

PARLIAMENT OF VICTORIA

Public Accounts and Estimates Committee



2020-21

Financial and Performance Outcomes

General Questionnaire

Financial and Performance Outcomes

General Questionnaire

Department of Health

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Introduction – Financial and Performance Outcomes Questionnaire

The Committee's inquiry into the 2020-21 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
- other expenditure unforeseen at the time of preparing the 2020-21 Budget and outcomes achieved.

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

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

This questionnaire seeks information on the departmental/agency financials for the 2020-21 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 Friday 29 October 2021**.

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

Please also email a signed copy.

Consistency with the budget papers

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

Basis of consolidation

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

Guidance

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

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Section A: Output variances and program Outcomes

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

- a) For all initiatives that were completed in 2020-21, 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	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated				
Acute Health						
Delivering the first stage of a new Melton Hospital (Melbourne North and West Growth Corridor)	2019-20	\$2.4m over two years (\$1.2m in 2020-21)	30 June 2021	Commence planning for a new Melton Hospital, to determine the capacity and range of services, and how it will link to other services.	Engagement of consultants. Masterplan and Feasibility studies completed. A full business case was completed.	Admitted Services Health
World-class care for Wangaratta patients	2019-20	\$2.4m over two years (\$1.2m in 2020-21)	30 June 2021	Funding will be provided to commence infrastructure and service planning work for the redevelopment of Wangaratta Hospital.	Completion of project planning. Strategic Functional Brief and Master planning Reports completed.	Admitted Services Health

Initiative	Year and funding allocated		Actual date of completion	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated				
Acute Health						
Ten new community hospitals to give patients the best care	2019-20	\$2m in 2019-20	30 June 2021	<p>Funding will be provided to plan the construction and expansion of 10 community hospitals in Craigieburn, Cranbourne, Pakenham, Phillip Island, Sunbury, Torquay, the City of Whittlesea, Eltham Area, Point Cook and Fishermans Bend.</p> <p>This investment will increase capacity and ensure patient access to high-quality health care services in key growth areas.</p> <p>Priority will also be given to acquire land at Phillip Island.</p>	<p>Project completed planning activity including service and capital developments for ten sites.</p> <p>Completed business case seeking the remainder of the project funds committed by government.</p>	Admitted Services Health
Victorian Patient Transport Assistance Scheme	2020-21	\$2.7m in 2020-21	30 June 2021	<p>Travel and accommodation subsidies for Victorians who are required to travel long distances to receive specialist medical care.</p>	<p>The Victorian Patient Transport Assistance Scheme spent 57% of the available claims budget in 2020-21 due to the impact of COVID-19 on travel to access specialist medical treatment.</p> <p>There was a 34% decrease in the number of claims received compared to the previous year.</p>	Admitted Services Health

Initiative	Year and funding allocated		Actual date of completion	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated				
Acute Health						
Very Special Kids	2020-21	\$7.5m in 2020-21	30 June 2021	Grant to Very Special Kids to build a new world-class eight-bed paediatric respite facility in Malvern.	Funding fully expended in 2020-21. Throughout the financial year Very Special Kids: <ul style="list-style-type: none"> • Obtained planning permit from Stonnington Council • Tendered for and engaged contractor to progress the build. • Commenced demolition of the existing site in August 2021. Build due for completion in September 2022.	Non-Admitted Services Health
Anam Cara House Geelong	2020-21	\$5.0m in 2020-21	30 June 2021	This grant is to contribute to the construction of a new 20-bed private respite service to help meet end of life care needs.	Funding fully expended in 2020-21: <ul style="list-style-type: none"> • \$5.0 million was allocated in June 2021 towards Anam Cara House Geelong's building program. The one-off grant was a contribution towards construction of a new facility that will support respite and care at the end of life for people in the Greater City of Geelong and the surrounding area. Construction is due for completion prior in June 2022.	Non-Admitted Services Health

Initiative	Year and funding allocated		Actual date of completion	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated				
Acute Health						
Genomic testing for rare undiagnosed conditions	2017-18	\$8.4m over four years (\$2.2m in 2020-21)	30 June 2021	<p>More genomic testing will be provided to improve the early diagnosis and treatment of rare genetic diseases in adults and children.</p> <p>Testing will be delivered through existing specialist clinics and health services.</p>	<p>Over the four years 1,503 exome tests have been performed. In 2020-21, 517 exome tests have been performed.</p> <p>Each year, four (4) specialist scientists are funded to allow the sequencing to occur.</p> <p>Multi-disciplinary meetings are supported to allow Victoria to maintain internationally accepted 'standards of care' in this complex area of diagnostics.</p>	Non-Admitted Services Health

Initiative	Year and funding allocated		Actual date of completion	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated				
Ageing, Aged and Home Care						
Future provision of public sector residential aged care	2020-21	\$27.6m in 2020-21	30 June 2021	<p>Public sector residential aged care services to continue to provide high-quality care to vulnerable aged persons, including those with mental health issues, and assist in meeting nurse to patient ratios in public sector residential aged care. 2020-21 expected targets for this funding are:</p> <ul style="list-style-type: none"> • 1,153,718 available bed days • 701,143 small rural available bed days • 100 per cent of residential aged care services accredited. 	<p>2020-21 actual outcomes for this funding are:</p> <ul style="list-style-type: none"> • 1,134,481 available bed days. This is a variation of -1.7% due to delayed commissioning of Berengarra and a small number of beds being made non-operational throughout the year • 701,143 small rural available bed days. This target has been met • 100% of residential aged care services accredited. This target has been met. 	Residential Aged Care Ageing

Initiative	Year and funding allocated		Actual date of completion	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated				
Drug Treatment and Rehabilitation						
Addressing drug harms	2019-20	\$4.2m over two years (\$2.1m in 2020-21)	30 June 2021	<p>Existing and new nasal spray forms of the drug naloxone and essential training will be rolled out across Victoria reaching over 25,000 people each year.</p> <p>Additional needle and syringe products will also be provided to help address drug harms across Victoria.</p> <p>The government will also increase access hours to the Medically Supervised Injecting Room to save more lives.</p>	<p>Approximately 2,939 people were trained in the use of Naloxone. The number of Naloxone units supplied was approximately 2,438. A substantial number of additional people will have been trained as a result of the peer training model; a fundamental aspect to the Naloxone rollout.</p> <p>The additional needle and syringe products ensured sufficient supplies to meet existing and projected unmet demand and client access to essential sterile injecting equipment.</p> <p>In 2020-21, 10,047,000 needles and syringes were provided through the Needle and Syringe Program which achieved 98.8% of target.</p> <p>Operating hours at the Medically Supervised Injecting Room were extended. Between 30 June 2018 and 30 June 2021, staff at the MSIR have safely managed more than 4,400 overdoses and provided thousands of health and social support interventions.</p>	Drug Prevention and Control Drug Treatment and Rehabilitation Health

Initiative	Year and funding allocated		Actual date of completion	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated				
Drug Treatment and Rehabilitation						
Decriminalising public drunkenness	2020-21	\$16.0m in 2020-21	30 June 2021	Commence implementation of a health-based approach to public intoxication following the government's commitment to repeal the offence of public drunkenness. This will include expanding Aboriginal Community Controlled Services, providing a culturally safe service delivery response to both Aboriginal and non-Aboriginal people.	New public health model for public intoxication has been co-designed with first responders, Aboriginal community and health and justice stakeholders during 2020-21. Funding for trials has been released to 2021-22 (with additional investment) due to design work required and the impact of COVID-19 on trial site design and establishment.	Drug Treatment and Rehabilitation Health
Increasing alcohol and other drug capacity	2020-21	\$4.4m in 2020-21	30 June 2021	Funding provided to commence implementation of a health-based approach to public intoxication. This will include expanding Aboriginal Community Controlled Services, providing a culturally safe service delivery response to both Aboriginal and non-Aboriginal people.	In consultation with the health sector, those with lived and living experience and community organisations draft public intoxication health model of care and guidelines have been developed. Funding to be provided to trial site locations (service providers) who will test a health-based approach (health model) to public intoxication prior to the statewide rollout, November 2022.	Drug Treatment and Rehabilitation Health

Initiative	Year and funding allocated		Actual date of completion	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated				
Drug Treatment and Rehabilitation						
Medically supervised injecting rooms	2020-21	\$5.4m over two years (\$3.3m in 2020-21)	30 June 2021	Funding allocated to support the implementation of responses to the review of the supervised injecting room trial, including the establishment of a second supervised injecting service, in the City of Melbourne.	Funding supported implementation of MSIR review recommendation responses including continued MSIR trial oversight and review work, and planning and consultation to support a second supervised injecting service, in the City of Melbourne.	Drug Treatment and Rehabilitation Health
Mental Health						
Critical mental health service demand	2019-20	\$67.6m over two years (\$41.5m in 2020-21)	30 June 2021	Funding for an additional 28 inpatient beds, more intensive services at three prevention and recovery care facilities and additional community service hours for more than 7,000 new clients. In addition, the capacity of the nurse transition program will be increased, and more support provided to psychiatrists, in response to workforce pressures.	Additional inpatient capacity was reported as occupied bed days and reflected in BP3 measures. Additional prevention and recovery care clinical input and community service hours were reported in reflected in BP3 measures. Additional nurses and trainee psychiatry positions have been recruited.	Clinical Care Mental Health

Initiative	Year and funding allocated		Actual date of completion	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated				
Mental Health						
Mental Health Complaints Commissioner (MHCC)	2019-20	\$2.5m over two years (\$1.2m in 2020-21)	30 June 2021	To continue safeguarding rights, resolving complaints about Victorian public mental health and recommending improvements for service and system improvements.	Funding allowed the MHCC to continue to perform its statutory functions safeguarding rights by resolving complaints about Victorian public mental health and recommending improvements for service and system improvements.	Mental Health Community Support Services Mental Health
Mental Health Tribunal	2019-20	\$3.2m over two years (\$1.6m in 2020-21)	30 June 2021	To ensure the Mental Health Tribunal continues to protect the rights of mental health patients receiving compulsory treatment.	Funding supported the continued operation of mental health inquiries, to make and review orders, hearing appeals concerning the treatment and care of people with a mental illness. This operating model ensures the protection of the rights, safety, inclusion and dignity of people being involuntarily treated for mental illness.	Mental Health Community Support Services Mental Health
Royal Commission into Mental Health – additional support	2019-20	\$3.6m over two years (\$1.8m in 2020-21)	30 June 2021	Additional support will be provided for the Office of the Chief Psychiatrist (OCP) and for a campaign to reduce the stigma around mental health.	Funding was used to increase clinical capacity in the OCP and Royal Commission Engagement team and respond to increased demand and volume of frontline activity associated with the Royal Commission. This included funding to Non-Government Organisations to support engagement with the Royal Commission final report.	Clinical Care Mental Health

Initiative	Year and funding allocated		Actual date of completion	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated				
Mental Health						
Aboriginal health, wellbeing and safety – mental health demonstration projects	2019-20	\$8.5m over two years (\$4.2m in 2020-21)	30 June 2021	Four Aboriginal mental health demonstration projects will be continued, providing treatment and support to Aboriginal Victorians with moderate to severe mental illness and other complex health and social support needs.	Since 2017, more than 600 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 twenty-three Aboriginal children being reunified with their Aboriginal parents or care-givers. An evaluation of the four demonstration projects was completed in February 2021.	Clinical Care Mental Health
Aboriginal social and emotional wellbeing	2020-21	\$4.4m in 2020-21	30 June 2021	Continues support for lapsing Aboriginal social and emotional wellbeing programs and to commence design of a new Aboriginal Social and Emotional Wellbeing Centre.	Planning for the Aboriginal social and emotional wellbeing centre hosted by VACCHO is well advanced with initial staff appointed and a scholarship program will commence shortly. Four lapsing Social and Emotional Wellbeing Teams were funded.	Clinical Care Mental Health
A service designed and delivered by people with lived experience of mental illness	2020-21	\$1.7m in 2020-21	30 June 2021	Fund design to establish the service.	Design funded: codesign underway to feed into Stage two tender to appoint a consortium to establish and operate the service.	Clinical Care Mental Health

Initiative	Year and funding allocated		Actual date of completion	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated				
Mental Health						
Acute mental health expansion	2020-21	\$18.9m in 2020-21	30 June 2021	Fund 35 public beds for women delivered through a public private partnership.	Final stages of negotiation with the preferred partnership for 35 public beds for women delivered through a partnership between a public and a private health service.	Clinical Care Mental Health

Initiative	Year and funding allocated		Actual date of completion	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated				
Mental Health						
COVID-19 mental health response	2020-21	\$152.5m in 2020-21	30 June 2021	Fund responses to increased demand for mental health and Alcohol and Other Drugs (AOD) services.	<p>Multiple organisations funded to provide whole population and targeted supports for Victorians impacted by the COVID-19 pandemic.</p> <p>Recognised helplines and organisations were funded to provide surge responses and deliver additional activity. Packages also resulted in enhanced capacity of AOD and MH services to prepare for and deliver COVID-19 safe treatments.</p> <p>Consumers of the specialist system were supported by the addition of capacity to support telehealth, and integrated care and supports via extended clinic hours, primary and secondary consultation.</p> <p>Critical reforms recommended by the Royal Commission into Mental Health were able to be progressed, including HOPE post presentation suicide risk reduction supports, new capacity and workforce models.</p> <p>Nine Hospital-in-the-home (HiTH) programs operation across Orygen and Barwon Health offering home based acute treatment, care and support.</p>	<p>Clinical Care</p> <p>Drug Treatment and Rehabilitation</p> <p>Mental Health Community Support Services</p> <p>Community Participation</p> <p>Seniors Programs and Participation</p> <p>Mental Health</p>

Initiative	Year and funding allocated		Actual date of completion	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated				
Mental Health						
COVID-19 mental health response	2020-21	\$152.5m in 2020-21	30 June 2021	Fund responses to increased demand for mental health and AOD services.	29 junior medical officer rotation places in psychiatry and 80 mental health graduate nurse placements commenced in early 2021	Clinical Care Drug Treatment and Rehabilitation Mental Health Community Support Services Community Participation Seniors Programs and Participation Mental Health
Expanding suicide prevention and follow-up care	2020-21	\$21.4m in 2020-21	30 June 2021	Funded expansion of Suicide prevention services including lapsing programs.	Lapsing programs funded. All nine new Hospital Outreach Post-Suicidal Engagement (HOPE) sites commenced operations (Shepparton, Epping, Heidelberg, RMH, Mildura, Broadmeadows, Austin, Warrnambool, Monash-Clayton). Three of nine sub-regional outreach sites are operating at Bairnsdale, Warragul and Horsham, with the remaining due to commence by January 2022. Child and Youth HOPE design work is at an advanced stage.	Clinical Care Mental Health

Initiative	Year and funding allocated		Actual date of completion	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated				
Mental Health						
Meeting critical mental health service demand and saving lives	2020-21	\$25.9m in 2020-21	30 June 2021	Operationalise facilities to meet critical demand pressures, including inpatient beds and increased access to community mental health services in Victoria.	Additional clinicians and extended hours across services enabled additional consultation (primary and secondary consultation) across the mental health system.	Clinical Care Mental Health
Supporting asylum seekers	2020-21	\$3.9m in 2020-21	30 June 2021	Continue to support the mental health and wellbeing needs of people seeking asylum, including mental health and trauma counselling, material aid (food, clothing), health assistance and subsidised medications, housing assistance and case coordination.	More than 800 hours in primary health care delivered to around 1,000 patients. Case examples demonstrate early identification of potentially critical health issues and prevention of hospital admissions. More than 4,600 hours in mental health support has been delivered. Case examples demonstrate that people have been supported to cope with mental health distress, preventing acute incidents and hospitalisation. Some program participants have experienced improvements in functioning, family and social connections and symptom management.	Clinical Care Mental Health

Initiative	Year and funding allocated		Actual date of completion	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated				
Mental Health						
Supporting asylum seekers	2020-21	\$3.9m in 2020-21	30 June 2021	Continue to support the mental health and wellbeing needs of people seeking asylum, including mental health and trauma counselling, material aid (food, clothing), health assistance and subsidised medications, housing assistance and case coordination.	Provision of <ul style="list-style-type: none"> wrap around case coordination support, basic needs assistance including food, transport, medicine, education costs, infant necessities, housing and clothes. homelessness assistance, with about a third of people assisted are families with children. Over 9,000 occasions of legal assistance (including phone, face to face and full application assistance) so that people seeking asylum can make informed decisions and/or strongly represent their protection claims. 	Clinical Care Mental Health
Victorian Collaborative Centre for Mental Health and Wellbeing	2020-21	\$2.2m in 2020-21	30 June 2021	Foundational work undertaken to establish the Centre.	Stakeholder engagement and work to prepare enabling legislation for the new Victorian Collaborative Centre for Mental Health and Wellbeing has been undertaken, with the draft Bill expected to be introduced into Parliament before the end of 2021.	Clinical Care Mental Health

Initiative	Year and funding allocated		Actual date of completion	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated				
Mental Health						
Victorian Fixated Threat Assessment Centre	2020-21	\$16.6m in 2020-21	30 June 2021	Victorian Fixated Threat Assessment Centre to continue delivering coordinated responses, through co-located police and mental health clinicians, to serious threats of violence posed by people with complex needs.	Funding supported continued operation of early assessment and intervention for individuals who pose a threat to themselves and others through their concerning behaviours who may have a mental illness or other mental health needs	Clinical Care Policing and Crime Prevention Mental Health
Public Health						
Creating a single digital solution for COVID-19 reporting	2020-21	\$5.2m in 2020-21	30 June 2021	Create a single digital reporting platform containing whole of government COVID-19 data to increase the government's responsiveness during the COVID-19 pandemic.	A single digital reporting platform containing whole of government COVID-19 data to increase the government's responsiveness during the COVID-19 pandemic.	COVID-19

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 2020-21.

