Entity-specific questionnaire – DHHS

1. Health-related asset initiatives

In the 2017-18 budget papers, the government highlighted the following new asset initiatives (BP3 p.90):

- Austin Hospital critical infrastructure works
- Delivering better, earlier and more integrated care
- Engineering infrastructure replacement program
- Increasing critical care capacity
- Medical equipment replacement program
- Monash Medical Centre – Expansion and upgrades
- Northern Hospital Inpatient Expansion – Stage 2
- Royal Melbourne Hospital – Critical infrastructure works
- South West Health Care (Warrnambool Hospital) – Stage 2 masterplan and infrastructure works
- The new Footscray Hospital

These new asset initiatives are also linked to DHHS' Admitted Services output.

a) What type of tender will be utilised for each of these asset initiatives?
b) What specific performance measures/targets are in place to measure whether the procurement and commissioning or completion for each of these asset initiatives have achieved their intended outcomes?

- **Austin Hospital critical infrastructure works**

  As this is the second stage of existing works, this is a variation to the existing Deed of Release under the original managing contract.

  Key performance indicators that will measure the project's success include:

  Reduce health and safety and infection risks to patients, visitors and staff

  - Decreased frequency of flooding
  - Decreased rate of aspergillus in patients

  Reduce avoidable repairs and maintenance and operational costs arising from inefficiencies

  - Decreased financial cost burden of repairs and maintenance and operational costs

  Maintain continuity of operation of the state health system and maintain public confidence

  - Decreased frequency of flooding.

- **Delivering better, earlier and more integrated care**

  - The Whole of Victorian Government procurement and purchasing policies, procedures, guidelines and related services will be utilised for each of the proposed asset initiatives.
  - In terms of the Information and Communications Technology component, the response is that specific benefits against the outcomes outlined in the (short form) business case for investment, will be determined during the project initiation stage. Appropriate measures (Key Performance Indicators) will be established, monitored throughout the project and evaluated.

- **Engineering infrastructure replacement program**

  The 2017-18 May Budget funded $25 million to replace critical high-risk engineering infrastructure that is essential to maintaining life and safety, and ensures service continuity in Victorian public hospitals. Funding is prioritised for replacement of critical engineering infrastructure that has reached the end of effective life; poses highest system-wide risk to life safety and business continuity; and, is 'project ready', consistent with state-wide strategic, agreed service plans and service delivery needs.

  The funding model devolves decision making on asset replacement to health services whilst retaining some funds centrally to manage state-wide risk, and includes:

  a) $12,344,573 as Specific-purpose capital grants to eligible metropolitan and major regional health services with acute clinical services to replace their highest risk engineering infrastructure. In alignment with previous years, the Specific-purpose capital grant funding distribution formula is based on health service activity, complexity and clinical service requirements. As with previous years, annual acquittal is required through the Asset Investment Allocation Model (AIAM)

  b) $12,655,427 for replacement of engineering infrastructure under the submission based on High Value State-wide Replacement Fund (items over $300,000) that carry high critical risks in terms of state-wide service provision.

  Health services use a variety of procurement models to complete the works.

  Key performance indicators for the success of this project include:

  Improved patient safety

  - Percentage of assets classified urgent and priority one

  Improved staff and community safety

  - Percentage of assets classified urgent and priority one

  Alleviation of system wide healthcare pressure

  - Number of clinical service delays or postponements due to infrastructure failure
  - Number of complaints arising from risks posed by health and safety breaches.

- **Increasing critical care capacity**

  This funding purchases standard (although specialised) hospital equipment.

  Key performance targets to measure the success of the program include:

  Improved quality of care

  - Percentage of Category One surgery patients whose surgery is delivered on time would be maintained (100%).

  Improved health system performance

  - Reduction in the percentage of critical care beds that are occupied at 4 pm by patients awaiting discharge (<25%)
  - Reduction in the proportion of level 6 cots occupied by patients awaiting discharge (under development[1])

[1] DHHS is establishing new measures to monitor the flow and capacity of public critical care resources. Measure will require the utilisation of a new data collection system which is currently undergoing testing. When the accuracy of data obtained through this system is verified by the Department, formal measures will be established and recorded in relevant Statement of Priority Agreements.

Improved health system efficiency

- Reduction in the number of cancellations of elective surgery due to restricted intensive care bed capacity (7%).

- **Medical equipment replacement program**

  The 2017-18 May Budget funded $35 million to replace critical high-risk medical equipment that is essential to maintaining life and safety and ensures service continuity in Victorian public hospitals. Funding is prioritised for replacement of critical medical equipment that has reached the end of effective life; poses highest system-wide risk to life safety and business continuity; and, is 'project ready', consistent with state-wide strategic, agreed service plans and service delivery needs.

