PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

2017-18 BUDGET ESTIMATES QUESTIONNAIRE

1. Strategic priorities

Question 1

(a) What are the Department's key strategic priorities underpinning its budget for 2017-18 and over the forward estimates to 2020-21?

The Department of Health and Human Services (the department) aspires for all Victorians to be healthy, safe and able to lead a life that they value. Work is focused on achieving key outcomes that:

i. Victorians are healthy and well

ii. Victorians are safe and secure

iii. Victorians have the capabilities to participate

iv. Victorians are connected to culture and community

v. Victorian health and human services are person centred and sustainable.

The department has identified four key strategic directions to focus efforts on delivering these outcomes for Victorians. These strategic directions are based on the best available evidence about what will generate improvement of the department's services and activities on the lives of Victorians. The department's strategic directions are:

i. Person-centred services and care

ii. Local solutions

iii. Earlier and more connected support

iv. Advancing quality, safety and innovation.

These priorities are shaping service improvement and reform across the breadth of the department's services, as well as delivering our response to key priorities including the Royal Commission into Family Violence, the Hazelwood Mine Fire Inquiry, the Review of the thunderstorm asthma emergency response by the Inspector-General for Emergency Management, transition into the National Disability Insurance Scheme and the Duckett Review into our oversight of quality and safety in Victorian Hospitals.

(b) If applicable, how do these priorities differ from the previous year?

The department's strategic priorities in 2017-18 are consistent with, and build on, the 2016-17 priorities, responding to emerging environmental pressures and government policy, such as the Duckett Review and the Review of the thunderstorm asthma emergency response mentioned above.

(c) What are the impacts of any differences in the Department's strategic priorities between 2016-17 and 2017-18 on funding and resource allocation in the 2017-18 Budget?

The 2017–18 Budget will bring an increased emphasis on focusing the department's resources to better respond to recommendations of the Royal Commission into Family Violence.

(d)   Please identify any programs or initiatives (asset or output) over $2.0 million relevant to the Department that have been curtailed, deferred, discontinued or completed *as a result of changes in strategic priorities* between 2016-17 and 2017-18. In describing the programs or initiatives, please use the same names as are used in the budget papers where applicable.

No programs or initiatives have been discontinued as a result of adjustments to strategic priorities.

Question 2

Please identify any programs or initiatives (including asset or output initiatives) that have lapsed in 2016-17 (that is, they will not be continued in 2017-18). For each program or initiative, please indicate the expenditure on this program/initiative in 2016-17. If the program or initiative is to be extended, please identify whether the Department's own sources will be used or name any initiatives in the 2017-18 Budget that replace the lapsing initiative. Please also identify the effect on the community of the lapsing (*including rescheduling of service provision or commencement of service provision*). If there is no effect, please detail the actions undertaken by the Department to ensure that there is no effect. In describing the programs or initiatives, please use the same names as are used in the budget papers where applicable.

Program or initiative	Expenditure in 2016-17 ($ million)	If it is to be extended into 2017-18, how is the program or initiative to be funded?	Effect on the community (*including rescheduling of service provision or commencement of service provision*) of lapsing or actions taken by the Department to ensure there is no effect
Innovation and improvement fund	5.000	Not applicable.	Nil. The quality, safety and performance agenda has progressed substantially since 2013-14, including through the Government's response to the Duckett Review.
Hazelwood mine fire inquiry - Review fire emission protocols	0.300	Not applicable.	Nil. There will be no impact as the work has been completed .
Hazelwood mine fire inquiry - State smoke plan, guidance and protocols	0.600	Not applicable.	Nil. There will be no impact as the work is complete.
Government strategy to address ice use: Additional resources for mental health services	1.000	Not applicable.	Nil. The Victorian Government response to ice is reflected in the Ice Action Plan which was delivered in March 2015 and through the initiatives funded through the 2015-16, 2016-17 and 2017-18 State Budgets.

