing \$3.7 m	Ongoing	Increase in the number of palliative care separations.  The Budget Paper No. 3 (BP3) target increased from 7,670 to 7,700 in 2019-20.	The Budget Paper No. 3 (BP3) target was met and exceeded (7,949 separations)	Health
<b>BI 20-78</b> Critical mental health service demand – Safeguarding people at risk of harm – Addressing drug harms	2019-20 2020-21	\$4.2 m over two years	30-Jul-21	Existing and new nasal spray forms of the drug naloxone and essential training will be rolled out across Victoria.  Additional needle and syringe products will also be provided to help address drug harms across Victoria.  The government will also increase access hours to the Medically Supervised Injecting Room (MSIR) to save more lives.	The naloxone component was delivered via the continued funding of the department's Naloxone Subsidy Initiative, which provides this life-saving overdose reversal medicine at zero cost to people who may experience or witness an overdose.  2019-20 funds were allocated to participating agencies in September 2019.  The needle and syringe component will be delivered via the continued operation of the existing demand-driven Needle and Syringe Program (NSP).  There is a Budget Paper No. 3 (BP3) measure of 9,680,000 for this program in 2019-20, which was exceeded.  The purpose-built Medically Supervised Injecting Room	Mental Health

Initiative	Year and funding allocated		Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated (\$)				
					(MSIR) was opened on 7 July 2019 and operates over extended hours, as funded by this initiative.	
<b>BI 20-80</b> Victorian Fixated Threat Assessment Centre (VFTAC) – Ancillary services ( <b>Lapsing</b> )	Service enhancements 2017-18 2018-19 2019-20	Service enhancements 2017-18 \$8.517 m 2018-19 \$14.311 m 2019-20 \$13.65 m	1-Oct-19	<p>The initiative will:</p> <ul style="list-style-type: none"> <li>• Increase the number of complex needs individuals that are assessed and engaged with appropriate services</li> <li>• Decrease the number of successful lone actor attacks.</li> </ul> <p>The recommended solution will have a positive social impact by promoting improved health and wellbeing among people with severe mental illness.</p> <p>It is also anticipated that a more effective public mental health system will provide improved support to consumers with a mental illness and promote more effective recovery and strategies to prevent significant deterioration.</p> <p>This is likely to result in improved social and</p>	<p>Since its commencement in March 2018 to December 2020, the Fixated Threat Assessment Centre (VFTAC) has received 599 referrals of which 164 were accepted.</p> <p>Of these accepted cases:</p> <ul style="list-style-type: none"> <li>• 32 were fixated, 96 were pathological grievances and 41 were extremist threats.</li> <li>• 115 were in in Mental Health care, 66 were previously in Mental Health care and 30 had no previous or existing Mental Health care at time of referral.</li> <li>• 157 were male (7 females)</li> <li>• 18 received Mental Health inpatient care, 86 Mental Health community care, 20 Alcohol and Other Drugs services, 30 police, and 27 were 'other' as an intervention.</li> <li>• 365 were referred by Victoria Police, 75 by mental health providers, 62 by public office</li> </ul>	<b>BI 20-80</b> Victorian Fixated Threat Assessment Centre (VFTAC) – Ancillary services ( <b>Lapsing</b> )

Initiative	Year and funding allocated		Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)																				
	Budget year	Funding allocated (\$)																								
				<p>economic participation for people with mental illness.</p> <p>Improving responses to complex needs and violence will improve public safety and improve health outcomes for consumers with mental illness and other complex needs.</p> <p>Through identification, risk assessment and monitoring, the model will reduce the threat of lone actor attacks and other serious violent offending in Victoria.</p>	<p>holders, 17 other Fixated-Threat Assessment Centres, eight from other police jurisdictions and 86 from other sources.</p> <p>As a result of the VFTAC, Mental Health and Alcohol and Other Drugs interventions, as well as other factors including changes in consumers' mental health and fixation, the program has observed a reduction in the level of concern (see below):</p> <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; background-color: #4a7ebb; color: white; margin: 0;"><b>Initial concern level (Accepted cases)</b></p> <p style="text-align: center; font-style: italic;">Initial Concern Level</p>  <table border="1" style="margin: 5px auto; font-size: small;"> <caption>Initial Concern Level Data</caption> <thead> <tr> <th>Level</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>High</td> <td>45%</td> </tr> <tr> <td>Moderate</td> <td>47%</td> </tr> <tr> <td>Low</td> <td>8%</td> </tr> </tbody> </table> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p style="text-align: center; background-color: #4a7ebb; color: white; margin: 0;"><b>Reassessed Concern Level (Accepted cases)</b></p> <p style="text-align: center; font-style: italic;">Reassessed Concern Level</p>  <table border="1" style="margin: 5px auto; font-size: small;"> <caption>Reassessed Concern Level Data</caption> <thead> <tr> <th>Level</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Mod-Low</td> <td>9%</td> </tr> <tr> <td>High-Low</td> <td>19%</td> </tr> <tr> <td>High-Mod</td> <td>4%</td> </tr> <tr> <td>Mod-Mod</td> <td>43%</td> </tr> <tr> <td>High-High</td> <td>25%</td> </tr> </tbody> </table> </div>	Level	Percentage	High	45%	Moderate	47%	Low	8%	Level	Percentage	Mod-Low	9%	High-Low	19%	High-Mod	4%	Mod-Mod	43%	High-High	25%	
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<b>BI 20-81</b> Victorian Fixated Threat Assessment	2017-18 2018-19 2019-20	2017-18 \$0.722 m 2018-19	1-Oct-19	<p>The initiative will:</p> <ul style="list-style-type: none"> <li>Increase the number of complex needs</li> </ul>	<p>Since its commencement in March 2018 to December 2020, the Fixated Threat Assessment</p>	<b>BI 20-81</b> Victorian Fixated																				

Initiative	Year and funding allocated		Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated (\$)				
Centre (VFTAC) – the Department of Health and Human Services (DHHS) component		\$2.499 m 2019-20 \$2.532 m		<p>individuals that are assessed and engaged with appropriate services</p> <ul style="list-style-type: none"> <li>• Decrease the number of successful lone actor attacks.</li> </ul> <p>There are also benefits for the broader health and social care sectors where over time, with planned staged capability building, there will be increased awareness of problems, and improved referral pathways for people demonstrating behaviours associated with moderate or high threat risk.</p>	<p>Centre (VFTAC) has received 599 referrals of which 164 were accepted.</p> <p>Of these accepted cases:</p> <ul style="list-style-type: none"> <li>• 32 were fixated, 96 were pathological grievances and 41 were extremist threats.</li> <li>• 115 were in in Mental Health care, 66 were previously in Mental Health care and 30 had no previous or existing Mental Health care at time of referral.</li> <li>• 157 were male (seven females)</li> <li>• 18 received Mental Health inpatient care, 86 Mental Health community care, 20 Alcohol and Other Drugs services, 30 police, and 27 were 'other' as an intervention.</li> <li>• 365 were referred by Victoria Police, 75 by mental health providers, 62 by public office holders, 17 other Fixated-Threat Assessment Centres, eight from other police jurisdictions and 86 from other sources.</li> </ul>	Threat Assessment Centre (VFTAC) – the Department of Health and Human Services (DHHS) component

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					<p>As a result of the VFTAC, Mental Health and Alcohol and Other Drugs interventions, as well as other factors including changes in consumers' mental health and fixation, the program has observed a reduction in the level of concern (see below):</p> <div style="border: 1px solid black; padding: 5px;"> <p><b>Initial concern level (Accepted cases)</b></p> <p><i>Initial Concern Level</i></p>  <table border="1"> <caption>Initial Concern Level Data</caption> <thead> <tr> <th>Level</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>High</td> <td>45%</td> </tr> <tr> <td>Moderate</td> <td>47%</td> </tr> <tr> <td>Low</td> <td>8%</td> </tr> </tbody> </table> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>Reassessed Concern Level (Accepted cases)</b></p> <p><i>Reassessed Concern Level</i></p>  <table border="1"> <caption>Reassessed Concern Level Data</caption> <thead> <tr> <th>Level</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Mod-Low</td> <td>9%</td> </tr> <tr> <td>High-Low</td> <td>19%</td> </tr> <tr> <td>High-Mod</td> <td>4%</td> </tr> <tr> <td>Mod-Mod</td> <td>43%</td> </tr> <tr> <td>High-High</td> <td>25%</td> </tr> </tbody> </table> </div>	Level	Percentage	High	45%	Moderate	47%	Low	8%	Level	Percentage	Mod-Low	9%	High-Low	19%	High-Mod	4%	Mod-Mod	43%	High-High	25%	
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<b>BI 20-82</b> Gippsland Residential Rehabilitation Facility	2019-20	\$10.2 m over 4 years	Facility commenced operation in April 2020	30 residential rehabilitation beds are now operational at the Hope Restart Centre. Odyssey House Victoria is the funded service provider. This investment builds on the government's Drug	With the completion of the HOPE Restart Facility, there are currently 412 rehabilitation beds operational throughout Victoria, with over half of the new beds being delivered in regional and rural Victoria.	Mental Health																				

Initiative	Year and funding allocated		Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
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				<p>Rehabilitation Plan, which was announced in 2017 to support the rapid establishment of 100 additional residential rehabilitation beds.</p> <p>Through these investments the government will have more than doubled the number of drug residential rehabilitation beds in Victoria, from 208 in 2014-15 to 492 when all facilities are fully operational in late 2021.</p>	<p>These extra beds have created more treatment spots, reduced pressure on the Alcohol and Other Drugs (AOD) system, and improved access to treatment for people who need drug and alcohol residential care.</p> <p>It should be noted that due to COVID-19, residential rehabilitation services such as the HOPE Restart Facility have been operating at reduced capacity, to ensure social distancing requirements are met.</p>	
<p><b>BI 20-86</b>            Royal Commission into Mental Health – Additional support – Supporting people with mental illness and non-government organisations who are directly impacted by the Royal Commission’s activities (Department of</p>	2019-20	\$2.831 m	28-Feb-21	<p>Funding has enabled key non-government organisations to:</p> <ul style="list-style-type: none"> <li>• support people (particularly those with lived experience of mental ill health) to participate in and engage with the Royal Commission into Victoria's Mental Health System (RCVMHS)</li> <li>• provide additional supports and resources for people impacted by</li> </ul>	<p>Outcomes delivered through this funding initiative include:</p> <ul style="list-style-type: none"> <li>• Independent Mental Health Advocacy (through Victoria Legal Aid) supported 34 people with lived experience of mental health issues and services to document their stories. Confidential stories (and a summary report) were delivered to the RCVMHS.</li> <li>• Mental Health Legal Centre conducted engagement clinics with clients in aged care psychiatric facilities and</li> </ul>	Mental Health

Initiative	Year and funding allocated		Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated (\$)				
Health and Human Services)				<p>the activities of the RCMHS</p> <ul style="list-style-type: none"> <li>engage priority cohorts (young Victorians; rural Victorians; Aboriginal community) in conversations about mental health.</li> </ul>	<p>provided a report on their findings to the RCMHS and supported 24 clients to share their stories directly with the RCMHS.</p> <ul style="list-style-type: none"> <li>Victorian Aboriginal Community Controlled Health Organisation (VACCHO) engaged Aboriginal communities through an online survey and 20 face-to-face interviews. Personal and professional experiences, along with solutions for change, were presented to the RCMHS via the <i>Balit Durn Durn</i> report.</li> <li>21 online and face-to-face art workshops delivered by The Dax Centre to engage regional Victorians in discussions around mental health.</li> <li>#SnapshotRuralVic social media campaign delivered by National Centre for Farmer Health to engage rural Victorians in the topic of mental health and provide connection during COVID-19 pandemic.</li> </ul>	

Initiative	Year and funding allocated		Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated (\$)				
<b>BI 20-57</b> Gas heater servicing and replacement scheme – Open-flue gas heater replacement regime	2018-19 2019-20	2018-19 \$20.9 m 2019-20 \$8.9 m	30-Apr-20	The funding provided has assisted the department with its objective to replace all Vulcan Heritage/Pyrox gas heaters, which will ensure the safety of public Housing tenants and significantly reduce the risk of carbon monoxide poisoning.  The funding for the gas heater ‘make safe’ program has been fully expended as at 30 June 2019.	Funding of \$8.9 million was exhausted in 2019.  Since March 2018, the department has disconnected all 6,525 known Vulcan Heritage gas Heaters and replaced 6,524 Vulcan Heritage gas Heaters. One property is yet to receive a replacement due to access issues.	Housing
<b>BI 20-60</b> Responding to homelessness – Access Demand – After Hours Crisis Response	2019-20 \$1.653 2020-21 \$1.729	2019-20: \$1.029m 2020-21 \$1.702m	30-Jun-21	Reduction in the number of people at risk of sleeping rough and an increase in the number of people who are referred to a day-time service to secure long-term housing and support services.	Annual target of 4,528 people assisted achieved.	Housing
<b>BI 20-61</b> Responding to homelessness - Crisis supported accommodation – Essential Support Services (Alcohol	2019-20 2020-21	2019-20: \$3.878 2020-21: \$4.059	30-Jun-20	The aim of the initiative is to reduce the numbers of clients who exit from crisis accommodation into homelessness, and as a consequence re-access the homelessness system.	The initiative has effectively achieved its expected outcome.	Housing

Initiative	Year and funding allocated		Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated (\$)				
and Other Drugs, Mental Health, Physical Health)						
<b>BI 20-62</b> Responding to homelessness – Private Rental Access Program (PRAP)	2019-20 \$9.385 m 2020-21 \$20.598 m	2019-20 \$9.384 m 2020-21 \$21.01 m	30-Jun-21	Service delivery target of over 5,000 households assisted over 17 local areas.  Regular, six-monthly reporting from Private Rental Access Program (PRAP)-funded agencies to the department provides evidence that the initiative is being delivered.  The data provided helps to highlight under and over-spending of allocations and enables the department to investigate demand and supply issues that may be relevant in these circumstances.	Annual service delivery targets have been exceeded for each year.  Evaluation of the program has found that Private Rental Access Program (PRAP) is fulfilling its intended outcomes of preventing homelessness and maintain secure housing for clients and facilitating and improving people’s capacity to access and sustain private rental tenancies.	Housing

## 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 2019-20.

- a) Using the format of the table below, please outline the five programs that delivered the most important outcomes in the community<sup>1</sup> achieved by the department in 2019-20 including:
- i. The name of the program
  - ii. The relevant output(s) and portfolio(s) responsible for delivery of the program
  - iii. The program objectives
  - iv. The actual outcome achieved
  - v. The actions taken to deliver the actual outcome (i.e. the most important elements/essential parts that led the Department to deliver the outcome).

Program	Output(s) and portfolio(s)	Program objectives	Description of actual outcome achieved	Description of the actions taken to deliver the actual outcome
1. Response to coronavirus (COVID-19) pandemic	Health	To contain community transmission To prevent the public hospitals and health system being overwhelmed To reduce preventable deaths as a result of the COVID-19 global pandemic	The sustainability of the health system was secured, and its capacity expanded to provide care to all Victorians. Compared to international jurisdictions, Victoria reduced avoidable deaths from the virus. Stage 3 Prevented between 9,000 and 37,000 additional cases of coronavirus (COVID-19) in July.	<ol style="list-style-type: none"> <li>1. Secured stocks of medical supplies, such as personal protective equipment (PPE) and ventilators</li> <li>2. Recommissioned sites to extend capacity, expanded and built new intensive care units (ICU)</li> <li>3. Developed, issued and communicated restrictions based on available evidence, to respond to the rapidly evolving COVID-19 pandemic</li> <li>4. Established a hotel quarantine for people returning to Victoria from global hotspots (in response to National Cabinet decisions)</li> <li>5. Rapidly expanded contact tracing teams, and established mobile and pop-up testing sites across Victoria.</li> </ol>

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

2.	Bushfire recovery	Emergency management	To support for mental health and wellbeing after bushfires	In March 2020, the Victorian Government invested \$23.4 million in mental health support for people struggling with their mental health after the 2019–20 eastern Victorian bushfires.	<ol style="list-style-type: none"> <li>1. The package included: <ul style="list-style-type: none"> <li>• \$8.75 million to expand mental health services, provide specialist early intervention mental health advice to GPs and community health clinicians, and provide post-disaster treatment and advisory services through leading research centres</li> <li>• \$6.6 million for practical mental health support programs</li> <li>• \$3 million for Aboriginal community-controlled health organisations to establish social and emotional wellbeing programs, aligned with the recommendation from the Royal Commission into Victoria’s Mental Health System.</li> </ul> </li> <li>2. The investment was on top of the \$14.4 million Victorian Bushfires Case Support Program, which provided support coordinators to work with local residents to provide practical support and link them with information and advice, mental health services and financial counselling, as well as a \$150,000 funding boost for Neighbourhood Houses in fire-affected communities.</li> </ol>
3.	Support for mental health	Mental health	To reduce suicide rates, provide better access to services, promote positive mental health and wellbeing, and prevent mental illness	A key priority for the department is to address Victoria’s mental health system by supporting and responding to the recommendations of the Royal Commission into Victoria’s Mental Health System. DHHS have been leading and	<ol style="list-style-type: none"> <li>1. Work on the interim recommendations has started with a \$4.9 million allocation to meet the timeframes specified by the Royal Commission, including establishing Mental Health Reform Victoria, which was formed in mid-February 2020.</li> <li>2. Surge funding for mental health services during coronavirus (COVID-19) pandemic</li> <li>3. Rollout of 170 extra youth and adult acute mental health beds</li> <li>4. Nearly \$7 million will help mental health services deliver supports for people with severe mental</li> </ol>

				coordinating whole-of-Victorian Government engagement with the Royal Commission.	<p>illness via phone and video, to prevent relapse and emergency department presentations.</p> <ol style="list-style-type: none"> <li>5. Online and phone counselling services through BeyondBlue, Lifeline, Kids Helpline and Suicide Line Victoria have been expanded.</li> <li>6. Orygen Youth Health's new eOrygen platform has been fast tracked so young people now have online therapy and peer support.</li> <li>7. The statewide coronavirus phone line has been expanded to proactively reach out to people known to be isolated or vulnerable – including senior Victorians.</li> </ol>
4.	Child Protection Futures Project	Child protection	To respond to the needs of vulnerable children and families	The project is a key component of Roadmap for Reform and it directly contributes to the transition to a pathways system model and considers the scope and vision of a contemporary child protection program.	<ol style="list-style-type: none"> <li>1. Connecting children and families to the right service.</li> <li>2. Strengthening integration and partnership approaches between services.</li> <li>3. Providing tailored responses to children and their families.</li> <li>4. Addressing the adversarial nature of the legislative framework and practice.</li> <li>5. Recognising the criticality of permanency for children.</li> <li>6. Redesigning the workforce that protects children.</li> <li>7. Optimising practitioner capacity through technology and streamlining of processes.</li> </ol>
5.	Victorians have suitable and stable housing	Housing	To ensure every person in Victoria has safe, adequate and appropriate housing at a price within their means	Building new public housing properties and renewing and replacing ageing public housing estates with modern dwellings. Facilitating early interventions and pathways for those who are homeless or	<ol style="list-style-type: none"> <li>1. The department will deliver more than 780 new social housing dwellings across 25 locations in Melbourne and regional Victoria.</li> <li>2. The Private Rental Assistance Program Plus was launched in late 2019 in response to feedback from service providers of the need for increased support for some households accessing private rental.</li> <li>3. Work has also commenced to progress the Aboriginal Private Rental Assistance Program in</li> </ol>

				are at risk of experiencing homelessness by building better connections between services and strengthening referral pathways and responses for priority groups.	line with the department’s policies of self-determination and the objectives identified in the Victorian Aboriginal housing and homelessness framework 4. Family violence funding for crisis accommodation during coronavirus (COVID-19).
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**N.B. The department was not operating under business-as-usual for the second half of 2019-20 due to the coronavirus (COVID-19) response where the implementation of several programs was either postponed or reprioritised.**

- 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 2019-20 including:
- i. The name of the program
  - ii. The relevant output(s) and portfolio(s) responsible for delivery of the program
  - iii. The program objectives
  - iv. The actual outcome achieved
  - v. Explanation for not achieving the planned outcome (including a description of what actions were taken to try and achieve the planned outcome).