  The funding model devolves decision making on asset replacement to health services whilst retaining some funds centrally to manage state-wide risk and includes:

  a) $17,122,352 as Specific-purpose capital grants to eligible metropolitan and major regional health services with acute clinical services to replace their highest risk medical equipment. In alignment with previous years, the Specific-purpose capital grant funding distribution formula is based on health service activity, complexity and clinical service requirements. As with previous years, annual acquittal is required through the Asset Investment Allocation Model (AIAM).

  b) $17,877,648 for replacement of medical equipment under the submission based on High Value State-wide Replacement Fund (items over $300,000) that carry high critical risks in terms of state-wide service provision.

  Health services use a variety of procurement models to complete the works.

  Key performance indicators for the success of this project include:

  Enhanced containment of risk

  - Amount of equipment rated as L1 or L2 patient safety risk as a proportion of all medical equipment
  - Amount of equipment rated as L1 or L2 staff safety risk as a proportion of all medical equipment

  Better alignment of equipment to the profile of required clinical services

  - Amount of equipment rated as L1 or L2 availability risk as a proportion of all medical equipment
  - Proportions of submissions attributed to medical equipment breakdowns.

- **Monash Medical Centre – Expansion and upgrades**

  Procurement options are currently being evaluated for the project and a procurement decision is scheduled for July 2017.

  Key Performance targets will include:

  - Timely access to tertiary services
  - Enhanced patient experience by providing contemporary facilities
  - Improved staff experience.

  Measures will include Key Performance Indicators around achievement of system performance measures such as emergency department waiting times, separation of ambulances, emergency services, deliveries and all other vehicles.

In addition, measures will record improvements in patient experience ratings and reductions in complaints and delays due to ageing facilities and inadequate traffic management.

- **Northern Hospital Inpatient Expansion – Stage 2**

  Procurement options will be further assessed, following the engagement of the project team, no later than the finalisation of Schematic Design currently scheduled for mid-late September 2017.

  Key performance indicators for the success of this project include:

  - Improved local access for patients and increased range of acute services delivered on site
  - Improved Patient Outcomes
  - Improved financial performance through operational efficiency

  As a High Value High Risk project, it will be subject to gateway reviews including Gate 6: Benefits Realisation.

- **Royal Melbourne Hospital – Critical infrastructure works**

  Due to the complexity of the package of works, the procurement strategy is currently being developed and will include multiple packages within an overall program. It is likely to include a mix of traditional procurement (AS2124) and construction management.

  Key performance indicators for the success of this project include:

  Continue to provide current patient services

  - Maintain number of services currently offered
  - Number of operational multi-day beds

  Improved patient, staff and visitor safety

  - Minimise internal Occupational Health and Safety risks
  - Maintain current infection control rates
  - Compliance with accreditation standards.

- **South West Health Care (Warrnambool Hospital) – Stage 2 masterplan and infrastructure works**

  Funding has been provided for planning only at this stage. A decision on tender strategy and evaluation measures/targets has not been made to date.

- **The new Footscray Hospital**

  Funding has been provided for planning and land acquisition (if required) at this stage. A decision on tender strategy and evaluation measures/targets has not been made to date.

2. Victorian Heart Hospital

The government allocated $15 million for the planning and early works of the Victorian Heart Hospital without further new funding in the 2017-18 Budget Papers (BP5 p.58). The Government has an approximate $150 million shortfall in funding for the completion of the Victorian Heart Hospital without any funding commitment from the Commonwealth Government.[2]

a) How will the Government meet the shortfall if the Commonwealth Government does not commit any funding?

The State Government provided $15 million in the 2015-16 Budget to progress capital planning and to undertake early works. Further funding of $135 million was allocated in the 2016-17 State Budget, being the balance of the government's commitment of $150 million. This is subject to the completion of business planning and development.

There are no confirmed funding commitments from the Commonwealth Government towards the project at this time, although the proposal has been, and continues to be, discussed at both Ministerial and Secretary levels.

Monash University has confirmed it will make a cash contribution, in addition to providing a greenfield site for construction and pledging recurrent funding to attract and retain key personnel for the facility.

Monash University and Monash Health are both currently considering the potential for philanthropic fundraising to make a substantial funding contribution in support of the project.

b) What is the current status of the Victorian Heart Hospital project?

Funding provided by the Victorian Government has enabled completion of a full Business Case, informed by master planning and a Feasibility Study.

Over the next few months, the project will commence tendering for design consultants to assist the department with facility Schematic Design. Design and documentation of Early Works will also be progressed, in conjunction with preparatory site works by Monash Health to deliver on their greenfield site commitment.

c) When will the Victorian Heart Hospital become fully operational?

Based on current planning the Victorian Heart Hospital will start providing patient care approximately three years after facility construction commences.

d) What specific targets are in place regarding the successful completion of the Victorian Heart Hospital?

The project has not commenced construction. As noted above, successful completion of the Victorian Heart Hospital is expected within three years of construction commencing.