Program or initiative	Expenditure in 2016-17 ($ million)	If it is to be extended into 2017-18, how is the program or initiative to be funded?	Effect on the community (*including rescheduling of service provision or commencement of service provision*) of lapsing or actions taken by the Department to ensure there is no effect
Leukaemia Foundation patient accommodation	0.500	Not applicable.	Nil. There will be no impact as the work is complete
Healthy and strong Latrobe - Reviewing the scope of the Long Term Health Study	0.260	Not applicable.	Nil. There will be no impact as the study is complete.
Bairnsdale Mental Health and Wellbeing Centre	0.300	Not applicable.	Nil. This funding was used to build capacity in the region in mental health with priorities determined by a local steering committee. Any service delivery associated with the funding will be transitioned into the usual service delivery system.
Suicide prevention - suicide prevention app	0.500	Not applicable.	Nil. Fixed term funding.
Increasing the availability of information for senior Victorians	0.500	Not applicable.	Nil. Sufficient information for senior Victorians available without continuation of program.
Victorian social housing framework	11.000	Not applicable.	Nil. Fixed term funding towards an expanded investment in maintenance, refurbishment and major upgrades to public housing stock.
Homes for Homes	0.500	Not applicable.	Nil. One off grant.
Rapid housing assistance fund	1.000	Not applicable.	Nil. The provision of social housing will be met through other initiatives.

Program or initiative	Expenditure in 2016-17 ($ million)	If it is to be extended into 2017-18, how is the program or initiative to be funded?	Effect on the community (*including rescheduling of service provision or commencement of service provision*) of lapsing or actions taken by the Department to ensure there is no effect
Longitudinal study on the impact of out-of-home care	0.200	Not applicable.	Nil. Funding was for a one-off study.
Improving the sexual health of children in out-of-home care	1.001	Not applicable.	Nil. Fixed term funding for policy work.
Out-of-home care - stock renewal or replacement	0.400	Not applicable.	Nil. Fixed term funding . In 2016-17 the government provided $2.3 million over two years as additional maintenance funding for out-of home-care residences, and this funding will continue through 2017-18.

Question 3

The new *Performance Management Framework* (March 2016) provides guidance for planning requirements for the Department.

(a)   Please provide a copy of the Department's corporate (four-year) plan as described in *Performance Management Framework for Victorian Government Departments* (March 2016) pp.8-9. Please note that plans that are not made public by the Department will not be published on the PAEC's website. If the Department does not supply a corporate plan, please explain why.

The department has developed a strategic plan which outlines its key areas of focus (can be downloaded from https://dhhs.vic.gov.au/our-strategy). The plan includes an outcomes and key results framework to measure its progress against these priorities.

(b)   Regarding long-term planning for the Department (described in *Performance Management Framework for Victorian Government Departments* p.10), please describe:

(i)   the long-term planning horizon used for the Department's long-term plans, and why this horizon was chosen;

The department undertakes long-term policy and strategic planning to address significant challenges to service delivery. Examples of this planning includes the state disability plan, 10-year community services industry planning, Health 2040, Roadmap for Reform, Strong Families, Safe Children, and the 10-year mental health plan. This longer term planning timeframe has been chosen to consider demographic changes, service demand growth and financial sustainability of services.

(ii)   significant risks and challenges identified by the Department for service delivery over the planning horizon;

The most significant risk and challenge for the department regarding service delivery is the unprecedented growth in demand for health and human services. Population growth, increased complexity of needs and intergenerational disadvantage have combined to create rapid growth in demand for services delivered or funded by the department.

(iii)   strategies considered by the Department to deal with these identified risks and challenges.

The department has a Risk Management Policy and Framework that requires strategies and plans to mitigate these risks.

The department's significant reform agenda is in direct response to the risks and challenges of demand pressure and the changing environment. Examples of strategies developed in response include Health 2040, the state disability plan, the Roadmap for Reform, and the 10-year mental health plan.

2. Spending

Question 4

Please explain any variations of more than ±10 per cent (or greater than $100 million) between the revised estimate for 2016-17 and the budget for 2017-18 for the following line items in the Department's operating statement in the Statement of Finances budget paper:

(a)   'employee benefits'

(b)   'grants and other transfers'

(c)   'other operating expenses' in aggregate

(d)   the major components of 'other operating expenses' for your department (please supply categories as appropriate).

	2016-17 (revised estimate) ($ million)	2017-18 (Budget) ($ million)	Explanation for any variances greater than ±10% (or greater than $100 million)
Employee benefits	11,157.9	11,449.1	The variance is primarily due to: • increases in salaries and salary on-costs of Health portfolio agencies, driven by additional funding for new initiatives provided in the 2017-18 State Budget • continuing implementation of initiatives announced in previous budgets • additional funding for anticipated cost increases in 2017-18 and the impact of machinery of government changes
Grants and other transfers	1,994.7	2,319.4	The variance is primarily due to: • the state contribution to the National Disability Insurance Agency as part of the client transition plan from 2016-17 to 2018-19. Full Scheme is currently scheduled to occur in 19-20 and 20-21. additional funding for new initiatives announced in the 2016-17 Budget Update to respond to homelessness and provide improved private rental access.