Program	Output(s) and portfolio(s)	Program objectives	Description of actual outcome achieved	Detailed explanation for not delivering the planned outcome
Admitted Services - Patients admitted from the elective surgery waiting list Elective surgery	Acute Health Services, Health	203,020	171,068	The result was lower than the target as overall activity has been impacted by the restrictions put in place due to coronavirus (COVID-19). Non-essential elective surgery was also paused to increase capacity
Ambulance patient transfers within 40 minutes	Ambulance Services	90 per cent	77.8	The result was lower than the target due to high demand at the start of the year which was not offset by the significant improvement shown in the second half of the year.
Life! – Diabetes and Cardiovascular Disease Prevention program	Health Advancement, Public Health	5,616	4,612	The result was lower than the target due to the impact of coronavirus (COVID-19) restrictions on program delivery.
Statewide Non-Emergency Air Transports	Non-Emergency Services, Ambulance Services	2,363	2,003	Demand for this service was lower than expected, likely as a result of restriction in activities in response to the coronavirus (COVID-19) pandemic.
University of the Third Age	Seniors Programs and Participation, Ageing, Aged and Home Care	5 per cent growth in new memberships	-0.4	The result was lower than the target due to a decrease in membership numbers, which may be linked to coronavirus (COVID-19) and restrictions on face to face meetings.

**N.B. The department was not operating under business-as-usual for the second half of 2019-20 due to the coronavirus (COVID-19) response where the implementation of several programs was either postponed or reprioritised.**

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

- a) Please identify all output(s) and portfolio(s) (and relate them to departmental programs) for which the department received additional funding after the initial Budget in 2019-20.

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. 58) and explain why additional funding was required after funding was allocated in the Budget.

Output(s) and portfolio(s)	Program	Program objectives	Funding allocated in 2019-20 Budget	Additional funding (\$ million)	Source of additional funding as per the Resource Management Framework	Funding utilised 2019-20	Reasons why additional funding was required
Admitted Services (Health)	Additional resources for health services	To support health services for increased operating costs including winter demand.	0.0	118.2	Treasurer's Advance	118.2	Additional funding for increased operating costs and to prepare for the flu season.
Admitted Services (Health)	Scheduled asset replacement for health sector	To replace and upgrade assets across the health sector.	0.0	94.0	Treasurer's Advance	94.0	Urgent and unavoidable funding required for asset replacement across the health sector.
Admitted Services (Health)	Supplementation for the hospital and charities fund	Funding provided for the continuation of various service delivery programs provided by health services.	0.0	92.8	Treasurer's Advance	92.8	Additional funding required to cover lower than budgeted gaming revenue received under special appropriations.

Disability Services (Disability, Ageing and Carers)	National Disability Insurance Scheme – Transfer of disability accommodation and respite services	To transition Disability Services to non-government service providers.	0.0	70.6	Treasurer's Advance	70.6	Funding provided to meet costs for the transfer of Supported Independent Living (SIL) and Short-Term Accommodation and Assistance services (STAA) disability services to non-government service providers.
Admitted Services (Health)	Elective surgery Blitz	Additional funding to boost capacity in the health system to undertake a blitz on elective surgery prior to the peak of the pandemic.	0.0	40.0	Treasurer's Advance	40.0	Additional funding for increased elective surgery activity and reduce the number of people waiting for elective surgery.
Admitted Services (Health)	Joan Kirner Women's and Children's Hospital	Additional funding for commissioning of new services at the Joan Kirner Women's and Children's Hospital.	0.0	21.8	Treasurer's Advance	21.8	Funding provided to support the commissioning of new services at the Joan Kirner Women's and Children's Hospital.
Child protection and Family Services (Child Protection)	Civil claims for historical institutional child abuse	Settling claims related to historical institutional child abuse.	0.0	19.2	Treasurer's Advance	19.2	Supplementary funding provided to settle claims related to historical institutional child abuse.
Public Health Development, Research and Support (Health)	Walter and Eliza Hall Institute for medical research	Support establishment of Australian Drug Discovery Centre at the Walter and Eliza Hall Institute for medical research.	0.0	18.0	Treasurer's Advance	18.0	Funding provided for the Australian Drug Discovery Centre at the Walter and Eliza Hall Institute for medical research.

Family Violence Service Delivery (Prevention of Family Violence)	Family violence Central Information Point	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. This information will assist in risk assessment and management of victim survivors and their safety.	0.0	17.0	Treasurer's Advance	17.0	Additional funding to implement the remaining stages of the Central Information Point project.
Child protection and Family Services (Child Protection)	Increased support for children with complex disabilities	To meet the costs incurred to support children with complex disabilities in the transition to NDIS.	0.0	10.2	Treasurer's Advance	10.2	Funding to meet the costs for the provision of out of home care placements for children with complex disabilities.
Concessions to Pensioners and Beneficiaries (Disability, Ageing and Carers)	Bushfire response	To meet the costs of responding to the 2019 bushfires, including accommodation/travel, supplies, couriers, PPE kits, food relief costs, meals/catering and other operating costs.	0.0	1.6	Treasurer's Advance	1.6	Funding provided to meet the costs of the November 2019 bushfire response and recovery.
Community Participation (Disability, Ageing and Carers)	Bushfire response	One off funding for fifteen neighbourhood houses in bushfire affected areas.	0.0	0.2	Treasurer's Advance	0.2	Funding provided to meet the costs of the November 2019 bushfire response and recovery.

Non-Admitted Services (Health)	Bushfire response	To support impacted services related to bush nursing centres, small rural health services and regional health services. (wages and operating expenses).	0.0	2.2	Treasurer's Advance	2.2	Funding provided to meet the costs of the November 2019 bushfire response and recovery.
Ambulance Emergency Services (Ambulance Services)	Bushfire response	To support Ambulance Victoria to meet the costs primarily for overtime, backfill of staff deployment, shift extension – on call/recall payments, additional Non-emergency Patient transport expenses and other consumables.	0.0	3.3	Treasurer's Advance	3.3	Funding provided to meet the costs of the November 2019 bushfire response and recovery.
HACC Primary Health, Community Care and Support (Disability, Ageing and Carers)	Bushfire response	To support increased demand as a result of the bushfires on Home and Community Care Program for Younger People at two small rural health providers.	0.0	0.1	Treasurer's Advance	0.1	Funding provided to meet the costs of the November 2019 bushfire response and recovery.
Health Protection (Health)	Bushfire response	To meet the costs of responding to the 2019 bushfires, including accommodation/travel, supplies, couriers, PPE kits, food relief costs, meals/catering and other operating costs.	0.0	0.0	Treasurer's Advance	0.0	Funding provided to meet the costs of the November 2019 bushfire response and recovery.

Clinical Care (Mental Health)	Implementation of recommendations from the Royal Commission into Victoria's Mental Health System	To enable implementation of recommendations of Mental Health Royal Commission.	0.0	2.5	Treasurer's Advance	2.5	Funding provided for the establishment of a Mental Health Implementation Office for staffing costs, establishment costs and consumables.
Mental Health Community Support Services (Mental Health)	Implementation of recommendations from the Royal Commission into Victoria's Mental Health System	To enable implementation of recommendations of Mental Health Royal Commission.	0.0	2.4	Treasurer's Advance	2.4	Funding provided for a multidisciplinary team to be established to work on the operation, design and site identification required to support 170 additional youth and adult acute mental health beds.
Mental Health Community Support Services (Mental Health)	Responses to drought and dry seasonal conditions	To provide mental health services and support to areas impacted by the bushfires.	0.0	1.7	Treasurer's Advance	1.7	Funding provided for mental health support to deliver local community mental health services, first aid training and rural outreach.
HACC Primary Health, Community Care and Support (Disability, Ageing and Carers)	National Disability Insurance Scheme - Home and Community Care	Funding for increased demand on Home & Community Care Program for Younger People to rural health providers.	0.0	0.7	Treasurer's Advance	0.7	Funding provided to align with the Bilateral Agreement between the Commonwealth and Victoria on the National Disability Insurance Scheme.
Admitted Services (Health)	COVID-19 Response Additional support for the health system with additional equipment and ICU capacity	Funding to boost hospital ICU capacity to respond to the impact of the pandemic.	0.0	431.6	Treasurer's Advance	431.6	Funding provided for additional ICU beds, equipment and personal protective equipment (PPE) to respond to the COVID-19 pandemic.

Residential Aged Care (Disability, Ageing and Carers)	COVID-19 Response Additional support for the health system with additional equipment and ICU capacity	Funding to boost hospital ICU capacity to respond to the impact of the pandemic.	0.0	1.6	Treasurer's Advance	1.6	Funding provided for additional ICU beds, equipment and personal protective equipment (PPE) to respond to the COVID-19 pandemic.
Admitted Services (Health)	COVID-19 Response Extra funding boost for Victoria's health system	Funding to provide PPE, Equipment, Acute patient care (beds) to prepare for pandemic.	0.0	254.4	Treasurer's Advance	254.4	Additional funding provided to Victoria's health system to respond to the COVID-19 pandemic.
Health Protection (Health)	COVID-19 Response Extra funding boost for Victoria's health system	Disease surveillance, emergency management, and communication funding required to support community through pandemic.	0.0	18.4	Treasurer's Advance	18.4	Additional funding provided to Victoria's health system to respond to the COVID-19 pandemic.
Ambulance Emergency Services (Ambulance Services)	COVID-19 Response Extra funding boost for Victoria's health system	Funding to support additional ambulance services required during the pandemic	0.0	3.3	Treasurer's Advance	3.3	Additional funding provided to Victoria's health system to respond to the COVID-19 pandemic.
Acute Training and Development (Health)	COVID-19 Response Extra funding boost for Victoria's health system	Funding to support workforce training through pandemic.	0.0	2.4	Treasurer's Advance	2.4	Additional funding provided to Victoria's health system to respond to the COVID-19 pandemic.
Community Health Care (Health)	COVID-19 Response Extra funding boost for Victoria's health system	Funding to support community health services and public health networks during the pandemic.	0.0	2.3	Treasurer's Advance	2.3	Additional funding provided to Victoria's health system to respond to the COVID-19 pandemic.

Non-Admitted Services (Health)	COVID-19 Response Extra funding boost for Victoria's health system	Funding for Telehealth licence services as health services required more online based tools during the pandemic.	0.0	1.8	Treasurer's Advance	1.8	Additional funding provided to Victoria's health system to respond to the COVID-19 pandemic.
Admitted Services (Health)	COVID-19 - Elective surgery blitz	Additional funding to boost capacity in the health system to undertake a blitz on elective surgery prior to the peak of the pandemic.	0.0	50.0	Treasurer's Advance	50.0	Funding provided to undertake additional surgery for specific procedures to be done before the predicted peak of the pandemic, and commission the new Casey Hospital inpatient tower to boost capacity in the hospital system.
Community Health Care (Health)	COVID-19 - Increase testing, tracing and response capacity	Funding provided to establish new rapid response teams to prevent, respond to and limit outbreaks as part of a major coronavirus surveillance boost.	0.0	23.0	Treasurer's Advance	23.0	Funding provided to establish new rapid response teams to prevent, respond to and limit outbreaks as part of a major coronavirus surveillance boost.
Health Protection (Health)	COVID-19 - Increase testing, tracing and response capacity	Funding provided to establish new rapid response teams to prevent, respond to and limit outbreaks as part of a major coronavirus surveillance boost.	0.0	7.1	Treasurer's Advance	7.1	Funding provided to establish new rapid response teams to prevent, respond to and limit outbreaks as part of a major coronavirus surveillance boost.

Public Health Development, Research and Support (Health)	COVID-19 - Increase testing, tracing and response capacity	Funding provided to establish new rapid response teams to prevent, respond to and limit outbreaks as part of a major coronavirus surveillance boost.	0.0	3.1	Treasurer's Advance	3.1	Funding provided to establish new rapid response teams to prevent, respond to and limit outbreaks as part of a major coronavirus surveillance boost.
Housing Assistance (Housing)	COVID-19 - Rent relief scheme	Funding provided to meet the cost of financial support and related administration for a hardship scheme that provides rental relief grants to Victorians experiencing rental hardship as a result of the coronavirus crisis.	0.0	30.5	Treasurer's Advance	30.5	Funding provided to meet the cost of financial support and related administration for a hardship scheme that provides rental relief grants to Victorians experiencing rental hardship as a result of the coronavirus crisis.
Child protection and Family Services (Child Protection)	COVID-19 support for the children and families system	To support some of Victoria's most at-risk children and families during the COVID 19 pandemic by bolstering the staff, resources and services available to them.	0.0	17.5	Treasurer's Advance	17.5	Funding provided for critical COVID-19 related operational and service costs in the children and families system, and to provide financial support for carers.
Community Health Care (Health)	COVID-19 - Emergency accommodation program	Funding to establish a quarantine system for travellers returning to Victoria from overseas or interstate.	0.0	7.4	Treasurer's Advance	7.4	Funding provided to support all coronavirus (COVID-19) emergency accommodation costs.

Health Protection (Health)	COVID-19 - Emergency accommodation program	Funding to establish a quarantine system for travellers returning to Victoria from overseas or interstate.	0.0	9.7	Treasurer's Advance	9.7	Funding provided to support all coronavirus (COVID-19) emergency accommodation costs.
Community Participation (Disability, Ageing and Carers)	COVID-19 - Additional support for Victoria's mental health system	To support the mental health and wellbeing of all Victorians impacted by the pandemic.	0.0	1.4	Treasurer's Advance	1.4	Additional funding provided to support the Mental Health System and help meet demand as Victorians reach out for help with stress, isolation and uncertainty during the coronavirus crisis.
Clinical Care (Mental Health)	COVID-19 - Additional support for Victoria's mental health system	To support the mental health and wellbeing of all Victorians impacted by the pandemic.	0.0	5.3	Treasurer's Advance	5.3	Additional funding provided to support the Mental Health System and help meet demand as Victorians reach out for help with stress, isolation and uncertainty during the coronavirus crisis.
Seniors Programs and Participation (Disability, Ageing and Carers)	COVID-19 - Additional support for Victoria's mental health system	To support the mental health and wellbeing of all Victorians impacted by the pandemic.	0.0	0.4	Treasurer's Advance	0.4	Additional funding provided to support the Mental Health System and help meet demand as Victorians reach out for help with stress, isolation and uncertainty during the coronavirus crisis.

Health Protection (Health)	COVID-19 - Peter Doherty Institute COVID-19 Research	Funding to develop novel diagnostics and point-of-care tests, new therapeutics and to support clinical trials and public health initiatives to reduce transmission of the COVID-19. As well as address the urgent need to identify infected people and to support other pathology departments across Victoria to establish testing for COVID-19.	0.0	6.0	Treasurer's Advance	6.0	Funding provided to Peter Doherty Institute to accelerate research on the COVID-19 virus and supporting immediate laboratory requirements.
Disability Services (Disability, Ageing and Carers)	COVID-19 support for people with a disability	To provide support for disabled people not in the NDIS.	0.0	0.8	Treasurer's Advance	0.8	Funding provided to deliver a package of targeted measures that will address COVID-19 impacts and risks to Victorians with a disability.

Office for Disability (Disability, Ageing and Carers)	COVID-19 support for people with a disability	To help people with a disability, their families and carers access assessment and treatment for COVID-19. Also, to support people with a disability connect with other health and human services, particularly where service use had been disrupted by the health emergency.	0.0	2.4	Treasurer's Advance	2.4	Funding provided to deliver a package of targeted measures that will address COVID-19 impacts and risks to Victorians with a disability.
Home and Community Care Primary Health, Community Care and Support (Disability, Ageing and Carers)	COVID-19 support for people with a disability	To help people with a disability, their families and carers access assessment and treatment for COVID-19. Also, to support people with a disability connect with other health and human services, particularly where service use had been disrupted by the health emergency.	0.0	1.0	Treasurer's Advance	1.0	Funding provided to deliver a package of targeted measures that will address COVID-19 impacts and risks to Victorians with a disability.

Community Health Care (Health)	COVID-19 support for people with a disability	To help people with a disability, their families and carers access assessment and treatment for COVID-19. Also, to support people with a disability connect with other health and human services, particularly where service use had been disrupted by the health emergency.	0.0	0.1	Treasurer's Advance	0.1	Funding provided to deliver a package of targeted measures that will address COVID-19 impacts and risks to Victorians with a disability.
Admitted Services (Health)	COVID-19 - Health procurement and supply chain	To support the establishment of a state supply arrangement for PPE in Victoria.	0.0	3.4	Treasurer's Advance	3.4	Funding to establish a single state-wide supply chain entity for Personal Protective Equipment (PPE) and medical consumables, and an integrated information system.
Concessions to Pensioners and Beneficiaries (Disability, Ageing and Carers)	COVID-19 - Food relief program	The program will support people in mandatory self-isolation, who have little or no food, and no network of family and friends to support them. Each eligible household will receive a two-week supply of essential goods.	0.0	1.8	Treasurer's Advance	1.8	Funding provided to meet the costs associated with the delivery of food relief packages to Victorian households impacted by the COVID-19 pandemic.

Disability Services (Disability, Ageing and Carers)	Transfer of Government Services (National Disability Insurance Scheme)	To transition Disability Services to non-government service providers.	0.0	3.2	Section 32 of the FMA	3.2	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 Safety Victoria - Family Violence Service Delivery	To meet key priorities within the Prevention of Family Violence portfolio.	0.0	13.3	Section 32 of the FMA	13.3	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	To enable planning and development of Australia's first specialist heart hospital to bring the world's best cardiovascular care, research and training to Victoria.	0.0	2.0	Section 32 of the FMA	0.0	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)	Revenue for Services provided for NDIS	To provide information linkages and capacity building grants to agencies as clients transition to the NDIS.	0.0	9.5	Section 32 of the FMA	9.5	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	Commonwealth partnership to support the states and territories in delivering public dental services.	0.0	14.1	Section 32 of the FMA	14.1	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	Commonwealth partnership to support the states and territories in delivering public breast screening services.	0.0	3.1	Section 32 of the FMA	3.1	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	Commonwealth partnership to support the states and territories in delivering public Bowel Cancer screening services.	0.0	0.4	Section 32 of the FMA	0.4	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	Commonwealth partnership to support the states and territories in delivering public vaccination services.	0.0	3.4	Section 32 of the FMA	3.4	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.

HACC Primary Health, Community Care and Support (Disability, Ageing and Carers)	Commonwealth Home Support Program	Commonwealth partnership to support the states and territories in delivering public Home Support services.	0.0	1.8	Section 32 of the FMA	1.8	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 Professional Online Development Portal (MHPOD)	The MHPOD Learning Portal is an evidence-based online learning resource for people working in or connected to mental health service delivery. This funding supports the technical upgrade required to modernise the system.	0.0	0.9	Section 32 of the FMA	0.9	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.
<b>Total 2019-20</b>			<b>0.0</b>	<b>1,454.7</b>		<b>1,452.7</b>	

## 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 2019-20 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 2019-20 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 2019-20 Budget.

#### Capital expenditure

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Total actual expenditure spent from announcement to 30 June 2020 (\$ million)	TEI at announcement (\$ million)	Revised TEI 2019-20 Budget (\$ million)	Variance between TEI at announcement compared to Revised TEI in 2019-20 Budget ( $\pm 5\%$ or \$50 million) explanation
Austin Health Critical infrastructure (Heidelberg)	DHHS, Health	62.7	40.8	70.6	TEI and project completion date has been revised to reflect the additional funding provided in the 2017-18 Budget.
Barwon Health - North	DHHS, Health	30.2	28.1	33.1	The TEI of this initiative has changed to reflect an increase in scope to deliver a greater range of services (including renal dialysis and chemotherapy) at this urgent care centre.
Establishing Support and Safety Hubs (statewide)	DHHS, Prevention of Family Violence	56.1	66.3	80.7	The project TEI has increased by \$14.4 million due to the redirection of project output funding for capital purposes.
Family violence information sharing system reform (statewide)	DHHS, Prevention of Family Violence	23.1	39.2	31.8	Project TEI was reduced to meet government approved internal reprioritisation as part of the 2019-20 Budget.