[2] Hon Jill Hennessy MP, Minister for Health, *2017-18 Budget Estimates Transcript of Evidence*, 17 May 2017, p.6

3. Victoria's Health and Medical Research Strategy 2016-2020

Released in June 2016, this strategy outlines the Government's key priorities over the next four years to support new and evolving fields of world-class medical research such as precision medicine, health services research and big data. One such priority is "Optimising big data and informatics" with the objective of improving the coordination, integration and use of health and biomedical data, information and knowledge.

a) Has the Government developed and implemented a digital health strategy?

Victoria's digital health strategy – 'Digitising health' was released in November 2016.

The 'Digitising health' strategy will be updated annually, reflecting the sequence of investments to realise Victoria's health reform agenda.

b) How will new technologies be integrated into electronic health records?

The department has been implementing a number of key digital health initiatives, including an electronic referral (eReferral) program in four Victorian health services, enabling secure messaging and exchange of clinical information amongst health professionals.

In 2017-18, two new state-wide public digital health initiatives will commence to support sector-wide shared clinical information and to provide improved patient safety and quality, including:

- Unique Patient Identification capability which will uniquely identify patients, translate and match their data which is held in different systems.
- Clinical information viewer pilot, to allow patient and clinical information to be appropriately shared across health services within a secure environment.
- The personal and clinical data captured by these digital health investments, will inform health system performance, assist with better clinical decisions and be available for bioinformatics and genomic medical research to invest in initiatives that focus on prevention and early intervention.

c) What progress has been made in developing health data analytics capabilities to consolidate, analyse and turn data into high quality and clinically actionable information? What is the funding allocated to complete this in 2017-18 and the forward years?

The 'Digitising health' strategy has a strong focus on the development and recognition of health informatics to ensure that digital technology facilitates the proactive identification of consumer healthcare needs to better position the sector to meet future challenges.

Building digital capability that supports patient identification and the sharing of information is key to achieving better integrated care and providing a more holistic view of a patient's continuum of care.

Systematic deployment and expansion of electronic medical records and other digital technologies such as a unique patient identifier and clinical information viewer will improve the quality of data collected and better inform clinical decision-making.

Whilst recognising privacy and confidentiality issues, de-identified health datasets will be available for longitudinal research and analysis, with bioinformatics and genomic medical research strengthened to underpin personal medicine and deliver significant benefits across the health sector and its clients.

d) What is the Government's current progress and action plans in completing the automation and integration of the systems and processes for collection of health data from all Victorian public health services? What is the funding allocated to complete this in 2017-18 and the forward years?

The department has been collecting health data from health services for a number of years.

The department's Strategic plan has identified data and evidence as a key enabling action, and one of the major focus areas for Victoria is finding the best ways to enable a range of different clinical and administrative systems to share data and information in relation to individual patients. This focus means we need to work together to ensure maximum interoperability, for example, leveraging the National patient and provider unique identifiers, which support My Health Record and wide range of other state level systems, so they can safely share records and patient information.

The newly established Victorian Agency for Health Information (VAHI) will more efficiently use existing data collections by automating parts of its process of reporting on the performance of public health services. In 2017-18, the Victorian Agency for Health Information will be reviewing existing arrangements for the collection and management of health incident data and patient experience data to improve the efficiency, accuracy and timeliness of data collection. It will also be seeking to improve the relevance and utility of the performance information derived from the data collections.

4. Family violence prevention agency

The 2017-18 Budget allocates funding of $12 million for the establishment of the prevention agency. According to the Budget, 'A dedicated prevention agency will be established to support implementation and coordination of the primary prevention strategy and to ensure future investments are evidence-based and target programs that are proven to be effective. The prevention agency will also support gender equality in line with the Government's *Safe and Strong: A Victorian Gender Equality Plan* (Budget Paper No.3, p.13).

Please explain:

a) the main activities of the agency and key delivery dates

Ending Family Violence: Victoria's Plan for Change makes a commitment that the Victorian Government will create a dedicated Prevention Agency to provide a strengthened focus on the prevention of family violence.

As per *Free from Violence: Victoria's Prevention Strategy*, the Prevention Agency will:

- coordinate and oversee activities under Victoria's primary prevention strategy
- monitor and provide advice on the achievement of prevention outcomes
- commission research and innovative programs into prevention methods and activities, including identifying those that have been successful in other countries
- fund, coordinate and support Local Prevention Alliances and architecture
- work with Australia's national primary prevention organisation, Our Watch, and other organisations working in the field of prevention to challenge the drivers of violence, both those that lie at the individual level (attitudes and behaviours) and those that lie in our social systems and structures.

b) the number of FTE that the agency is expected to have

Staffing for the Prevention Agency is under consideration.

c) the objectives and status of the local prevention partnerships and alliances.

The local prevention alliances and community partnerships bring together the right people and resources to coordinate and deliver primary prevention initiatives at the local level. These alliances will help ensure that prevention activities are consistent; supporting consistent outcomes across the state. There are already a number of regional and local-level prevention partnerships across the state led by women's health services, local governments and others. These will be built upon to ensure effective local-level oversight and coordination of prevention activities.