Other operating expenses	8,344.1	8,512.1	The variance is primarily due to additional funding for new initiatives provided in the 2017-18 State Budget and the impact of machinery of government changes
Major components of 'other operating expenses' (please supply categories):			
Service contracts	2,840.9	2,797.0	The variance primarily reflects the machinery of government transfer of Youth Services and Youth Justice to the Department of Justice and Regulation
Medicinal drug pharmacy and medical supplies	1,238.5	1,267.5	Not applicable
Other operating supplies and consumables	1,026.6	1,072.4	Not applicable
Other service charges	677.8	712.0	Not applicable
Medical and client care services	540.0	541.9	Not applicable
Accommodation / occupancy	325.8	329.7	Not applicable
Maintenance	267.8	261.1	The variance primarily reflects the machinery of government transfer of Youth Services and Youth Justice to the Department of Justice and Regulation

(e) If the Department is unable to provide estimates for the components of 'other operating expenses' in 2017-18, please explain how the amount of 'other operating expenses' listed for 2017-18 in the budget papers was calculated.

N/A

Question 5

For the line item 'payments for non-financial assets' for 2017-18 in the departmental cash flow statement in the Statement of Finances budget paper, please identify the amount that is expected to be funded using funds carried over from 2016-17.

The department recashflowed $115.0m from 2016-17, $93.3m of this will be utilised in 2017-18 to fund payment for non-financial assets.

Question 6

In relation to the break-down of expenses from transactions disaggregated by government purpose classification in the budget papers (if provided in the 2017-18 budget papers – see

Note 12(a) to the general government sector consolidated operating statement the 2016-17 Statement of Finances budget paper, p.32), please provide details of the Department's component of the expenses in each category for 2016-17 and 2017-18. Please explain any variations between the years that are greater than ±10 per cent or greater than $100 million between 2016-17 and 2017-18 estimates.

Government purpose classification	2015-16 actual ($ million)	2016-17 revised estimate ($ million)	2017-18 Budget ($ million)	Explanation for any variances greater than ±10% (or greater than $100 million) between 2016-17 and 2017-18 estimates.
General public services	12.1	18.7	21.9	The variance is primarily driven by additional funding for new initiatives provided in the 2017-18 State Budget.
Public order and safety	73.9	63.8	-6.2	This variance is due to Machinery of Government changes where Youth Justice Services has transferred from the Department of Health and Human Services to the Department of Justice and Regulation.
Education	-	-		
Health	15,219.5	17,519.2	17,932.7	The variance is primarily driven by: - additional funding for new initiatives provided in the 2017-18 State Budget; - continuing implementation of initiatives announced in previous budgets; - additional funding for anticipated cost increases in 2017-18; and - revision to NHRA estimates.

Social security and welfare	4,460.2	4,168.0	4,827.0	This variance is primarily driven by: - additional funding for new initiatives including the Family Violence Reform Investment Package provided in the 2017-18 State Budget; and - contributions from other departments to the National Disability Insurance Agency via the National Disability Insurance Scheme Trust Fund.
Housing and community amenities	512.5	569.8	651.3	The variance is primarily driven by: - additional funding for new initiatives provided in the 2017-18 State Budget; - continuing implementation of initiatives announced in previous budgets; and - the Homelessness National Partnership Agreement continuing in 2017-18.
Recreation and culture	164.1	99.9	111.2	The variance is primarily driven by: - additional funding for new initiatives provided in the 2017-18 State Budget; - impacts of initiatives announced in previous budgets; and - impact of estimated funding to be carried over from 2016-17 to 2017-18.
Fuel and energy	-	-		
Agriculture, forestry, fishing and hunting	-	-		
Transport and communications	-	-		
Other economic affairs	-	-		

Other purposes	-	-		

3.   Expenditure reduction measures

Question 7

For each of the savings initiatives detailed in the table below, please detail (on the same basis of consolidation as the budget papers):

(a)   what actions the Department will take in 2017-18 to meet the various savings targets

(b)   any impact that these actions will have on the delivery of services during 2017-18

(c)   the Department's savings target for 2017-18, with an explanation for any variances between the current target and what was originally published in the budget papers when the initiative was released. If the change in Government affected the implementation of these measures, please provide a more detailed explanation.