Forensic mental health implementation plan - priority service reforms (Fairfield)	DHHS, Health	4.6	3.9	5.9	The project received additional funding and the TEI increased from \$3.9 million to support additional work to improve the Orygen Youth Health intensive care area.
Goulburn Valley Health (Shepparton) redevelopment (Inc. Plan and Dev)	DHHS, Health	154.7	1.0	229.3	Original TEI was for early planning works only with additional funding subsequently allocated for the construction of the project. A further increase in TEI resulted from increased scope; to include 24 HR Emergency Imaging Services, a Radiology facility and new operating theatre.
Monash Medical Centre - infrastructure upgrades (Clayton)	DHHS, Health	12.4	7.1	12.8	Additional funding of \$5.699 million was provided in 2016-17 through internal reprioritisation. A review of the works required found that electrical infrastructure works were a higher priority and needed progression as part of the flood mitigation works to prevent power outages in the event of flooding.
Orygen Youth Mental Health	DHHS, Health	62.7	60.0	65.0	TEI includes planning of \$1.0 million and has increased to include funding contribution from the University of Melbourne.
Reforming Clinical Mental Health Services (statewide)	DHHS, Health	2.0	48.1	40.0	TEI has been reduced by \$8.1 million due to internal reprioritisation.
Royal Victorian Eye and Ear Hospital Redevelopment	DHHS, Health	200.9	201.0	317.0	The TEI increase endorsed by ERC (with \$11m held by DTF) to cover further risk assessment and to ensure the delivery of the project is not delayed further due to funding insufficiency and costs associated with removal of hazardous materials.

Thomas Embling Hospital - Additional 10 bed infill & SPICU	DHHS, Health	21.1	9.5	23.3	Revised TEI includes funding of \$9.843 million for the 10 additional beds funded through Department of Health and Human Services and funding contribution from the Department of Justice and Regulation for the eight-bed Secure Psychiatric Intensive Care Unit.
Victorian Heart Hospital Project (Clayton)	DHHS, Health	61.2	15.0	564.0	Original TEI was approved for early planning works only with additional funding subsequently approved for the construction of the project.

*Completion date*

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Estimated completion date at announcement	Revised completion date 2019-20 Budget	Explanation
Austin Health Critical infrastructure (Heidelberg)	DHHS, Health	Jun-18	Jun-20	The estimated completion date was revised to reflect project delivery and revised cashflows approved by Government.
Ballarat Health Services expansion and redevelopment (Ballarat)	DHHS, Health	Jul-18	Jun-26	The estimated completion date was revised to reflect project delivery and revised cashflows approved by Government.
Barwon Health - North	DHHS, Health	Jun-17	Aug-19	The estimated completion date was revised to reflect project delivery and revised cashflows approved by Government.
Engineering infrastructure replacement program (statewide)	DHHS, Health	Dec-18	Dec-19	The estimated completion date was revised to reflect project delivery and revised cashflows approved by Government. This is a grants-based program.

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Estimated completion date at announcement	Revised completion date 2019-20 Budget	Explanation
Establishing Support and Safety Hubs (statewide)	DHHS, Human Services	Jun-21	Jun-22	The estimated completion date was revised to reflect project delivery and revised cashflows approved by Government.
Family violence information sharing system reform (statewide)	DHHS, Prevention of Family Violence	Jun-19	Jun-21	The estimated completion date was revised to reflect project delivery and revised cashflows approved by Government.
Fixated Threat Assessment Centre (statewide)	DHHS, Health	Jun-19	Jun-20	The estimated completion date was revised to reflect project delivery and revised cashflows approved by Government.
Forensic Mental Health Bed-based Services Expansion (Fairfield)	DHHS, Mental Health	Jun-18	Jun-20	The estimated completion date was revised to reflect project delivery and revised cashflows approved by Government.
Forensic mental health implementation plan - priority service reforms (Fairfield)	DHHS, Mental Health	Jun-18	Jun-20	The estimated completion date was revised to reflect project delivery and revised cashflows approved by Government.
Health Service Violence Prevention Fund (statewide)	DHHS, Human Services	Jun-19	Dec-19	The estimated completion date was revised to reflect project delivery and revised cashflows approved by Government.

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Estimated completion date at announcement	Revised completion date 2019-20 Budget	Explanation
Medical Equipment Replacement Program (statewide)	DHHS, Health	Jun-19	Dec-19	The estimated completion date was revised to reflect project delivery and revised cashflows approved by Government. This is a grants based program.
Meeting Ambulance Response Targets	DHHS, Ambulance Services	Jun-19	Jun-20	The estimated completion date was revised to reflect project delivery and revised cashflows approved by Government.
Mental Health and Alcohol and Other Drugs facilities renewal (statewide)	DHHS, Mental Health	Jun-19	Dec-19	The estimated completion date was revised to reflect project delivery and revised cashflows approved by Government.
Modernisation of metro public sector residential aged care (Kew)	DHHS, Disability, Ageing and Carers	Jun-19	Dec-19	The estimated completion date was revised to reflect project delivery and revised cashflows approved by Government.
Monash Medical Centre - Emergency Department Expansion and Traffic Improvement	DHHS, Health	Dec-21	Jun-22	The estimated completion date was revised to reflect project delivery and revised cashflows approved by Government.
Monash Medical Centre - infrastructure upgrades (Clayton)	DHHS, Health	Dec-20	Dec-21	The estimated completion date was revised to reflect project delivery and revised cashflows approved by Government.

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Estimated completion date at announcement	Revised completion date 2019-20 Budget	Explanation
Northern Hospital Inpatient Expansion - Stage 2 (Epping)	DHHS, Health	Jun-21	Aug-21	The estimated completion date was revised to reflect project delivery and revised cashflows approved by Government.
Out-of-home care residential capacity (statewide)	DHHS, Housing	Jun-18	Jun-21	The estimated completion date was revised to reflect project delivery and revised cashflows approved by Government.
Redesign and renovation of out-of-home care properties (statewide)	DHHS, Disability, Ageing and Carers	Jun-18	Dec-19	The estimated completion date was revised to reflect project delivery and revised cashflows approved by Government.
Regional Health Infrastructure Fund (regional various)	DHHS, Health	Jun-20	Jun-21	The estimated completion date was revised to reflect project delivery and revised cashflows approved by Government. This is a grants based program.
Royal Victorian Eye and Ear Hospital redevelopment (Melbourne)	DHHS, Health	Dec-18	Jun-22	The estimated completion date was revised to reflect project delivery and revised cashflows approved by Government. Further factors included escalating complex hazardous material waste costs adding to project completion time.
Statewide Child and Family Mental Health Intensive Treatment Centre (statewide)	DHHS, Mental Health	Jun-20	Oct-21	The estimated completion date was revised to reflect project delivery and revised cashflows approved by Government.

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Estimated completion date at announcement	Revised completion date 2019-20 Budget	Explanation
Victorian Heart Hospital (Clayton)	DHHS, Health	Jun-22	Dec-22	The estimated completion date was revised to reflect project delivery and revised cashflows approved by Government.
Carlton redevelopment – 246 units/sites (North-West metropolitan)	Director of Housing	qtr 4 2018-19	qtr 2 2022-23	The project's estimated completion date has been extended to quarter 2 2022-23 due to poor pre-sales of the private apartments
High-rise fire sprinkler upgrade – stage 2 (metropolitan various)	Director of Housing	qtr 4 2018-19	qtr 2 2022-23	Works allocated against Stage 2 funding will be completed in quarter 2 2022-23.
Rooming houses upgrade (statewide)	Director of Housing	qtr 4 2018-19	qtr 2 2022-23	The project's estimated completion date has been extended to quarter 2 2022-23 due to ongoing planning issues.
Westmeadows redevelopment – 144 units/sites (Westmeadows)	Director of Housing	qtr 4 2019-20	qtr 4 2020-21	The estimated completion date has been extended to quarter 4 2020-21 due to delays in executing the development agreement.
Redesign and renovation of out-of-home care properties (statewide)	DHHS	qtr 4 2018-19	qtr 2 2019-20	The project's cashflow has been revised in line with a revised project schedule.

### 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
Barwon Health - North	DHHS, Health	The new Barwon Health-North facility in Geelong's north will provide an innovative and integrated community-based services model. This will provide access to expanded services and minimise avoidable presentations and admissions at Geelong Hospital, through the development of an urgent care centre and co-location of GP services. In addition, this will present opportunities for co-investment from a range of health care providers.	Scope has changed to reflect a greater range of services to be provided (including renal dialysis and chemotherapy) to be delivered at this urgent care centre.
Forensic mental health implementation plan - priority service reforms (Fairfield)	DHHS, Health	Forensic mental health services and support will be expanded for Youth Justice clients through the establishment of a 2-bed secure forensic mental health unit within the Ursula Frayne Centre in Footscray and a specialist clinical mental health in-reach model for young people who are detained in Youth Justice facilities and are experiencing mental health problems. A forensic youth mental health service will be also be established to provide early intervention for young people displaying problem behaviours who are at high risk of offending.	Scope change to provide Forensic mental health implementation plan - priority service reforms initiative. The Orygen Youth Health Intensive Care Area has a high number of youths admitted that have challenging behaviours, specifically acutely disturbed young persons with high risk of violence and sexual disinhibition. During the initial implementation, the plan to repurpose the existing beds became no longer available. Additional funding is required to support the additional work has been identified to improve the Orygen Youth Health Intensive Care Area.

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
Goulburn Valley Health (Shepparton) redevelopment (Inc. Plan and Dev)	DHHS, Health	Original TEI was approved for early planning works only with additional funding subsequently approved for the construction of the project.	Scope change approved to include a 24 HR Emergency Imaging Services, Radiology facility and new operating theatre.
Monash Medical Centre - infrastructure upgrades (Clayton)	DHHS, Health	A large water retention system will be installed to increase the capacity of the hospital's current flood management system. This will improve the reliability and sustainability of health services provided at the Monash Medical Centre.	A review of the works required found that electrical infrastructure works (a component of the original budget submission which did not receive funding) are a higher priority and needed progression as part of the flood mitigation works to prevent power outages, in the event of flooding.
Royal Victorian Eye and Ear Hospital redevelopment (Melbourne)	DHHS, Health	The Royal Victorian Eye and Ear Hospital is the State's largest provider of ophthalmology and ear, nose and throat services. This initiative ensures the successful completion of the redevelopment including the critical removal of asbestos beyond that identified in initial planning.	Scope changes to reflect the project's considerable budget pressures as a result of direct hazardous material (asbestos) costs. The additional cost of the hazardous materials removal activities, together with the impacts of extending the construction program have added significant cost and time to completing of the project.

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
Victorian Heart Hospital Project (Clayton)	DHHS, Health	Planning and development of Australia's first specialist heart hospital will be accelerated to bring the world's best cardiovascular care, research and training to Victoria. Funding in a future budget will deliver the 195 bed stand-alone cardiac facility at Monash University Clayton, bringing experts to Australia to undertake ground breaking research and train the next generation of Victorian heart specialists. This project is one of Government's election commitments as published in the Labor Financial Statement 2014.	The project scope changed to include additional change design requirements by Monash University.

### 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 2019-20:

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

Project	Original project objectives	Responsible Department(s), Output(s) and Portfolio(s) and/or Agency/Agencies	TEI at announcement (\$ million)	Actual cost of project (\$ million)	Estimated completion date at announcement	Actual completed date	Variance explanation (\$ value variance and/or time variance)
Grampians Prevention and Recovery Care (PARC) Services (Ballarat)	A new mental health facility for adults will be built to increase the range and number of services available to people with an acute mental illness. This will ensure that people with an acute mental illness in the Grampians region have access to a flexible, safe and appropriate facility for short stay periods. The initiative will complete a statewide network of short-term subacute services that commenced in 2007-08.	DHHS, Health	6.0	5.7	Jun-21	Apr-20	Immaterial TEI variance between TEI at announcement and actual cost of project. Practical completion for this project is earlier than originally anticipated.

Project	Original project objectives	Responsible Department(s), Output(s) and Portfolio(s) and/or Agency/Agencies	TEI at announcement (\$ million)	Actual cost of project (\$ million)	Estimated completion date at announcement	Actual completed date	Variance explanation (\$ value variance and/or time variance)
Barwon Health - North (Geelong)	The new Barwon Health-North facility in Geelong's north will provide an innovative and integrated community based services model. This will provide access to expanded services and minimise avoidable presentations and admissions at Geelong Hospital, through the development of an urgent care centre and co-location of GP services. In addition, this will present opportunities for co-investment from a range of health care providers.	DHHS, Health	28.1	30.2	Jun-19	Jul-19	TEI increase to reflect additional funding for site location. Immaterial difference between estimated completion date at announcement and actual completed date.
Casey Hospital Expansion	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.	DHHS, Health	2.4	143.6	Jun-20	Apr-20	TEI at announcement only included planning cost. Project reached practical completion in April 2020. Actual completion date is slightly ahead of planned completion date.

Project	Original project objectives	Responsible Department(s), Output(s) and Portfolio(s) and/or Agency/Agencies	TEI at announcement (\$ million)	Actual cost of project (\$ million)	Estimated completion date at announcement	Actual completed date	Variance explanation (\$ value variance and/or time variance)
Clinical Technology Refresh 2019–20	The technical infrastructure required to support and deliver patient-related services such as diagnostic imaging, patient management systems and electronic medical records will be upgraded. This will improve operational stability of the delivery of information related to patient diagnostics and other clinical services to the point-of-care and enhance cyber security.	DHHS, Health	13.0	13.0	Jun-20	Jun-20	N/A
Communal Family Violence Refuges – replacement and growth program (statewide)	Four communal family violence refuges will be redeveloped into a ‘core and cluster’ model, enabling people to reside in separate dwellings. Funding will enable 24 hour staffing at up to six refuges. This provides a safe environment where families can recover from violence and children can live without trauma.	DHHS, Family Violence	15.0	15.0	Jun-18	Dec-19	Time variance is due to difficulties in locating suitable sites for the project.
Efficient Government Building	Project improves the energy efficiency of existing government buildings to reduce operating costs and greenhouse gas (GHG) emissions.	DHHS, Health	13.4	13.4	Jun-16	Sep-19	Time variance is due to planning delays.

Project	Original project objectives	Responsible Department(s), Output(s) and Portfolio(s) and/or Agency/Agencies	TEI at announcement (\$ million)	Actual cost of project (\$ million)	Estimated completion date at announcement	Actual completed date	Variance explanation (\$ value variance and/or time variance)
Forensic mental health implementation plan – priority service reforms	Forensic mental health services will be expanded to increase public safety through new and expanding services.	DHHS, Mental Health	3.9	4.6	Jun-18	Jun-20	Project scope change to include additional works contributed to both time and TEI variance.
Royal Melbourne Hospital – critical infrastructure works	Infrastructure will be upgraded across two sites at the Royal Melbourne Hospital to ensure facilities and associated services remain fit for purpose for patients, staff and visitors.	DHHS, Health	40.0	37.9	Jun-19	Dec-19	Project completion date revised due to additional cladding rectification works. Actual cost is lower than TEI due to construction contingency not required. The balance of fund may still be required for financial closeout of the project.
The Joan Kirner Women's and Children's Hospital	A new women and children's hospital that has 20 maternity delivery rooms, 237 beds, 39 special care nursery cots, four theatres and additional clinics.	DHHS, Health	200.0	200.1	Jun-19	Jun-20	The project completion date has been revised in line with a revised project schedule.
High rise Upgrades in 2019–20	To improve old high rise apartment to current amenity standard.	DHHS, Housing	19.3	19.3	Jun-20	Jun-20	N/A
Low rise Upgrade in 2019–20	Upgrade properties on the upgrade program to extend the useful life of the property for a further 10-20 years and reduce ongoing maintenance expense.	DHHS, Housing	59.0	59.0	Jun-20	Jun-20	N/A

Project	Original project objectives	Responsible Department(s), Output(s) and Portfolio(s) and/or Agency/Agencies	TEI at announcement (\$ million)	Actual cost of project (\$ million)	Estimated completion date at announcement	Actual completed date	Variance explanation (\$ value variance and/or time variance)
Efficient Government Buildings	Replacement and upgrading of existing mechanical services and public lighting infrastructure in high rise public housing towers to achieve significant efficiencies in energy consumption.	DHHS, Housing	13.4	13.4	Jun-20	Jun-20	N/A
Communal Family Violence Refuges – replacement and growth program (statewide)	To replace old communal family violence refuges with new core and cluster refuges allowing entire family to be accommodated as a unit, multiple families per secure site with onsite support. Per recommendations of the Royal Commission into Family Violence.	DHHS, Housing	15.0	15.0	Jun-20	Jun-20	N/A

## 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 2019-20 budget papers that were allocated to the department and were classified as HVHR and project objectives. Please also specify which gateway reviews, if any, were completed during 2019-20 and business case details for each project. Please use project names as specified in *Budget Paper No.4: State Capital Program*.

HVHR Project	Original project objectives	Gateway review name/ Date completed	Date business case completed	Business case – publicly available? Y/N	Business case link (URL)
Building a world class hospital for Frankston families (Frankston)	Planning will commence on the redevelopment of Frankston Hospital that will provide new hospital beds, operating theatres, expanded child and maternal health services, a new oncology ward, oncology day clinic and areas dedicated to mental health services. The initiative contributes to the delivery of the Government's election commitment as published in the Labor Financial Statement 2014.	No Gateway reviews in 2019-20. Gateway review for Gates 1 and 2 were completed in previous year (2018).	2019-20 Budget	N	N/A

HVHR Project	Original project objectives	Gateway review name/ Date completed	Date business case completed	Business case – publicly available? Y/N	Business case link (URL)
Building a better hospital for Melbourne's inner west (Footscray)	<p>The Government committed \$1.5 billion to build a better hospital for Melbourne's inner west. A new Footscray Hospital will replace the ageing Footscray Hospital on Gordon Street, which was built in the 1950s. The new Footscray Hospital will provide:</p> <ul style="list-style-type: none"> <li>- 504 beds</li> <li>- acute and specialist facilities</li> <li>- clinical support spaces</li> <li>- teaching, training and research spaces.</li> </ul> <p>Building a bigger and more modern Footscray Hospital to reduce waiting times and take pressure off other nearby hospitals.</p> <p>Increase of nearly 200 beds, will treat almost 15,000 additional patients and enable almost 20,000 additional people to be seen by the emergency department annually.</p> <p>Increase in outpatient, palliative care and mental health services.</p>	Gateway review for Gate 3 completed October 2019. Gateway reviews for Gate 1 and 2 completed in previous year.	2019-20 Budget with report back with addendum	N	N/A

HVHR Project	Original project objectives	Gateway review name/ Date completed	Date business case completed	Business case – publicly available? Y/N	Business case link (URL)
Ballarat Health Services expansion and redevelopment (Ballarat)	<p>The Government is investing \$541.6 million to redevelop and expand the Ballarat Base Hospital.</p> <p>The redevelopment will deliver a new emergency department, a women and children’s hub, state-of-the-art theatre suite and an extra 100 additional inpatient and short stay beds. A new and expanded critical care floor will bring together operating theatres, procedure rooms, an expanded intensive care unit, endoscopy suites and consulting rooms – delivering capacity for an additional 4,000 surgeries every year.</p> <p>Once completed, the upgraded hospital will have the capacity to treat at least 18,000 more emergency patients and an extra 14,500 inpatients per year.</p>	Combined Gateway review for Gates 1 and 2 conducted in July 2020.	2020-21 via report back	N	N/A

HVHR Project	Original project objectives	Gateway review name/ Date completed	Date business case completed	Business case – publicly available? Y/N	Business case link (URL)
Royal Victorian Eye and Ear Hospital redevelopment (Melbourne)	Initiative delivers on the Government’s election commitment to fund the redevelopment of the Royal Victorian Eye and Ear Hospital. The redevelopment will enable the hospital to meet current and future demand for specialist adult and paediatric ophthalmology and ear, nose and throat services on its existing site in East Melbourne. It will include major reconfiguration, upgrade and expansion of facilities for clinical services and significant improvements to the onsite teaching, training and research facilities.	Project Assurance Review August 2020.	2013-14 Budget	N	N/A

HVHR Project	Original project objectives	Gateway review name/ Date completed	Date business case completed	Business case – publicly available? Y/N	Business case link (URL)
Victorian Heart Hospital (Clayton)	Planning and development of Australia's first specialist heart hospital will be accelerated to bring the world's best cardiovascular care, research and training to Victoria. Funding in a future budget will deliver the 195 bed stand-alone cardiac facility at Monash University Clayton, bringing experts to Australia to undertake ground breaking research and train the next generation of Victorian heart specialists. The initiative contributes to the delivery of the Government's election commitment as published in the Labor Financial Statement 2014.	Project Assurance Review November 2019.	2015-16 Budget	N	N/A
Goulburn Valley Health (Shepparton) Redevelopment	The Victorian Government is investing \$229.3 million to redevelop the Goulburn Valley Health Shepparton Hospital. The redevelopment will deliver new and expanded facilities and improve capacity for Hume and surrounding communities. The project will double the capacity of the emergency department, providing 36 treatment spaces including nine short stay beds for patients who need care for less than 24	Gate 4 (Tender decision) - was completed in September 2019. Gate 1-3 completed in previous years.	2016-17 Budget	N	N/A

	hours. The project will also deliver 64 inpatient beds, 10 intensive care beds, four new operating theatres, 16 chairs in the dialysis unit and a new kitchen.				
Joan Kirner Women's and Children's Hospital (Sunshine)	The \$200 million Joan Kirner Women's and Children's Hospital project will deliver on 20 maternity delivery rooms, 237 beds, 39 special care nursery cots, four theatres and additional clinics.	No Gateway reviews in 2019-20. Gateway review for Gates 1 and 2 were completed in previous years.	2018-19 Budget	N	N/A
Northern Hospital Inpatient Expansion - Stage 2	The Victorian Government has committed \$162.7 million to the Northern Hospital expansion project. The project is a major rebuilding and refurbishment of the Northern Hospital in Epping. The expansion includes three new operating theatres, including one hybrid theatre. It also includes three new 32-bed wards for 96 acute in-patient beds.	No Gateway reviews in 2019-20. Gateway review for Gates 1 and 2 were completed in previous years.	2017-18 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 2020, or the actual cost spent to 30 June 2020 (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 2019-20 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 2019-20 Budget.