5. Primary Prevention strategy

The Government released in May 2017 the Primary Intervention Strategy (*Victoria's strategy to stop violence before it starts*, Media release, 3 May 2017). 'An initial investment of $38.7 million has been provided to support its implementation'.

Please indicate:

a) the expected outcomes of this strategy

1. **Victorians hold attitudes and beliefs that reject gender inequality and family violence** – Victorians understand the causes and forms of violence, who is affected by violence, and the impact on victims
2. **Victorians actively challenge attitudes and behaviours that enable violence** – Victorians discuss and condemn violence through challenging rigid gender roles, gender inequality, sexism and discrimination, with a view to breaking the cycle of violence
3. **Victorian homes, organisations and communities are safe and inclusive** – the prevalence of violence is significantly reduced for all Victorians equally, and people live free of fear
4. **All Victorians live and practise confident and respectful relationships** – Victorians are equipped with the knowledge and skills that inform and shape healthy, safe, equal and respectful relationships.

These outcomes will be achieved through the collective focusing of efforts over time according to the following five pillars:

- Building prevention structures and systems
- Scaling up and building on what we know works
- Innovating and informing new practice
- Researching and evaluating
- Engaging and communicating with the whole community.

b) the performance measures in the 2017-18 Budget that are associated with the Primary Intervention Strategy

Performance Measures	2017-18 Target
Number of meetings, forums and events held for Women and the Prevention of Family Violence consultation/engagement with key stakeholders	**51**
Number of women participating in funded programs, projects and events	**1,500**
Women and the Prevention of Family Violence service agreements and contracts deliver agreed outcomes for the prevention of family violence and the social and economic participation of women	**100%**
Timely delivery of policy analysis and papers prepared	**100%**
Women and the Prevention of Family Violence projects and programs which support the prevention of family violence and the social and economic participation of women are delivered on time	**100%**
Total output cost	**$ 32.2 million**

c) the timelines for the review and assessment of the Strategy

A series of Rolling Action Plans on the implementation of Free from Violence will be released on a three-yearly basis as part of the first Rolling Action Plan and the 10-Year Plan: Ending Family Violence – Victoria's Plan for Change. These Action Plans will provide further details on the actions and initiatives to achieve Free from Violence's vision and facilitate tracking of progress in meeting Outcomes.

d) the Department's communication strategy with the community and the associated costs

The department is currently developing a communications strategy that will outline the key messages and products to progress communication of the Free from Violence strategy. An allocation of $1.5 million from the $50.8 million of the 2017–18 Budget has been identified for the initial investment of communication activities under implementation of Free from Violence. This is in addition to $5 million allocated from the 2016-17 Budget for work related to the behavioural change campaign for the prevention of family violence and related activities.

6. Family violence prevention for women with disabilities

The Government announced funding of $500,000 over two years to prevent family violence amongst women with disabilities (*Family violence prevention for women with disabilities.* Media release, 8 December 2016). According to the same media release 'more than 70 per cent of women with disabilities have experienced violence or sexual abuse at some point in their lives'. How will access to counselling services for women with a disability who have been abused be improved through this initiative?

The funding, as outlined below, will be used to improve the lives of women with disabilities by ensuring gender sensitive and gender equitable service delivery.

Funding allocated for women with disabilities	
Workforce Development Project on Gender and Disability	$100,000 for 2016-17
Women with Disabilities Preventing Violence	$200,000 in each financial year 2016-17 and 2017-18 (total $400,000)

The Workforce Development Project on Gender and Disability provides training to the disability sector to build the capacity of disability organisations to deliver gender equitable services.

The Women with Disabilities Preventing Violence Program provides funding to deliver policy and advocacy programs as well as to specifically support the Victorian Government's commitment to implementing Recommendation 139 from the Royal Commission into Family Violence. This will be achieved through funding specified for training and to provide support for specialist family violence service providers as well as providers of universal services to enable them to better support women with disabilities and respond effectively to their needs.

These funding initiatives will increase the capability of service providers working with women with disabilities, including increasing their knowledge of intersectional issues and ensuring service providers are better equipped to identify issues and facilitate access to specialist services as required.

7. Implementation of programs

The 2017-18 Budget indicates that 'strategies to engage Victorian workplaces will be implemented and programs for vulnerable cohorts will be trialled. Evaluation outcomes and research will continue to build the evidence base to inform future investments. The Government will continue to contribute to the research undertaken by Australia's National Research Organisation for Women's Safety, and Our Watch' (Budget Paper No.3, p.13)

Please indicate:

a) examples of activities engaging workplaces in matters related to the prevention of family violence

The 2015-16 State Budget allocated $900,000 to continue activities to develop violence against women initiatives in workplaces. Subsequently Our Watch were funded to deliver the Workplace Equality and Respect project over 2015-16 and 2016-17. This initiative utilised existing prevention of violence against women and gender equality and respect workplace programs and resources as well as developed and tested new standards for workplaces. Our Watch partnered with four Victorian workplaces to undertake the development and testing of the standards and accompanying tools and resources. The following organisations took part in this project: La Trobe University; Connections UnitingCare; Carlton Football Club; and North Melbourne Football Club. An evaluation, including case study examples, is due in September 2017.

b) the performance measures related to this activity

The Budget Paper 3 performance measures related to this activity are:

Quantity – number of meetings, forums and events held for Women and the Prevention of Family Violence consultation/engagement with key stakeholders.