Initiative	Actions the Department will take in 2017-18	Impact of these actions on service delivery in 2017-18	Savings target for 2017-18 ($ million)	Explanation for variances to the original target
Efficiency and expenditure reduction measures in 2014-15 Budget (2014-15 BP3 p.79)	Savings will be achieved through improved efficiencies and cost containment across portfolio. • Reduce travel costs • Cease production of hard copy reports	Savings will be targeted at reduction in administration and overhead costs and will have minimal impact on productivity or services delivered to the community	0.0	-
Efficiency and expenditure reduction measures in 2015-16 Budget (2015-16 BP3 pp.105-7)	• Reduce labour hire firms • Abolish taxpayer funded political advertising • Implement more efficient government fleet arrangements • Implement electronic purchasing	Savings will be targeted at reduction in administration and overhead costs and will have minimal impact on productivity or services delivered to the community	2.0	-

Savings and efficiencies and expenditure reduction measures in 2016-17 Budget (2016-17 BP3 p.118)	N/A	N/A	N/A	N/A
Any efficiency and expenditure reduction measures in 2017-18 Budget	The *2017-18 Budget* announced a Whole of Government efficiencies initiative. Allocations for all departments will be formalised over the coming months. These allocations will be applied to appropriate areas, ensuring that there is no impact on service delivery or frontline staff.	No impact on service delivery	N/A	N/A

Question 8

In relation to any programs or initiatives that have been reprioritised, curtailed or reduced for 2017-18 (including lapsing programs), please identify:

(a)   the amount expected to be spent under the program or initiative during 2017-18 at the time of the 2016-17 Budget

(b)   the amount currently to be spent under the program or initiative during 2017-18

(c)   the use to which the funds freed by this reduction will be put. Please include the name(s) of any program or initiative that will be funded or partially funded.

Program/initiative that has been reprioritised, curtailed or reduced	The amount expected to be spent under the program or initiative during 2017-18:		The use to which the funds will be put
	at the time of the 2016-17 Budget	at the time of the 2017-18 Budget	
Programs where funding is lapsing in 2016-17 are identified in Question 2 above. No specific initiatives or programs have been identified for reprioritisation to other initiatives as part of the 2017-18 Budget.			Not applicable.

Question 9

Please provide the Department's contribution to the whole-of-government amount identified as 'funding from reprioritisation of existing resources' in the 'net impact of the 2017-18 Budget new output initiatives' table.

Amount reprioritised for 2017-18 ($ million)	Amount reprioritised for 2018-19 ($ million)	Amount reprioritised for 2019-20 ($ million)	Amount reprioritised for 2020-21 ($ million)
150.1	135.6	112.4	106.2

4. Output and asset initiative funding

Question 10

    (a)   Please identify the guidance documentation reference that describes the setting of the Departmental budget (previously BFMG-05 and BFMG-06).

BFMG-05 "Evaluations, Output Resource Allocation Reviews and Base Reviews" has been replaced by Section 6.2 "Funding reviews" of the Performance Management Framework.

BFMG-06 "Departmental Funding Model – Output Pricing" has been replaced by Section 4.1 "Departmental Funding Model and output pricing" of the Performance Management Framework.

    (b)   Please list the factors by which the Department developed its overall budget, in terms of total income from transactions, relating to total income from transactions for 2016-17. Please include explanations for all items.

	Amount		Explanation
	(per cent)	($ million)	
Total income from transactions 2016-17	N/A	22,303.3	
New output initiative funding	4.7	1,050.5	Government policy decisions for 2017-18 and impact of prior year government policy decisions
Savings and efficiency measures	(0.5)	(109.7)	Government policy decisions
Inflation adjustment	1.4	302.4	Government policy decision - Departmental Funding Model
Other - Commonwealth Funding and Hospitals own source revenue	5.5	1,226.1	National Health Reform revenue, National Partnership revenue and Commonwealth Own Purpose Expenditure revenue, commercial activities
Other - Various (CAC, Depreciation, Carryover, PPP Quarterly Service Payments)	0.2	44.4	Government policy decisions
Total income from transactions 2017-18	**N/A**	**24,817.0**	

    (c)   If this is not the way the Department developed its overall budget, please provide a description of the process that was followed.