### *Investment value and benefit of using PPP model*

Project name	Project objectives	Output(s) and portfolio(s) and/or agency	Total estimated PPP investment value at the start of the project (\$ million)	Total actual expenditure since the announcement to 30 June 2020 (\$ million)	Actual expenditure in year ending 30 June 2020 (\$ million)	Benefits of using PPP model versus other delivery/funding models
New Bendigo Hospital	Bendigo Hospital has connected three separate sites into one unified precinct to support bringing the very best healthcare, technology and research to regional Victoria. The project included the restoration of historic heritage buildings including the Hope Street wall, the Anne Caudle Centre, the former Lying-in Hospital, West Wing, Concert Hall and the former Superintendent's Building.	Admitted Services (Health/VHHSBA)	1,935.44	207.64	61.66	The PPP procurement model offers the following benefits: <ul style="list-style-type: none"> <li>Time certainty – using private finance results in significant incentives for contractors to complete on time when compared with the other procurement methods considered</li> <li>Whole-of-life outcomes – optimises the whole of-life and maintenance outcomes while delivering a more competitive</li> </ul>
Casey Hospital Expansion Plan	This major expansion included six new operating theatres and two upgraded theatres. It also provided 128 new multi-day beds, 12 intensive care unit	Admitted Services (Health/VHHSBA)	81.63	1.90	1.77	

	beds and 12 day-surgery beds. The expansion will allow Casey Hospital to meet the soaring demand for healthcare in Melbourne's outer south east.					cost outcome by ensuring trade-offs between up-front construction costs and ongoing maintenance and life cycle costs
Royal Women's Health	To provide a modern facility that supports the delivery of accessible, cost effective and high-quality patient services to Victorian women and to their babies.	Admitted Services (Health/ VHHSBA)	1,123.01	472.39	44.48	<ul style="list-style-type: none"> <li>• 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</li> </ul>
Royal Children's Hospital	Supports access and family-centred care which is culturally and spiritually sensitive, and respects the dignity and developmental needs of children of all ages, and engenders an active learning environment, providing appropriate facilities for teaching and research within clinical areas and between the RCH and its key education and research partners, the Murdoch Children's Research Institute (MCRI) and The University of Melbourne Department of Paediatrics.	Admitted Services (Health/ VHHSBA)	3,609.87	782.83	135.92	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
Victorian Comprehensive Cancer Centre	The aim of the project was to deliver a world-class, purpose-built cancer research, treatment, care and education hub in inner Melbourne. The building provides a new home for the Peter MacCallum Cancer Centre and new cancer research and clinical services for Melbourne Health (including the Royal Melbourne Hospital), new cancer research facilities for the University of Melbourne and	Admitted Services (Health/ VHHSBA)	2,778.08	610.87	158.77	

	new education facilities for all building partners.					
Casey Hospital	<ul style="list-style-type: none"> <li>To improve access to health care services across the whole of the Hospital Operator's catchment area and to increase the provision of health care and hospital services to the under-serviced southeast growth, corridor of Melbourne</li> <li>To assist the Hospital Operator to achieve best practice in effectiveness of care, ensuring better patient outcomes and enhanced efficiency, both in use of facilities and equipment and in operating costs</li> <li>To provide infrastructure facilities and services that assist the Hospital Operator to attract and retain quality staff at all levels.</li> </ul>	Admitted Services (Health/VHHSBA)	384.99	208.63	16.45	

*Completion date*

Project name	Output(s) and portfolio(s) and/or agency	Estimated completion date	Revised estimated completion date	Variance explanation
Casey Hospital Expansion Project	Health	30-Jun-20	28-Feb-20	Project completed in line with published BP4 date and commissioned before 30 June 2020 to provide COVID-19 response capacity.

*Scope*

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

## 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 2018-19 and 2019-20 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 community<sup>2</sup> 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 2019-20 expenditure changed from the prior year's expenditure by more than  $\pm 10\%$  or \$100 million, you do not need to answer this question. If this is the case, please indicate 'no relevant line items' in the table(s) below.

Revenue category	2018-19 actual (\$ million)	2019-20 actual (\$ million)	Explanations for changes $\pm 10\%$ or \$100 million	How the additional revenue was used/the impact of reduced revenue. If no impact, how was this achieved	Relevant output(s) and portfolio(s)
Output appropriations	16,182.9	17,600.0	The increase in output appropriation revenue is due to new policy initiatives approved by government in the 2019-20 Budget and additional government policy initiatives related to the COVID-19 pandemic response.	The additional revenue was used primarily to fund new policy initiatives and to respond to the COVID-19 pandemic.	Various outputs and portfolios.
Special appropriations	1,513.4	1,371.9	The decrease is due mainly to lower hypothecated revenue from the temporary closure of gaming venues in the latter half of 2019-20 due to the Government's public health response to COVID-19.	No impact, as the decrease in hypothecated revenue is offset by a matching increase in output appropriation to fund the difference.	Various outputs and portfolios.

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

Interest	54.6	33.0	The decrease in interest revenue is due to lower interest rates on Health Service's cash deposits. Interest rates during 2019-20 compared to the previous year were generally lower	The department received output appropriations to compensate Health Services for the decrease in interest revenue arising from the implementation of the Central Banking System. General decreases in interest rates that resulted in reduced interest revenue being received by Health Services were offset by supplementation provided to ensure continued operations.	Various outputs (Health)
Grants	6,791.6	8,735.1	The increase is primarily due to additional Commonwealth contributions under the National Partnership for the COVID-19 Response and the National Health Reform Agreement.	The additional revenue 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	8.2	0.6	The decrease is mainly due to buildings and equipment received free of charge by Health Services in 2018-19.	No impact, as the revenues are book entries in relation to assets transferred to Health Services.	Various outputs (Health)
Other income	775.8	688.3	Decrease in other income is primarily due to the change in accounting treatment in 2019-20 for interstate patient revenues. Prior to this change, interstate patient revenues were collected as refunds and reimbursements through the other income category. These revenues are now recognised as grants from other states and territories through the National Health Funding Pool.	No impact, as the change in accounting treatment recognises this interstate patients' revenue under grants.	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 2019-20 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.

Revenue category	2019-20 Budget estimate (\$ million)	2019-20 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	16,375.7	17,600.0	Increase in output appropriation is primarily driven by additional government policy initiatives related to the COVID-19 pandemic response.	The additional revenue was used primarily to fund new policy initiatives for the COVID-19 pandemic response.	Various outputs and portfolios.
Interest	46.2	33.0	The decrease in interest revenue is due to lower interest rates on Health Services cash deposits as a result of Reserve Bank of Australia's interest rate reductions in 2019-20.	2019-20 Health Services were provided with supplementation to ensure continued operations, particularly through the period of the pandemic.	Various outputs (Health)
Sales of goods and services	1,902.0	1,778.4	The decrease is primarily due to lower Health Services' own source revenue for hospital and other patient fees.	The decrease in hospital and other patient fees revenue is primarily due to the Government's public health response to COVID-19, which temporarily halted elective surgeries in the second half of 2019-20.	Various outputs (Health)
Grants	7,181.2	8,735.1	The increase is primarily due to additional Commonwealth contributions under the National Partnership for the COVID-19 Response and the National Health Reform Agreement.	The additional revenue was used to fund additional Health Service activity due to the COVID-19 pandemic response.	Various outputs (Health)

Other income	784.4	688.3	Decrease in other income is primarily due to the change in accounting treatment for interstate patient revenues, which was reflected after the published 2019-20 Budget. Prior to this change, interstate patient revenue was collected as refunds and reimbursements through the other income category. These revenues are now recognised as grants from other states and territories through the National Health Funding Pool.	No impact, as the change in accounting treatment recognises this interstate patients' revenue under grants.	Various outputs (Health)
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## 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 2018-19 and 2019-20 for each category of expenses detailed in your operating statement. Please explain any changes equal to or greater than  $\pm 10\%$  or \$100 million with regards the actual result for 2019-20 and the initial budget estimate (not the revised budget). Please also detail the outcomes in the community<sup>3</sup> achieved by any additional expenses or the impact on the community of reduced expenses (if there was no impact, please explain how that was achieved).

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

Expenses category	2018-19 Actual \$ million	2019-20 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	12,860.5	13,557.0	The increase in expenditure is primarily driven by funding for new policy initiatives announced in the 2019-20 Budget and additional government policy initiatives related to the COVID-19 pandemic response.	Increase to departmental output service delivery.
Depreciation and amortisation	960.5	1,246.6	The increase is primarily driven by increases in government funding for additional asset investment projects, the impact of scheduled revaluation of non-financial physical assets at 30 June 2019 and the change in accounting treatment for finance leases.	No impact on outcomes as the increase in expenditure covers depreciation and amortisation costs of portfolio non-financial assets.
Grants and other transfers	3,241.3	4,324.7	The increase is driven primarily by higher grant payments to non-government organisations reflecting the transition of departmental disability services under the National Disability Insurance Scheme and increased grants to other states and territories for the treatment of Victorian residents at interstate hospitals.	Increase to departmental output service delivery.
Other operating expenses	8,402.0	8,786.4	The increase in expenditure is primarily driven by funding for new policy initiatives announced in the 2019-20 Budget and additional government policy initiatives related to the COVID-19 pandemic response.	Increase to departmental output service delivery.

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

Expenses category	2019-20 Budget \$ million	2019-20 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	13,249.7	13,557.0	Increase in expenditure primarily reflects additional funding for government policy initiatives related to the COVID-19 pandemic response.	Increase to departmental output service delivery.
Interest expense	217.4	185.1	Decrease primarily driven by changes in interest rates that reduced actual finance costs of Public Private Partnership (PPP) projects.	No impact on outcomes as the variance in funding relates to finance costs which do not have an impact on service delivery.
Grants and other transfers	3,026.2	4,324.7	The increase is primarily driven by higher payments to the Commonwealth, including to the National Disability Insurance Agency (NDIA) following the transition to the National Disability Insurance Scheme.	Increase to departmental output service delivery.
Other operating expenses	8,551.0	8,786.4	Increase in expenditure primarily reflects additional funding for government policy initiatives related to the COVID-19 pandemic response.	Increase to departmental output service delivery.

## Question 11 Expenses/interventions related to COVID-19 pandemic response

For the year 2019-20, please outline the programs and/or initiatives that were announced as part of the Victorian Government's response to the COVID-19 pandemic in the order of the highest amount allocated.

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

Please note whether there are identified performance measures in the budget papers related to the announced programs. If not, please explain where progress is being reported.

a) On budget

Name of the program/initiative	Program/initiative objectives	Expenditure as at 30 June 2020 (\$m)	Output/Portfolio	Use of emergency advances/ retroactive funding approvals – Yes or No	Performance measures for the program/Initiative (including where published)	Explanation
COVID-19 Response Additional support for the health system with additional equipment and ICU capacity	Huge Expansion of Our Health System To Fight Coronavirus	463.450	Acute Health Services	No	N/A	N/A
Hospital Sustainability – Financial Support	Funding to Victoria's public health services to cope with the	274.000	Acute Health Services	No	N/A	N/A

	increased demand of the pandemic					
COVID-19 Response Extra funding boost for Victoria's health system	Extra Funding Boost for Health System COVID 19 Response	206.613	Acute Health Services	No	N/A	N/A
Elective surgery blitz	COVID-19 Capacity Boost as Elective Surgery Blitz Starts	100.000	Acute Health Services	No	N/A	N/A
Health procurement and supply chain	To support the establishment of a state supply arrangement for PPE in Victoria	3.400	Acute Health Services	No	N/A	N/A
Financial Support for Carers Impacted by COVID-19	To give primary foster and kinship carers a one-off supplementary payment of \$600 per child in their care in addition to the existing care allowance; and a flexible pool of funds for home-based carers most in need and experiencing financial hardship during this time.	6.906	Child Protection & Family Services	No	N/A	N/A

COVID-19 Increase in family services (COVID-19 support for the children and families system)	Family service providers will be provided with flexible funding packages to enable them to engage and support vulnerable families and children during the COVID-19 pandemic.	6.599	Child Protection & Family Services	No	N/A	N/A
COVID-19 Safety concerns in residential care (COVID-19 support for the children and families system)	Residential care service providers will be provided with additional funding to contribute towards additional staffing capacity and workplace safety measures as a result of the impact of COVID-19 on service delivery.	2.018	Child Protection & Family Services	No	N/A	N/A
COVID-19 Emergency placement capacity (COVID-19 support for the children and families system)	Access to additional funding for contingency arrangements to support children and young people in care during COVID-19.	1.886	Child Protection & Family Services	No	N/A	N/A

COVID-19 Cleaning for residential care (COVID-19 support for the children and families system)	Residential care service providers will be provided with additional time limited funding to contribute towards enacting the guidance on regular cleaning and disinfection of residential care homes	0.980	Child Protection & Family Services	No	N/A	N/A
COVID-19 Resourcing for respite carers (COVID-19 support for the children and families system)	Respite and in-home support for foster and kinship carers	0.864	Child Protection & Family Services	No	N/A	N/A
COVID-19 Support young people in care (COVID-19 support for the children and families system)	Young people and their foster and kinship carers will have the option for the young person to remain in their current living arrangement beyond their 18th birthday, supported by a care allowance, case work and flexible funding until 30 June 2021	0.224	Child Protection & Family Services	No	N/A	N/A

COVID-19 Health surveillance costs (COVID-19 support for the children and families system)	COVID-19 Health monitoring service in residential care homes	0.022	Child Protection & Family Services	No	N/A	N/A
COVID-19 Carer Hotline Support (COVID-19 support for the children and families system)	The purpose of the carer support line funding is to enable flexible responses to support kinship and foster carers affected by coronavirus.	0.000	Child Protection & Family Services	No	N/A	N/A
Support for Victoria's Aboriginal community during the COVID-19 response and recovery phase	Support for Elders and resourcing for Aboriginal Community Controlled Health Organisations (ACCHOs) to provide specialist health supports	4.960	Primary, Community and Dental Health	No	N/A	N/A

COVID-19 support for people with disability	Accessible health services, Boost for advocacy support, Support NDIS participants with complex needs, Streamline worker screening, Infection control and business continuity planning, Continuity of forensic disability service delivery, In-reach health services, Support for people not in the NDIS, Support for carers, Transfer providers higher cost of service delivery	4.250	Disability Services	No	N/A	N/A
Rent relief scheme	Supporting Tenants and Landlords Through Coronavirus	30.527	Housing Assistance	No	N/A	N/A
Additional support for Victoria's mental health system	Surge funding for Mental Health system during crisis	12.190	Mental Health	No	N/A	N/A
Funding to commence establishing the public health	Funding to support Victoria's Public Health response including	39.080	Public Health	No	N/A	N/A

preconditions (Increase testing, tracing and response capacity)	boosting contact tracing and testing capacity					
Emergency accommodation program	Enforced Quarantine for Returned Travellers To Combat Coronavirus	17.570	Public Health	No	N/A	N/A
Peter Doherty Institute COVID-19 Research	Targeted Investment for Novel Coronavirus (Medical Research)	6.050	Public Health	No	N/A	N/A
Increase testing, tracing and response capacity (Testing implementation plan)	This program implemented various testing strategies designed to target 12 local government areas where there were vulnerable population groups and workforces, and testing rates were low. This funding set up drive-through and mobile testing sites in local community areas over a 12 week period.	4.530	Public Health	No	N/A	N/A

Food relief program	The program will support people in mandatory self-isolation, who have little or no food, and no network of family and friends to support them. Each eligible household will receive a two-week supply of essential goods.	0.970	Public Health	No	N/A	N/A
Hotels for Heroes (Coronavirus (COVID-19) Emergency Accommodation (CEA) program)	To establish a safe environment for health service workers and ambulance staff to quarantine	0.340	Public Health	No	N/A	N/A
<b>Initiatives with 100 per cent Commonwealth funding contribution</b>						
Private Hospitals (Private Hospital Funding Agreement)	A new Commonwealth partnership arrangement to provide funding to private hospitals to assist public hospitals in Victoria with capacity to treat patients during the pandemic.	369.380	Acute Health Services	No	N/A	N/A

COVID-19 support for people with disability	Commonwealth COVID-19 support for Continuity of Support Programme for older people with a disability 65 and over	5.800	Disability Services	No	N/A	N/A
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## b) Off budget

Name of the program/initiative	Program/initiative objectives	Expenditure as at 30 June 2020 (\$m)	Output/Portfolio	Use of emergency advances/ retroactive funding approvals – Yes or No	Performance measures for the program/Initiative (including where published)	Explanation
COVID-19 Homeless and public housing support	Homelessness private rental assistance, additional Housing Establishment Fund brokerage and other Homelessness support	8.300	Housing Assistance	No	N/A	N/A

Support for vulnerable homeless cohorts (COVID-19 Housing Isolation & Recovery facilities)	The Victorian Government committed \$8.8 million for the establishment of COVID-19 Isolation and Recovery Facilities across inner Melbourne. The facilities assist people experiencing or at risk of homelessness, who are at greater risk of contracting coronavirus (COVID-19) due to an inability to self-isolate.	3.201	Housing Assistance	No	N/A	Funding received from the Department of Jobs, Precincts and Regions (\$3.2m actual spend in 2019-20).
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- c) What additional budgetary control and tracking/traceability measures were introduced by the department in 2019-20 to ensure COVID-19 programs/initiatives were deployed effectively and in line with the intended purpose?