Quality – women and the prevention of family violence service agreements and contracts deliver agreed outcomes for the prevention of family violence and the social and economic participation of women.

Timeliness – women and the prevention of family violence projects and programs which support the prevention of family violence and the social and economic participation of women are delivered on time.

The Workplace Equality and Respect project contributed to the Victorian Government meeting these performance measures.

The Workplace Equality and Respect project includes an evaluation phase which will be provided by Our Watch and undertaken through a formal evaluation process. A foundational priority of *Free from Violence: Victoria's strategy to prevent family violence and all forms of violence against women* is research and evaluation. This includes an ongoing commitment to and investment in research, monitoring and evaluation. This investment will ensure that we learn from programs and initiatives to build a sound research and evidence base.

c) further details of the collaboration between the State Government and the research undertaken by Australia's National Research Organisation for Women's Safety, and Our Watch.

ANROWS Base Funding

- Australia's National Research Organisation for Women's Safety (ANROWS) was established as an independent company limited by guarantee. The members of the company are all nine Australian state and territory governments. At its establishment, ANROWS was known as the National Centre of Excellence to Reduce Violence Against Women and their Children.
- Funding for 2016–17 and 2017–18 of $423,620 for each year was provided from the 2016–17 State Budget 'Targeted prevention initiatives for all Victorians'. Funding for 2018–20 has been allocated from the 2017–18 State Budget Research and Evaluation Allocation.

	2016-17	2017-18	2018-19	2019-20
2016-17 State Budget 'Targeted prevention initiatives for all Victorians'	$432,620	$432,620		
2017-18 State Budget Research and Evaluation Allocation			$432,620	$432,620
Total base funding	**$0.43**	**$0.43**	**$0.43**	**$0.43**

- Further funding by states and territories from 1 July 2020-30 June 2022 is subject to the satisfactory performance of ANROWS.

Our Watch – Base Funding

- Our Watch, formerly known as the Foundation for the Prevention of Violence Against Women and their Children, was established by the Commonwealth and Victorian Governments and launched in July 2013. The agency was established as an independent company with the Victorian and Commonwealth Governments as the two Principal Members.
- In April 2014, Victoria announced a commitment of a $3 million in base funding for Our Watch for the period of 2014-15 to 2016-17. This base funding has been derived from the Community Support Fund (CSF). Indexation was not funded as the Department of Premier and Cabinet does not apply for indexation from the CSF as a matter of course. The funding for this ended on 30 June 2017.
- Funding of $1.1 million (including indexation) for 2017–18 was allocated from the 2016-17 State Budget Initiative 'Reaching all Victorians where they live, work and play'.

	2016-17	2017-18	2018-19	2019-20
CSF base funding (no indexation)	$1.0m			
2016-17 State Budget Initiative 'Reaching all Victorians where they live, work and play'		$1 ($0.1 for indexation)		
Funding from future State Budget			$1.1 (plus indexation)	$1.1 (plus indexation)
Total base funding	**$1.0 m**	**$1.1m**	**$1.1 (plus indexation)**	**$1.1 (plus indexation)**

- In May 2017, Victoria committed to providing base funding of $1.1 million plus indexation from 2018-19 to 2019-20. Funding for 2018 onwards is in the process of being developed and will need to be sourced from future State Budgets. As part of Free from Violence, the Victorian Government will also continue to fund Our Watch.

Our Watch – Project Funding

- Our Watch was funded $900,000 from the 2015-16 State Budget prevention allocation of $2 million for a Workplace Equality and Respect Project. A further $100,000 has been allocated from the 2016-17 State Budget to extend the project as part funding of $650,000 for four prevention initiatives.
- $80,000 was also provided to Our Watch through the 2016-17 Sector Capacity Funding Grants to assist Our Watch to participate in consultation and co-design activities to progress family violence reform.

8. Family violence

a) Please provide a copy of the new Family Violence Outcomes Framework (BP3, p. 7).

Refer to **Attachment 1: 'Family Violence Outcomes and Indicators'**

b) Please provide a copy of the Family Violence Risk Assessment and Risk Management Framework (BP3, p. 14). What are the strengths and weaknesses of this framework?

Refer to **Attachment 2: 'Family Violence Risk Assessment and Risk Management Framework and Practice Guides 1-3'**

A range of strengths and weaknesses of the Framework were identified through various reviews, including the 'Royal Commission', 'Monash Review' and 'Inquest into the death of Luke Geoffrey Batty'.

Identified strengths included:

- strong support for the Framework across the service system
- central to building a shared understanding of risk and family violence across service providers

- well developed in relation to risk assessment in cases of male perpetrated intimate partner violence
- supported creation of a standardised approach to recognising and assessing risk by specialist family violence service providers and some key workforces across the broader service system.