N/A

Question 11

In relation to the asset initiatives released in the 2017-18 Budget for the Department (as detailed in the Service Delivery budget paper), please quantify the amount of funding for those initiatives that is expected to come from the Department's own sources (such as depreciation, applied appropriations which have not been spent or other sources) and the amount of new funding provided specifically for these initiatives in this budget.

	2016-17 ($ million)	2017-18 ($ million)	2018-19 ($ million)	2019-20 ($ million)	2020-21 ($ million)	TEI ($ million)
Funding from the Department's own sources*	-	60.6	20.6	15.5	26.0	122.7
New funding specifically for these initiatives in 2017-18 Budget	-	296.5	223.5	189.3	88.1	821.3
Total asset initiatives (as in Service Delivery budget paper)	-	357.1	244.1	204.8	114.1	944.0

Notes

* Own sources is taken to include all other sources of funding.
Source 2017-18 Budget Paper No 3
Indicative TEI total is $944.0 million and includes Whole of Government initiatives
Cash-flows include $23.9 million beyond the 2020-21 forward estimate

Question 12

    (a)   Please quantify the Department's balance of applied appropriations unspent as at 30 June 2016 (as defined in the notes to Section 8.2.1 of the 2015-16 Financial Report for the State), along with estimates for the equivalent figures as at 30 June 2017 and 2018.

	2016 ($ million)	2017 ($ million)	2018 ($ million)
Applied appropriations unspent as at 30 June	2,564.2	2,375.7	2,803.8

    (b)   Please indicate the intended use of these amounts.

A major component of the Department's balance of applied appropriations unspent is related to depreciation equivalent that will be spent on additions to net assets.

5. Public private partnership expenditure

Question 13

For each line item in the Department's comprehensive operating statement or statement of cash flows (as indicated in the Statement of Finances budget paper) which includes expenditure on all PPP projects in 2017-18 or across the forward estimates period, please identify:

(a)   the line item

(b)   the value of expenditure (**including staff costs**) on PPP projects included within that line item

(c)   what the expenditure is for (for example, labour costs, payment of interest, payment of capital, purchases of services, payment of contracted penalties etc.).

Line item	2016-17 revised ($ million)	2017-18 ($ million)	2018-19 ($ million)	2019-20 ($ million)	2020-21 ($ million)	Explanation
PPPs under construction (including in planning)						
PPPs in operation						
Other operating expenses	277.7	332.9	341.8	364.5	353.1	These expenses comprise interest, lifecycle maintenance costs, service costs, refurbishment, contingent, insurance and other costs for the following commissioned PPP projects: • Casey/Berwick Hospital • Royal Women's Hospital • Royal Children's Hospital • Victorian Comprehensive Cancer Centre • Bendigo Hospital

Repayment of finance lease	22.9	51.8	62.4	66.7	71.9	These comprise repayment of finance leases in respect of the following commissioned PPP projects: • Casey/Berwick Hospital • Royal Women's Hospital • Royal Children's Hospital • Victorian Comprehensive Cancer Centre Bendigo Hospital

6.   Revenue

Question 14

Please disaggregate the Parliamentary Authority for the Department for 2017-18 as in the table below.

	Provision of outputs	Additions to the net asset base	Payments made on behalf of the State	Total
Annual appropriations	(b) 14,086.5	(b) 450.9	(b) 61.0	(a) 14,598.4
Receipts credited to appropriations	(b) 548.4	(b) 11.8	(b) nil	(a) 560.2
Unapplied previous years appropriation	(b) 73.4	(b) nil	(b) nil	(a) 73.4
Accumulated surplus – previously applied appropriation	nil	33.3	nil	(a) 33.3
Gross annual appropriation (sum of previous 4 rows)	14,708.3	496.0	61.0	(a) 15,265.3
Special appropriations	1,400.7	nil	nil	(a) 1,400.7
Trust funds	5,261.8	2.5	nil	(a) 5,264.3
Total parliamentary authority **(sum of previous 3 rows)**	**21,370.8**	**498.5**	**61.0**	**(a)** **21,930.4**

*Table may not add due to rounding

(a)   available in the 'Parliamentary authority for resources' table for the Department in Budget Paper No.3.

(b)   available in Appendix A of Budget Paper No.5.