1. Using the format of the table below, please outline the five programs that delivered the most important outcomes in the community¹ achieved by the department in 2020-21 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).

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

	Program	Output(s) and portfolio(s)	Program objectives	Description of actual outcome achieved	Description of the actions taken to deliver the actual outcome
1.	Response to COVID-19 pandemic	Health	<p>To prevent community transmission</p> <p>To contain community transmission</p> <p>To prevent the public hospitals and health system being overwhelmed</p> <p>To reduce preventable deaths</p>	<p>Over the 12 months to June 2021, Victoria faced a number of COVID-19 outbreaks. The most serious of these was the state's 'second wave', when Victoria experienced exponential growth in COVID-19 cases from mid-June 2020 to early August 2020. By November 2020, COVID-19 was epidemiologically eliminated from Victoria – that is, no new cases of community transmission were reported – an achievement unmatched anywhere else in the world. On 30 June 2021, Victoria recorded zero cases of community transmission of COVID-19.</p>	<ol style="list-style-type: none"> 1. \$1.9 billion funding for the design of a specific Health System Roadmap and staged response to expand critical care beds across Victoria to meet COVID-19 demand, to buy ventilators, equipment and personal protective equipment (PPE), and to protect our healthcare workforce. 2. Establishment of the Healthcare Worker Infection Prevention and Wellbeing Taskforce in early August 2020. 3. Partnership with hospitals to activate uncommissioned capacity, purchase private capacity, reconfigure and optimise public hospitals, recommission former closed sites and accelerate new projects in the capital program to increase capacity for care. 4. Implemented the COVID Positive Pathways program, which provides comprehensive care for all Victorians with a COVID-19 positive diagnosis. 5. Established local public health units (LPHU) to manage outbreaks, including end-to-end COVID-19 contact tracing, case and contact follow-up and support. 6. Supporting Commonwealth's COVID-19 vaccine program by delivering one million doses by 30 June 2021 across state-commissioned services.

2.	Rebuilding Victoria's mental health and wellbeing system	Mental Health	To reduce suicide rates, provide better access to services, promote positive mental health and wellbeing, and prevent mental illness	<p>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.</p> <p>Department of Health have been leading and coordinating whole-of-Victorian Government engagement with the Royal Commission.</p>	<ol style="list-style-type: none"> 1. Implementation of the Interim Report from the Royal Commission into Victoria's Mental Health System. 2. Implementation of key workforce recommendations, including the introduction of junior medical officer rotations in psychiatry, and increasing the number of mental health graduate and postgraduate nurses. 3. A \$492 million investment to deliver 144 new acute public mental health beds 4. Established a suicide prevention place-based trial with more than 300 local partnerships across the 12 trial sites. 5. Designing a new Hospital Outreach Post-Suicidal Engagement (HOPE) service for children and young people, in partnership with four health providers (Royal Children's Hospital, Monash Children's Hospital, Alfred Health and Orygen). 6. Launching the Mental Health Advice and Response Service (MHARS) initiative as a pilot program in the Melbourne County Court, to provide clinical advice to magistrates on the mental health of people appearing before the court. 7. Planning for the \$349.6 million upgrade to the Thomas Embling Hospital.
3.	Increased nurse to patient ratios in hospitals	Health	To reduce the incidence of avoidable harm in Victorian hospitals	<p>A strong nursing and midwifery workforce is crucial to delivering the best care for Victorians. Nurse and midwife to patient ratios have assisted in maintaining the safety of Victorian patients since they were introduced in 2020.</p>	<ol style="list-style-type: none"> 1. The Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Act 2020 was passed by the Victorian Parliament on 10 November 2020. 2. The Act also amended the Child Wellbeing and Safety Act 2005 to require providers of maternal and child health services to employ or engage nurses for those services only if the nurses have prescribed qualifications.

4.	Increased ambulance services	Health	To support to COVID-19 response and meet the growing demand	More paramedics, more ambulances and more triage services to help ensure that the right treatment is provided, and ambulances are available to quickly respond to emergency situations, particularly across outer metropolitan and rural regions.	<ol style="list-style-type: none"> 1. Opening the Watsonia ambulance station in March 2021. 2. New ambulance station in Kew with safe and modern facilities. 3. Planning for construction on new ambulance stations in Lilydale, Moe, Mornington and Warragul to begin in late 2021. 4. Additional \$14.8m in 2020-21 state budget funding to manage demand from Triple Zero calls (Source: https://www.premier.vic.gov.au/paramedic-boost-bolster-care-and-coverage-victoria)
5.	Medically supervised injecting room	Health	To reduce the incidence of fatal or serious injuries resulting from overdoses	Safe responses to more than 4,400 overdoses from the period June 2018 – June 2021. Following an independent review, it was found that ambulance attendances reduced in the vicinity of the services, as did the spread of blood-borne viruses.	<ol style="list-style-type: none"> 1. The medically supervised injecting room trial was extended for a further three years until June 2023 following an independent review. 2. Services have been delivered to more than 5,600 people, who are also able to access co-located health and social support services. These include for mental health, housing and drug treatment – helping make a lasting positive impact on people’s lives. 3. The independent review also recommended the trial be expanded to include another service in an appropriate location within the City of Melbourne.

2. Using the format of the table below, please outline the five least performing programs that did not deliver their planned outcomes in the community by the department in 2020-21 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
1. Admitted Services – Patients admitted from the elective surgery waiting list Elective surgery	Acute Health Services, Health	203,020 patients	163,628	The result is lower than target primarily due to the impact of the COVID-19 pandemic, including restrictions that limited elective surgery in 2020 and 2021.
2. Ambulance patient transfers within 40 minutes	Ambulance Services	90 %	74 %	The result is lower than target primarily due to higher ambulance demand, a higher proportion of complex patients, and heightened infection control practices during the COVID-19 pandemic.
3. Life! – Diabetes and Cardiovascular Disease Prevention program	Health Advancement, Health	5,616 patients	3,456	Participation in the Life! program has been significantly impacted by COVID-19 restrictions with face-to-face groups not able to run at all in 2020-21.
4. Dental services – Persons treated	Primary, Community and Dental Health, Health	332,150 patients	272,446	Service has been impacted by COVID-19. Results have been impacted by the restrictions on non-urgent public dental services in response to the COVID-19 pandemic.
5. Home and Community Care for Younger People – hours of service delivery	Small Rural Services - Home and Community Care Services, Health	55,000 hours	45,922	Service has been impacted by COVID-19. The result is lower than the target due to a decrease in ability to provide some services during the COVID-19 pandemic, and alternative services being delivered that cannot be reported in the client database.

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 2020-21.

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 2020-21 Budget	Additional funding (\$ million)	Source of additional funding as per the Resource Management Framework	Funding utilised 2020-21	Reasons why additional funding was required
Admitted Services (Health)	Additional resources for health services	Funding is provided to support service delivery levels and performance in Victoria's hospitals, including additional funding for elective surgery, more emergency department staff and additional highly-specialised therapies.	0.0	182.8	Treasurer's Advance	182.8	Additional funding to support service delivery levels and performance in Victoria's hospitals.
Admitted Services (Health)	Scheduled asset replacement in the health sector	Funding for additional depreciation expense triggered by new capital initiatives. This funding is available as a funding source for future government-approved asset investment.	0.0	45.7	Treasurer's Advance	45.7	Funding for additional depreciation expense triggered by new capital initiatives.
Drug Treatment and Rehabilitation (Health)			0.0	1.6	Treasurer's Advance	1.6	

Admitted Services (Health)	Additional funding for elective surgery	To increase elective surgery activity and reduce the number of people waiting for elective surgery.	0.0	41.3	Treasurer's Advance	41.3	Additional funding for increased elective surgery activity and reduce the number of people waiting for elective surgery.
Admitted Services (Health)	Allied Health	Allied health EBA funding	0.0	3.5	Treasurer's Advance	3.5	Additional funding for Allied Health.
Clinical Care (Mental Health)	Mental Health – New legal foundations and supporting consumers to exercise their rights	Establish new legal foundations and support consumers to exercise their rights	0.0	1.2	Treasurer's Advance	1.2	Funding is provided for an opt-out non-legal advocacy service for clients subject to, or at risk of, compulsory treatment orders, and increased access to legal representation for clients who appear before the Mental Health Tribunal.
Clinical Care (Mental Health)	Mental Health – Safe and compassionate models of care for bed-based services	Establish safe and compassionate models of care for bed-based services	0.0	1.2	Treasurer's Advance	1.2	Funding is provided for bed-based mental health services to increase access to acute care for Victorians living with mental illness.
Admitted Services (Health)	Healthshare	Procurement and Supply Chain reform for health services	0.0	0.7	Treasurer's Advance	0.7	Funding is provided to establish shared procurement structures and supply chains to support Victorian health services.

Admitted Services (Health)	COVID-19 Response – Support for the health system	COVID-19 Response - Support for the health system	0.0	714.6	Treasurer's Advance	714.6	Funding is provided to deliver a range of priority initiatives to support the government's public health response to the COVID-19 pandemic, including additional investment in public health capabilities to rapidly and effectively respond to the spread of COVID-19.
Non-Admitted Services (Health)			0.0	2.5	Treasurer's Advance	2.5	
Emergency Services (Health)			0.0	0.7	Treasurer's Advance	0.7	
Acute Training and Development (Health)			0.0	0.1	Treasurer's Advance	0.1	
Ambulance Emergency Services (Health)			0.0	0.4	Treasurer's Advance	0.4	
Ambulance Non-Emergency Services (Health)			0.0	0.1	Treasurer's Advance	0.1	
Clinical Care (Mental Health)			0.0	0.0	Treasurer's Advance	0.0	
Community Health Care (Health)			0.0	2.5	Treasurer's Advance	2.5	
Health Protection (Health)			0.0	218.1	Treasurer's Advance	218.1	
Health Protection (Health)	COVID-19 vaccination program	COVID-19 vaccination program	0.0	133.1	Treasurer's Advance	133.1	Funding is provided to deliver vaccines to Victorians as part of the national COVID-19 vaccination program by establishing and equipping a range of vaccine hubs across the state.

Health Protection (Health)	COVID-19 mandatory quarantine	Funding was provided to operate Victoria's hotel quarantine system	0.0	64.7	Treasurer's Advance	64.7	Funding was provided to operate Victoria's hotel quarantine system
Community Health Care (Health)	Enhanced engagement approach with culturally and linguistically diverse communities and complex families	COVID-19 community engagement brokerage fund, supporting culturally-appropriate, grassroots organisations to rapidly mobilise resources and support the response in an outbreak.	0.0	1.6	Treasurer's Advance	1.6	Funding is provided to support the expansion of the prevention and preparedness work of the Culturally and Linguistically Diverse (CALD) Communities Taskforce. The Taskforce develops community-specific, locally delivered solutions to help slow the spread of COVID-19 including through the promotion and adoption of COVIDSafe behaviours.
Admitted Services (Health)	Better Care Victoria Innovation Fund – Safer Care Victoria (SCV)	Supporting health services to find new more efficient, and effective ways to deliver healthcare, with a focus on patient-centred innovations. Also, spread and embedded innovative practice and improvement across the Victorian health system and fostered environments to sustain positive change by developing leadership skills and capability in the health workforce.	0.0	5.0	Section 32 of the FMA	5.0	The funding was required to be rolled from 2019-20 into 2020-21 to complete the delivery of the approved program.

Disability Services (Disability, Ageing and Carers)	Disability worker registration scheme	To finalise establishment activities for the Commission, Board, and scheme, particularly ICT assets and establishment activities for the registration elements of the scheme. Registration ensures Victoria's disability workers meet independent standards for safety, skills and professionalism, no matter how they are funded or employed.	0.0	2.5	Section 32 of the FMA	2.5	The funding was required to be rolled from 2019-20 into 2020-21 to complete the delivery of the approved program.
Admitted Services (Health)	Transferring Mildura Hospital to Public	Mildura hospital was successfully transitioned from a privately operated hospital to a public hospital in September 2020. Funding provide was used to support this transition.	0.0	4.1	Section 32 of the FMA	4.1	The funding was required to be rolled from 2019-20 into 2020-21 to complete the delivery of the approved program.
Admitted Services (Health)	Ten new community hospitals to give patients the best care	To upgrade and expand ten community hospitals across Victoria, providing even more Victorians with the care they need closer to home	0.0	0.6	Section 32 of the FMA	0.6	The funding was required to be rolled from 2019-20 into 2020-21 to complete the delivery of the approved program.
Dental Services (Health)	Adult Public Dental Services	Commonwealth partnership to support the states and territories in delivering public dental services.	0.0	16.2	Section 32 of the FMA	16.2	The funding was required to be rolled from 2019-20 into 2020-21 to complete the delivery of the approved program.

Clinical Care (Mental Health)	Mental Health Professional Online Development (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	0.2	Section 32 of the FMA	0.2	The funding was required to be rolled from 2019-20 into 2020-21 to complete the delivery of the approved program.
Aged Care Assessment (Disability, Ageing and Carers)	Aged Care Assessment Program	Commonwealth partnership to support the states and territories in delivering aged care assessment services.	0.0	1.0	Section 32 of the FMA	1.0	The funding was required to be rolled from 2019-20 into 2020-21 to complete the delivery of the approved program.
Health Protection (Health)	Expansion of the BreastScreen Australia program	Commonwealth partnership to support states and territories in delivering public breast screening services.	0.0	1.4	Section 32 of the FMA	1.4	The funding was required to be rolled from 2019-20 into 2020-21 to complete the delivery of the approved program.
Health Protection (Health)	National Bowel Cancer Screening Program	Commonwealth partnership to support states and territories in delivering public Bowel Cancer screening services.	0.0	1.7	Section 32 of the FMA	1.0	The funding was required to be rolled from 2019-20 into 2020-21 to complete the delivery of the approved program.
Health Protection (Health)	Essential Vaccines	Commonwealth partnership to support states and territories in delivering public vaccination services.	0.0	3.5	Section 32 of the FMA	3.0	The funding was required to be rolled from 2019-20 into 2020-21 to complete the delivery of the approved program.

Health Protection (Health)	OzFoodNet	Commonwealth partnership to support states and territories in responding to foodborne diseases.	0.0	0.1	Section 32 of the FMA	0.1	The funding was required to be rolled from 2019-20 into 2020-21 to complete the delivery of the approved program.
Emergency Services (Health)	Transport Accident Commission (TAC) Victorian State Trauma Outcomes Registry and Monitoring (VSTORM)	To reduce preventable deaths and permanent disability from major trauma	0.0	0.5	Section 32 of the FMA	0.5	The funding was required to be rolled from 2019-20 into 2020-21 to complete the delivery of the approved program.
Clinical Care (Mental Health)	Albury Wodonga Cross border funding	Third party revenue retained under existing Section 29 agreement (non-Commonwealth)	0.0	1.5	Section 32 of the FMA	1.5	The funding was required to be rolled from 2019-20 into 2020-21 to complete the delivery of the approved program.
Total 2020-21			0.0	1,454.7		1,453.5	

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

Output(s) and portfolio(s)	Program	Outcomes achieved
Admitted Services (Health)	Additional resources for health services	The funding supported service delivery levels and performance in Victoria's hospitals, including additional funding for elective surgery, more emergency department staff and additional highly-specialised therapies.
Admitted Services (Health) Drug Treatment and Rehabilitation (Health)	Scheduled asset replacement in the health sector	Funding covered additional depreciation expense triggered by new capital initiatives. This funding is available as a funding source for future government-approved asset investment.
Admitted Services (Health)	Additional funding for elective surgery	This funding has supported the sector to address the impact of COVID-19, particularly for elective surgery, helping the recovery of wait lists following deferral of elective surgery. Engagement has also been undertaken with the Private sector to facilitate broader improvements.
Admitted Services (Health)	Allied Health	Additional funding provided to Allied Health providers to support the outcomes of the Allied Health EBA
Clinical Care (Mental Health)	Mental Health - New legal foundations and supporting consumers to exercise their rights	<p>Consultation and development of a new Mental Health and Wellbeing Act to replace the Mental Health Act 2014 and to acquit recommendation 42 of the Royal Commission into Mental Health.</p> <p>This funding contributed to the following:</p> <ul style="list-style-type: none"> • Surge resources to deliver the Act within the highly compressed timeframes, including funding for staff, an external barrister and legal fees. • Establishment of an Expert Advisory Group, a public engagement process, and targeted consultation workshops to ensure a high-quality Bill informed by lived experience and sector expertise.
Clinical Care (Mental Health)	Mental Health - Safe and compassionate models of care for bed-based services	Funding to support ongoing service delivery of acute mental health private beds including The Melbourne Clinic operated by Healthscope under arrangements with Eastern Health. The funding covered reimbursement of costs required to maintain service delivery from April to June 2021.