Areas for further work include:

- need for risk assessment tools to include specific indicators for risk to children, to better reflect the diversity of victims and perpetrators, focus on perpetrator dangerousness and include guidance on the level of risk associated with different indicators
- guidance around risk management needs to be strengthened, including working and engaging with perpetrators, and working across the spectrum of risk
- inconsistent use of the Framework across different workforces and sectors, and it has not been effectively embedded in practice in all sectors
- referral pathways and information sharing should be strengthened.

These findings are being addressed through the redevelopment of the Framework being led by Family Safety Victoria.

c) What are the main challenges to implementing the new family violence information sharing arrangements (BP3, p. 9) and what work is underway to overcome these challenges?

The main challenges in implementing the new family violence information sharing scheme are:

- ensuring workers in prescribed entities are aware of and understand their obligations under the new law
- moving towards a culture of more open information sharing where this would help protect the safety of people experiencing family violence
- preventing any increased safety risks or privacy breaches that might arise from improper sharing of information.

Measures to address these challenges include development of:

- a training package on the new scheme, to be rolled out prior to the scheme's commencement
- Ministerial Guidelines to provide additional practical guidance to workers covered by the scheme (these will be subject to public consultation)
- a communications strategy to ensure workers are aware of the new scheme
- a package of cultural change initiatives.

d) What are the current shortcomings of the L17 Portal? How will they be addressed in 2017-18?

The L17 Family Violence Portal (portal) was launched in 2016 to replace faxed family violence referrals and reports from Victoria Police to services, and to move the referrals onto a secure electronic system.

In 2017-18 the portal will be enhanced to support some of the key initiatives resulting from the Family Violence Royal Commission to improve family violence responses. These include the Support and Safety Hubs and the introduction of enhanced information sharing legislation. This will allow Support and Safety Hubs to have timely access to the information they need to make appropriate risk assessments of family violence incidents.

A budget of $7 million over four years has been earmarked for these types of enhancements.

9. Multi-Disciplinary Centres (MDCs)

Multi-disciplinary Centres (MDCs) bring together Victoria Police SOCIT, child protection and sexual assault counselling services at the one site to provide integrated support for adults and children who have experienced sexual assault.[3] There are currently four MDCs operating across Victoria in Geelong, Mildura, Seaford (formerly Frankston) and Dandenong.[4]

a) What role do current MDC teams, where Victoria Police SOCIT, CASA, Child Protection, forensic and medical specialists are co-located, have in the new Family Violence initiative?

The Royal Commission into Family Violence found that the family violence system must take into account the co-occurrence of family violence and sexual assault.

Multi-Disciplinary Centres (MDCs) provide integrated support for adults and children who have experienced sexual assault, including intra-familial sexual assault, and are an integral part of the government's efforts to end family violence.

Some MDCs co-locate specialist family violence services within the Centre to enable victims of family violence, sexual assault and child abuse to be provided with an integrated and coordinated response in the one location. On 21 April 2017, the Minister for Police announced the expansion of specialist family violence services at the Dandenong MDC.

The design of the new Support and Safety Hubs will be informed by learnings from MDCs in terms of innovative, victim centred design and the facilitation of interagency collaboration around victims/survivors.

b) Will the MDC model be changed? If so, why and how?

There are no plans to change the MDC model at present. Victoria Police will be looking to evaluate the integration of family violence in MDCs in due course.

10. Unapplied previous years appropriation

The 2017-18 Budget Papers state the Department's 2016-17 unapplied previous years appropriation has been revised from $72.1 million to $198.5 million. What has caused the revision to the unapplied appropriation figure?

The department provides unapplied appropriation (carryover) estimates as part of the State Budget process to the Department of Treasury and Finance. Estimated carryovers were calculated based on expenditures at the end of January 2016.

A number of changes to the estimates occurred after January 2016, resulting in the final unapplied appropriation amount being $126.4 million higher than the earlier estimate.

The major changes to the estimated carryover are as follows:

- Funding received for specific Commonwealth programs ($21.5 million)
    - Primarily, the National Partnership Agreement on Adult Public Dental Services ($19.8 million) – funding was not transferred to Dental Services Victoria as a result of lagged activity reporting for the third and fourth quarters.