Additional and specific COVID-19 budget and expenditure tracking and reporting was undertaken across the department. This included tracking initiatives using specific identifiers.

Dynamic reporting was available daily for operational areas. In addition, monthly reporting and finance discussions with operational areas included specific agenda item for COVID-19 response initiatives.

Regular whole of department reporting was also undertaken for COVID-19 initiatives and this was presented to the Executive Board and Executive sub-committees as well as the Audit and Risk Management Committee.

At a portfolio level, funding was provided to portfolio entities and funded agencies using specific identifiers to ensure clarity of purpose of funding.

Report backs and acquittal of funding was also undertaken, including providing detailed information to government and VAGO on COVID-19 spending.

## Question 12 (all departments and entities) Changes to service delivery from savings initiatives

For each of the savings initiatives detailed in the 2016-17 Budget, 2017-18 Budget, 2018-19 Budget, and 2019-20 Budget, please provide the following details of the impact on service delivery:

- Savings target in the 2016-17, 2017-18, 2018-19 and 2019-20 Budgets and the amount of the savings target allocated to the department/entity
- Actual savings achieved in 2016-17, 2017-18, 2018-19 and 2019-20 and the actions taken to achieve the savings target allocated and their impact, including the link to the relevant output and portfolio impacted.

Savings initiative in the Budget \$ million	Savings target allocated to the department/entity in 2019-20	Actual savings achieved in 2019-20 \$ 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)
Savings and efficiencies in 2016-17 Budget 2016-17 BP3 p. 118	Nil	Nil	Nil	Not Applicable	Not Applicable
Centralised banking and cash management reform 2017-18 BP3, p. 114	Nil	Nil	Nil	Not Applicable	Not Applicable
Whole of Government efficiencies 2017-18 BP3, p. 114	129.1	129.1	Savings allocated to DHHS were achieved through efficiencies across all non-frontline areas as part of an ongoing cost management exercise.	These savings were achieved without impacting on service delivery and were achieved through effective cost management strategies implemented across the department.	Efficiencies were realised across all portfolios.
No Savings measures announced in 2018-19 Budget 2018-19 BP2, p.54	Nil	Nil	Nil	Not Applicable	Not Applicable
Labor's Financial Statement savings 2019-20 BP3, p. 126	16.5	16.5	Savings allocated to DHHS were achieved through efficiencies across all non-frontline areas as part of an ongoing cost management exercise.	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.

Whole of Government efficiencies 2019-20 BP3, p. 126	Nil	Nil	Nil	Not Applicable	Not Applicable
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### Question 13 (all departments) Achievement of reprioritisation of existing resources

The 2019-20 Budget includes targets for 'reprioritisation and revenue offsets' to fund new initiatives (2019-20 Budget Paper No.2, p.57). This is in addition to any savings or efficiencies resulting from expenditure reduction measures. For the department (including all controlled entities),<sup>4</sup> 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.

Area of expenditure originally funded	Area of expenditure actually funded	Value of funding reprioritised in 2019-20 (\$ million)	Impact of reprioritisation of funding (if no impact, how was this achieved)	Output(s) and portfolio(s) impacted (if relevant)
Funding was reprioritised across all non-frontline areas as part of an ongoing cost management exercise.	Supporting ambulance services	10.3	There was no specific impact on other initiatives or service delivery.	
	Supporting vulnerable children in need	2.2		
	Progressing the children and families reform agenda	8.7		
	Health Complaints Commissioner	3.7		
	Collingwood Housing Estate upgrade	0.0		
	Victorian Fixated Threat Assessment Centre	10.6		
	Meeting hospital services demand	56.7		
Building from Strength: 10-year Industry Plan for Family Violence Prevention and Response	0.4			

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

## Question 14 (all departments) Contractors, Consultants and Labour Hire Arrangements

Please indicate how much the department spent on contractors, consultants and labour hire arrangements during 2017-18, 2018-19 and 2019-20. 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.

2017-18 Actual \$ million	2018-19 Actual \$ million	2019-20 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)
746.3	826.5	869.6	<p>2017-18 to 2018-19 = 10.8% increase.</p> <p>2018-19 to 2019-20 = 5.2% 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>	<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.</p>	<p>Department spend on external vendors to provide services classified as 'contractor, consultant and labour hire' impacted most / all department outputs and portfolios including:</p> <ul style="list-style-type: none"> <li>• Minister for Disability, Ageing and Carers</li> <li>• Minister for Housing</li> <li>• Minister for Health.</li> </ul>

N.B. 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 15 (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 2019-20, explaining the reasons for any significant changes over that period and the impact of any changes on the entity.

Please provide the economic funding ratio or accounting funding ratio as applicable at 30 June 2020. Please provide details of the methodology used for the ratio calculation.

Type of dividend paid	2019-20 Budget (\$ million) <i>BP 5, pg. 22</i>	2019-20 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 2020
No dividends paid by Director of Housing to General Government Sector					

Economic funding ratio / accounting funding ratio as at 30 June 2020	Details of the methodology
N/A	

## Section E: Overall financial performance

### Question 16 (all departments) Impact of COVID-19 on financial performance – 2019-20

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

Line item in the Comprehensive operating statement for the financial year ended 30 June 2020	Budget 2019-20	Actual 2019-20	Explanation of the impact caused by COVID-19 pandemic
Total revenue and income from transactions	27,748.2	30,207.4	The additional revenue is a result of new funding for initiatives announced after the 2019-20 Budget in response to the COVID-19 pandemic. This includes additional output appropriation for State-funded initiatives and additional grant revenue from the Commonwealth under the National Partnership Agreement for the COVID-19 Response.
Total expenses from transactions	27,532.0	29,419.5	Includes costs incurred as a result of COVID-19 such as employee expenses, supplies and consumables, and insurance costs, that were not initially budgeted.
Net result from transactions (net operating balance)	216.1	787.9	The net result from transaction surplus is higher than budgeted because: <ul style="list-style-type: none"> <li>- Revenue was received to fund the purchase of personal protective equipment and pharmaceuticals to address the impact of COVID-19</li> <li>- these items were not all consumed in 2019-20 but instead still held in inventory at 30 June 2020.</li> </ul>

## Section F: Public sector workforce

### Question 17 (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 2018, at 30 June 2019 and 30 June 2020 (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 2018 Actual FTE number	30 June 2019 Actual FTE number	30 June 2020 Actual FTE number
Secretary	1.0	1.0	1
EO-1	4.0	3.0	6
EO-2	62.0	64	70.5
EO-3	95.7	115	136.5
VPS Grade 7 (STS)	23.6	23	27
VPS Grade 6	967.8	1,023.4	1,042
VPS Grade 5	1,561.3	1,642.7	1,618.3
VPS Grade 4	912.6	897	939.7
VPS Grade 3	647.8	643	606.9
VPS Grade 2	375.0	389.6	324.3
VPS Grade 1	14.6	20.5	10.6
Allied health	166.1	100.6	77.4
Child protection	1,932.7	2,107.2	2,047.5
Children, youth and families	233.2	238.5	230
Disability development and support	4,418.8	2,119.4	305
Housing services	502.5	503.5	490.1
Other**	181.8	191	176.2
<b>Total</b>	<b>12,100.5</b>	<b>10,082.5*</b>	<b>8,109.1</b>

\*This figure includes FTE for Respect Victoria, which transitioned to the Department of Premier and Cabinet in January 2020

\*\*'Other' may include senior medical advisors; solicitors; nurses; trade assistants; scientists; and, external auditors

Numbers above **do not** include FTE for the following entities: Family Safety Victoria, Safer Care Victoria, Victorian Agency for Health Information, Mental Health Reform Victoria. These are provided in the tables below

## Family Safety Victoria

Category	30 June 2018 Actual FTE number	30 June 2019 Actual FTE number	30 June 2020 Actual FTE number
EO-1	0	0	0
EO-2	5.8	6	4.0
EO-3	12.3	12.8	14
VPS Grade 7 (STS)	5.0	6	4.0
VPS Grade 6	47.5	77.3	74.5
VPS Grade 5	64.6	105.8	77.1
VPS Grade 4	26.3	35.7	29.5
VPS Grade 3	24.2	27.4	30.7
VPS Grade 2	3.0	6.0	7.0
VPS Grade 1	0	1.0	1.0
Child protection	14.3	11.9	13.5
Other	1.0	1.0	0.9
<b>Total</b>	<b>204.0</b>	<b>290.9</b>	<b>256.2</b>

## Safer Care Victoria

Category	30 June 2018 Actual FTE number	30 June 2019 Actual FTE number	30 June 2020 Actual FTE number
EO-1	0.8	0.8	1.3
EO-2	0	0	0
EO-3	3.6	4.0	5.0
VPS Grade 7 (STS)	0	0.5	0.7
VPS Grade 6	18.9	28.8	25.5
VPS Grade 5	40.1	53.8	51.8
VPS Grade 4	17.0	22.3	21.5
VPS Grade 3	5.4	8.6	6.2
VPS Grade 2	2.0	1.0	1
Other	2.5	0.5	0
<b>Total</b>	<b>90.3</b>	<b>120.3</b>	<b>113.0</b>

## Victorian Agency for Health Information

Category	30 June 2018 Actual FTE number	30 June 2019 Actual FTE number	30 June 2020 Actual FTE number
EO-1	1.0	1.0	1.0
EO-2	1.0	1.0	1.0
EO-3	4.0	4.0	4.0
VPS Grade 7 (STS)	1.0	2.0	2.0
VPS Grade 6	18.6	22.5	28.3
VPS Grade 5	27	28.3	32.2
VPS Grade 4	4.5	7.4	7.0
VPS Grade 3	3.0	4.0	5.4
VPS Grade 2	1.0	2.0	0
Other	0	0	0.8
<b>Total</b>	<b>61.1</b>	<b>72.2</b>	<b>81.7</b>

## Mental Health Reform Victoria\*

Category	30 June 2018 Actual FTE number	30 June 2019 Actual FTE number	30 June 2020 Actual FTE number
EO-2	Not Applicable	Not Applicable	2.0
EO-3	Not Applicable	Not Applicable	1.0
VPS Grade 6	Not Applicable	Not Applicable	3.0
VPS Grade 5	Not Applicable	Not Applicable	2.0
VPS Grade 4	Not Applicable	Not Applicable	0
VPS Grade 3	Not Applicable	Not Applicable	0
VPS Grade 2	Not Applicable	Not Applicable	1.0
Other	Not Applicable	Not Applicable	0
<b>Total</b>	<b>Not Applicable</b>	<b>Not Applicable</b>	<b>9</b>

\*Mental Health Reform Victoria was established in February 2020

### Question 18 (all departments and entities) Salary by employment category

In the table below, please detail the salary costs for 2017-18, 2018-19 and 2019-20, 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 2017-18 (\$ million)	Gross salary 2018-19 (\$ million)	Gross salary 2019-20 (\$ million)	Explanation for any year-on-year variances $\pm 10\%$ or \$100 million
Ongoing	953	1039	837	<i>The overall gross salary decrease in the 2019-20 financial year is directly related to the NDIS transfer of DHHS Disability Development and Support staff.</i>
Fixed-term	120	159	150	
Casual	71	70	30	
<b>Total</b>	<b>1144</b>	<b>1268</b>	<b>1017</b>	

## Question 19 (all departments and entities) Executive salary increases

Please detail the number of executives who received increases in their base remuneration in 2019-20, 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.

### 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 2019-20, apart from increases outlined in employment agreements			Reasons for these increases
	Female	Male	Self-described	
0-3%	7	4	0	Executive vehicle package TRP uplift Promotion Review on reappointment
3-5%	9	2	0	Promotion Review on reappointment Work value increase
5-10%	7	4	0	Promotion Work value increase
10-15%	0	0	0	
greater than 15%	2	3	0	Promotion Work value increase

### Victorian Agency for Health Information

Increase in base remuneration	Number of executives receiving increases in their base rate of remuneration of this amount in 2019-20, apart from increases outlined in employment agreements			Reasons for these increases
	Female	Male	Self-described	
0-3%	0	1	0	Executive vehicle package TRP uplift
3-5%	0	0	0	
5-10%	0	0	0	
10-15%	0	0	0	
greater than 15%	0	0	0	

**Family Safety Victoria – nil relevant increases**

**Mental Health Reform Victoria – nil relevant increases**

**Safer Care Victoria – nil relevant increases**

## Section G: Government decisions impacting on the finances

### Question 20 (all departments and entities) Commonwealth Government decisions

Please identify any Commonwealth Government decisions during 2019-20 which had not been anticipated/not been concluded before the finalisation of the State budget in 2019-20 and their impact(s) on the department's/entity's finances or activities during those years (including new funding agreements, discontinued agreements and changes to funding levels). Please quantify the impact on income and expenses where possible.

Commonwealth Government decision	Impact(s) in 2019-20	
	on income (\$ million)	on expenses (\$ million)
Project Agreement for the Community Health and Hospitals Program Victoria's 2018-19 Initiatives finalised 7 June 2019. Funding provided for: <ul style="list-style-type: none"> <li>Bass Coast Health</li> <li>Aikenhead Centre for Medical Discovery</li> <li>Vic Children's Colorectal</li> </ul>	14.694	0.878
Project Agreement for the Community Health and Hospitals Program Victoria's Eating Disorder Initiative, finalised 27 June 2019	6.5	0
National Partnership on COVID-19 Response, finalised 14 April 2020 <sup>^1,3</sup> <ul style="list-style-type: none"> <li>Upfront advance payment</li> <li>Hospital Service payment</li> <li>State Public Health payment</li> <li>Private Hospital Capacity and Financial Viability payment</li> </ul>	<b>1,097.118</b>	991.783
	26.005	26.005
	75.545	181.051
	598.799	588.295
	396.769	196.432
National Health Reform Agreement <sup>*2,3</sup> <ul style="list-style-type: none"> <li>Activity Based funding</li> <li>Block Funding</li> <li>Public Health Funding</li> </ul>	<b>5,553.355</b>	<b>5,077.902</b>
	4,657.104	4,209.471
	758.363	758.363
	110.068	110.068
National Partnership on Public Dental Services for Adults – agreement expired on 30 June 2019. The Commonwealth offered an extension of this agreement to 30 June 2020 and Victoria accepted.	26.9	10.72

<sup>^</sup> Revenue sourced from <https://www.publichospitalfunding.gov.au/publications/administrator-national-health-funding-pool-annual-report-2019-20>, p. 41

<sup>\*</sup> <https://www.publichospitalfunding.gov.au/publications/administrator-national-health-funding-pool-annual-report-2019-20>, p. 77. Figures do not sum to total due to Funding Guarantee

- <sup>1</sup> All expense items sourced from draft reconciliation NHF Administrator email to States on 12th November 2020
- <sup>2</sup> Funding guarantee (total revenue) and all expense items sourced from draft reconciliation NHF Administrator email to States on 12th November 2020
- <sup>3</sup> Funding Guarantee led to increase in funding of \$294 m: Funding Guarantee (\$5.553 b) less NHRA expenditure (\$5.078 b) plus COVID-19 Hospital Services Payment (\$181 m)
- <sup>4</sup> Block funding and Public Health funding assumed to match revenue - Activity Based Funding expenditure adjusted

**Question 21 (all departments and entities) Commonwealth and National Cabinet decisions**

Please identify any Commonwealth and National Cabinet decisions during 2019-20 which had not been anticipated/not been concluded before the finalisation of the State Budget in 2019-20 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.

The establishment of National Cabinet represents a commitment of all states and territories and the Commonwealth to work together to ensure a consistent and coordinated response to the COVID-19 pandemic. National Cabinet continues to work to address issues and find solutions to the health and economic consequences of COVID-19.

Through the National Cabinet, states, territories and the Commonwealth are committed to seeking consistent national approaches, however, states and territories make decisions on implementation based on their own jurisdictional contexts. This includes funding decisions.

Commonwealth Government decision	Impact in 2019-20	
	on income (\$ million)	on expenses (\$ million)
N/A		

National Cabinet decision	Impact in 2019-20	
	on income (\$ million)	on expenses (\$ million)
N/A		

## Section H: General

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

- a) Please list all internal<sup>5</sup> and external reviews/studies, established, commenced or completed by or on behalf of the department/agency in 2019-20 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.

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<sup>5</sup> Internal reviews do not include internal costings. Internal reviews/studies include any reviews or studies undertaken by your department and not given to external consultants. Internal reviews/studies do not include inquiries carried out by Parliamentary Committees or reviews undertaken by integrity agencies.

Name of the review (portfolio(s) and output(s)/agency responsible)	Reasons for the review/study	Terms of reference/scope	Timeline	Anticipated outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL
Review of the Medically Supervised Injecting Room (MSIR) – Colmar Brunton and the Burnet Institute	<p>As prescribed in the Drugs, Poisons and Controlled Substances Act 1981 (the Act).</p> <p>The Review will conduct a evaluate the operation and use of the licensed MSIR, the extent to which the objects of the Act have been advanced during the period of the licence, and how the Act and regulations for the MSIR has operated and whether they require amendment.</p>	<ul style="list-style-type: none"> <li>• Develop, the review scope, structure and data and evidence collection requirements</li> <li>• Review data and evidence to closely monitor the objects of the Act</li> <li>• Provide DHHS with a draft copy of the review, to inform a decision on whether the trial should be extended</li> <li>• Provide an endorsed review to the Minister for Mental Health (the Minister) prior to the completion of the two-year trial, meeting the requirements outlined above.</li> </ul>	Report tabled in Parliament. Released June 2020	Completed The final report has provided evidence to inform decision-making on whether the MSIR trial should be extended past 29 June 2020.	Conducted <b>externally</b> \$250,000 (GST inclusive)	\$250,000 (GST inclusive)	Yes Available at: <a href="https://www2.health.vic.gov.au/alcohol-and-drugs/aod-treatment-services/injecting-room/injecting-room-independent-review-panel">https://www2.health.vic.gov.au/alcohol-and-drugs/aod-treatment-services/injecting-room/injecting-room-independent-review-panel</a>

<p>Public Housing Allocations Operational Guidelines Evaluation</p>	<p>The Public Housing Allocations Operational Guidelines (the Guidelines) provide housing staff with guidance to make a suitable public housing allocation to sustain a tenancy in the long term.</p> <p>They ensure that these allocations or transfers are provided in an equitable and efficient manner, with households most in need assisted first.</p>	<p>Refer to 'reasons' column</p>	<p>Completed</p>	<p>The implementation of the revised Guidelines was intended to improve tenant housing and social outcomes.</p> <p>The evaluation identified a range of enablers and barriers to property allocation within and beyond the scope of the guidelines.</p> <p>There is insufficient information to determine whether client outcomes have improved over the period of the evaluation.</p> <p>The evaluation found that contemporary pathways to tenancy are increasingly complex.</p>	<p>Not Applicable Conducted <b>internally</b></p>	<p>Not Applicable</p>	<p>Not published externally For internal use only</p>
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No Jab No Play Evaluation	No Jab No Play legislation was introduced in Victoria on 1 January 2016 with the aim of increasing immunisation rates and averting vaccine-preventable diseases for young children in the community.  This review evaluated the effectiveness of the legislation and immunisation outcomes in Victoria.	Refer to 'reasons' column	Completed Report tabled in Parliament – November 2020	The No Jab No Play 2020 review identified immunisation rates improved for Victorian children aged 1, 2 and 5 years since legislation implementation in 2016.	Not Applicable Conducted <b>internally</b>	Not Applicable	Yes Available on the Analysis and Policy Observatory (APO) website <a href="https://apo.org.au/sites/default/files/resource-files/2020-11/apo-nid309795.pdf">https://apo.org.au/sites/default/files/resource-files/2020-11/apo-nid309795.pdf</a>
Better Futures/Homestretch Evaluation	A 3-year longitudinal evaluation to evaluate the implementation, outcomes and impact of Better Futures and Homestretch for young people 18 to 21 years, leaving Out-of-Home Care (OOHC).	Refer to 'reasons' column	Stage 1 process evaluation due to be completed Feb. 2021. Stage 2 completed June 2022. Stage 3 completed November 2023.	Ongoing	Not Applicable Conducted <b>internally</b>	Not Applicable	Not published externally For internal use only