Admitted Services (Health)	HealthShare	HealthShare has been established to expand on the procurement activities undertaken by the former Health Purchasing Victoria and now includes significant reform work to overhaul a complete supply chain and procurement model, which will deliver significant savings to the health sector.
Admitted Services (Health)	COVID-19 Response - Support for the health system	Funding to support the health system has been provided to hospitals. This funding has contributed to Victoria's response to the COVID-19 pandemic and continues to prepare the sector for further outbreaks in the future.
Non-Admitted Services (Health)		
Emergency Services (Health)		
Acute Training and Development (Health)		
Ambulance Emergency Services (Health)		
Ambulance Non-Emergency Services (Health)		
Clinical Care (Mental Health)		
Community Health Care (Health)		
Health Protection (Health)	COVID-19 vaccination program	Victoria's state-run vaccination program has administered 48.6% of all vaccine doses to Victorians along with establishing a network of high-volume vaccination hubs with 78 clinics open state-wide and conducted vaccination blitzes of Ambulance Victoria and Aged Care and Disability workers. This work continues to be expanded and delivered.
Health Protection (Health)	COVID-19 mandatory quarantine	Hotel quarantine accommodation was provided for all return travellers and Authorised Officers at Ports of Entry
Community Health Care (Health)	Enhanced engagement approach with culturally and linguistically diverse communities and complex families	Funding was used to enhance the engagement approach with culturally and linguistically diverse communities and complex families.

Admitted Services (Health)	Better Care Victoria Innovation Fund - Safer Care Victoria (SCV)	Developed and applied SMS initiated video triage capability for the ambulance Victoria referral service for low-acuity mental health care to enable face to face care which has led to reduced number of ambulances dispatched for callers who used the video call technology. Built leadership capability at all levels of the health system through testing of enhanced governance and leadership. Reduced medication errors through the Partnered Pharmacist Medical Charting program – which lead to a reduction from 66.7% to 9.5% at partner sites.
Disability Services (Disability, Ageing and Carers)	Disability worker registration scheme	Setup the Disability Workers Commission and established the Disability worker registration scheme.
Admitted Services (Health)	Transferring Mildura Hospital to Public	Mildura hospital was successfully transitioned from a privately operated hospital to a public hospital in September 2020-21. Funding provided was used to support this transition.
Admitted Services (Health)	Ten new community hospitals to give patients the best care	Planning for the upgrade and expansion of ten community hospitals across Victoria, providing even more Victorians with the care they need closer to home.
Dental Services (Health)	Adult Public Dental Services	Continued activity for public dental services under the Commonwealth partnership which support the states and territories in delivering public dental services. The carryover funding primarily supported capital works required to provide a COVIDSafe operating environment.
Clinical Care (Mental Health)	Mental Health Professional Online Development (MHPOD)	<p>The Mental Health Professional Online Development (MHPOD) Program (the Program) is an evidence-based national eLearning initiative that provides access to online learning material for Australia’s broad mental health and interrelating workforces.</p> <p>Funds have been used to achieve the following:</p> <ul style="list-style-type: none"> • Ongoing modernisation of the MHPOD Program’s two technical platforms – the Learning Portal (a Learning Management System) and redesign and rebuild of its website. • Building new learning and development tools. • Developing exemplar content to guide Content Development Teams who are currently building new content, in addition to obtaining Subject Matter Experts from across Australian jurisdictions. • Replacing existing content that is outdated.

Aged Care Assessment (Disability, Ageing and Carers)	Aged Care Assessment Program	Commonwealth partnership to support the State to flexibly deliver aged care assessment services during the COVID-19 pandemic.
Health Protection (Health)	Expansion of the BreastScreen Australia program	Delivery of screens to target for women aged 70-74 in the BreastScreen Program and supporting activity to encourage participation and expand service delivery in the program as per the National Partnership Agreement.
Health Protection (Health)	National Bowel Cancer Screening Program	Continued delivery of the Victorian Participant Follow Up Function for the National Bowel Cancer Screening Program, and supporting activity to encourage participation and improve access to screening services
Health Protection (Health)	Essential Vaccines	Continued activity under the Commonwealth's National Partnership on Essential Vaccines which supports states and territories in the delivery of National Immunisation Program vaccines.
Health Protection (Health)	OzFoodNet	Continued activity under the National Partnership Agreement for OzFoodNet which supports states and territories to enhance foodborne disease surveillance and provide capacity to rapidly identify and respond to outbreaks of foodborne disease and provide comprehensive information on foodborne disease.
Emergency Services (Health)	Transport Accident Commission (TAC) Victorian State Trauma Outcomes Registry and Monitoring (VSTORM)	This funding has ensured the continued collection of information relating to causes of traumatic injury and treatment from trauma centres across Victoria, to improve the quality of trauma care across the State, and to identify and reduce major risk factors for trauma in the community
Clinical Care (Mental Health)	Albury Wodonga Cross border funding from NSW	Funding was spent on the delivery of cross border services for NSW residents

Question 4 (Department of Health/Department of Health and Human Services only) 2020-21 Budget funding allocation and performance

The 2020-21 Budget allocated \$2.8 billion output funding investment for ‘better patient outcomes to meet demand and support hospitals as the department transitions to COVID-normal including \$300 million for an elective surgery blitz’.²

- a) Please provide a detailed breakdown of the \$2.8 billion and the actual amount spent in 2020-21. Please provide an explanation for any variances of $\pm 5\%$ according to the type of health care services provided.

Type of service – health care	2020-21 budget \$ million	2020-21 actual \$ million	Variance (%)	Explanation for variance	Outcomes delivered
Maintaining Hospital Capacity (\$2.8 billion over four years)	862.8		-13.5%	The 2020-21 actual was lower than the 2020-21 published budget due to the impact of the COVID-19 pandemic on activities.	Funding has been provided for health services to manage service delivery requirements as Victoria transitions to COVID Normal. This has included supporting the continuation of baseline services, continuing the operation of new facilities opened in order to increase capacity in response to the COVID-19 pandemic and funding to support the cost of new high-cost therapies.
Hospital Performance		705.1			
Elective Surgery Blitz		41.3			
Total	\$862.8	\$746.4	-13.5%		

- b) Please provide a detailed breakdown of any additional health portfolio expenditure that was announced after the 2020-21 Budget was handed down.

Type of service - health care	2020-21 allocation \$ million	2020-21 actual \$ million	Variance (%)	Explanation for variance	Outcomes delivered
<i>Refer to Q3a, list of Treasurer Advances</i>					<i>Refer to Q3a, list of Treasurer Advances</i>
Total					

² Hon Martin Foley MP, 2020–21 Budget estimates hearing presentation: Health, supplementary evidence, received 4 December 2020, p. 4.

- c) For the following performance measures, please outline the amount allocated in the 2020-21 Budget and the actual amount spent in 2020-21. Please provide an explanation for the variance in expenditure (of $\pm 5\%$) as well as the reason/s for not meeting or exceeding the target.

Performance measure	2020-21 target	2020-21 actual	2020-21 \$ million allocated	2020-21 \$ million actual	Expenditure variance (%)	Explanation
Proportion of ambulance patient transfers within 40 -minutes	90	74				Regarding difference between 2020-21 target and 2020-21 actual. The result is lower than target primarily due to higher ambulance demand, a higher proportion of complex patients, and heightened infection control practices during the COVID-19 pandemic.
Proportion of emergency (Code 1) incidents responded to within 15 minutes – statewide	85	77.2				Regarding difference between 2020-21 target and 2020-21 actual. Ambulance performance has been significantly impacted by COVID-19, with increased demands on health service emergency departments statewide placing additional pressure on offload times. Overall demand for ambulance services has been substantially above previous years, despite a number of periods of reduced activity throughout the year as part of the government's response to the COVID-19 pandemic.
Proportion of emergency (Code 1) incidents responded to within 15 minutes in centres with more than 7,500 population	90	82.5				Regarding difference between 2020-21 target and 2020-21 actual. Ambulance performance has been significantly impacted by COVID-19, with increased demand on health service emergency departments statewide placing additional pressure on offload times. Overall demand for ambulance services has been substantially above previous years, despite a number of periods of reduced activity throughout the year as part of the government's response to the COVID-19 pandemic.

Emergency patients admitted to a mental health bed within eight hours	80	54.4				Regarding difference between 2020-21 target and 2020-21 actual. This result is due to the increasing trend in the number of people presenting directly to emergency departments and population growth in north west (Melbourne Health) and south east (Monash Health) that is beyond the inpatient capacity of these health services. The Royal Commission into Victoria's Mental Health System interim report stated that that the increase in mental health-related presentations outstrips both population growth and the growth in emergency departments generally. This issue is being addressed by the creation of 144 new acute public beds and the expression of interest for 35 private beds for public patients as recommended by the Royal Commission.
Occupied residential bed days	153,574	151,201				Regarding difference between 2020-21 target and 2020-21 actual. This lower result is driven by the lower Quarter 1 bed occupancy result due to COVID-19. Health services have reported that vulnerable patients are reluctant to be admitted to bed-based settings during the COVID-19 pandemic.
Occupied sub-acute bed days	186,771	196,034				Regarding difference between 2020-21 target and 2020-21 actual. This lower result is driven by the lower Quarter 1 bed occupancy result due to COVID-19. Health services have reported that vulnerable patients are reluctant to be admitted to bed-based settings during the COVID-19 pandemic.
Women screened for breast cancer by BreastScreen Victoria	267,000	236,224				Regarding difference between 2020-21 target and 2020-21 actual. This variance is due to the response to COVID-19 and the implementation of COVID-safe measures, which have meant reduced throughput for BreastScreen Victoria services.
Persons screened for prevention and early detection of health conditions – pulmonary tuberculosis screening	2,000	1,351				Regarding difference between 2020-21 target and 2020-21 actual. 211 cases screened in Quarter 4 (1 April to 30 June 2021). Overall (annual) screening total has been impacted by COVID-19 lockdowns and other public health measures which have reduced the amount of social mixing and thereby transmission opportunities.

Participation rate of women in target age range screened for breast cancer	54	48.6				Regarding difference between 2020-21 target and 2020-21 actual. This variance is due to the response to COVID-19 and the implementation of COVID-safe measures, which have meant reduced throughput for BreastScreen Victoria services. Prior to March 2020 the participation rate was on track to be maintained at a rate of 54%.
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d) What COVID-19 performance measures did the Department of Health have in place for the year 2020-21?

Not Applicable – no BP3 measures.

e) Where are those performance measures reported on?

Not Applicable

f) What were the outcomes achieved against those performance measures in 2020-21?

Not Applicable

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

Category	As at 30 June 2017	As at 30 June 2018	As at 30 June 2019	As at 30 June 2020	As at 30 June 2021	Variance between 2020 and 2021 Explanation for the variance between 30 June 2020 and 2021
Number of patients treated in emergency departments	1,696,000	1,793,000	1,860,000	2,006,000	1,773,000	The pandemic led to fewer people seeking treatment at emergency departments for more minor conditions which could be dealt with by primary care providers such as general practitioners, with a corresponding increase in the share of presentations that are urgent and or complex.
Number of hospital beds						Note this information is not available publicly
Number of intensive care unit beds						Note this information is not available publicly
Average time spent in waiting rooms – emergency departments	19	17	20	14	23	Results provided for the April-June quarter for year. Result for 30 June 2021 provisional. Median waiting time reported. COVID safe protocols and changes to the types of presentations have impacted the median waiting time in Victoria's Emergency Departments.
Number of patients waiting for treatment – elective surgery	36,398	35,713	39,843	55,806	66,706	COVID-19 associated restrictions were placed on elective surgery volumes at times throughout quarter four of 2019-20 and all quarters of 2020-21. These restrictions limited the number of people who could access elective surgery—increasing associated waitlists and affecting performance against agreed targets.

Ambulance Victoria	2020-21 budget \$ million	2020-21 actual \$ million	Variance (%)	Explanation for variance
Employee expenses (relating to frontline staff)				The department does not provide funding to agencies on an input basis, as such a comparison of actual expenditure to budget is not possible at the level requested.
Employee expenses (relating to frontline staff)				The department does not provide funding to agencies on an input basis, as such a comparison of actual expenditure to budget is not possible at the level requested.
	As at 1 July 2020	As at 30 June 2021		
Number of shifts per week, frontline				The department does not provide funding to agencies on an input basis, as such a comparison of actual expenditure to budget is not possible at the level requested.
Number of staff, frontline				The department does not provide funding to agencies on an input basis, as such a comparison of actual expenditure to budget is not possible at the level requested. On the road clinical staff was 4,497.2 as per AV's 2020-21 Annual Report, p. 40.

Question 5 (Department of Families, Fairness and Housing/Department of Health and Human Services and Department of Education and Training only) Victorian Contribution to National Disability Insurance Scheme

- a) The 2020-21 Budget allocated \$1.7 billion to the Victorian Contribution to National Disability Insurance Scheme (NDIS).³ In relation to outcomes achieved in the 2020-21 year, please provide the following information on disability services and support in Victoria.

Note

In consultation with Department of Families, Fairness and Housing, it has been confirmed that DFFH will respond to this question

Department of Families, Fairness and Housing/ Department of Health	30 June 2019	30 June 2020	30 June 2021
Number of people with disability in Victoria	Not Applicable	Not Applicable	Not Applicable
Number of NDIS participants	Not Applicable	Not Applicable	Not Applicable
Number of NDIS participants – identified as Culturally and linguistically diverse	Not Applicable	Not Applicable	Not Applicable
Number of clients transitioned to NDIS	Not Applicable	Not Applicable	Not Applicable
Participant satisfaction with services received	Not Applicable	Not Applicable	Not Applicable
Average wait time to access NDIS package	Not Applicable	Not Applicable	Not Applicable
Disability workforce - number of workers	Not Applicable	Not Applicable	Not Applicable
Victorian NDIS Implementation Taskforce – \$ million allocated	Not Applicable	Not Applicable	Not Applicable
Victorian NDIS Implementation Taskforce – \$ million spent	Not Applicable	Not Applicable	Not Applicable
Victorian NDIS Implementation Taskforce – outcomes achieved	Not Applicable	Not Applicable	Not Applicable
An update on NDIS Workforce and Skills Plan	Not Applicable		

Department of Education and Training	30 June 2019	30 June 2020	30 June 2021
Number of school children identified with disability in Victoria	Not Applicable	Not Applicable	Not Applicable
Number of schools that received funding through NDIS	Not Applicable	Not Applicable	Not Applicable
Number of students that were supported through NDIS	Not Applicable	Not Applicable	Not Applicable
\$ amount spent to students with Disabilities Transport Program	Not Applicable	Not Applicable	Not Applicable
Number of students who accessed the Disabilities Transport Program	Not Applicable	Not Applicable	Not Applicable
Number of young people with disability who transitioned from school into employment or other options	Not Applicable	Not Applicable	Not Applicable
Number of parent/carer(s) and families that were supported to Early Childhood Intervention Services through NDIS	Not Applicable	Not Applicable	Not Applicable

³ Department of Treasury and Finance, *Budget Paper No. 2: 2020–21 strategy and outlook*, Melbourne, 2020, p. 248

- b) What mechanisms did the Victorian Government have in place to ensure Victorians with disability and the Victorian community received value for money and quality services in exchange for the \$1.7 billion paid to the NDIS in 2020-21?

Note

In consultation with the Department of Families, Fairness and Housing, it has been confirmed that DFFH will respond to this question.

Section B: Asset investment

Question 6 (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 as at 30 June 2021 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 as at 30 June 2021 and an explanation for the change
- the scope of the project at announcement is different to the scope of the project as at 30 June 2021.

Capital expenditure

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Total actual expenditure spent from announcement to 30 June 2021 (\$ million)	TEI at announcement (\$ million)	Revised TEI as at 30 June 2021 (\$ million)	Variance between TEI at announcement compared to Revised TEI as at 30 June 2021 Budget ($\pm 5\%$ or \$50 million) explanation
Ballarat Health Services expansion and redevelopment and the new Central Energy Plant (Ballarat)	DH Health	2.4	461.6	541.6	TEI was increased by \$80 million for additional scope for redevelopment of the Central Energy Plant.
Building a Bigger and Better Latrobe Regional Various Hospital (Traralgon)	DH Health	9.0	7.0	217.0	\$7 million was announced to undertake planning only. The project was fully funded for construction, increasing the TEI to \$217 million.
Forensic Mental Health Bed-based Services Expansion	DH Mental Health	14.7	40.0	31.0	Government approved \$9.0 million to be reallocated to <i>Expanding and Improving bed-based forensic mental health services-Thomas Embling Hospital (Fairfield)</i> .
Goulburn Valley Health redevelopment (Shepparton)	DH Health	182.7	1.0	229.349	Original TEI of \$1 million was to undertake planning only, with additional funding subsequently allocated for the construction of the project. A further TEI increase resulted from increased scope to include 24-hr emergency imaging services, a radiology facility and new operating theatre.