[3] Department of Health and Human Services, 'Multi-disciplinary centres', available at http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/programs/children,-youth-and-family-services/multi-disciplinary-centres
[4] Department of Health and Human Services, 'Multi-disciplinary centres', available at http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/programs/children,-youth-and-family-services/multi-disciplinary-centres

- Implementation of Victorian Hospital and Health Information and Communication Technology Strategic projects ($32.3 million)
    - Primarily due to Health agencies not meeting expected timeframes for scope dates and planning. The process involves agency bids, formal approval followed by provision of detailed business cases with specified milestones/timeframes to be met. If milestones are not met, funding is not released.
- Hospital Services initiatives ($12.7 million)
    - Improving cardiovascular disease health outcomes was delayed as a result of the need to develop a cardiac services plan.
    - The Proton Beam Therapy Centre was delayed due to the need to establish a taskforce.
    - The implementation of the Victorian Cancer Action Plan was delayed due to the need to release Victorian Cancer Action Plan 2.
    - The Victorian Population Health Survey was delayed due to implementation of changed data collection methodology.
- Reform of child protection and placement programs ($35.1 million)
    - Delays were primarily due to longer than anticipated lead times in relation to the development and evaluation of new service delivery models, and the complexities associated with project establishment, including legal and information technology requirements ahead of the recommendations of the Royal Commission into Family Violence.
- Implementation of the National Disability Insurance Scheme ($12.8 million)
    - Primarily due to delays in the transition process. This includes Home and Community Care transition funding received in late June 2016, which will be utilised over the three-year transition period, as agreed with the Commonwealth.
- Youth Justice Custodial Secure Services Therapeutic Operating Model ($2.9 million).
    - There has been a delay in implementation. These funds have subsequently transferred to Department of Justice and Regulation through a Machinery of Government decision.
- 10-Year Mental Health Plan Implementation Strategy ($1.6 million)
    - Delay due to strategy not being completed in sufficient time to complete the procurement process in 2015-16.
- Other – various other minor initiatives totalling $7.5 million.

In all cases, the unapplied previous year's appropriations carried over into 2016-17 have now been expended fully.

11. Telecommunications expenditure figures for 2016-17 financial year

The figures provided by DHHS in its response to the general questionnaire (ref: Q25) are presented below.

(a) Please confirm figures for the 2016-17 financial year (or best estimate of the full year costs).

Year	Data ($)	Fixed Voice ($) (a)	Mobile ($)	Internet ($) (b)	Unified Communications ($)
2016-17	~~2,602,832~~ 2,729,191	~~246,795~~ 232,330	~~100,181~~ 104,082	~~177,746~~ 143,562	n/a

(a) Fixed voice costs are for central only, does not include expenditure for divisions.

(b) Internet link from the DHHS primary and secondary datacentres.
Note: Internet – reduction was due to a reporting error in the initial response, where a networking cost was erroneously added to the Primary Data Centre cost.
Original figures provided in March included actual (Jul-16 to Mar-17) and an estimate (Apr-17 to Jun-17). Updated figures now represent the actuals.

(b) Is the Department able to provide any information on the fixed voice costs for DHHS Divisions in each of the years 2014-15, 2015-16 and 2016-17?

Fixed voice costs for the DHHS divisions are not routinely collated. The department will provide the Committee with divisional costs where available, as soon as this information has been collated.

(c) Please provide further explanation in relation to DHHS' note (b) in the above table.

The internet costs include:

- The internet connection from the department's primary data centre used for inbound and outbound traffic which allows staff and funded agency staff to access our systems externally and allows staff to access the internet including cloud base systems from within our network.
- The backup link from the department's secondary data centre is a smaller service, the cost for this is absorbed in a Networking cost and has not been itemised to the department from CenITex.

12. Managing telecommunications usage and expenditure

(a) DHHS advises that the department has a telecommunications policy – Ref: response to Q26(a)

- Please provide a copy of the DHHS telecommunications policy.

Refer to **Attachment 2: 'DHHS Mobile Communications and Portable Storage Device Policy'**.

(b) DHHS advises that '*Usage exceeding agreed monthly benchmark triggers an email to the manager with an itemised breakdown of calls*' - Ref: response to Q26(b)

- How are these "agreed monthly benchmarks" established?

A monthly call allowance needs to be specified on the Business Technology and Information Management (BTIM) Procurement Form. This form is then approved by the financial delegate (manager).

- Are these benchmarks uniform across DHHS?

No. Suggested benchmark on the BTIM Procurement Form is '$50.00, if you have a data plan' but it is at the discretion of the financial delegate to set.

- What actions are taken after an email to the manager is triggered?

  It is the responsibility of the financial delegate upon receiving the statement to take appropriate action (if required). The email that accompanies the statement suggests the following actions:

  '*As Financial Management Act (FMA) delegate you must view the statement and undertake one of the following options:*

  a. confirm as reasonable with the phone-holder;
  b. counsel the phone-holder if unreasonable; or
  c. adjust the benchmark (minimum increments of $10.00)'.

(c) DHHS advises that '*fixed voice is not managed centrally, making monitoring and reporting difficult for the whole department.*' - Ref: response to Q26(d)

- To what extent are the Executive/Senior management of the Department apprised of telecommunications expenditure and at what intervals this information is reported to the Department's Executive? (Ref: Response to Q26(a)

  Each month the Assistant Director of Service Delivery receives a report on mobile expenditure as part of the approval process. There is no similar report for fixed voice. Fixed voice telephony for the DHHS Divisions is managed within the Division; each has its own processes and reports to the Corporate Services Director. For central office, fixed voice expenditure is reviewed monthly by the BTIM Telecommunications team.