<p>Victorian and Aboriginal Family Preservation and Reunification Response Evaluation</p>	<p>Comprehensive monitoring and robust evaluation to inform future direction and investment in family preservation and reunification services to improve service delivery during implementation.</p> <p>The evaluation of the Response has three purposes:</p> <ol style="list-style-type: none"> <li>1. effectiveness of the Response in preventing at-risk children entering or re-entering care, and/or reducing time in care by supporting safe reunification of children and families</li> <li>2. effectiveness of the implementation of the Response and the extent to which implementation support strategies improve targeting and delivery of services to children and families</li> <li>3. extent to which the Response has demonstrated that it meets the conditions for continued funding by the Victorian Government</li> </ol>	<p>Refer to 'reasons' column</p>	<p>First stage to be completed last quarter 2021.</p>	<p>Ongoing</p>	<p>Not Applicable Conducted <b>internally</b></p>	<p>Not Applicable</p>	<p>Not published externally For internal use only</p>
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Evidence-based Program Trials in Family Service Evaluation	To evaluate the effectiveness of the following evidence-based programs SafeCare, Functional Family Therapy – Child Welfare Multisystemic Therapy with Psychiatric Supports.	Refer to 'reasons' column	To be completed by June 2021	Ongoing	Not Applicable Conducted <b>internally</b>	Not Applicable	Not published externally For internal use only
Homelessness Initiative Evaluation	Evaluate a number of programs under the Homelessness Initiative including Private Rental Assistance Program and Housing, Young People Leaving Care and Youth Justice.	Refer to 'reasons' column	Complete	Findings have been utilised to report on system approaches to addressing homelessness more broadly.	Not Applicable Conducted <b>internally</b>	Not Applicable	Not published externally For internal use only
Social Landlord Evaluation	This evaluation is seeking to understand what has worked and has not worked, about the first and second year of South Melbourne Community Capacity Building Initiative implementation and to understand its impact on the lives of the residents of Park Towers and Emerald Hill Court.	Refer to 'reasons' column	To be completed April 2021.	Ongoing	Not Applicable Conducted <b>internally</b>	Not Applicable	Not published externally For internal use only

Forensic Mental Health in Community Health Evaluation	The evaluation aims to understand how this initiative supports this cohort during a vulnerable period of engagement with the justice system to reduce the risk of harm or further trauma to the individual and improve outcome.	Refer to 'reasons' column	Ongoing	Ongoing	Not Applicable Conducted <b>internally</b>	Not Applicable	Not published externally For internal use only
Mental Health Advice and Response Service Evaluation	The evaluation aims to understand how this initiative supports this cohort during a vulnerable period of engagement with the justice system to reduce the risk of harm or further trauma to the individual and improve outcomes.	Refer to 'reasons' column	Ongoing	Ongoing	Not Applicable Conducted <b>internally</b>	Not Applicable	Not published externally For internal use only

<p>Mental Health and Police Response (MHaPR) Service Evaluation</p>	<p>Evaluation of the Mental Health and Police Response (MHaPR) initiative a joint mental health and police crisis response.</p> <p>It involves a mental health professional working alongside a police officer to respond to '000' calls.</p> <p>The MHaPR provides mental health assessment and referral and can help to resolve mental health crises in the community so that people do not have to be taken to hospital.</p>	<p>Refer to 'reasons' column</p>	<p>Completed</p>	<p>MHaPR is part of an over-burdened mental health system.</p> <p>MHaPR reduces the number of people transported to hospital and saves.</p> <p>MHaPR makes a positive difference to carers.</p> <p>The Victorian MHaPR is typical of other co-response models</p> <p>MHaPR is highly valued but impacted by workforce issues.</p> <p>Co-location, staff selection and back-up telephone consultation support the MHaPR.</p> <p>Limited program coordination, accountability and consistent governance impacts the MHaPR.</p>			
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Sleep and Settling Models of Care Evaluation	<p>Evaluation of the Sleep and Settling Initiative which is a key part of the <i>More help for new Victorian mums and dads</i> aimed at providing support for Victorian parents and caregivers.</p> <p>The Maternal and Child Health Model of Care for Sleep and Settling ensures an evidenced-informed and consistent approach to sleep and settling concerns across the Maternal and Child Health (MCH) service.</p> <p>The Model of Care provides guidance to MCH services on the application of three components:</p> <ol style="list-style-type: none"> <li>1. Parent information sessions</li> <li>2. Outreach consultations</li> <li>3. MCH Line.</li> </ol>	Refer to 'reasons' column	Ongoing	Ongoing	Not Applicable Conducted <b>internally</b>	Not Applicable	Not published externally For internal use only
Nursery Equipment Evaluation	Evaluation of Nursery equipment program that provides new parents from vulnerable families with essential items at no cost for their babies and children	Refer to 'reasons' column	Ongoing	Ongoing	Not Applicable Conducted <b>internally</b>	Not Applicable	Not published externally For internal use only

Transition Support Packages (TSP) Evaluation	This evaluation will review whether readiness projects funded by TSP successfully supported the transition of the disability workforce, and service providers transition to the NDIS and consequently better support Victorians with disability, their families and carers.	Refer to 'reasons' column	Ongoing	Ongoing	Not Applicable Conducted <b>internally</b>	Not Applicable	Not published externally For internal use only
Keeping Our Sector Strong (KOSS) (Priorities 2 & 3) Evaluation	<p>Evaluation of priorities 2 &amp; 3 that comprises six sub-projects, all which target diverse issues and sectors and are at different stages of implementation.</p> <p>The target workforces were both departmental disability workforce transitioning across into the NDIS and the broader child welfare and justice, health, allied and clinical workforces.</p> <p>This evaluation will assess to what extent, collectively, the sub-projects achieved objectives against four common areas.</p>	Refer to 'reasons' column	Ongoing	Ongoing	Not Applicable Conducted <b>internally</b>	Not Applicable	Not published externally For internal use only

<p>Delivery of Perinatal Services by TeleHealth</p>	<p>Rapid Review looking at the delivery of Perinatal services via TeleHealth</p>	<p>Refer to 'reasons' column</p>	<p>Complete</p>	<p>Perinatal TeleHealth could be continued and extended for some appointments such as low risk pregnancies and would particularly benefit rural and regional locations. Those surveyed indicated they would like to be offered a choice of receiving TeleHealth or face to face care. Benefits include saved travel time, improved appointment attendance, more convenient appointment bookings, and low wait times of less than 30 minutes for appointments (particularly important for women who live far from the location of appointments, and/or face competing caring or work responsibilities.)</p>	<p>Not Applicable Conducted <b>internally</b></p>	<p>Not Applicable</p>	<p>Not published externally For internal use only</p>
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				Participation and satisfaction of TeleHealth is generally positive discussing clinical results, discussing model of care options, referrals and supports, and health education regarding smoking cessation, healthy eating, and some breastfeeding advice.			
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<p>Children Specialist Health Services and TeleHealth</p>	<p>Rapid Review assessing the shift from face to face delivery of specialist children services to TeleHealth</p>	<p>Refer to 'reasons' column</p>	<p>Complete</p>	<p>TeleHealth offered flexibility and convenience and helped overcome barriers to participation for some cohorts.                      The majority of assessment tools are not validated for use via TeleHealth.                      Clinicians exercised caution when making a definitive diagnosis.                      TeleHealth is more appropriate for triaging waitlists, pre-assessment, some components of assessment (e.g. interview with family), ongoing therapy (e.g. parent coaching) and engagement/follow-up with families.                      Benefits to carers and children: cost savings, reduced travel times, minimised daily disruptions, finding it easier to talk with</p>	<p>Not Applicable                      Conducted <b>internally</b></p>	<p>Not Applicable                      internally</p>	<p>Not published externally                      For internal use only</p>
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				<p>the clinician and continuity of care.</p> <p>TeleHealth is less appropriate when using assessment tools validated for face to face use and where hands-on therapy is required.</p> <p>Family capability and the home environment (e.g. quiet and safe space) are key considerations when deciding whether TeleHealth is appropriate.</p>			
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<p>Housing Establishment Fund (HEF)</p>	<p>Rapid Review looking at the extension of the Housing Establishment Fund to support homeless people and rough sleepers during the first COVID-19 lockdown.</p>	<p>Refer to 'reasons' column</p>	<p>Complete</p>	<p>Increased flexible support through the HEF has led to a 51% increase in the number of homeless people provided with temporary housing and demand for crisis accommodation being metropolitan. Rough sleepers have increased as a proportion of homeless people supported from 20% to 36% and require tailored supports. Some clients who are private rental ready have increased their access to sustainable housing exits (e.g. families and couples) through the Private Rental Assistance Program. There are concerns about the housing options available for clients with complex needs (e.g. single rough sleepers) currently housed in hotel emergency</p>	<p>Not Applicable Conducted <b>internally</b></p>	<p>Not Applicable</p>	<p>Not published externally For internal use only</p>
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				accommodation with no sustainable housing option available. The experience, service and practice changes and cohorts served have varied by locations.			
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<p>Evidence-based Programs and TeleHealth</p>	<p>Rapid Review looking at the shift to delivering Evidenced based programs in the Child and Family Service sector to TeleHealth.</p>	<p>Refer to 'reasons' column</p>	<p>Complete</p>	<p>Fully remote delivery appears to be more appropriate for some group-based evidence-based programs (for example Tuning into Kids) than intensive family interventions delivered in the home.</p> <p>Remote delivery may also overcome geographic barriers to service delivery, for example in enabling group programs to be delivered where participants are geographically dispersed.</p> <p>There have been some reported increases in participation of hard to engage service users (such as fathers) in programs.</p> <p>There do not appear to be significant efficiency, worker empowerment or client satisfaction gains in remote</p>	<p>Not Applicable Conducted <b>internally</b></p>	<p>Not Applicable</p>	<p>Not published externally For internal use only</p>
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				<p>delivery for evidence-based programs and practices.</p> <p>Staff report that the screen-based approaches are tiring and make it harder to establish rapport and assess emotional and physical safety.</p>			
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<p>Delivering Maternal Child Health (MCH) via TeleHealth</p>	<p>Rapid Review was conducted looking at the impact of moving Maternal Child Health Service delivery to TeleHealth.</p>	<p>Refer to 'reasons' column</p>	<p>Complete</p>	<p>Key Age and Stage (KAS) consultation delivery is most appropriate for information provision components, and less appropriate for assessment components.</p> <p>TeleHealth required extra time than face-to-face delivery initially but will likely become more efficient as MCH nurses gain confidence in using technology and as IT systems become better supported.</p> <p>TeleHealth offers convenience and flexibility for some children and families. Aboriginal and Torres Strait Islander families found TeleHealth challenging and not empowering.</p> <p>Instances of MCH innovation emerged through delivery of TeleHealth that have</p>	<p>Not Applicable Conducted <b>internally</b></p>	<p>Not Applicable</p>	<p>Not published externally For internal use only</p>
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				potential to be continued post COVID-19. Innovations related to enhancing delivery of TeleHealth through family support, enhancing social connection, engaging priority cohorts, technology and communication, and clinical reinforcement.			
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Communication Strategies to inform Culturally and Linguistically Diverse (CALD) communities about COVID-19	Rapid Review based on observations of Round Table discussions with Community Leaders from Culturally and Linguistically Diverse communities on COVID-19 Public Health Messages	Refer to 'reasons' column	Complete	<p>Community leaders learnt how to contain the spread of the coronavirus in their community. The roundtables identified the most effective ways to engage different community groups with public health messaging.</p> <p>Information (website and videos) provided by the department and VMC were used by established communities in Victoria (Chinese, Vietnamese and Arabic speakers).</p> <p>New and emerging communities were less likely to access public health information via these channels. Collaborating with community leaders was an effective way to promote public health messages.</p> <p>Departmental collaboration between Victorian</p>	Not Applicable Conducted <b>internally</b>	Not Applicable	Not published externally For internal use only
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				<p>Multicultural Commission (VMC), Department of Health and Human Services (DHHS) and Department perform Premier and Cabinet (DPC) contributed to the success of these roundtable forums.</p> <p>Understanding the social determinants of health and health literacy is essential when considering the impact of COVID-19 in CALD communities.</p>			
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<p>Family Violence Perpetrator Interventions Moving to Virtual Platforms</p>	<p>Rapid Review looking at the use of virtual platforms for both perpetrators and victims of family violence.</p>	<p>Refer to 'reasons' column</p>	<p>Complete</p>	<p>There was a wide variation in how providers of perpetrator interventions adapted service delivery.</p> <p>Service users had mixed responses to the change from face to face meetings to remote delivery (telephone and on-line).</p> <p>The adapted service model did not lead to victim survivors feeling safer.</p> <p>The adapted service model improved perpetrators perception of engagement preferring to work 1:1 with practitioners rather than in a group.</p> <p>Practitioners found the increased workload stressful and unsustainable.</p> <p>Staff members did not necessarily have the skills for remote</p>	<p>Not Applicable Conducted <b>internally</b></p>	<p>Not Applicable</p>	<p>Not published externally For internal use only</p>
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				<p>service delivery and additional work was required to adapt content.</p> <p>Interventions such as the Men's behaviour change program (MBCP) took longer to complete and were more resource intensive.</p> <p>Changes have resulted in longer waiting times to both start and finish interventions.</p>			
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<p>Use of TeleHealth for Mental Health Services</p>	<p>Rapid Review on delivery of Mental Health Services via TeleHealth during COVID-19 lockdowns.</p>	<p>Refer to 'reasons' column</p>	<p>Complete</p>	<p>There are client groups and service delivery types where the use of TeleHealth can have a negative impact on the quality of service delivered and it is not the best option. Clinicians agreed TeleHealth worked best for consumers if a strong therapeutic relationship had already been established prior to shifting to phone and/or video contact. Access to data (especially for video), equipment, support and a private space combined with variable technological literacy created barriers for consumers and carers. These barriers have been most pronounced for consumers with</p>	<p>Not Applicable Conducted <b>internally</b></p>	<p>Not Applicable</p>	<p>Not published externally For internal use only</p>
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				<p>more complex or specific needs.</p> <p>Access to video-enabled and other equipment and for some, private space has been an issue for mental health workers in many Accessing Mental Health Services (AMHS).</p> <p>Efficiencies have been realised through the reduction of travel, associated costs and time for consumers and carers and for professional interactions including in metropolitan Melbourne.</p>			
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<p>Use of TeleHealth for Mental Health Tribunal</p>	<p>Rapid Review on delivery of Mental Health Tribunal via TeleHealth during COVID-19 lockdowns.</p>			<p>The phone is not the best option for Tribunal hearings. Use of the phone has been perceived by consumers, carers, Tribunal members and clinicians to have negative effects on the quality of the hearings.</p> <p>The shift to phone hearings protected Tribunal staff, consumers, carers, families, advocates and clinicians from the coronavirus.</p> <p>The phone has provided some conveniences to individual consumers, carers and other hearing participants.</p> <p>The shift to phone hearings accelerated organisational change to support remote Tribunal hearings.</p> <p>The shift to phone hearings and change to the hearing</p>	<p>Not Applicable Conducted <b>internally</b></p>	<p>Not Applicable</p>	<p>Not published externally For internal use only</p>
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				<p>schedule have realised efficiencies but have also had unintended negative effects.</p> <p>Phone hearings enhanced inequity for a range of individuals including people with hearing, speech and/or dexterity issues, active paranoias or phobias, disability or other forms of disadvantage.</p>			
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<p>Community Engagement Operation Benessere</p>	<p>Rapid Review looking at Community Engagement Strategies during Operation Benessere.</p>	<p>Refer to 'reasons' column</p>	<p>Complete</p>	<p>Operational Benessere was an effective strategy and contributed to reduced community transmission. Key enablers include the use of health concierge from residents' cultural groups, the provision of wrap around support services and infection control measures. This encouraged residents to stay and home and comply with restrictions leading to a reduction in COVID-19 transmissions within the estates.</p>	<p>Not Applicable Conducted <b>internally</b></p>	<p>Not Applicable</p>	<p>Not published externally For internal use only</p>
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<p>Webchat Functionality Family Violence (FV) Help line</p>	<p>Rapid Review looking at virtual platforms to support victims of family violence during COVID-19 lockdowns.</p>	<p>Refer to 'reasons' column</p>	<p>Complete</p>	<p>Family violence services have predominantly maintained access methods already available to services prior to COVID-19; phone, email and text.</p> <p>The level and extent to which access has been maintained when compared to increased family violence incidents is unclear at this stage.</p> <p>Webchat was introduced by only two providers as a channel to deliver services.</p> <p>Provision of online groups using video conferencing apps enabled information and education sessions to continue being delivered.</p> <p>Agencies reported using more brokerage funding to provide victim survivors with smart phones and data</p>	<p>Not Applicable Conducted <b>internally</b></p>	<p>Not Applicable</p>	<p>Not published externally For internal use only</p>
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				packages to enable them to access help without face to face meetings.			
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<p>Pharmacotherapy change of guidance to prescribers and dispensers</p>	<p>This rapid review explores the early impact of practice changes to Medication Assisted Treatment for Opioid Dependence (MATOD) or 'pharmacotherapy' to support physical distancing and isolation during the coronavirus (COVID-19) response.</p>	<p>Refer to 'reasons' column</p>	<p>Complete</p>	<p>The pharmacotherapy workforce quickly adapted practices to ensure service continuity and support physical distancing measures by reducing the need for consumers to attend general practices or pharmacies. Increased takeaway doses to reduce attendance at pharmacies during COVID-19 were accessed by 22% of methadone consumers and 8% of buprenorphine/naloxone consumers (on 30 June 2020). Third party collection was less frequently implemented compared to changes to takeaway doses (accessed by around 3% of pharmacotherapy consumers during</p>	<p>Not Applicable Conducted <b>internally</b></p>	<p>Not Applicable</p>	<p>Not published externally For internal use only</p>
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				<p>the COVID-19 period April to June 2020).</p> <p>Increased awareness of extended prescription durations (from one month to six months) assisted 11% of all pharmacotherapy consumers during COVID-19 to see their General Practitioner less frequently.</p> <p>Increasing the number of buprenorphine/naloxone consumers that a non- Medication Assisted Treatment for Opioid Dependence trained prescriber could treat had limited uptake.</p> <p>The practice changes enabled individualised and flexible approaches in response to different consumer circumstances.</p>			
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				<p>This allowed for continuation of pharmacotherapy treatment during COVID-19 with minimum disruption for consumers, minimising risk of physical and mental health impacts.</p> <p>Increased takeaway doses were strongly supported by the workforce for low and moderate risk consumers.</p>			
Use of TeleHealth in Specialist Services	Rapid Review looking at the delivery of specialist health services using TeleHealth.	Refer to 'reasons' column	Incomplete	Ongoing	Not Applicable Conducted <b>internally</b>	Not Applicable	Not published externally For internal use only