Monash Medical Centre - Expansion and Upgrades (Clayton)	DH Health	50.428	63.2	76.3	TEI increases for additional scope to include structural futureproofing and an updated model of care requiring a larger building footprint, and clinical mental health services.
Reforming Clinical Mental Health Services (statewide)	DH Mental Health	2.0	48.1	40.0	TEI reduced due to approved reprioritisation of funding. Funds were provided to the Monash Medical Centre – Expansion and Upgrades project to include additional mental health, alcohol and drug crisis hubs.
Regional Drug Residential Rehabilitation Services (regional various)	DH Health	35.5	40.6	52.1	Two initiatives merged with a combined TEI of \$50.3 million. An additional \$1.8 million from internal reprioritisation to bolster the risk contingency.
Royal Victorian Eye and Ear Hospital Redevelopment	DH Health	200.9	2.0	306.707	Original TEI for planning only, with additional funding subsequently allocated for the construction of the project. TEI increase endorsed by ERC 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.
Ten new community hospitals to give patients the best care (Statewide)	DH Health	48.1	2.0	66.147	Original TEI for planning only. TEI increase to commence land acquisition and continue planning and design.
Victorian Heart Hospital Project (Clayton)	DH Health	61.2	15.0	564.0	Original TEI for planning only, with additional funding subsequently allocated for the construction of the project. Further TEI increase funded by Monash University for additional scope.
World-Class Care for Wangaratta Patients	DH Health	7.5	2.4	7.5	Original TEI to commence planning for the redevelopment. TEI increased to refurbish and expand maternity accommodation and invest in critical infrastructure including essential clinical systems, generator and electrical upgrades.

Completion date

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Estimated completion date at announcement	Revised completion date as at 30 June 2021	Explanation
Ballarat Health Services expansion and redevelopment and the new Central Energy Plant (Ballarat)	DH Health	Jun-26	Dec-27	Government approved increased scope to construct a new Central Energy Plant. This extended the completion date due to the additional scope and amended sequence of work.
Cladding Rectification Works (statewide)	DH Health	Jun-18	Dec-21	Estimated completion date was revised to reflect project delivery milestones and reviews with central agencies.
Engineering infrastructure replacement program (statewide) 2017-18	DH Health	Jun-18	Jun-22	Grant based program. The estimated completion date has been revised in line with health services' delivery of works.
Engineering infrastructure replacement program (statewide) 2018-19	DH Health	Jun-19	Jun-22	Grant based program. The estimated completion date has been revised in line with health services' delivery of works.
Engineering Infrastructure and Medical Equipment Replacement Program 2019-20 (Statewide)	DH Health	Jun-20	Jun-23	Grant based program. The estimated completion date has been revised in line with health services' delivery of works.
Forensic Mental Health Bed-based Services Expansion (Fairfield)	DH Mental Health	Jun-20	Jun-23	Completion date revised in line with a revised project schedule to allow for enabling works.
Goulburn Valley Health redevelopment (Shepparton)	DH Health	Jun-21	Jun-22	Completion date revised to account for the inclusion of refurbishment and compliance works due to additional scope to include 24-hr emergency imaging services, a radiology facility and new operating theatre.
Health Service Violence Prevention Fund	DH Health	Jun-19	Jun-22	Grant based program. The estimated completion date has been revised in line with health services' delivery of works.

Medical Equipment Replacement Program (statewide) 2017-18	DH Health	Jun-18	Jun-22	Grant based program. The estimated completion date has been revised in line with health services' delivery of works.
Medical Equipment Replacement Program (statewide) 2018-19	DH Health	Jun-19	Jun-22	Grant based program. The estimated completion date has been revised in line with health services' delivery of works.
Meeting Ambulance Response Times	DH Ambulance Services	Jun-19	Jun-23	Completion date was revised as program is experiencing issues relating to remediation at specific sites.
Mental Health and Alcohol and Other Drugs facilities renewal (statewide) 2017-18	DH Mental Health	Jun-18	Jun-22	Grants based program. Estimated completion date revised in line with health services' delivery of works.
Mental Health and Alcohol and Other Drugs facilities renewal (statewide) 2018-19	DH Mental Health	Jun-19	Jun-22	Grants based program. Estimated completion date revised in line with health services' delivery of works.
Monash Medical Centre - Expansion and Upgrades	DH Health	Jun-22	Jun-23	Completion date revised due to additional scope to include clinical mental health services (including crisis hubs).
Northern Hospital Inpatient Expansion – Stage 2 (Epping)	DH Health	Jun-21	Jun-22	Northern Tower project was completed early and under budget. Government approved to utilise the remaining budget for additional scope included fit out of a shelled pandemic ward. Completion date was adjusted to account for the additional scope works.
Regional Health Infrastructure Fund (regional various)-1920	DH Health	Jun-21	Jun-24	Grant based program. The estimated completion date has been revised in line with health services' delivery of works.
Regional Drug Residential Rehabilitation Services (regional various)	DH Health	Jun-21	Jun-23	The estimated completion date has been adjusted to reflect land acquisition delays.
Rural Residential Aged Care Facilities Renewal 2019-20	DH Disability, Ageing and Carers	Jun-20	Jun-21	Grant based program. The estimated completion date has been revised in line with health services' delivery of works.

Royal Children's Hospital Expansion (Parkville)	DH Health	Jun-22	Jun-24	Significant planning and engineering assessment was required to determine how the project could proceed as the Emergency Department is 'landlocked'. COVID-19 impacts delayed commencement of the physical project in 2020.
Royal Victorian Eye and Ear Hospital redevelopment (Melbourne)	DH 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)	DH Mental Health	Jun-20	Dec-22	Completion date was revised due to Model of Care and Service Oriented Architecture impacting the cost plan. Value management and design peer review undertaken to re-align design with budget.
Victorian Heart Hospital (Clayton)	DH Health	Jun-17	Dec-22	Original estimated completion date for planning and early works, with the revised estimated completion date for construction of the project.
Women's Prevention and Recovery Care (PARC) Service (metropolitan)	DH Mental Health	Jun-20	Jun-23	Estimated completion date has been revised due to tender delays.
World-Class Care for Wangaratta Patients	DH Health	Jun-21	Jun-22	Estimated completion date revised due to rescheduling of works to avoid impacting the operations of the health service.
Youth Prevention and Recovery Care (PARC) Service	DH Mental Health	Jun-21	Dec-21	Estimated completion date revised due to COVID-19 restrictions impacting the overall program.

Scope

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Scope at announcement	Details of scope change(s) and date(s) scope changes occurred
Ballarat Health Services expansion and redevelopment and the new Central Energy Plant (Ballarat)	DH Health	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.	In 2020-21, government approved increased scope to construct a new Central Energy Plant to be bundled with the existing project for procurement/delivery.
Building a world class hospital for Frankston families (Frankston)	DH Health	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.	Additional scope approved in 2020-21, includes mental health and AOD hub, new paediatric emergency department zone, and multi-deck carpark additions.
Building a better hospital for Melbourne's inner west (Footscray)	DH Health	The new Footscray Hospital will provide 504 beds, acute and specialist facilities, clinical support spaces, and teaching, training and research spaces.	In 2020-21, it was announced that the new Footscray Hospital will replace the existing hospital with a capacity of 608 Points of Care (508 beds), an increase from the original of 504 beds.
Goulburn Valley Health (Shepparton) redevelopment (Including Planning and Development)	DH Health	The government will progress planning for the proposed redevelopment of the Goulburn Valley Health, Shepparton campus to address population growth demand.	Increased scope approved in 2019-20, including 24-hour emergency imaging services, a radiology facility and new operating theatre.
Monash Medical Centre – Expansion and Upgrades (Clayton)	DH Health	The Monash Medical Centre emergency department will be refurbished and expanded, to include exclusive areas for children, adults and patients. The expansion will mean more adult and paediatric beds and will give doctors and nurses the modern facilities they need to deliver the highest quality emergency care, more quickly. The redevelopment will also	Additional scope approved in 2019-20 to include structural futureproofing and an updated model of care requiring a larger building footprint. Additional scope approved in 2020-21 to include clinical mental health services.

		improve access for ambulances arriving at emergency, meaning patients will get the vital care they need faster, and address traffic and congestion concerns making it safer and more efficient.	
Northern Hospital Inpatient Expansion – Stage 2 (Epping)	DH Health	The current inpatient tower block at the Northern Hospital will be expanded to seven storeys to provide 96 new inpatient beds, three additional operating theatres, supporting infrastructure and shell space for future expansion. This will increase acute health services and cater for the rapidly growing population of Melbourne’s north.	Additional scope approved in 2020-21 to include the fit-out of the Level 6 shell space to deliver a pandemic inpatient unit.
Victorian Heart Hospital Project (Clayton)	DH 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.	Project scope changed in 2018-19 to include additional change design requirements by Monash University.
World-Class Care for Wangaratta Patients	DH Health	Funding to commence infrastructure and service planning work for the redevelopment of Wangaratta Hospital.	Additional scope approved in 2020-21 to refurbish and expand maternity accommodation and investment in critical infrastructure including essential clinical systems, generator and electrical upgrades.

Question 7 (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 the 2020-21 financial year:

- 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)
Clinical Technology Refresh 2020-21	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.	DH Health	13.0	13.0	Jun-21	Jun-21	Not Applicable

<p>Modernisation of metropolitan public sector residential aged care (Kew)</p>	<p>A number of existing public sector residential aged care services will be consolidated into a larger scale, contemporary, fit-for-purpose facility.</p> <p>The new three storey facility will be built at St George's Hospital, Kew, and will offer a 90-bed public sector residential aged care service supporting contemporary models of care.</p> <p>Critical maintenance to mitigate compliance risks for multiple aged care sites will also be undertaken.</p>	<p>DH Health</p>	<p>57.6</p>	<p>57.6</p>	<p>Jun-19</p>	<p>Aug-20</p>	<p>Project experienced delays in various installations of fittings to complete the project.</p> <p>Supplier related complexities resulted in liquidated damages being applicable over the period December 2019 through to August 2020 resulting in a revision to the completion date.</p> <p>Further delays associated with onsite access and offsite works due to COVID-19 impacts.</p>
<p>Monash Medical Centre – infrastructure upgrades (Clayton)</p>	<p>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.</p>	<p>DH Health</p>	<p>7.1</p>	<p>12.8</p>	<p>Dec-20</p>	<p>Dec-20</p>	<p>Additional funding 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.</p>

Question 8 (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 2020-21 financial year 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 2020-21 and business case details for each project.

HVHR Project	Original project objectives	Gateway review name/ Date completed	Date business case completed	Business case – publicly available? Y/N	Business case link (URL)
A pathway to more acute mental health beds: Responding to the Royal Commission into Victoria's Mental Health System interim report (Melbourne)	Funding is provided to plan and construct additional mental health beds at key locations: the McKellar Centre (Barwon Health), Northern Hospital, Royal Melbourne Hospital and Sunshine Hospital. This directly responds to the findings and recommendations of the interim report of the Royal Commission into Victoria's Mental Health System to help address critical demand pressures.	No Gateway reviews undertaken during 2020-21. A Project Assurance Review will be completed in the financial year 2021-22.	2020-21 Budget	N	Not Applicable
Warrnambool Base Hospital Redevelopment (incl Warrnambool Logistics Hub) (Warrnambool)	Funding is provided to commence the first stage of redeveloping the Warrnambool Base Hospital that includes enhancing the capacity of the emergency department, operating theatres and acute inpatient beds, the relocation of supply and linen services to a new site and the development of a new regional logistics distribution centre.	Gate 1 and 2 were combined and completed in May 2021.	2020-21 Budget	N	Not Applicable

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. This initiative contributes to the delivery of the government's election commitment as published in the Labor Financial Statement 2014.	Gate 3 – was completed in February 2021 with all other Gates completed in prior years.	2019-20 Budget	N	Not Applicable
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.</p> <p>The new Footscray Hospital will provide:</p> <ul style="list-style-type: none"> • 504 beds • acute and specialist facilities • clinical support spaces • teaching, training and research spaces. <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 prior years.	2019-20 Budget with report back with addendum	N	Not Applicable

Ballarat Health Services expansion and redevelopment and the new Central Energy Plant (Ballarat)	<p>The government is investing \$541.6 million to redevelop and expand the Ballarat Base Hospital. 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.</p> <p>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	Not Applicable
Royal Victorian Eye and Ear Hospital redevelopment (Melbourne)	<p>Initiative delivers on the government's election commitment to fund the redevelopment of the Royal Victorian Eye and Ear Hospital.</p> <p>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.</p> <p>It will include major reconfiguration, upgrade and expansion of facilities for clinical services and significant improvements to the onsite teaching, training and research facilities.</p>	Project Assurance Review August 2020.	2013-14 Budget	N	Not Applicable

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. Gate 4 – was completed in February 2021 with all other Gates completed in prior years.	2015-16 Budget	N	Not Applicable
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 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.	Gate 4 (Tender decision) - was completed in September 2019. Gate 1-3 completed in prior years.	2016-17 Budget	N	Not Applicable
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 prior years. No Gateway reviews in 2020-21. Gateway review for Gate 5 was completed in May 2019 with all other Gates completed in prior years.	2018-19 Budget	N	Not Applicable

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 prior years. No Gateway reviews in 2020-21.	2017-18 Budget	N	Not Applicable
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Question 9 (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 2021, or the actual cost spent to 30 June 2021 (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 2021 (\$ million)	Actual expenditure in year ending 30 June 2021 (\$ 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/ VHBA)	1,935.44	207.64	61.66	<p>The PPP procurement model offers the following benefits:</p> <ul style="list-style-type: none"> Time certainty – using private finance results insignificant incentives for contractors to complete on time when compared with the other procurement methods considered. Whole-of-life outcomes – optimises the whole of-life and maintenance outcomes while delivering a more competitive cost

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 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.	Admitted Services (Health/ VHBA)	81.63	1.90	1.77	<p>outcome by ensuring trade-offs between up-front construction costs and ongoing maintenance and life cycle costs.</p> <ul style="list-style-type: none"> • 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. • Innovation – the competitive tender process and overall PPP framework provides significant incentive for the private sector entities to identify and incorporate innovation in the design, construction and operation of the asset.
Royal 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/ VHBA)	1,123.01	472.39	44.48	
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/ VHBA)	3,609.87	782.83	135.92	

Victorian Comprehensive Cancer Centre	<p>The aim of the project was to deliver a world-class, purpose-built cancer research, treatment, care and education hub in inner Melbourne.</p> <p>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 new education facilities for all building partners.</p>	Admitted Services (Health/ VHBA)	2,778.08	610.87	158.77	
Casey Hospital	<p>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-served southeast growth, corridor of Melbourne</p> <p>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.</p> <p>To provide infrastructure facilities and services that assist the Hospital Operator to attract and retain quality staff at all levels.</p>	Admitted Services (Health/ VHBA)	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				

Question 10 (Department of Transport only) Alliance contracting expenditure – existing and completed

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

- The total estimated investment value, the total actual expenditure from announcement to 30 June 2021, or the actual cost spent to 30 June 2021 (actual cost spent in the respective financial year) and the benefits of using the alliance contracting model when delivering/funding a project over other financing methods.
- Where the estimated completion date at announcement is different to the completion date in the 2019-20 Budget and an explanation for any variance.
- Where the scope of the alliance contract at announcement is different to the scope of the project as it is presented in the 2019-20 Budget.

Investment value and benefit of using alliance contracting model

Project name	Project objectives	Output(s) and portfolio(s) and/or agency	Total estimated investment value at the start of the project (\$ million)	Total actual expenditure since the announcement to 30 June 2021 (\$ million)	Actual expenditure in year ending 30 June 2021 (\$ million)	Benefits of using alliance contracting model versus other delivery/funding models
N/A						

Completion date

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

Scope

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

Section C: Revenue and appropriations

Question 11 (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 2019-20 and 2020-21 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 community⁴ 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 2020-21 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	2019-20 actual (\$ million)	2020-21 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	17,600.0	19,011.4	The increase in output appropriation revenue is due to new policy initiatives approved by government in the 2020-21 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	1,371.9	1,072.3	The decrease is due mainly to lower hypothecated revenue from the temporary closure of gaming venues 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

⁴That is, the impact of service delivery on the community rather than a description of the services delivered.