- In terms of the management of fixed voice telecommunications services, please provide further details about the transition of legacy sites to NEC VOTS in terms of timeframes and expected benefits.

  The major benefit of upgrading the legacy sites is that all DHHS sites will be using the most current, supported technology. This will reduce the risk of potentially long outages and the department will have one vendor (as opposed to multiple vendors) to manage our fixed voice telecommunications services. The upgrade is currently in progress. To date, no end time has been established.

- How does this fit with any VoIP solutions being implemented by DHHS?

  Each of the legacy sites moving to NEC Victorian Office Telephony Services (VOTS) will be using Voice over Internet Protocol (VoIP) technology.

(d) Please provide further details in regard to the nature, timing and outcomes of the recent reviews of telecommunications usage and expenditure referred to in the Department's response to Q26(g).

A review of the existing telephony environment (PBX, Victorian Office Telephony Services (VOTS), Cisco integration, instant messaging, presence, web conferencing, contact centres) was undertaken. This information was then used to develop a Telephony and Unified Communications (UC) Strategy to standardise and improve the technology used as well as reviewing the offerings under TPAMS2025. The outcome of this review is to:

- Continue to migrate legacy sites to Voice over Internet Protocol (VoIP)
- Improve business collaboration through implementation of Skype for Business as part of the Office365 rollout
- Leverage Microsoft Enterprise Licensing Agreement to reduce the cost of mobile device management and improve security of mobile devices (inTune and Mobile Device and Application Management)

- All contact centres to be consolidated and have capability to integrate using resource management tools and look at leveraging options available via TPAMS2025.

13. Managing the use of Mobile phones

(a) Please provide a copy of the Terms and Conditions for Departmental Devices which DHHS staff must agree to and sign-off on in using a DHHS provided mobile phone - Ref: response to Q27(b)

Refer to **Attachment 3: 'Terms and Conditions for Departmental Devices'**.

(b) DHHS advises there are no thresholds for personal use of mobile phones and that the Department must be reimbursed for the cost of private calls - Ref: response to Q27(c).

- How does DHHS enforce compliance with this policy?

There are no available tools that can verify whether calls are work related or personal. It is the responsibility of the financial delegate to remind staff of this requirement.

- To what extent is there management oversight of the use of mobile phones in line with the DHHS policy and guidelines or is the onus only on individuals to self-regulate and verify the accuracy and appropriateness of costs incurred?

Both suggested options are applicable. Each month the mobile accounts are reviewed centrally as part of the approval process to find any issues, for example – incorrect data plans, services with data plans on incorrect account, packet data session charges, unusual charges, etc. Any issues found are escalated to Telstra for resolution.

This identifies some of the issues, but with almost 10,000 services, not all will be picked up. Individuals, once they receive their monthly statement, may also raise issues that are then also escalated to Telstra.

In terms of whether calls are made for work related or personal, the onus is on individuals to self-regulate and report.

(c) DHHS advises that in monitoring data usage across the Department, '*emails are sent out to users with consistent high usage with a request to review their usage and ensure it is for work purposes only*' – Ref: response to Q28(c)

- What follow-up is undertaken of these emails/users by the Department?

After high usage is identified, the user is notified. Usage is monitored the next month, if it is still high, a follow up email is sent and a request for the local Workspace team to assist in finding the cause.

- Are these instances alerted to the Executive/Senior Management in DHHS?

No, this has not been necessary as the department has not incurred additional costs for exceeding data usage. The department has consistently been under its monthly aggregated data allowance.

Emails to high users have been effective to ensure that the department does not exceed data allowances.

14. Identifying cost savings in telecommunications

(a) TPAMS2025 – DHHS advises it is currently evaluating the new WoVG arrangements – Ref: response to Q28(b)

- Please advise when the Department expects this process to be completed and a decision to be made on future adoption of arrangements offered through the TPAMS2025.

The process to sign up is quite complex, and involves many steps. For each tower, the department needs to sign a participation form with the vendor. This needs to go to Department of Premier and Cabinet for approval before the department can start to sign up.

The department has met with a number of vendors and is evaluating their offers. The department has not yet signed any participation forms, and is currently evaluating options for progressing.

(b) DHHS advises that validation of ISDN lines are undertaken when upgrading legacy sites to VoIP solutions - Ref: response to Q28(e)

- Please advise the anticipated benefits of VoIP solutions for the Department.

The benefits include:

- current, supported technology
- survivable gateway for each site to minimise outages
- free calls between Victorian Office Telephony Services (VOTS) sites
- ease of moving to new technology, for example Unified Communications (UC), when all sites have the same technology
- only one vendor to manage.
- When is it anticipated that all legacy sites will have been upgraded?

More than 70 per cent of departmental users have already been upgraded; however, a completion date for the upgrade of all sites has not yet been established.

A process is in place for regularly reviewing the current priority list with NEC for the development of proposals with pricing for outstanding and new sites. Once approved, the project team will then manage the implementation.