<p>Hospital in the Home (HITH)</p>	<p>Rapid Review looking at provision of Hospital in the Home during COVID-19 lockdowns.</p>	<p>Refer to 'reasons' column</p>	<p>Complete</p>	<p>Continuity of Hospital in the Home (HITH) services was maintained during the pandemic and through innovation and strong local leadership has contributed to keeping Victorians safe.</p> <p>HITH programs have made significant contributions to the effectiveness of COVID-19 pathways and the pandemic response by health services.</p> <p>The achievements of the HITH program during the pandemic point to an opportunity to expand its role in delivering home-based inpatient care.</p> <p>On-road HITH clinicians demonstrated remarkable adaptability and resilience during the pandemic.</p>	<p>Not Applicable Conducted <b>internally</b></p>	<p>Not Applicable</p>	<p>Not published externally For internal use only</p>
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				<p>TeleHealth was a critical enabler to the maintenance and expansion of HITH services during the pandemic.</p> <p>The value of TeleHealth to HITH services was increased when combined with access to medical, allied health or other specialist staff (e.g. day oncology, paediatric sleep scientists) partnering with other units to develop and/or provide a service, new or otherwise.</p> <p>Remote patient monitoring (RPM) for some service types.</p> <p>HITH services to children and young people increased during the pandemic.</p> <p>Paediatric HITH teams provided an invaluable service including to families with new babies</p>			
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				where there have been reduced Maternal and Child Health services during the pandemic.			
COVID-19 Care Pathways	Rapid Review looking at the COVID-19 Care Pathways for people in the Victorian Community with a positive COVID-19 diagnosis.	Refer to 'reasons' column	Incomplete	Ongoing	Not Applicable Conducted <b>internally</b>	Not Applicable	Not published externally For internal use only
Common Elements Approach – Centre for Evidence and Implementation	The Common Elements Approach builds workforce capability in the children and families services sector, supporting practitioners to deliver core evidence-informed practices that are essential to a therapeutic relationship and behavioural change. There are two stages: 1. identify common elements through consultation and develop practice guidelines and an implementation framework (June 2018-August 2018) 2. test and refine the Approach (November 2018 -June 2020)	Refer to 'reasons' column	June 2018 – June 2020. Final report March 2020.	This project is testing the implementation of the Common Elements Approach across a range of services including Child Protection, Family Services, Family Violence and Aboriginal Community Controlled Organisations.	Conducted <b>externally</b> \$1,549,345.18 (GST inclusive)	\$1,549,345.18 (GST inclusive)	Information on the project: <a href="https://www.cei-global.org/our-work-original/building-capacity-through-implementation-science/using-common-elements-approach-victorian-human-services">https://www.cei-global.org/our-work-original/building-capacity-through-implementation-science/using-common-elements-approach-victorian-human-services</a>

Development, Victorian Early Parenting Centres Service Expansion			2019-20		Conducted <b>externally</b> \$233,137 (GST excluded)	\$233,137 (GST excluded)	Not published externally For internal use only
Development, Infection, prevention and controls, high risk workplaces			2019-21		Conducted <b>externally</b> \$44,000 (GST excluded)	Incomplete	Not published externally For internal use only
Development, An Aboriginal Health, Wellbeing and Safety Research and Evaluation Framework			2019-20		Conducted <b>externally</b> \$605,905 (GST excluded)	0	Not published externally For internal use only
Review, Family Violence Information Sharing Scheme			2017-20		Conducted <b>externally</b> \$427,475 (GST excluded)	0	Not published externally For internal use only
Review, Victorian Family Violence and Violence Against Women Prevention Activity (Phase 1)			2019-20		Conducted <b>externally</b> \$70,000 (GST excluded)	0	Not published externally For internal use only
Review, Watters Review-Managing Private Medical Practice in Public Hospitals			2019-20		Conducted <b>externally</b> \$82,000 (GST excluded)	0	Not published externally For internal use only

Development and Review, Public Health Microbiology Reference Laboratory			2019-21		Conducted <b>externally</b> \$32,448 (GST excluded)	Incomplete	Not published externally For internal use only
Development, Core Practice Elements in Children and Families Services			2018-21		Conducted <b>externally</b> \$1,508,948 (GST excluded)	Incomplete	Not published externally For internal use only
Development, Technical Specifications for the Menu of Evidence-Informed Practices and Programs			2018-19		Conducted <b>externally</b> \$169,075 (GST excluded)	0	Not published externally For internal use only

- 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 Centre for Evaluation and Research (CERE) is made up 30 highly specialised staff.

Twenty-five of these staff members have specialist skills in evaluation and research. Staff support policy and program areas across both health and humans service divisions by providing support and advise to undertake evaluations.

CERE offers a range of capacity building programs and training that is available to all staff as well as, team and 1:1 coaching and support. Staff come from multidisciplinary backgrounds including social science, public health, law, economics, health economics and international development. Almost all staff have post-graduate qualifications (Masters degrees and PhDs).

About one quarter of staff are currently completing units from the Master of Evaluation program offered by the University of Melbourne.

Staff are highly experienced with evaluation design, data collection methodologies and have excellent analytical and report writing skills. They work closely with social investment and advanced analytics teams in the Evidence and Investment branch.

CERE has demonstrated significant cost savings to the department by undertaking evaluations in-house. There has been a discernible cultural shift across the department as a result of CERE's capacity building where the importance of having evaluation and monitoring frameworks in place is widely accepted and acknowledged by staff.

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

- a) Please provide the following information on performance measures that did not meet their 2019-20 targets.

Performance measure	2019-20 target (Budget)	2019-20 actual (Annual report)	Variance (%)	Explanation	Output(s) and portfolio(s) impacted
Admitted Services: Sub-acute care separations	39,600	37,434	-5.5	The result was lower than target due to the coronavirus (COVID-19) restrictions imposed on elective surgery and related activities.	Acute Health Services
Admitted Services: Total separations – all hospitals	2,021	1,867	-7.6	The result was lower than the target as overall activity has been impacted by coronavirus (COVID-19).	Acute Health Services
Admitted Services: Weighted Inlier Equivalent Separations (WIES) – all hospitals except small rural health services	1,444	1,367	-5.3	The result was lower than the target as overall activity has been impacted by coronavirus (COVID-19).	Acute Health Services
Admitted Services: WIES funded separations – all hospitals except small rural health services	1,827	1,702	-6.8	The result was lower than the target as overall activity has been impacted by coronavirus (COVID-19).	Acute Health Services
Admitted Services: Number of patients admitted from the elective surgery waiting list	203,020	171,068	-15.7	The result was lower than the target as overall activity has been impacted by the restrictions put in place due to coronavirus (COVID-19).	Acute Health Services
Admitted Services: WIES funded emergency separations – all hospitals	756	650	-14.0	The result was lower than the target as overall activity has been impacted by coronavirus (COVID-19).	Acute Health Services
Admitted Services: Unplanned/unexpected readmission for hip replacement	2.5	3.7	48.0	Preliminary result. Actual end-of-year result will be available by late 2020. The result was higher than the target due to fourteen health services not achieving the target. Safer Care Victoria (SCV) has monitored all above target performance to ensure that the risk of patient harm is minimised.	Acute Health Services

Admitted Services: Unplanned/unexpected readmission for paediatric tonsillectomy and adenoidectomy	2.2	2.8	27.3	Preliminary result. Actual end-of-year result will be available by late 2020. The result was higher than the target due to ten health services not achieving the target for this measure. Safer Care Victoria (SCV) has monitored all above target performance to ensure that the risk of patient harm is minimised.	Acute Health Services
Admitted Services: Semi-urgent (Category 2) elective surgery patients admitted within 90 days	83	76.1	-8.3	The result was lower than the target as the measure has been impacted by coronavirus (COVID-19) restrictions.	Acute Health Services
Non-Admitted Services: Health Independence Program direct contacts	1,599	1,502	-6.1	The result was lower than the target, because overall activity has been impacted by coronavirus (COVID-19). Patients have been less willing to seek care, physical distancing restrictions have impacted throughput, and in cases non-urgent care has been deferred to enable deployment of staff to aged care outbreaks. Clinics have continued to prioritise care to the most urgent patients.	Acute Health Services
Non-Admitted Services: Patients treated in Specialist Outpatient Clinics – unweighted	1,975	1,717	-13.1	The result was lower than the target as overall activity has been impacted by coronavirus (COVID-19) related restrictions.	Acute Health Services
Emergency Services: Emergency patients treated within clinically recommended 'time to treatment'	80	73.4	-8.2	The result was lower than the target due to coronavirus (COVID-19) social distancing and heightened hygiene practices within the emergency department, resulting in reduced emergency department efficiencies.	Acute Health Services
Emergency Services: Emergency patients with a length of stay of less than four hours	75	68.6	-8.5	The result was lower than the target due to high emergency department presentations at the start of the year which was not offset by the significant improvement shown in the second half of the year.	Acute Health Services

Emergency Services: Proportion of ambulance patient transfers within 40 minutes	90	77.8	-13.6	The result was lower than the target due to high demand at the start of the year which was not offset by the significant improvement shown in the second half of the year.	Acute Health Services
Seniors Programs and Participation: New University of the Third Age membership growth	5	-0.4	-108.6	The result was lower than the target due to a decrease in membership numbers, which may be linked to coronavirus (COVID-19) and restrictions on face-to-face meetings.	Ageing, Aged and Home Care
Aged Care Assessment: Aged care assessments	59,000	52,877	-10.4	The 2019-20 outcome for assessment volume was lower than the target, as it has been impacted by an overall reduced demand against the target. Coronavirus (COVID-19) has seen a general reduction in demand as people and their families delay assessments, while the bushfires impacted the ability of some specific services to respond during these incidents.	Ageing, Aged and Home Care
Aged Support Services: Number of hours of respite and support services	261,250	176,750	-32.3	Preliminary result. Actual end-of-year result will be available by late 2020. Coronavirus (COVID-19) will likely impact on the final result. coronavirus (COVID-19) has reduced demand for some in-home services, while some providers have reduced face-to-face respite in line with public health advice to limit the spread of coronavirus (COVID-19).	Ageing, Aged and Home Care
Aged Support Services: Victorian Eye Care Service (occasions of service)	75,800	66,545	-12.2	The result was lower than the target due to a decrease in the ability to provide services caused by the impact of coronavirus (COVID-19). Some practices stopped seeing clients and the remainder have experienced reduced activity while seeing urgent and essential clients only.	Ageing, Aged and Home Care

Home and Community Care Program for Younger People: Home and Community Care for Younger People – hours of service delivery	1,000	931	-6.9	<p>Preliminary result. Actual end-of-year result will be available by late 2020.</p> <p>The result deviates from the target due to agencies being unable to report services in the client database that were redirected to respond to client needs during coronavirus (COVID-19).</p> <p>Performance has also been impacted by National Disability Insurance Scheme (NDIS) transition in eight departmental areas and bushfires.</p> <p>The department will continue to monitor the impacts of coronavirus (COVID-19) on services available to this group.</p>	Ageing, Aged and Home Care
Ambulance Emergency Services: Statewide emergency air transports	4,688	4,228	-9.8	The result was lower than target due to lower demand for services.	Ambulance Services
Ambulance Emergency Services: Treatment without transport	90,000	84,087	-6.6	<p>The result is lower than target due to Ambulance Victoria's implementation of its revised clinical response model.</p> <p>This model is ensuring that patients are receiving care appropriate to their needs, and that emergency ambulances are less frequently dispatched to patients who do not need transport to hospital.</p>	Ambulance Services
Ambulance Non-Emergency Services: Statewide non-emergency air transports	2,363	2,003	-15.2	<p>The result was lower than target due to lower demand for services.</p> <p>This is an entirely demand-driven activity.</p>	Ambulance Services
Drug Prevention and Control: Number of phone contacts from family members seeking support	14,300	10,682	-25.3	<p>Preliminary result. Actual end-of-year result will be available by late 2020.</p> <p>The result was lower than the target due to a change in preference for how clients access drug and alcohol information.</p>	Drug Services

Drug Treatment and Rehabilitation: Number of drug treatment activity units – residential services	76,759	68,259	-11.1	The result was lower than the target due to the impact of coronavirus (COVID-19) social distancing measures on service delivery.	Drug Services
Drug Treatment and Rehabilitation: Number of drug treatment activity units – community-based services	90,325	83,087	-8.0	The result was lower than the target due to the impact of coronavirus (COVID-19) social distancing measures on service delivery.	Drug Services
Drug Treatment and Rehabilitation: Commenced courses of treatment – residential-based drug treatment services	6,848	0	-100.0	This measure is no longer applicable due to a change in how residential treatment services are funded. Refer to ‘Number of drug treatment activity units – residential services’ for a measure of the number of services delivered in 2019-20.	Drug Services
Drug Treatment and Rehabilitation: Number of new residential withdrawal clients	2,309	2,043	-11.5	The result was 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: percentage of residential rehabilitation courses of treatment greater than 65 days	50	34	-32.0	The result was lower than the target due to several service providers delivering treatment models with shorter courses of treatment, in line with evidence-based practice models. This measure is superseded by ‘percentage of residential rehabilitation clients remaining in treatment for ten days or more’.	Drug Services
Drug Treatment and Rehabilitation: Successful courses of treatment (episodes of care): residential-based drug treatment services	6,351	0	-100.0	This measure is no longer applicable due to a change in how residential treatment services are funded. Refer to ‘Number of drug treatment activity units – residential services’ for a measure of the quantity of service delivered in 2019-20.	Drug Services

Drug Treatment and Rehabilitation: Average working days between screening of client and commencement of community-based drug treatment	3	8.4	180.0	The result was higher than the target due to the impact of coronavirus (COVID-19) social distancing measures on service delivery.	Drug Services
Drug Treatment and Rehabilitation: Average working days between screening of client and commencement of residential-based drug treatment	6	11.7	95.0	The result was higher than the target due to the impact of coronavirus (COVID-19) social distancing measures on service delivery.	Drug Services
Clinical Care: Number of designated mental health services achieving or maintaining accreditation under the National Standards for Mental Health Services	18	9	-50.0	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 – nine services were accredited under the National Mental Health Services while the remaining are transitioning to the new National Safety and Quality in Health Services Standards (second edition).	Mental Health
Clinical Care: Seclusions per 1,000 occupied bed days	8	9	12.5	The result is higher than the target.  The measure is impacted by a higher number of events for a small number of adult patients with challenging behaviours and the limited number of adolescent units in the metropolitan area providing treatment for the entire state.	Mental Health

Clinical Care: Emergency patients admitted to a mental health bed within eight hours	80	54.4	-32.0	<p>This result is due to the increasing trend in the number of people presenting directly to emergency departments.</p> <p>The majority of rural services meet the 80% of emergency patients admitted to a mental health bed within eight hours target.</p> <p>Results for metropolitan services most challenged by this measure impact negatively on the statewide results.</p>	Mental Health
Mental Health Community Support Services (MHCSS): Bed days	58,000	51,029	-12.0	<p>Bed days have decreased due to Youth Residential Rehabilitation Services being directed to leave a unit in each property vacant to respond to client/s who need to self-isolate due to suspected or diagnosed coronavirus (COVID-19).</p>	Mental Health
Health Protection: Calls to food safety hotlines	4,500	4,036	-10.3	<p>The result was lower than the target due to coronavirus (COVID-19) and remote working.</p> <p>The phone mailbox messaging changed to encourage more people to communicate via email. By shifting enquiries to email. A reduction in calls, which is desired, has occurred faster than the target.</p>	Public Health
Health Protection: Inspections of cooling towers	1,300	779	-40.1	<p>The result was lower than the target due to a number of staff diverted to assist with the coronavirus (COVID-19) response and the context of increasing volume and complexity of demands.</p> <p>One hundred and fifty-six targeted self-audits and surveys of licence holders have been conducted since April 2020, but these have not been included in the total number of inspections.</p>	Public Health

Health Protection: Inspections of radiation safety management licences	480	138	-71.3	<p>The result was lower than the target due to a number of staff diverted to assist with the coronavirus (COVID-19) response and the context of increasing volume and complexity of demands.</p> <p>One hundred and fifty-six targeted self-audits and surveys of licence holders have been conducted since April 2020, but these have not been included in the total number of inspections.</p>	Public Health
Health Protection: Number of available HIV rapid test trial appointments used	2,875	2,120	-26.3	<p>Preliminary result. Actual end-of-year result will be available by late 2020.</p> <p>The end-of-year results have been impacted by coronavirus (COVID-19).</p>	Public Health
Health Protection: Women screened for breast cancer by BreastScreen Victoria	267,000	218,129	-18.3	<p>The result was lower than the target due to coronavirus (COVID-19).</p> <p>BreastScreen Victoria paused service delivery temporarily between 25 March and 11 May 2020, and upon resumption operated at significantly reduced capacity due to the need to implement physical distancing and infection control measures, to ensure the safety of staff and clients. Prior to March 2020, the number of women screened was at 99% of target.</p>	Public Health
Health Protection: Immunisation coverage – adolescent (Year 7) students fully immunised for DTPa (diphtheria, tetanus and pertussis)	90	82	-8.9	<p>The result was lower than the target as this is based on 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).</p> <p>It does not include School Year 7 adolescents that return consents cards declining vaccination at school and then proceed to have vaccination elsewhere. Jurisdictions are currently lobbying the Commonwealth Department of Human Services to include a school year on individual records.</p>	Public Health

Health Protection: Participation rate of women in target age range screened for breast cancer	54	49	-9.3	Preliminary result. Actual participation results for 1 July 2018 to 30 June 2020 will be available by early 2021 in line with Australian Institute of Health Welfare reporting. The result was lower than the target due to the impact of coronavirus (COVID-19) on service delivery.	Public Health
Health Advancement: Persons completing the Life! – Diabetes and Cardiovascular Disease Prevention program	5,616	4,612	-17.9	The result was lower than the yearly target due to the impact of coronavirus (COVID-19) restrictions on program delivery.	Public Health
Small Rural Services – Acute Health: Separations	35.8	31.6	-11.7	A number of small rural health services in bushfire affected regions of the state experienced lower than expected admitted activity in the second and third quarters. The impact of the coronavirus (COVID-19) pandemic reduced admitted activity at small rural health services across the State.	Small Rural Services
Small Rural Services – Home and Community Care Services: Home & Community Care for Younger People – hours of service delivery	86,000	59,674	-30.6	Preliminary result. Actual end-of-year result will be available by late 2020. The result deviates from the target primarily due to agencies being unable to report services in the client database that were redirected to respond to client needs during coronavirus (COVID-19). Performance has also been impacted by NDIS transition in eight departmental areas and bushfires. The department will continue to monitor the impacts of coronavirus (COVID-19) on services available to this group.	Small Rural Services
Child Protection and Family Services: Number of investigations from reports to child protection services about the wellbeing and safety of children	39,100	34,570	-11.6	The result is due to strengthened early support and intervention services reaching vulnerable children. The result is also likely to have been impacted by coronavirus (COVID-19) where fewer reports have been received in some months.	Child Protection and Family Services

Child Protection and Family Services: Number of family services cases provided to Aboriginal families	3,445	3,218	-6.6	The result was lower than the target. The department is working with Aboriginal community-controlled organisations to improve data systems and reporting.	Child Protection and Family Services
Child Protection and Family Services: Reports to Child Protection Services about the wellbeing and safety of children	136,677	122,179	-10.6	This result is in part due to increased performance in Child FIRST/Family Services and Orange Doors, which is providing referral pathways for vulnerable children and families to community based earlier intervention and supports, rather than being reported to Child Protection.  In part it likely also reflects the impact of coronavirus (COVID 19) and the visibility of children in the community.	Child Protection and Family Services
Child Protection and Family Services: Children and young people who were the subject of a substantiated report within 12 months of the closure of a previous substantiated report	17.5	19.8	13.1	The result was higher than the target as the measure was impacted by coronavirus (COVID-19). It is likely to reflect the increased risk to already vulnerable children as a result of various factors such as elevated risk of family violence.	Child Protection and Family Services
Housing Assistance: Number of bonds issued to low income Victorians to assist access to the private rental market	10,000	9,256	-7.4	The result was lower than the target due to a noticeable reduction in demand, particularly through quarter four due to the economic impact on the private rental market of coronavirus (COVID-19). This has resulted in a significant reduction in demand for private rental.	Housing Assistance
Housing Assistance: Number of family violence victims who receive a refuge response	1,012	923	-8.8	The result was lower than the target due to modified work practices to comply with coronavirus (COVID-19) physical distancing requirements.  As a result of physical distancing measures, some refuges are only able to accommodate one family at a time, rather than three to five families in business as usual.	Housing Assistance