Interest	33.0	19.8	The decrease in interest revenue is due to lower interest rates on Health Service's cash deposits. Interest rates during 2020-21 compared to the previous year were generally lower.	Impact is not material.	Various outputs (Health)
Fair value of assets and services received free of charge or for nominal consideration	0.6	5.4	The increase is mainly due to equipment received free of charge by Health Services in 2020-21.	No impact, as the revenues are book entries in relation to assets transferred to Health Services.	Various outputs (Health)
Other income	688.3	775.3	The higher other income includes increased revenue received this year by hospitals to recover the cost of salaries from external organisations (e.g., staff seconded to other organisations).	No impact, as the income is offset by the salaries expense.	Various outputs (Health)

Question 12 (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 2020-21 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	2020-21 Budget estimate (\$million)	2020-21 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	20,206.9	19,011.4	Actual output appropriation reflects the machinery of government changes as well as policy initiatives approved after the Published Budget, including funding in response to the COVID-19 pandemic.	The reduced revenue was due to machinery of government changes that transferred outputs and corresponding appropriations to the Department of Families, Fairness and Housing from 1 February 2021. This was partially offset by additional appropriations primarily to fund new policy initiatives for the COVID-19 pandemic response.	Various outputs and portfolios
Interest	46.3	19.8	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 2020-21.	2020-21 Health Services were provided with supplementation to ensure continued operations, particularly through the period of the pandemic.	Various outputs (Health)
Grants	8,408.9	8,706.5	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)

Section D: Expenses

Question 13 (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 2019-20 and 2020-21 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 2020-21 and the 2020-21 budget estimate. Please also detail the outcomes in the community⁵ 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	2019-20 actual \$ million	2020-21 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	13,557.0	14,706.2	The variance is due to increased salaries and staff expenses this year due to increased costs from enterprise agreements and greater FTE (e.g., for pandemic response) across Health Entities.	Response to COVID-19 pandemic
Grants and other transfers	4,324.7	3,607.2	The 2020-21 amount reflects the impact of machinery of government changes whereby the Child Protection, Prevention of Family Violence, Housing and Disability functions were transferred to the Department of Families, Fairness and Housing effective 1 February 2021. The 2019-20 year includes a full year of those outputs included as part of the former Department of Health and Human Services which became the Department of Health on 1 February 2021.	Not Applicable
Other operating expenses	8,786.4	9,447.8	The increased expenditure is primarily driven by the purchases of supplies and services to deliver the government's COVID-19 pandemic response.	Response to COVID-19 pandemic

⁵That is, the impact of service delivery on the community rather than a description of the services delivered.

Expenses category	2020-21 budget \$ million	2020-21 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	14,986.8	14,706.2	<p>The 2020-21 amount reflects the impact of machinery of government changes whereby the Child Protection, Prevention of Family Violence, Housing and Disability functions were transferred to the Department of Families, Fairness and Housing effective 1 February 2021.</p> <p>The budget includes a full year of those outputs included as part of the former Department of Health and Human Services, which became the Department of Health on 1 February 2021.</p>	Not Applicable
Grants and other transfers	4,548.8	3,607.2	<p>The 2020-21 amount reflects the impact of machinery of government changes whereby the Child Protection, Prevention of Family Violence, Housing and Disability functions were transferred to the Department of Families, Fairness and Housing effective 1 February 2021.</p> <p>The budget includes a full year of those outputs included as part of the former Department of Health and Human Services, which became the Department of Health on 1 February 2021, due to the machinery of government changes not being determined at that time.</p>	Not Applicable
Other operating expenses	10,441.6	9,447.8	Other operating expenses are impacted by the timing of consumables such as personal protective equipment being expensed in hospitals and health services in response to the COVID-19 pandemic. The budget assumed that all the items purchased would be consumed by 30 June. Consumables not expensed as at 30 June 2021 are held as inventory on the balance sheet.	Not Applicable

Question 14 Expenses/interventions related to COVID-19 pandemic response

For the year 2020-21, 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 and please provide details of the reported outcomes.

a) On budget

Name of the program/initiative	Program/initiative objectives	Expenditure as at 30 June 2021 \$ million	Output/Portfolio	Use of emergency advances/ retroactive funding approvals – Yes or No	Performance measures for the program/Initiative	Outcomes/ project status
COVID-19 health response ⁶ (2020-21 Budget)	Funding is provided to deliver a range of priority initiatives to support the government's public health response to the COVID-19 pandemic, including additional investment in public health capabilities to rapidly and effectively respond to the spread of COVID-19. Funding will support both the cost of meeting additional demands on the health system at the peak of recent increases in case numbers, and ongoing capacity that will be required to enable the safe easing of restrictions and management of any future spread of COVID-19. This includes additional funding to support frontline healthcare workers, and service responses to help minimise the spread of COVID-19. Support is also provided for increased testing capacity and optimisation of Victoria's pathology and supply chain processes.	2,287.2	Public Health	No	Not Applicable	Not Applicable

⁶ Includes COVID-19 response funding for Maintaining hospital capacity, the COVID-19 vaccination program, additional Support for the health system, Mandatory Quarantine & funding for an enhanced engagement approach with CALD communities and complex families.

COVID-19 mental health response (2020-21 Budget)	<p>Funding is provided to respond to increased demand for mental health and AOD services, including additional infection prevention training, increased cleaning and the extension of service operating hours.</p> <p>The mental health workforce will also be supported through a new graduate program.</p> <p>This package also includes a suite of initiatives to promote wellbeing and maintain social connectedness of Victorians during the COVID-19 pandemic.</p> <p>This includes wellbeing checks, additional funding for Aboriginal Community Controlled Health Organisations to engage with Aboriginal communities, and the Community Activation and Social Isolation program, which connects people seeking emotional support with services and supports within their local government area.</p>	130.8	Mental Health	No	Not Applicable	Not Applicable
'Creating a single digital solution for COVID-19 reporting (2020-21 Budget)'	<p>Funding is provided to create a single digital reporting platform containing whole of government COVID-19 data to increase the government's responsiveness during the COVID-19 pandemic.</p>	5.5	Public Health	No	Not Applicable	Not Applicable

b) Off budget⁷

Name of the program/initiative	Program/initiative objectives	Expenditure as at 30 June 2021 \$ million	Output/Portfolio	Use of emergency advances/retroactive funding approvals – Yes or No	Performance measures for the program/Initiative	Outcomes/project status
COVID-19 Response - Support for the health system	Funding is provided to deliver a range of priority initiatives to support the government's public health response to the COVID-19 pandemic, including additional investment in public health capabilities to rapidly and effectively respond to the spread of COVID-19.	938.9	Public Health	No	Not Applicable	Not Applicable
COVID-19 vaccination program	Funding is provided to deliver vaccines to Victorians as part of the national COVID-19 vaccination program by establishing and equipping a range of vaccine hubs across the state.	133.1	Public Health	No	Not Applicable	Not Applicable
COVID-19 mandatory quarantine	Funding was provided to operate Victoria's hotel quarantine system	64.7	Public Health	No	Not Applicable	Not Applicable
Enhanced engagement approach with culturally and linguistically diverse communities and complex families	Funding is provided to support the expansion of the prevention and preparedness work of the Culturally and Linguistically Diverse (CALD) Communities Taskforce. The Taskforce develops community-specific, locally delivered solutions to help slow the spread of COVID-19 including through the promotion and adoption of COVIDSafe behaviours.	1.6	Public Health	No	Not Applicable	Not Applicable

⁷ 'Off budget' is where funds for programs/initiatives are not appropriated in the budget and therefore are not accounted for in the budget. For those programs that received appropriations through specially created programs or subprograms of the budget are known as 'on-budget arrangements', for example, it could be that most COVID-19 initiatives are off budget items during 2020-21 unless prior budgeted programs were extended/expedited, etc. due to COVID-19, then these would be classified as 'on budget'.

- c) What additional budgetary control and tracking/traceability measures were introduced by the department in 2020-21 to ensure COVID-19 programs/initiatives were deployed effectively and in line with the intended purpose? Were any of these measures amended during 2020-21? If so, how and for what reason/s were they amended?

The department continued to track budget and expenditure associated with COVID-19 response initiatives through a suite of detailed reporting. This included reporting that was available daily for operational areas as well as monthly reporting presented to the Executive Board and 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.

Expenditure data was captured on a quarterly basis from health services which was used to inform report backs and acquittal of funding to government and VAGO on COVID-19 spending.

These tracking and reporting arrangements are a continuation of arrangements established in 2019-20. COVID-19 response initiatives that commenced in 2020-21 were incorporated into the arrangements, including report backs and acquittal processes.

Question 15 (all departments and entities) Changes to service delivery from savings initiatives

For each of the savings initiatives detailed in the 2017-18 Budget, 2018-19 Budget, 2019-20 Budget and 2020-21 Budget⁸ please provide the following details of the impact on service delivery:

- Savings target in the 2017-18, 2018-19, 2019-20 Budget and 2020-21 Budgets and the amount of the savings target allocated to the department/entity
- Actual savings achieved in 2017-18, 2018-19, 2019-20 and 2020-21 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 2020-21	Actual savings achieved in 2020-21 \$ 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) If no impact, how was this achieved</i>	Which output(s) and portfolio(s) were impacted (if relevant)
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)	175.6	163.6	Savings allocated to Department of Health and Human Services were achieved through efficiencies and cost management strategies targeting administration, procurement, communications, consultancies, and staffing costs.	The published budget savings represent those allocated to Department of Health and Human Services, while the 2020-21 actuals represent the full year impact of savings allocated to Health outputs and seven (7) months of savings achieved for outputs that have since moved to Department of Families, Fairness and Housing as part of the machinery of government split of the former DHHS. 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

⁸ If there were any savings and efficiencies initiatives introduced post 2020-21 Budget.

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	12.5		The published budget savings represent those allocated to Department of Health and Human Services, while the 2020-21 actuals represent the full year impact of savings allocated to Health outputs and seven (7) months of savings achieved for outputs that have since moved to Department of Families, Fairness and Housing as part of the machinery of government split of the former Department of Health and Human Services.	Efficiencies were realised across all portfolios.
Whole of Government efficiencies (2019-20 BP3, p. 126)	Nil	Nil	Nil	Not Applicable	Not Applicable
No Savings measures announced in 2020-21 Budget (2020-21 BP2, p.75)	Nil	Nil	Nil	Not Applicable	Not Applicable

Question 16 (all departments) Achievement of reprioritisation of existing resources

The 2020-21 Budget includes targets for 'reprioritisation and revenue offsets' to fund new initiatives (2020-21 Budget Paper No.2, p.75). This is in addition to any savings or efficiencies resulting from expenditure reduction measures. For the department (including all controlled entities),⁹ please indicate:

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

⁹ That is, please provide this information for the department on the same basis of consolidation as is used in the budget papers.

Area of expenditure originally funded	Area of expenditure actually funded	Value of funding reprioritised in 2020-21 (\$ 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	0.9	There was no specific impact on other initiatives or service delivery.	Ambulance Services, Health Portfolio
	Better at home: Hospital care in the home	1.3		Non-Admitted services, Health Portfolio
	Voluntary Assisted Dying	3.2		Admitted services, Health Portfolio
	Addressing social connections across generations and ensuring the response to elder abuse	1.4		Seniors Programs & Participation, Child Protection and Disability, Ageing and Carers Portfolio
	Better Futures: Home Stretch	2.5		Child protection and Family Services, Child Protection and Disability, Ageing and Carers Portfolio
	Maintaining the capacity of the children and families system	4.9		Child protection and Family Services, Child Protection and Disability, Ageing and Carers Portfolio
	National Disability Insurance Scheme Stage 2: Out of scope services	0.2		Family Violence Service Delivery, Prevention for Family Violence Portfolio
	Increasing alcohol and other drug capacity	5.8		Clinical Care, Mental Health Portfolio
	Information sharing and family violence risk assessment and management reforms	2.7		Family Violence Service Delivery, Prevention for Family Violence Portfolio
	Therapeutic interventions	21.2		Family Violence Service Delivery, Prevention for Family Violence Portfolio
Royal Commission into Victoria's Mental Health System: Interim Report Response	2.7	Clinical Care, Mental Health Portfolio		

Question 17 (all departments) Contractors, Consultants and Labour Hire Arrangements

Please indicate how much the department spent on contractors, consultants and labour hire arrangements during 2018-19, 2019-20 and 2020-21. 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.

2018-19 Actual \$ million	2019-20 Actual \$ million	2020-21 Actual \$ million	Explanation for variances (2018-19 over 2019-20) $\pm 10\%$	Explanation for variances (2019-20 over 2020-21) $\pm 10\%$	Which business areas were impacted/benefitted and how?	Please link your response to relevant output(s) and portfolio(s)
826.5	869.6	1560.1	2018-19 to 2019-20 = 5.2% increase	2019-20 to 2020-21 = 79.5% increase. There was significant variance due to increased demand on contractors, consultants and labour hire providers to support the department's response to COVID and Victoria's Big Build program. N.B. Data is combined DH and DFFH data for all years.	Spend on 'contractors, consultants and labour hire' involved approximately 2,200 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.	<ul style="list-style-type: none"> • Department spend on external vendors to provide services classified as 'contractor, consultant and labour hire' impacted most / all department outputs and portfolios including: Minister for Health • Minister for Mental Health • Minister for Disability, Ageing and Carers

Question 18 (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 2020-21, 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 2021. Please provide details of the methodology used for the ratio calculation.

Type of dividend paid	2020-21 Budget (\$ million) <i>BP 4, pg. 20</i>	2020-21 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 2021
Nil					

Economic funding ratio/accounting funding ratio as at 30 June 2021	Details of the methodology
Nil	

Section E: Overall financial performance

Question 19 (all departments) Impact of COVID-19 on financial performance – 2020-21

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 2021	2020-21 Budget	2020-21 Actual	Explanation of the impact caused by COVID-19 pandemic
Total income from transactions	32,394.7	31,388.8	Total income reduced for the portfolio mainly reflecting output appropriation movements due the machinery of government changes during the year. However, these were partially offset by policy initiatives approved after the Published Budget, including funding in response to the coronavirus (COVID-19) pandemic.
Total expenses from transactions	32,884.4	30,681.1	Includes expenses that are impacted by the timing of consumables such as personal protective equipment being expensed in hospitals and health services in response to the coronavirus (COVID-19) pandemic. The budget assumed that all the items purchased would be consumed by 30 June. Consumables not expensed as at 30 June 2021 are held as inventory on the balance sheet.
Net result from transactions (net operating balance)	-489.7	707.7	The variance between the budgeted and actual surplus is mainly due to differences in the timing for expensing consumables, such as personal protective equipment in response to the coronavirus (COVID-19) pandemic. The published budget assumes that all such items were purchased and consumed in the same year, however a significant amount was still held as inventory at 30 June.

Section F: Public sector workforce

Question 20 (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 2019, at 30 June 2020 and 30 June 2021 (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 2021 Actual FTE number
Secretary	1.0
EO-1	9.8
EO-2	50.0
EO-3	107.0
VPS Grade 7 (STS)	33.6
VPS Grade 6	833.1
VPS Grade 5	1,194.6
VPS Grade 4	1,275.5
VPS Grade 3	378.5
VPS Grade 2	84.7
VPS Grade 1	17.9
*Other	108.0
Total	4,093.6

*Other may include: senior medical advisors, solicitors, nurses, trade assistants, scientists, external auditors.

Numbers above **do not** include FTE for Safer Care Victoria and Mental Health Reform Victoria. These are provided in the tables below.

Mental Health Reform Victoria

Category	30 June 2021 Actual FTE number
EO-2	2.0
EO-3	3.0
VPS Grade 6	7.7
VPS Grade 5	9.0
VPS Grade 4	5.0
Total	26.7

Safer Care Victoria

Category	30 June 2021 Actual FTE number
EO-1	0.5
EO-2	0.0
EO-3	5.0
VPS Grade 7 (STS)	1.7
VPS Grade 6	23.7
VPS Grade 5	65.4
VPS Grade 4	31.6
VPS Grade 3	5.2
*Other	1.0
Total	134.0

Question 21 (all departments and entities) Salary by employment category

In the table below, please detail the salary costs for 2018-19, 2019-20 and 2020-21, 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 2018-19 (\$ million)	Gross salary 2019-20 (\$ million)	Gross salary 2020-21 (\$ million)	Explanation for any year-on-year variances $\pm 10\%$ or \$100 million
Ongoing	1039	837	899	
Fixed-term	159	150	271	Increase of fixed term engagements throughout the course of the financial year to support Public Health response and business critical functions
Casual	70	30	37	Increase of casual pool to support surge demand across business-critical functions
Total	1268	1017	1207	

Question 22 (all departments and entities) Executive salary increases

Please detail the number of executives who received increases in their base remuneration in 2020-21, breaking that information down according to what proportion of their salary the increase was, and explaining the reasons for executives' salaries increasing in each bracket.