Housing Assistance: Number of nights of refuge accommodation provided to victims of family violence	52,088	46,039	-11.6	<p>The result was lower than the target due to modified work practices to comply with coronavirus (COVID-19) physical distancing requirements.</p> <p>As a result of physical distancing measures, some refuges are only able to accommodate one family at a time, rather than three to five families in business as usual.</p>	Housing Assistance
Housing Assistance: Number of calls made to the statewide 24/7 family violence victim/survivor crisis service	90,000	68,341	-24.1	<p>This result is lower than the target however this is partially due to increased efficiencies in service delivery.</p> <p>A reduction in overall call volume is partially attributable to decreased call abandonment rates, preventing the need for individuals to make multiple return calls to the service.</p> <p>It is also noted that this measure only reflects one way that service delivery is provided by SafeSteps.</p> <p>Responses to other types of referrals and outbound calls are not captured by this measure.</p>	Housing Assistance
Housing Assistance: Social housing tenants satisfied with completed non-urgent maintenance works	80	73.62	-8.0	<p>The result was lower than the target due to the prioritisation of urgent and essential works during coronavirus (COVID-19).</p> <p>Ensuring safe practices during this period has also contributed to this result</p>	Housing Assistance
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	12	14.3	<p>The result was higher than the target due to a decrease in tenants moving out of public housing which has provided fewer opportunities for allocations of properties to people on the register.</p>	Housing Assistance

Family Violence Service Delivery: Support and Safety Hubs established	8	5	-37.5	<p>The result was lower than the target due to the delay in service commencement in Central Highlands, Loddon and Goulburn.</p> <p>The delays in infrastructure and services due to coronavirus (COVID-19) have had a modest impact on opening dates for Loddon and Goulburn, with services now expected to commence in 2020-21.</p> <p>Central Highlands was impacted by coronavirus (COVID-19) restrictions and current physical distancing measures.</p> <p>The infrastructure is complete, and all service prerequisites have been met. The service is therefore ready to commence as soon as coronavirus (COVID-19) restrictions are sufficiently eased.</p>	Family Violence Service Delivery
Family Violence Service Delivery: Number of clients assisted by a Risk Assessment and Management Panel	650	506	-22.2	<p>Preliminary result. Actual end-of-year result will be available late 2020.</p> <p>This result is lower than the target which is positive as it reflects effective service delivery by Risk Assessment and Management coordinators who facilitate well-coordinated system responses, therefore effectively diverting clients from a critical Risk Assessment and Management response.</p>	Family Violence Service Delivery
Family Violence Service Delivery: Number of children who receive a Sexually Abusive Behaviours Treatment Service response	1,150	1,022	-11.1	<p>The result was lower than the target due to the coronavirus (COVID-19) pandemic which limited capacity of Sexually Abusive Behaviours Treatment Service delivery.</p> <p>Providers transitioned to delivery of services online or over the phone, with in-person services continuing only where the need is clinically indicated.</p>	Family Violence Service Delivery

Family Violence Service Delivery: Number of calls made to the statewide telephone help line for men regarding family violence	9,000	5,885	-34.6	This result is lower than the target which is positive. Changes in practice have resulted in decreased call abandonment rates, preventing the need for individuals to make multiple return calls.	Family Violence Service Delivery
Family Violence Service Delivery: Assessments completed within agreed timeframes	80	66	-17.5	The result was lower than the target. It is expected that the percentage of family violence risk assessments completed within agreed timeframes will continue to improve due to better system controls in the Client Relationship Management system and an increased focus on practice guidance. Any referrals that indicate a higher risk receive an immediate response.	Family Violence Service Delivery
Concessions to Pensioners and Beneficiaries: Households receiving non-mains energy concessions	24,811	23,238	-6.3	Preliminary result. Actual end-of-year result will be available by late 2020.	Concessions to Pensioners and Beneficiaries
Disability Services: Hours of community-based respite	236,000	491,36.9	-79.2	The result is lower than the target due to the department's efforts to expedite the transition of people with disability to the National Disability Insurance Scheme (NDIS), and consequently reducing the demand for state-funded respite services.	Disability Services
Disability Services: Number of respite days	20,125	8,317	-58.7	The result is lower than the target due to the department's efforts to expedite the transition of people with disability to the National Disability Insurance Scheme (NDIS), and consequently reducing the demand for state-funded respite services.	Disability Services
Disability Services: Clients receiving forensic disability service	750	638	-14.9	The result was lower than the target due to the impact of coronavirus (COVID-19) on court processes and referrals.	Disability Services

Disability Services: Organisations that have successfully completed a certification review (accommodation supports)	95	0	-100.0	The result was lower than the target due to certification reviews being deferred as a result of transition of disability services to the NDIS and coronavirus (COVID-19).	Disability Services
Disability Services: %age of Specialist Disability Accommodation (SDA) services vacancies filled within 60 business days	100	0	-100.0	<p>The result was lower than the target due to all Specialist Disability Accommodation (SDA) properties and residents in all areas in Victoria having transitioned to the National Disability Insurance Scheme (NDIS).</p> <p>Filling of SDA vacancies relies on participants having SDA funding in their NDIS plan and securing SDA funding in a plan from the NDIS is taking up to six months for some participants.</p> <p>This is impacting on the department's ability to fill vacancies within the designated timeframe.</p> <p>Since March 2020, there has been a significant decrease in applications for SDA accommodation due to the impacts of coronavirus (COVID-19).</p> <p>Open for inspections have ceased as required by the care facilities directions and there has been a substantial reduction in enquiries about vacancies via SDA The Housing Hub.</p>	Disability Services

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

Objective indicators stated in annual report for which data was not available at date of publication	Best available data for 2019-20 and relevant date	Explanation for the absence of data in annual report	Action taken to ensure timely data for 2020-21 annual report
5.4: Services are safe, high-quality and provide a positive experience – Positive patient experience	Data available late 2020		
5.4: Services are safe, high-quality and provide a positive experience – Discharge Experience Index	Data available late 2020		
4.1: Victorians are socially engaged and live in inclusive communities – Reported children/young people in out-of-home care that had a strong relationship with someone in their care setting		Data not available due to coronavirus (COVID-19)	
4.1: Victorians are socially engaged and live in inclusive communities – Aboriginal children/young people in out-of-home care that have some contact with other Aboriginal children/young people outside their care setting		Data not available due to coronavirus (COVID-19)	
2.1: Victorians live free from violence and abuse – Reduce the proportion of children in out-of-home care who live in residential care (daily average)		Data not available due to coronavirus (COVID-19)	
1.2: Victorians have good mental health – Standardised rate of death from suicide (per 100,000 people)	Data available late 2020		

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

Please list a minimum of five main challenges/risks faced by the department/agency in 2019-20.

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

	Challenge experienced	Internal/External	Causes of the challenge	Action taken to manage the challenge/risk
1.				
2.	2019-20 Summer Bushfire Response	External	Extreme Weather Events	Explain emergency management activities undertaken by DHHS across relevant portfolios to ensure the safety of staff and the Victorian community, as well as supporting rural/regional agencies and health services in their continued operations (bush nursing centres, health services, aged care, child protection, etc).
3.	COVID-19 pandemic is having a profound social impact across a range of Department of Health and Human Services (DHHS) services	External	Pandemic	DHHS will shape social recovery investment proposals for the 2020-21 State Budget. These will progress through the Social Recovery and Reform Working Group of Ministers.
4.	Competing demands for the department's workforce	External	Prolong demand from COVID-19 response	Establishment of the Workforce Readiness Centre.
5.	Reduced capacity (as the control or support agency) to respond to emergencies (such as extreme heat, flooding and epidemic thunderstorm asthma).	Internal	Lack of staff and availability of surge staff as many have been diverted to emergency response operations	Work with the newly established Workforce Readiness Centre to promote access to COVID-19 staff resources when not activated or fully utilised, and to coordinate emergency management training across the department.
6.	The department has reduced capacity to respond to emerging non-COVID19 public health incidents in a timely manner.	External	Ineffective coordination, governance and information management arrangements for public health incidents	<ul style="list-style-type: none"> <li>Strengthen Antimicrobial resistance (AMR) surveillance, testing, response and coordination.</li> <li>Implementation of Victorian syndromic surveillance system.</li> </ul>



## 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 2019-20 and provide the following information:

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

Name of the body	Date body created	Expenditure in 2019-20	FTE staff	Purpose/function(s) of the body	Who the head of the newly created body directly reports to
Mental Health Reform Victoria	4-Feb-20	\$1.39 m	9	<p>Mental Health Reform Victoria was established as a result of the Royal Commission into Victoria's Mental Health System. The Royal Commission recommended a new office lead the implementation of the reforms for two years. The Victorian Government set up Mental Health Reform Victoria (MHRV) in February 2020.</p> <p>MHRV have a clear purpose – achieving better mental health outcomes for all Victorians and adopting clear and measurable outcomes that guides all that we do to improve the system. MHRV leads the implementation of Recommendations 1 through 7 of the Royal Commission have developed and committed to a program of work, and we will report through the Victorian Parliament. We also work with the Royal Commission to ensure our implementation of the recommendations is true to their original intent. We work with people with lived experience of mental health and our mental health services. This is a move from a traditional method of 'deliver and inform' to working with consumers and carers.</p> <p>MHRV include Aboriginal and Torres Strait Islander perspectives across all recommendations. Facilitating real change requires broad engagement with diverse voices, perspectives and cultures.</p>	We are an administrative office established under the Public Administration Act 2004 (Vic). As an administrative office, the Chief Executive Officer reports directly to the Minister for Mental Health.

The Victorian Disability Worker Commission	1-Jul-19	\$6.61 m	27.2	Role is to administer the Disability Service Safeguards Act 2018 (Vic). This includes setting registration standards for registered Victorian disability workers, registering Victorian disability workers, investigating complaints about registered and unregistered workers and, if necessary, prohibiting workers from providing disability services. The Commission commenced work on 1st July 2019, with the structure comprising the Commissioner, the Board and the Commission, and services formally commencing on 1 July 2020.	The Disability Worker Regulation Scheme was established by the Disability Service Safeguards Act 2018 (Vic) and reports directly to the Minister for Disability, Ageing and Carers.
Central Highlands Rural Health	27-Nov-19	2019-20 AFR not yet finalised, information not available.		In 2019, following a period of community consultation, the Boards of Kyneton District Health and Hepburn Health Service wrote to the Minister for Health seeking approval to voluntarily amalgamate. In November 2019, the Minister for Health approved the voluntary amalgamation of the two small rural health services to form Central Highlands Rural Health. Central Highlands Rural Health operate with a single board of management across all campuses. There was no closure of facilities, reduction in services or loss of jobs as a result of the amalgamation.	The health service board is accountable to the Minister for Health under the Health Services Act 1988 for the performance of the health service and ensures the hospital adheres to Government policy.
Mildura Base Public Hospital	17-Dec-19	Operation began 15 September 2020 – information not yet available.		The former Mildura Base Hospital was a privately-operated public hospital, operated by a private health provider under a service agreement with the State. In August 2019, the Premier of Victoria, the Hon Daniel Andrews, announced Government's decision to transition operation of Mildura Base Hospital to full public operation in September 2020. In order to meet this commitment, a new public health service, Mildura Base Public Hospital, was established in December 2019. The service was not operational as a public health service prior to 15 September 2020 and the earlier creation of the entity was to facilitate the establishment of governance and legal arrangements which would allow an effective transition of the operation of the hospital to the new public entity.	The health service board is accountable to the Minister for Health under the Health Services Act 1988 for the performance of the health service and ensures the hospital adheres to Government policy.

Great Ocean Road Health	1-Jul-19	\$18.547 m	117.41	<p>In 2019, following a period of community consultation, the Boards of Lorne Community Hospital and Otway Health wrote to the Minister for Health seeking approval to voluntarily amalgamate</p> <p>In June 2019, the Minister for Health approved the voluntary amalgamation of the two health services to form Great Ocean Road Health.</p> <p>Great Ocean Road Health operate with a single board of management across all campuses. There was no closure of facilities, reduction in services or loss of jobs as a result of the amalgamation.</p>	The health service board is accountable to the Minister for Health under the Health Services Act 1988 for the performance of the health service and ensures the hospital adheres to Government policy.
Nathalia Cobram Numurkah	1-Jul-19	\$51.346 m	350.3	<p>In 2019, following a period of community consultation, the Boards of Numurkah District Health Service, Cobram District Health and Nathalia District Hospital wrote to the Minister for Health seeking approval to voluntarily amalgamate.</p> <p>In June 2019, the Minister for Health approved the voluntary amalgamation of the three small rural health services to form NCN Health.</p> <p>NCN Health operate with a single board of management across all campuses. There was no closure of facilities, reduction in services or loss of jobs as a result of the amalgamation.</p>	The health service board is accountable to the Minister for Health under the Health Services Act 1988 for the performance of the health service and ensures the hospital adheres to Government policy.

## Section I: 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 2017-18 and 2018-19 Financial and Performance Outcomes* and supported by the Government. Please delete those lines that are not relevant to the department.

Department of Health and Human Services	Recommendations supported by Government	Actions taken at 31 January 2021
<p><b>RECOMMENDATION 2:</b> All departments consider publishing their Social Procurement Strategies to enhance transparency and enable the evaluation of performance against strategic priorities. See Report on the 2017-18 and 2018-19 Financial and Performance Outcomes pp. 18-20</p>	<p>This response can only be provided once the government has tabled its response to the Report.</p>	
<p><b>RECOMMENDATION 5:</b> The Department of Health and Human Services consider making publicly available the performance and monitoring regime which tracks the quality of services provided through the National Disability Insurance Scheme (NDIS) to Victorians. See Report on the 2017-18 and 2018-19 Financial and Performance Outcomes pp. 33-35</p>	<p>This response can only be provided once the government has tabled its response to the Report.</p>	

<p><b>RECOMMENDATION 6:</b></p> <p>To enable a complete picture of the State’s social housing stock, the Department of Health and Human Services consider publishing both acquisitions, sales and the closing balance of social housing dwellings in its annual report.</p> <p>See Report on the 2017-18 and 2018-19 Financial and Performance Outcomes pp. 35-38</p>	<p>This response can only be provided once the government has tabled its response to the Report.</p>	
<p><b>RECOMMENDATION 7:</b></p> <p>To enable evaluation of the effectiveness and efficiency of the Social Housing Growth Fund, the Department of Health and Human Services consider developing performance measures to assess the outcomes delivered by the fund; and include in its annual reports, information about the balance of the fund and what construction and rental support has been provided from the fund.</p> <p>See Report on the 2017-18 and 2018-19 Financial and Performance Outcomes pp. 38-39</p>	<p>This response can only be provided once the government has tabled its response to the Report.</p>	
<p><b>RECOMMENDATION 8:</b></p> <p>The Department of Health and Human Services consider developing performance measures to report on the annual number of women and children that are being hospitalised due to family and domestic violence and domestic homicide rate in Victoria.</p> <p>See Report on the 2017-18 and 2018-19 Financial and Performance Outcomes pp. 40-42</p>	<p>This response can only be provided once the government has tabled its response to the Report.</p>	

<p><b>RECOMMENDATION 9:</b>                  The Department of Health and Human Services consider developing and publishing a performance measure to gauge the outcomes of the telephone helpline for men regarding family violence.                  See Report on the 2017-18 and 2018-19 Financial and Performance Outcomes pp. 43-44</p>	<p>This response can only be provided once the government has tabled its response to the Report.</p>	
<p><b>RECOMMENDATION 10:</b>                  The Department of Health and Human Services develop performance measures to track the quality and the number of services provided under the <i>Voluntary Assisted Dying Act 2017 (Vic)</i>.                  See Report on the 2017-18 and 2018-19 Financial and Performance Outcomes pp. 46-48</p>	<p>This response can only be provided once the government has tabled its response to the Report.</p>	

## Section J: Department of Treasury and Finance only

### Question 27 (DTF only) Revenue certification

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.<sup>6</sup>

Please detail all outputs which DTF assessed as not having met their measures for 2019-20, 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.

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

<sup>6</sup> Resource Management Framework, pg. 101

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

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

Regarding the ‘net cash flows from investments in financial assets for policy purposes’ in the GGS cash flow statement for 2019-20, 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 2019-20 (source: 2019-20 BP 5, pg. 12) and the actual net cash flow in 2019-20 (source: 2019-20 Financial Report, pg. 39)
- c) an explanation for variances between budget estimate and actual net cash flow.

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

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

Regarding the ‘purchases of non-financial assets’ by the GGS in 2019-20 (source: 2019-20 BP 5, pg. 33), please compare the initial budget estimate for each department to the actual value of ‘purchases of non-financial assets’ (source: 2019-20 Financial Report, pg. 57 ) for each department, explaining any variances equal to or greater than ±10% or \$100 million (please fill all blank spaces) and then link it to the relevant output and portfolio. For variance greater than ±10% or \$100 million, please provide a breakdown of the non-financial asset purchased.

By department	Types of non-financial assets	Initial budget estimate 2019-20 \$ million	Actual 2019-20 \$ 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 Community Safety						
Department of Environment, Land, Water and Planning						
Court Services Victoria						
Department of Premier and Cabinet						
Department of Treasury and Finance						
Parliamentary Departments						

**Question 30 (DTF only) Revenue initiatives**

Regarding the revenue initiatives announced in the 2019-20 Budget, please provide an explanation for the variances equal to or greater than ±10% or \$100 million between budget estimates and the actual results.

Initiative	2019-20 budget estimate (\$ million)	2019-20 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 2019-20 (source: 2019-20 BP 5, pg. 32), please compare the initial budget estimates (not the revised estimate) for each department to the actual expenses for each department (source: 2019-20 Financial Report, pg. 57), 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.

By department	Initial budget estimate 2019-20 \$ million	Actual 2019-20 \$ 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 Community Safety					
Department of Environment, Land, Water and Planning					
Court Services Victoria					
Department of Premier and Cabinet					
Department of Treasury and Finance					
Parliamentary Departments					

**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 2019-20 budget papers. For any variance equal to or greater than ±0.5 %age points, please provide an explanation for the variance. Please fill all blank spaces.

Economic variable	Budget estimate 2019-20	Actual 2019-20 result	Variance	Explanation for variances equal to or greater than ±0.5 %age points
Real gross state product				
Labour force participation rate				
Unemployment rate – overall				
Unemployment rate – male				
Unemployment rate – female				
Underemployment rate				
Youth unemployment				
Youth underemployment				
Consumer price index				
Wage price index				
Population				
Household consumption				
Property prices				
Property volume				
Employee expenses				

**Question 33 (DTF only) COVID-19 pandemic response**

a) What fiscal rules did Victoria have in place in 2019-20 and were any suspended or modified due to the pandemic? If so, which ones?

b) Some jurisdictions created fiscal space using provisions to reallocate spending across budget programs. To what extent did this occur in Victoria in 2019-20? Please provide some examples.

c) Did DTF introduce additional monitoring and reporting requirements of departments in 2019-20 due to additional COVID-19 expenditure? If so, please provide details of the requirements.

d) Will DTF produce a special appendix of all potential liabilities (on and off budget) for COVID-19 related measures?

e) What have been the financial management implications of the declaration of the state of emergency and state of disaster during the COVID-19 pandemic?

f) What risks associated with the emergency budgetary response have been identified by DTF and its insurers? How were these risks actively managed in 2019-20?

### Question 34 (DTF only) Resource Management Framework – Funding reviews

Section 6.2 of the May 2020 updated 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.

### Question 35 (all departments and entities) Enterprise Bargaining Agreement (EBAs)

Please list the Enterprise Bargaining Agreement (EBAs) concluded in 2019-20 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.

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
Ambulance Victoria Enterprise Agreement 2020	4,619 FTE	Not Applicable	\$22.63 million	3.14 %

## Section K: Treasury Corporation of Victoria only

### Question 36 Dividends

- 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 2018-19 and 2019-20.

	Dividends paid in 2018-19	Dividends paid in 2019-20
Amount of dividends paid (\$ million)		
Factors that have been involved in the negotiations with the Treasurer to determine the amount of dividends paid.		

### Question 37 Commodity risk management

- a) Please provide details of how the COVID-19 pandemic impacted on TCV's Commodity Risk Management.

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### Question 38 Foreign exchange risk management

a) Please provide details of how the COVID-19 pandemic impacted on TCV's Foreign Risk Management.

### Question 39 Public Private Partnership (PPP) projects

- a) Please indicate how many PPP projects (and which ones) TCV provided 'project advisory services' for in 2019-20. 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 2019-20. For each business case, also specify if the project forms part of the Department of Treasury and Finance's Gateway Review Process.

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