Increase in base remuneration	Number of executives receiving increases in their base rate of remuneration of this amount in 2020-21, apart from increases outlined in employment agreements			Reasons for these increases
	Female	Male	Self-described	
0-3%	6	2	0	<ul style="list-style-type: none"> • Remuneration review • Promotion • Review on reappointment
3-5%	7	4	0	<ul style="list-style-type: none"> • Remuneration review • Promotion • Review on reappointment • Work value increase
5-10%	32	7	0	<ul style="list-style-type: none"> • Remuneration review • Promotion • Review on reappointment • Work value increase
10-15%	6	2	0	<ul style="list-style-type: none"> • Remuneration review • Promotion • Review on reappointment • Work value increase
greater than 15%	5	4	0	<ul style="list-style-type: none"> • Remuneration review • Promotion • Review on reappointment • Work value increase

Section G: Government decisions impacting on finances

Question 23 (all departments and entities) Commonwealth Government decisions

Please identify any Commonwealth Government decisions during 2020-21 which had not been anticipated/not been concluded before the finalisation of the State budget in 2020-21 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 2020-21	
	on income (\$ million)	on expenses (\$ million)
National Partnership on Essential Vaccines - changed funding levels	3.9	0.0
National Partnership on OzFoodNet – new agreement signed by the State on 6 January 2021	0.3	0.2
National Partnership on Vaccines Preventable Disease Surveillance – new funding agreement signed by the State on 6 January 2021.	0.2	0.2
Project Agreement for the Community Health and Hospitals Program Victoria's 2020-21 Initiatives finalised on 2 February 2021.		
Funding provided for:		
Geelong Women's and Children's Hospital	5.0	0.0
Wodonga Hospital	2.5	0.0
Redevelopment of Rosebud Hospital	5.0	2.0
Expand cancer infrastructure in the West Gippsland Region	4.5	4.5
National Reform Agenda for Organ and Tissue Donation – changed funding levels	7.8	7.8
Commonwealth Regional Assessment Services - new Deed of Variation made on 2 October 2020.	34.8	34.7
Health Innovation Fund - rephased across four financial years	23.0	1.0
Stillbirth autopsies and investigations - no authority to retain revenue	0.1	0.0
National Rural Generalist Pathway - new Deed of Variation made on 22 December 2020.	0.7	0.3
National Partnership on COVID-19 Response		
• Upfront advance payment	26.0	14.9
• Hospital Service payment	171.7	741.0
• State Public Health payment	739.8	1,002.3
Private Hospital Capacity and Financial Viability payment	74.2	275.8
National Health Reform Agreement		
• Activity Based funding	4,718.8	3,977.8
• Block Funding	815.0	815.0
• Public Health Funding	115.6	115.6

Question 24 (all departments and entities) Commonwealth and National Cabinet decisions

Please identify any Commonwealth and National Cabinet decisions during 2020-21 which had not been anticipated/not been concluded before the finalisation of the State Budget in 2020-21 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.

Commonwealth Government decision	Impact in 2020-21	
	on income (\$ million)	on expenses (\$ million)
Not Applicable	Not Applicable	Not Applicable

National Cabinet decision	Impact in 2020-21	
	on income (\$ million)	on expenses (\$ million)
<p>National Cabinet</p> <p>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.</p> <p>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.</p>	Not Applicable	Not Applicable
<p>National Partnership of COVID-19 Response – Schedule C – Coordination and Delivery of a Safe and Effective COVID-19 Vaccine</p> <p>On 13 November 2020, National Cabinet endorsed the Australian COVID-19 Vaccination Policy, which sets out key principles for the rollout. The Victorian Implementation Plan was signed by the Victorian Minister for Health on 19 February 2021.</p> <p>See: https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2021-04/vic_vaccine_plan.pdf</p>	Not Applicable	Not Applicable

<p>Schedule C to this Intergovernmental Agreement was signed by the Victorian Treasurer on 4 March 2021. Through the Vaccination Dose Delivery Payment, the Commonwealth will provide a 50 per cent contribution to the agreed price per vaccination dose delivered by the states. The IGA also provides for an upfront payment to Victoria of \$26 million in 2020-21, which will be reconciled against the Vaccination Dose Delivery Payment. The Commonwealth Budget does not delineate funding under this IGA via Schedule.</p> <p>See: https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2021-04/covid-19_response_vaccine_amendment_schedule.pdf</p> <p>On 22 April 2021, the National Cabinet agreed to the Commonwealth contributing 50 per cent of genuine net additional costs incurred by states and territories to set up additional COVID-19 clinics after 21 April 2021, where necessary to support the recalibrated vaccination program delivery model. Funding arrangements are yet to be finalised through the Council on Federal Financial Arrangements.</p> <p>See: https://www.pm.gov.au/media/national-cabinet-4</p>	Not Applicable	Not Applicable
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Section H: General

Question 25 (all departments and entities) Reviews/studies undertaken

- a) Please list all internal¹⁰ and external reviews/studies, established, commenced or completed by or on behalf of the department/agency in 2020-21 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.

¹⁰ 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 Phase 2	<p>In December 2020, the Minister for Health appointed Mr John Ryan as Chair of a Panel to review the Medically Supervised Injecting Room, along with members Ms Chris Kotur and the Hon. Robert Knowles. The Medically Supervised Injecting Room Review Panel will oversee the conduct of a review as outlined in the Drugs, Poisons and Controlled Substances Act 1981 (the Act), Part IIA, including:</p> <ul style="list-style-type: none"> the operation and use of licensed supervised injecting rooms (both at North Richmond and in the City of Melbourne) 	<ul style="list-style-type: none"> The Panel is required to Develop the review scope, structure (including progress, final and public reports) and data and evidence collection requirements across both services Work with and receive advice from external research organisations or consultants, who will inform the work of the Review Panel Report to the Minister for Health 12 months after appointment to the Panel, via the department, outlining early findings. By no later than 31 December 2022, provide an endorsed review to the 	Dec 2020- Dec 2022	<p>A report assessing the operation and use of the service, any changes required to legislation and regulation, and the extent to which the trial has been able to advance the legislative objects below:</p> <ul style="list-style-type: none"> Reduce the number of avoidable deaths and the harm caused by overdoses of drugs of dependence. Deliver more effective health services for clients of the licensed medically supervised injecting centre by providing a gateway to health and social assistance which includes drug treatment, rehabilitation support, health care, mental health 	The Panel have at their disposal \$500,000 to spend on external advice and support, in addition to technical and secretariat support paid for by the Department of Fairness, Families and Housing.		No. The final report has not been completed.

	<ul style="list-style-type: none"> the extent to which the object outlined in Part IIA has been advanced during the period of both licences. 	<p>Minister for Health that meets the requirements outlined above, including a summary report of the findings for the general public.</p>		<p>treatment and support and counselling.</p> <ul style="list-style-type: none"> Reduce attendance by ambulance services, paramedic services and emergency services and attendances at hospitals due to overdoses of drugs of dependence. Reduce the number of discarded needles and syringes in public places and the incidence of injecting of drugs of dependence in public places in the vicinity of the licensed medically supervised injecting centre. Improve the amenity of the neighbourhood for residents and businesses in the vicinity of the licensed medically supervised injecting centre. 			
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				<ul style="list-style-type: none"> Reduce the spread of bloodborne diseases in respect of clients of the licensed medically supervised injecting centre including, but not limited to, HIV and hepatitis C. 			
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 internally	Not Applicable	Not published externally For internal use only
Mental Health and Police Response (MHaPR) Service Evaluation	Evaluation of the Mental Health and Police Response (MHaPR) initiative a joint mental health and police crisis response. It involves a mental health professional working alongside a police officer to respond to '000' calls.	Refer to 'reasons' column	Ongoing	MHaPR is part of an over-burdened mental health system. MHaPR reduces the number of people transported to hospital and saves. MHaPR makes a positive difference to carers. The Victorian MHaPR is typical of other co-response models	Not Applicable Conducted internally	Not Applicable	Not published externally For internal use only

	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.			MHaPR is highly valued but impacted by workforce issues. Co-location, staff selection and back-up telephone consultation support the MHaPR. Limited program coordination, accountability and consistent governance impacts the MHaPR.			
Sleep and Settling Model of Care Evaluation	Evaluation of the Sleep and Settling Initiative which is a key part of the More help for new Victorian mums and dads aimed at providing support for Victorian parents and caregivers. 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.	Refer to 'reasons' column	Ongoing	<ul style="list-style-type: none"> Needs of parents and caregivers experiencing sleep and settling concerns are identified and responded to. Parents engage in Sleep and Settling services on offer in their area, and report increased understanding about managing sleep and settling concerns with their children. <p>The MCH workforce are well equipped and supported to work with parents and caregivers experiencing sleep and settling concerns</p>	Not Applicable Conducted internally	Not Applicable	Not complete

				<p>and are confident in working with parents and caregivers experiencing sleep and settling concerns.</p> <ul style="list-style-type: none">• MCH services working with parents, caregivers, and families encountering sleep and settling concerns are adequately supported and referred to other support services, appropriate to their needs, culture and circumstances.• Babies and children achieve the optimal sleep required for their development, health and wellbeing, so that they can flourish.			
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<p>Maternal Child Health Family violence initiatives evaluation</p>	<p>To review the state budget commitment of \$11 million of funding over four years (2017-18 to 20-21) of targeted MCH family violence initiatives (MCH FV initiatives). This includes review of MCH family violence additional consultations and workforce development activities on the safety and wellbeing outcomes of children and families at risk of family violence.</p>	<ul style="list-style-type: none"> • Increase the early identification of FV and provision of appropriate support and referral • Increase capacity of MCH Services to engage children and families at risk of/experiencing FV, and to identify and manage risk of FV. • Support integration of MCH services as a component of FV system reform through collaborative practice promoting improved referral pathways and feedback mechanisms. 	<p>Timeline for evaluation completion May 2022</p>	<ul style="list-style-type: none"> • Families experiencing family violence are quickly and consistently identified regardless of where they enter the service system. • Families receive the most appropriate referrals for specialist family violence responses. • Families access the system supports they require to recover from family violence and thrive. • Family violence harm is reduced/ minimised • Contribution to family violence prevention by promoting healthy family relationships • Children and families at risk of family violence have improved safety and wellbeing outcomes. 	<p>Not Applicable Conducted internally</p>	<p>Not Applicable</p>	<p>Not complete</p>
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<p>Keeping Our Sector Strong (KOSS) (Priorities 2 & 3) Evaluation</p>	<p>Evaluation of priorities 2 and 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 assessed to what extent, collectively, the sub-projects achieved objectives against four common areas.</p>	<p>Refer to 'reasons' column</p>	<p>Evaluation complete</p>	<p>Priority 2 – Successful progress towards its objectives and short-term outcomes of strengthening local networks, identifying local priorities, and supporting place-based responses to local NDIS workforce in rural and regional Victoria. Gains have been demonstrated addressing challenges through locally driven innovation in practice and strengthening of local networks in regional and rural communities where the program was implemented. It has added value to the broader disability sector across Victoria by being 'proof of concept' for innovative ways to address workforce issues. However, impact has been limited due to the magnitude of market gaps and workforce challenges that exist in rural and regional areas. Given the nature of workforce challenges are</p>	<p>Not Applicable Conducted internally</p>	<p>Not Applicable</p>	<p>Not published externally For internal use only</p>
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				<p>systemic, further investment in effort and time is required as the NDIS continues to mature.</p> <p>Priority 3 - The suite of Priority 3 projects assisted the transition of relevant workforces to some extent. Positive shifts were observed for some segments of workforces targeted by Priority 3 initiatives, although depth of reach was limited. The multi-sectorial nature of the transition and Priority 3 projects meant that the levels of success have varied considerably between project streams and phases.</p>			
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<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>Provision of maternity care was maintained, and the risk of COVID-19 transmission minimized (including for some vulnerable cohorts) through the use of TeleHealth. Efficiencies were realised by clients, particularly in rural areas and for those with other caring commitments. The workforce acknowledged the empowering aspects of telehealth, but also identified concerns about TeleHealth's capacity to build trusting relationships and to support identification of vulnerability. Access to technology was the main barrier for both clients and workers.</p>	<p>Not Applicable Conducted internally</p>	<p>Not Applicable</p>	<p>Not published externally For internal use only</p>
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<p>Delivering Maternal Child Health (MCH) via telehealth</p>	<p>Rapid Review of the impact of moving Maternal Child Health Service delivery to telehealth.</p>	<p>Refer to 'reasons' column</p>	<p>Complete</p>	<p>While the provision of MCH services declined slightly over the period (mostly due to client reluctance to engage remotely) families who wanted to maintain engagement were able to do so. Workforce satisfaction was negatively impacted by nurses concerns about their capacity to provide high-quality care, and telehealth did not provide time efficiencies for staff. Service user experiences were mixed, with some enjoying greater flexibility while others felt inadequately supported.</p>	<p>Not Applicable Conducted internally</p>	<p>Not Applicable</p>	<p>Not published externally For internal use only</p>
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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	Collaborative round-table discussions were effective in engaging with CaLD community leaders and receiving advice on engagement with different cultural groups. Discussions also clarified public health concerns held by different communities. Findings underpinned a range of diverse approaches to effectively promote public health messages.	Not Applicable Conducted internally	Not Applicable	Not published externally For internal use only
Use of TeleHealth for Mental Health Services	Rapid Review on delivery of Mental Health Services via TeleHealth during COVID-19 lockdowns.	Refer to 'reasons' column	Complete	Exponential growth of telehealth saw increases of video service delivery of over the previous year and maintained contact and service delivery with consumers. Infrastructure gaps include IT equipment, reliable connectivity and private spaces for sensitive consultations. Consumers and families see value in retaining telehealth as an adjunct	Not Applicable Conducted internally	Not Applicable	Not published externally For internal use only

				service option in tandem with face-to-face delivery, as a 'fill in' for face-to-face contact.			
Use of TeleHealth in Mental Health Tribunal hearings	Rapid Review on client and worker safety and scheduling of hearings through telehealth	Refer to 'reasons' column	Complete	The Tribunal established completely remote methods within five (5) weeks to maintain continuity and conduct all hearings, with a slight increase in hearing numbers and some cost efficiencies for attendees. However, telephone delivery is not the optimal technology for clients to participate in Tribunal Hearings, or to ensure quality of hearings. A key disadvantage is the entrenchment of existing communication barriers.	Not Applicable Conducted internally	Not Applicable	Not published externally For internal use only

Community Engagement Operation Benessere	Rapid Review looking at Community Engagement Strategies during Operation Benessere.	Refer to 'reasons' column	Complete	<p>Operational Benessere was an effective strategy and contributed to reduced community transmission.</p> <p>Key enablers include the use of health concierge from residents' cultural groups, the provision of wrap around support services and infection control measures.</p> <p>This encouraged residents to stay and home and comply with restrictions leading to a reduction in COVID-19 transmissions within the estates.</p>	Not Applicable Conducted internally	Not Applicable	Not published externally For internal use only
Pharmacotherapy change of guidance to prescribers and dispensers	Rapid review exploring the early impact of practice changes to Medication Assisted Treatment for Opioid Dependence (MATOD) or 'pharmacotherapy' to support physical distancing and isolation during the COVID-19 response.	Refer to 'reasons' column	Complete	<p>Increased takeaway doses, third-party collection, and increased prescription lengths enabled continuity of pharmacotherapy.</p> <p>They also provided greater consumer convenience and reduced travel, with improved quality of life outcomes and very few</p>	Not Applicable Conducted internally	Not Applicable	Not published externally For internal use only

				<p>reported adverse impacts.</p> <p>The workforce demonstrated strong commitment to consumer wellbeing in its flexible interpretation of the guidelines, based on professional judgement and advice from peak bodies.</p>			
Use of TeleHealth in paediatric services	Rapid Review about access to paediatric services (medical and allied health) through increased use of TeleHealth	Refer to 'reasons' column	Complete	<p>The number of TeleHealth consultations for paediatric services was approximately 28 times higher than the previous year, with service provision maintained.</p> <p>TeleHealth helped to triage waiting lists, although waiting list lengths did not reduce.</p> <p>Families reported largely positive experiences of TeleHealth, particularly for increasing rural and remote access, but those with more complex issues found telehealth challenging.</p>	Not Applicable Conducted internally	Not Applicable	Not published externally For internal use only

Hospital in the Home (HITH)	Rapid Review on the provision of HITH for a broader range of patient cohorts to maximise bed capacity for the anticipated surge in COVID-19 patients	Refer to 'reasons' column	Complete	<p>HITH was responsive to the context of reduced admissions to health services and expanded to provide new services during the COVID-19 period and protected vulnerable COVID-19 patients by supporting home isolation and treatment.</p> <p>HITH provision to children and young people was expanded and was generally well-received by patients and families. TeleHealth and remote patient monitoring increased flexibility for some HITH staff.</p>	Not Applicable Conducted internally	Not Applicable	Not published externally For internal use only
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	Complete	<p>The Assessment Guidelines were well-received by the majority of stakeholders, with alignment to existing processes as a positive aspect.</p> <p>The Guidelines also leveraged pre-existing and newly formed strategic relationships across primary, community and acute</p>	Not Applicable Conducted internally	Not Applicable	Not published externally For internal use only

				health care organisations. Key challenges included inconsistent communication and difficulty in contacting the department, in addition to a lack of continuity within the Department itself, with some duplication of effort and reporting.			
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<p>Rapid Review of High-Risk Accommodation Response (HRAR) and Infection Prevention and Outbreak Preparedness (IPOP) Final Report, Centre for Evaluation and Research Evidence (CERE) 30 March 2021</p>	<p>To maximise the value of government investment and the benefits of service delivery changes, this review was commissioned to provide insight into which aspects of HRAR and IPOP could be maintained and integrated into business-as-usual post COVID-19.</p>	<ul style="list-style-type: none"> • What are services doing differently as a result of the COVID-19 response? Evaluation • What is the impact of these changes? • What aspects of the changes should the department seek to keep or extend? 	<p>The rapid review was conducted between February and March 2021.</p>	<p>Completed.</p> <p>The review was used to gain insight into the lessons learned from HRAR and IPOP, including successes, challenges, and what could be improved in a future COVID-19 policy approach for prevention and outbreak preparedness in high-risk human services settings.</p> <p>These would then inform the development of the second iteration of the high-risk accommodation response and the service specifications of the revised operating model.</p>	<p>Not Applicable</p>	<p>Not Applicable</p>	<p>Not Applicable</p>
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Development, Infection, prevention and controls, high risk workplaces			2019-21		Conducted externally \$44,000 (GST excluded)	Incomplete	Not published externally For internal use only
Development and Review, Public Health Microbiology Reference Laboratory	Review service agreements, governance arrangements, key performance measures and operational reporting requirements	Desktop review of existing documents, interviews with internal and external stakeholders	2019-21	Revised service agreements, plus a refreshed five-year partnership arrangement with public health laboratories; clearer outcome reporting from Departmental grant funding	Conducted externally \$32,448 (GST excluded)	\$32,448	Not published externally For internal use only
Health/ Castlemaine Health	Integration of a Community Health Service and a Hospital	The former Department of Health and Human Services funded Castlemaine Health to engage Cube Consulting to develop a detailed proposal for the proposed integration of CHIRP Community Health and Castlemaine Health.	Ended July 2021	Proposal to provide a blueprint and justification for the integration to support the decision making of the CHIRP and CH Boards as well as the Secretary to the Department of Health and the Minister for Health.			
Health/City of Greater Bendigo	Evaluation of a lapsing program: Healthy Heart of Victoria		Started in May 2021		Jointly funded by the Department of Health and City of Greater Bendigo	Not completed	

Note:

The 'Healthy Heart' evaluation appears to be out of scope for this request due to the following:

- *Budget for the evaluation was announced in the Victorian State Budget handed down in May 2021*
- *The evaluation contract is between Department of Health (DH) and the contractor, KPMG, with the contract commencing in July 2021*
- *DH makes contract payments directly to KPMG*
- *Funding for the evaluation was never part of DFFH North Division budget or Loddon Area cost centre*
- *If this is a VPS process, I anticipate DH would be submitting details on this evaluation as the funder and contract owner.*

The appears to be out of scope for this request due to the following:

Funds were provided to Castlemaine Health that engaged 'Cube' consultants, and this was funded by Rural and Regional Health which is now part of Department of Health.

- 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 Evidence (CERE) is a shared service between the Department of Health and the Department of Families, Fairness and Housing. Staff with highly specialised skills in evaluation and research (current FTE of 23) provide priority program evaluation delivery, advice and capability building. CERE can also draw on data and analytics expertise elsewhere in the Departments.

Question 26 (all departments) Annual reports – performance measure targets and objective indicators

a) Please provide the following information on performance measures that did not meet their 2020-21 targets.

Performance measure	Unit of measure	2020-21 target (Budget)	2020-21 actual / estimate (Annual report)	Variance (%)	Explanation	Output(s) and portfolio(s) impacted
Admitted Services: Palliative separations	number	7,700	7,500	-2.6		Acute Health Services
Admitted Services: Sub-acute care separations	number	39,600	31,180	-21.3	The result is lower than target primarily due to the impact of the COVID-19 pandemic on activities.	Acute Health Services
Admitted Services: Total separations – all hospitals	number (thousand)	2,034	1,868	-8.2	The result is lower than target primarily due to the impact of the COVID-19 pandemic on activities.	Acute Health Services
Admitted Services: Weighted Inlier Equivalent Separations (WIES) – all hospitals except small rural health services	number (thousand)	1,461	1,357	-7.1	The result is lower than target primarily due to the impact of the COVID-19 pandemic on activities.	Acute Health Services
Admitted Services: WIES funded separations – all hospitals except small rural health services	number (thousand)	1,840	1,693	-8	The result is lower than target primarily due to the impact of the COVID-19 pandemic on activities.	Acute Health Services
Admitted Services: Perinatal mortality rate per 1000 babies of Aboriginal mothers, using rolling 3-year average (rate per 1000)	rate per 1000	11	12.6	14.5	The most recent data available is the three-year rolling average for 2017–19. Year to date data is not available. Rates can vary widely due to small numbers. Safer Care Victoria's Safer Baby Collaborative is working with Victorian Aboriginal Community Controlled Organisation to strengthen links with Koori maternity services and reduce risk factors for stillbirth.	Acute Health Services

Admitted Services: Number of patients admitted from the elective surgery waiting list	number	203,020	163,628	-19.4	The result is lower than target primarily due to the impact of the COVID-19 pandemic, including restrictions that limited elective surgery in 2020 and 2021.	Acute Health Services
Admitted Services: WIES funded emergency separations – all hospitals	number (thousand)	759	643	-15.3	The result was lower than the target as overall activity has been impacted by COVID-19.	Acute Health Services
Admitted Services: Intensive Care Unit central line associated blood stream infections (CLABSI) per 1000 device days	rate	0	0.6	N/A	Health services have maintained low levels of CLABSI in intensive care unit infections. While this is an unfavourable result, it is an improvement on the previous quarter.	Acute Health Services
Admitted Services: Unplanned/unexpected readmission for hip replacement	per cent	2.5	3.4	36.0	Health services continue to work to reduce unplanned readmission rates. While this result represents an unfavourable outcome, it is an improvement on the result of the previous quarter.	Acute Health Services
Admitted Services: Unplanned/unexpected readmission for paediatric tonsillectomy and adenoidectomy	per cent	2.2	2.5	13.6	Health services continue to work to reduce unplanned readmission rates. While this result represents an unfavourable outcome, it is an improvement on the result of the previous quarter.	Acute Health Services
Admitted Services: Non-urgent (Category 3) elective surgery patients admitted within 365 days	per cent	95	80.4	-15.4	The result is lower than target primarily due to the impact of the COVID-19 pandemic, including restrictions that limited elective surgery in 2020 and 2021.	Acute Health Services
Admitted Services: Semi-urgent (Category 2) elective surgery patients admitted within 90 days	per cent	83	61.6	-25.8	The result is lower than target primarily due to the impact of the COVID-19 pandemic, including restrictions that limited elective surgery in 2020 and 2021.	Acute Health Services
Non-Admitted Services: Health Independence Program direct contacts	number (thousand)	1,599	1,396	-12.7	The result is lower than target primarily due to the impact of the COVID-19 pandemic on activities.	Acute Health Services

Non-Admitted Services: Patients treated in Specialist Outpatient Clinics – unweighted	number (thousand)	1,975	1,791	-9.3	The result is lower than target primarily due to the impact of the COVID-19 pandemic on activities.	Acute Health Services
Emergency Services: Emergency presentations	number (thousand)	1,944	1,773	-8.8	The result was lower than the target as overall activity has been impacted by COVID-19.	Acute Health Services
Emergency Services: Emergency patients treated within clinically recommended 'time to treatment'	per cent	80	68	-15	The result is lower than target primarily due to higher ambulance demand, a higher proportion of complex patients, and heightened infection control practices during the COVID-19 pandemic.	Acute Health Services
Emergency Services: Emergency patients with a length of stay of less than four hours	per cent	75	62	-17.3	The result is lower than target primarily due to higher ambulance demand, a higher proportion of complex patients, and heightened infection control practices during the COVID-19 pandemic.	Acute Health Services
Emergency Services: Proportion of ambulance patient transfers within 40 minutes	per cent	90	74	-17.8	The result is lower than target primarily due to higher ambulance demand, a higher proportion of complex patients, and heightened infection control practices during the COVID-19 pandemic.	Acute Health Services
Acute Training and Development: Clinical placement student days (medicine)	number	385,000	332,282	-13.7	The COVID-19 pandemic disrupted clinical placement activity in 2020–21. The 2021–22 State Budget allocated additional funding to catch up on clinical placement activity in 2021–22.	Acute Health Services
Acute Training and Development: Clinical placement student days (allied health)	number	160,000	142,126	-11.2	The COVID-19 pandemic disrupted clinical placement activity in 2020–21. The 2021–22 State Budget allocated additional funding to catch up on clinical placement activity in 2021–22.	Acute Health Services
Acute Training and Development: Funded post graduate nursing and midwifery places at Diploma and Certificate level	number	954	877	-8.1	This original target was not accurate for 2020–21, given available funding. Funding available allowed for 887 funded places and this number was achieved.	Acute Health Services

Acute Training and Development: Total funded FTE (early graduate) allied health positions in public system	number	700	697	-0.4		Acute Health Services
Residential Aged Care: Available bed days	days	1,153,718	1,134,481.4	-1.7		Ageing, Aged and Home Care
Aged Care Assessment: Aged care assessments	number	59,000	51,636	-12.5	The 2020–21 outcome for assessment volume was lower than the target. Contributing factors include COVID-19 and IT issues, as well as delayed uptake by clients seeking an assessment as their preference was to wait for a return to face to face assessment.	Ageing, Aged and Home Care
Aged Care Assessment: Percentage of low priority clients assessed within the appropriate time in all settings	per cent	90	84.7	-5.9	The 2020–21 outcome for assessment of low priority clients was lower than the target. Contributing factors include COVID-19, workforce fatigue and IT issues. There was increased demand for both assessments and support plan reviews (SPR) during periods of lifted restrictions with delayed uptake by clients seeking an assessment as their preference was to wait for a return to face to face assessment. In addition, there has been increased complexity of assessments and SPR, most likely as a response to delayed assessment and care for clients during COVID-19.	Ageing, Aged and Home Care
Aged Support Services: Victorian Eye Care Service (occasions of service)	number	75,866	57,395	-24.3	Service has been impacted by COVID-19. Some practices stopped seeing any 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 – number of clients receiving a service	number	60,000	59,750	-0.4		Ageing, Aged and Home Care

Home and Community Care Program for Younger People: Home and Community Care for Younger People – hours of service delivery	hours	1,000,000	877,000	-12.3	Service has been impacted by COVID-19. The 2020–21 variance is due to decrease in ability to provide some services due to the impact of COVID-19 and alternative services being delivered that cannot be reported in the client database.	Ageing, Aged and Home Care
Ambulance Emergency Services: Statewide emergency air transports	number	4,829	4,208	-12.9	Air activity is entirely demand driven. Activity below target represents lower demand for air services.	Ambulance Services
Ambulance Emergency Services: Treatment without transport	number	84,087	81,819	-2.7		Ambulance Services
Ambulance Emergency Services: Proportion of emergency (Code 1) incidents responded to within 15 minutes – statewide	per cent	85	77.2	-9.2	Ambulance performance has been significantly impacted by COVID-19, with increased demands on health service emergency departments statewide placing additional pressure on offload times. Overall demand for ambulance services has been substantially above previous years, despite a number of periods of reduced activity throughout the year as part of the government’s response to the COVID-19 pandemic.	Ambulance Services
Ambulance Emergency Services: Proportion of emergency (Code 1) incidents responded to within 15 minutes in centres with more than 7 500 population	per cent	90	82.5	-8.3	Ambulance performance has been significantly impacted by COVID-19, with increased demand on health service emergency departments statewide placing additional pressure on offload times. Overall demand for ambulance services has been substantially above previous years, despite a number of periods of reduced activity throughout the year as part of the government's response to the COVID-19 pandemic.	Ambulance Services
Drug Prevention and Control: Number of phone contacts from family members seeking support	number (thousand)	10,682	10,498	-1.7		Drug Services

Drug Prevention and Control: Needles and syringes provided through the Needle and Syringe Program	number (thousand)	10,170	10,047	-1.2	This is a positive result despite the ongoing impact of the COVID-19 pandemic. The department had advised agencies (and in turn clients) to ensure adequate supplies of needles and syringes when the lockdowns commenced in July 2020, to mitigate against the inability to obtain syringes during periods of restricted movement.	Drug Services
Drug Treatment and Rehabilitation: Number of drug treatment activity units – residential services	number	78,535	51,701	-34.2	This outcome is due to the overall reduction in residential treatment service capacity as a result of the ongoing COVID-19 pandemic and associated social distancing requirements, particularly in Quarter 1 2020–21. Services are currently following public health advice as they relate to care facilities. It may also reflect client factors, such as delays in seeking treatment due to concerns around COVID-19 transmission or assuming that services are not operating.	Drug Services
Clinical Care: Clinical inpatient separations	number	27,488	27,361	-0.5		Mental Health
Clinical Care: Total community service hours (adult)	number (thousand)	1,103	958	-13.1	This is a positive result, despite the Mental Health EBA 2020 negotiation placing protected industrial action on the collection, recording or documenting of clinical and administrative information, which was expected to impact the delivery of this measure.	Mental Health
Clinical Care: Total community service hours (aged)	number (thousand)	126	119	-5.6	This is a positive result, despite the Mental Health EBA 2020 negotiation placing protected industrial action on the collection, recording or documenting of clinical and administrative information, which was expected to impact the delivery of this measure.	Mental Health
Clinical Care: Registered community clients	number	77,221	75,397	-2.4		Mental Health

Clinical Care: Occupied residential bed days	number	153,574	151,201	-1.5	This lower result is driven by the lower Quarter 1 bed occupancy result is due to COVID-19. Health services have reported that vulnerable patients are reluctant to be admitted to bed-based settings during the COVID-19 pandemic.	Mental Health
Clinical Care: Clients readmitted (unplanned) within 28 days	per cent	14	15	7.1	The outcome can be attributed to potentially shorter length of stay and consumers being discharged prematurely due to high bed demand/insufficient beds being available, resulting in higher rates of readmission. At times, due to the pandemic, beds were closed to ensure COVID-19 safety, which resulted in increased pressure for throughput, which can lead to discharge earlier than preferred. This can drive readmission. Challenges in delivering face to face community care and support during the pandemic, while telehealth and video health services increased, have been reported as sub optimal for some consumers and may have contributed to re-admissions.	Mental Health
Clinical Care: Post-discharge community care (child and adolescent)	per cent	88	87	-1.8	This is a positive result, despite the Mental Health EBA 2020 negotiation placing protected industrial action on the collection, recording or documenting of clinical and administrative information, which was expected to impact the delivery of this measure.	Mental Health
Clinical Care: Post-discharge community care (adult)	per cent	88	86.4	-4.5	This is a positive result, despite the Mental Health EBA 2020 negotiation placing protected industrial action on the collection, recording or documenting of clinical and administrative information, which was expected to impact the delivery of this measure.	Mental Health

Clinical Care: Pre-admission community care	per cent	61	59	-3.3	This result is positive considering the high demand and acuity of patients presenting to the emergency department requiring admission.	Mental Health
Clinical Care: Seclusions per 1,000 occupied bed days	number	8	9.2	15	This measure is across all age cohorts. The measure is impacted by a higher number of events for a small number of adult patients with challenging behaviours. There is also an impact from adolescent results as there are limited numbers of units in the metropolitan area providing treatment for the entire state. Aged seclusion result is low.	Mental Health
Clinical Care: Emergency patients admitted to a mental health bed within eight hours	per cent	80	54.4	-32.0	This result is due to the increasing trend in the number of people presenting directly to emergency departments and population growth in north west (Melbourne Health) and south east (Monash Health) that is beyond the inpatient capacity of these health services. The Royal Commission into Victoria's Mental Health System interim report stated that that the increase in mental health-related presentations outstrips both population growth and the growth in emergency departments generally. This issue is being addressed by the creation of 144 new acute public beds and the expression of interest for 35 private beds for public patients as recommended by the Royal Commission.	Mental Health
Mental Health Community Support Services: Bed days	number	60,115	46,542	-22.6	This lower result is due to youth residential rehabilitation facilities being required to leave units vacant to enable the isolation of clients in the event of COVID-19 exposure or an outbreak between March and November 2020. In addition, recreational visitors and weekend leave were not permitted during this time, which, coupled with mandatory mask wearing and physical distancing requirements, created a disincentive for young people to accept placements in these facilities.	Mental Health

Mental Health Community Support Services: Client Support Units	number	37,279	2,703	-92.7	The reduction in client support units is due to the transition of funding committed to individualised client support packages to the NDIS. This target is under review since the transition to NDIS is now complete.	Mental Health
Dental Services: Persons treated	number	332,150	272,446	-18	Service has been impacted by COVID-19. Results have been impacted by the restrictions on non-urgent public dental services in response to the COVID-19 pandemic.	Primary, Community and Dental Health
Dental Services: Priority and emergency clients treated	number	249,100	227,770	-8.6	Service has been impacted by COVID-19. Results have been impacted by the restrictions on non-urgent public dental services in response to the COVID-19 pandemic.	Primary, Community and Dental Health
Maternal and Child Health and Early Parenting Services: Hours of additional support delivered through the Enhanced Maternal and Child Health program	number	248,000	139,797	-43.6	This measure was introduced in 2020-21. Initial target was ambitious and based on funded hours for the expanded Enhanced Maternal Child Health program. Program rollout, data reporting challenges, data system changes and the impacts of COVID-19 have all contributed to the reported outcome being lower than the target.	Primary, Community and Dental Health
Health Protection: Inspections of cooling towers	number	1,300	1,232	-5.2	Quarter 4 saw 669 cooling towers inspected, and in addition, 47 virtual tower audits were conducted as the inspection team returned to relatively normal operations following interruptions earlier in the year. Full year result was 1,232 tower inspections and, in addition, 167 virtual tower audits were conducted.	Public Health
Health Protection: Inspections of radiation safety management licences	number	480	136	-71.7	The result was impacted by a significant recruitment exercise to fill five radiation safety positions as part of the 2020 Victorian Budget 'boots on the ground' initiative. We will start to see the impacts of that recruitment during the Quarter 3 of 2021.	Public Health

Health Protection: Women screened for breast cancer by BreastScreen Victoria	number	267,000	236,224	-11.5	This variance is due to the response to COVID-19 and the implementation of COVID-safe measures, which have meant reduced throughput for BreastScreen Victoria services.	Public Health
Health Protection: Number of persons participating in newborn bloodspot or maternal serum screening	number	80,000	79,367	-0.8		Public Health
Smoking cessation of Aboriginal mothers	per cent	25.2	24.1	-4.4		Public Health
Health Protection: Immunisation coverage – At two years of age	per cent	95	93.2	-1.9		Public Health
Health Protection: Percentage of food recalls acted upon within 24 hours of notification	per cent	97	91.3	-5.9	The requirement to act upon recall notifications within 24 hours is a new measure for 2020-21. A small number of recalls were not actioned within a 24-hour period prior to this. Weekend on-call officers now ensure that this occurs.	Public Health
Health Protection: Participation rate of women in target age range screened for breast cancer	per cent	54	48.6	-10	This variance is due to the response to COVID-19 and the implementation of COVID-safe measures, which have meant reduced throughput for BreastScreen Victoria services. Prior to March 2020 the participation rate was on track to be maintained at a rate of 54 per cent.	Public Health
Health Advancement: Persons completing the Life! – Diabetes and Cardiovascular Disease Prevention program	number	5,616	3,456	-38.5	Participation in the Life! Program has been significantly impacted by COVID-19 restrictions.	Public Health
Small Rural Services – Acute Health: Separations	number (thousand)	35.8	31	-13.4	The reduction in admitted activity as a result of the COVID-19 pandemic continues to impact small rural health services.	Small Rural Services
Small Rural Services – Acute Health: Small rural weighted activity unit	number (thousand)	350,000	308,000	-12	The reduction in activity as a result of the COVID-19 pandemic continues to impact small rural health services.	Small Rural Services

Small Rural Services – Home and Community Care Services: Home & Community Care for Younger People – hours of service delivery	hours	55,000	45,992	-16.5	Service has been impacted by COVID-19. The variance is due to the decrease in ability to provide some services due to the impact of COVID-19 while alternative services being delivered cannot be reported in the client database.	Small Rural Services
Small Rural Services – Primary Health: Service delivery hours in community health care	number	91,500	105,907	-0.2	Preliminary Result. Actual end-of-year result will be available by late 2021. The result is expected to be higher than the target due to the permissible use of funding from other Small Rural Services outputs to provide primary health services according to local needs. There is consistent overperformance on this measure, which is a positive result.	Small Rural 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 2020-21 and relevant date	Explanation for the absence of data in annual report	Action taken to ensure timely data for 2021-22 annual report
1.1: Victorians have good physical health - Unplanned/unexpected readmission for acute myocardial infarction	1.8% (estimate)	Data is lagged by a quarter. Estimate is based on 12 months rolling average.	Staff are engaged with program areas ongoing to seek updated actuals for inclusion in the annual report. Number of estimates for objective indicators is consistent with previous year.
1.1: Victorians have good physical health - Unplanned/unexpected readmission for heart failure	7.5% (estimate)	Data is lagged by a quarter. Estimate is based on 12 months rolling average.	Staff are engaged with program areas ongoing to seek updated actuals for inclusion in the annual report. Number of estimates for objective indicators is consistent with previous year.
1.1: Victorians have good physical health - Unplanned/unexpected readmission for hip replacement	3.4 % (estimate)	Data is lagged by a quarter. Estimate is based on 12 months rolling average.	Staff are engaged with program areas ongoing to seek updated actuals for inclusion in the annual report. Number of estimates for objective indicators is consistent with previous year.
1.1: Victorians have good physical health - Unplanned/unexpected readmission for knee replacement	4.5% (estimate)	Data is lagged by a quarter. Estimate is based on 12 months rolling average.	Staff are engaged with program areas ongoing to seek updated actuals for inclusion in the annual report. Number of estimates for objective indicators is consistent with previous year.
1.1: Victorians have good physical health - Unplanned/unexpected readmission for paediatric tonsillectomy and adenoidectomy	2.5% (estimate)	Data is lagged by a quarter. Estimate is based on 12 months rolling average.	Staff are engaged with program areas ongoing to seek updated actuals for inclusion in the annual report. Number of estimates for objective indicators is consistent with previous year.
1.1: Victorians have good physical health - Proportion of adults who were sufficiently physically active	Not Available	Routine VPHS questions about physical activity were not asked in the 2020 survey as it was modified to focus on the impact of the COVID-19 pandemic	-

1.2: Victorians have good mental Health - Standardised rate of death from suicide (per 100,000 people)	Not Available	Mortality data lags by one to two years	Staff are engaged with program areas ongoing to seek updated actuals for inclusion in the annual report. Number of estimates for objective indicators is consistent with previous year.
1.3: Victorians act to protect and promote health - Rate of <i>Staphylococcus aureus</i> bacteraemias (SAB) infections per 10,000 patient days	0.7 per 10,000 (estimate)	Data is lagged by a quarter. Estimate is based on 12 months rolling average.	Staff are engaged with program areas ongoing to seek updated actuals for inclusion in the annual report. Number of estimates for objective indicators is consistent with previous year.
1.3: Victorians act to protect and promote health - Rate of intensive care unit central line associated blood stream infections (CLABSI) per 1,000 device days	0.6 per 1,000 (estimate)	Data is lagged by a quarter. Estimate is based on 12 months rolling average.	Staff are engaged with program areas ongoing to seek updated actuals for inclusion in the annual report. Number of estimates for objective indicators is consistent with previous year.
1.3: Victorians act to protect and promote health - Patient reported hospital cleanliness	Not Available	The Victorian Health Experience Survey was paused in Quarter 4 2020 and remains on hold until August 2021. Data for the 2020–21 financial year was not collected and is not available.	-
5.3: Services are efficient and sustainable - Major trauma patients transferred to a major trauma service	90.5% (estimate)	The estimate is based on two quarters of actual results for 2020-21, taking into account that the measure is largely stable over time. Actual end-of-year result will be available in late 2021.	Staff are engaged with program areas ongoing to seek updated actuals for inclusion in the annual report. Number of estimates for objective indicators is consistent with previous year.
5.4: Services are safe, high-quality and provide a positive experience – Patient reported hospital cleanliness	Not Available	The VHES program was paused in Q4 2020 and remains on hold until August 2021. Thus data for Q4 2020-21 and the 2020-21 financial year was not collected and is not available.	-
5.4: Services are safe, high-quality and provide a positive experience – Positive patient experience	Not Available	The Victorian Health Experience Survey was paused in Quarter 4 2020 and remains on hold. Data for the 2020–21 financial year was not collected and is not available.	-
5.4: Services are safe, high-quality and provide a positive experience – Discharge Experience Index	Not Available	The Victorian Health Experience Survey was paused in Quarter 4 2020 and remains on hold. Data for the 2020–21 financial year was not collected and is not available.	-

Question 27 (all departments and entities) Challenges experienced by department/agency

Please list a minimum of five main challenges/risks faced by the department/agency in 2020-21.

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.	Machinery of Government (MOG) change	External	Government order	Machinery of Government (MOG transition teams established to manage the split of Department of Health and Human Services (DHHS) into Department of Health (DH) and Department of Families, Fairness and Housing (DFFH).
2.	COVID-19 pandemic is having a profound social impact across a range of Department of Health (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.
3.	Competing demands for the department's workforce	External	Prolong demand from COVID-19 response	Utilising Career Mobility and Surge staffing and arrangements
4.	Inadequate 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	The department has maintained a separation between its Emergency Management Branch and the COVID response to ensure it has the capacity to respond to an emergency which may occur concurrently such as such as extreme heat, flooding and epidemic thunderstorm asthma. In addition, it has continued to build on its existing surge list, it is recruiting new roles in the regions and is continuing to build capability through EM training

Question 28 (all departments) Newly created bodies

Please list all newly created bodies (authorities, offices, commissions, boards and/or councils) created within the department in 2020-21 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 2020-21 \$	FTE staff	Purpose/function(s) of the body	To whom the head of the newly created body directly reports to
Victorian Disability Worker Commission	1-Jul-20	3,063,096	13.8	Its 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.	Minister for Disability, Ageing and Carers
Disability Worker Registration Board of Victoria	1-Jul-20	34,517	11 panel members (no VPS)	The Board is responsible for setting registration standards for disability workers and accreditation for approved programs of study. The Board registers disability workers who meet the standards required; and responds to complaints about registered disability workers.	Minister for Disability, Ageing and Carers
Department of Health	1-Feb-21	25.2 billion*	3992.2	The Department of Health (DH) has been established to advance the government's policy priorities in improving patient outcomes and experience for all Victorians. DH is responsible for the Health and Ambulance Services, Mental Health and Ageing portfolios. We also lead the government's public health response and recovery of the COVID-19 pandemic.	Minister for Health

*The Department of Health is the enduring entity of the former DHHS. Total expenditure is for DHHS 1 July 2020 to 30 January 2021 and Department of Health 1 February 2021 to 30 June 2021.

Section I: Implementation of previous recommendations

Question 29 (relevant departments only)

- a) Please provide an update on the status of the implementation of each of the below recommendations that were made by the Committee in its *Report on the 2019-20 Financial and Performance Outcomes* and supported by the government.

Department	Recommendations supported by Government	Actions taken at 30 September 2021
<ul style="list-style-type: none"> • Health • Families, Fairness and Housing <p>Advice as per Department of Treasury and Finance for completion</p>	<p>RECOMMENDATION 2:</p> <p>The Department of Health and Human Services undertake and publish an evaluation of its programs and initiatives implemented in response to COVID-19, and the outcomes achieved through these.</p>	<p>A response to Recommendation 2 of the Report on the 2019-20 Financial and Performance Outcomes can only be provided once the government Response has tabled its response to the aforementioned Report.</p>

b) Please provide an update on the status of the implementation of each of the recommendations that were made by the Committee in its *Report on the 2017-18 and 2018-19 Financial and Performance Outcomes* supported by the government.

Department	Recommendations supported by Government	Actions taken at 30 September 2021
ALL DEPARTMENTS	RECOMMENDATION 2: All departments consider publishing their Social Procurement Strategies to enhance transparency and enable the evaluation of performance against strategic priorities.	The former Department of Health and Human Services implemented its Social Procurement Strategy from 21 August 2018. The strategy remains current and is being updated to reflect specifically the department's 2021-22 operations.
DHHS	Recommendation 5: 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 to Victorians	Now the purview of Commonwealth Government
DHHS	Recommendation 6: 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.	Now the purview of DFFH
DHHS	Recommendation 7: 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.	Now the purview of DFFH

DHHS	<p>Recommendation 8: 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>Now the purview of DFFH</p>
DHHS	<p>Recommendation 9: 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</p>	<p>Now the purview of DFFH</p>
DHHS	<p>Recommendation 10: The Department of Health and Human Services develop performance measures to track the quality and the number of services provided under the Voluntary Assisted Dying Act 2017 (Vic)</p>	<p>Now DH</p> <p>Victoria’s Voluntary Assisted Dying Act 2017 is continuing to operate safely, providing Victorians with genuine, compassionate choice at the end of life.</p> <p>Since commencement of the Voluntary Assisted Dying Act 2017:</p> <ul style="list-style-type: none"> • 836 people have been assessed for eligibility to access voluntary assisted dying • 674 eligible applicants have applied for a permit • 597 permits have been issued • 331 people have died from taking the prescribed medications.

Section J: Department of Treasury and Finance only

Question 30 (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.¹¹

Please detail all outputs which DTF assessed as not having met their measures for 2020-21, 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

¹¹ Resource Management Framework, pg. 101

Question 31 (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 2020-21, 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 2020-21 (source: 2020-21 BP 4, pg. 11) and the actual net cash flow in 2020-21 ()
- 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 2020-21	Actual net cash flow in 2020-21	Variance explanation
1.						
2.						
3.						
4.						
5.						
	Other					
	Total net cash flow					

Question 32 (DTF only) Purchases of non-financial assets – General Government Sector (GGS)

Regarding the 'purchases of non-financial assets' by the GGS in 2020-21 (source: 2020-21 BP 4, pg. 31), please compare the initial budget estimate for each department to the actual value of 'purchases of non-financial assets' for each department, explaining any variances equal to or greater than $\pm 10\%$ or \$100 million (please fill all blank spaces) and then link it to the relevant output and portfolio. For variance greater than $\pm 10\%$ or \$100 million, please provide a breakdown of the non-financial asset purchased.

By department	Types of non-financial assets	Initial budget estimate 2020-21 \$ million	Actual 2020-21 \$ million	Variance (%)	Variance explanation	Relevant Output(s) and portfolio(s)
Department of Health and Human Services						
Department of Health						
Department of Families, Fairness and Housing						
Department of Jobs, Precincts and Regions						
Department of Transport						
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 33 (DTF only) Revenue initiatives

Regarding the revenue initiatives announced in the 2020-21 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	2020-21 budget estimate (\$ million)	2020-21 actual (\$ million)	Explanation for any variance ±10% or \$100 million

Question 34 (DTF only) Expenses by departments – General Government Sector (GGS)

Regarding expenses of the GGS in 2020-21 (source: 2020-21 BP 4, pg. 30), please compare the initial budget estimates (not the revised estimate) for each department to the actual expenses for each department, explaining any variances equal to or greater than $\pm 10\%$ or \$100 million (please fill all blank spaces) and then link it to the relevant output and portfolio.

By department	Initial budget estimate 2020-21 \$ million	Actual 2020-21 \$ million	Variance (%)	Variance explanation	Relevant output(s) and portfolio(s)
Department of Health and Human Services					
Department of Health					
Department of Families, Fairness and Housing					
Department of Jobs, Precinct and Regions					
Department of Transport					
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 35 (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 2020-21 budget papers. For any variance equal to or greater than ± 0.5 percentage points, please provide an explanation for the variance. Please fill all blank spaces.

Economic variable	Budget estimate 2020-21	Actual 2020-21 result	Variance	Explanation for variances equal to or greater than ± 0.5 percentage points
Real gross state product				
Labour force participation rate				
Unemployment rate – overall				
Unemployment rate – male				
Unemployment rate – female				
Underemployment rate				
Youth unemployment				
Youth underemployment				
Consumer price index				
Wage price index				
Population				
Household consumption				
Property prices				
Property volume				
Employee expenses				

Question 36 (DTF only) COVID-19 pandemic response

a) What fiscal rules did Victoria have in place in 2020-21 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 2020-21? Please provide some examples.

c) Did DTF introduce additional monitoring and reporting requirements of departments in 2020-21 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 2020-21?

Question 37 (all departments and entities) Enterprise Bargaining Agreement (EBAs)

Please list the Enterprise Bargaining Agreement (EBAs) concluded in 2020-21 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
Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable

Section K: Treasury Corporation of Victoria only

Question 38 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 2019-20 and 2020-21.

	Dividends paid in 2019-20	Dividends paid in 2020-21
Amount of dividends paid (\$ million)		
Factors that have been involved in the negotiations with the Treasurer to determine the amount of dividends paid.		

Question 39 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 40 Foreign exchange risk management

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

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Question 41 Public Private Partnership (PPP)/alliance contracting projects

- a) Please indicate how many PPP/alliance contracting projects (and which ones) TCV provided ‘project advisory services’ for in 2020-21. For each project, please also specify if the project is a newly confirmed engagement or if it was for a project that was already underway.

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- b) Please indicate how many business cases TCV provided (and which clients these were for) as part of its ‘project advisory services’ in 2020-21. 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