Question 15

In relation to 2017-18, please outline any new revenue-raising initiatives released in the 2017-18 Budget. For each initiative, please explain:

(a)   the reasons for the initiative

(b)   the assumptions underlying the reasons

(c)   the impact of any changes on service delivery (that is, please detail all programs/projects that have been revised as a result of changes to existing revenue initiatives)

(d)   any performance measures or targets altered as a result of the initiative

(e)   the anticipated total value of revenue gained/foregone as a result of the initiative.

In describing initiatives, please use the same names as are used in the budget papers where applicable.

Initiative/change	Reasons for the initiative/change	Underlying assumptions	Impact of changes on service delivery	Performance measures or targets altered	Anticipated total value of revenue gained/foregone
N/A	N/A	N/A	N/A	N/A	N/A

Question 16

In relation to 2017-18, please outline any other major changes to existing revenue initiatives. For each change, please explain:

(a)   the reasons for the change

(b)   the assumptions underlying the reasons

(c)   the impact of any changes on service delivery (that is, please detail all programs/projects that have been revised as a result of the change)

(d)   any performance measures or targets altered as a result of the change

(e)   the anticipated total value of revenue gained/foregone as a result of the change.

Where possible, please use names for programs or initiatives as are used in the budget papers.

Change	Reasons for the change	Underlying assumptions	Impact of changes on service delivery	Performance measures or targets altered	Anticipated total value of revenue gained/foregone
N/A	N/A	N/A	N/A	N/A	N/A

Question 17

In relation to 2017-18, please outline any new tax expenditures or concession/subsidy initiatives and/or major changes to existing tax expenditures or concession/subsidy initiatives. For each initiative/change, please explain:

(a)   the reasons for the initiative/change

(b)   the assumptions underlying the reasons

(c)   the impact of any initiatives/changes on service delivery (that is, please detail all programs/projects that have been revised as a result of changes to existing revenue initiatives)

(d)   any performance measures or targets altered as a result of the initiative/change

(e)   the anticipated total value of revenue gained/foregone as a result of the initiative/change.

In describing initiatives, please use the same names as are used in the budget papers where applicable.

Initiative/change	Reasons for the initiative/change	Underlying assumptions	Impact of changes on service delivery	Performance measures or targets altered	Anticipated total value of revenue gained/foregone
N/A	N/A	N/A	N/A	N/A	N/A

Question 18

For the Department's income categories (as they appear in the Department's operating statement in the Statement of Finances budget paper), please provide a description of the income category, an explanation for any items that have a variance of greater than ±10 per cent or $100 million between the revised estimate for 2016-17 and the budget for 2017-18.

Income category	Description of income category	Revised estimate for 2016-17 ($ million)	Estimate for 2017-18 ($ million)	Explanation
Output appropriations	Includes output appropriation, revenue retained under s29 of FMA, output appropriation carried over from the previous year	13,822.1	14,708.3	The variance is primarily due to additional funding for new initiatives provided in the 2017-18 State Budget, continuing implementation of initiatives announced in previous budgets, and additional funding for anticipated cost increases in 2017-18.
Special appropriations	Includes hypothecated gaming revenue, Commonwealth revenue received in prior years	1,361.0	1,400.7	Not required.
Interest	Interest revenue	38.3	38.3	Not required.
Sales of goods and services	Includes hospital and other patient fees, other sales of goods and services	1,776.6	1,818.8	Not required.
Grants	Includes Commonwealth grants, ABF grants from National Health Funding Pool	6,132.1	6,150.2	Not required.
Fair value of assets and services received free of charge or for nominal consideration	Includes buildings received free of charge	147.0	0.0	This variance reflects no assets or services are expected to be received free of charge in 2017-18.

Other income	Includes donations, property rental revenue, other miscellaneous non-operating revenue	699.9	700.6	Not required.

Question 19

What impact have developments at the Commonwealth level had on the Department's component of the 2017-18 State Budget?

On 1 April 2016, the Council of Australian Governments signed a Heads of Agreement which substantially rolls over existing National Health Reform Agreement arrangements from 2017-18 to 2019-20, and commits to deliver reforms designed to improve health outcomes for patients and decrease avoidable demand for public hospital services. From 2017-18 to 2019-20, Commonwealth funding growth for public hospitals will be capped at 6.5 per cent annually and the Commonwealth contribution to efficient growth funding will remain at 45 per cent.

On 17 March 2017, the Prime Minister wrote to First Ministers seeking their agreement to the Addendum to the National Health Reform Agreement. The Addendum has been executed by the Premier.

The Commonwealth Government has made an offer to Victoria of $23.21 million under a proposed National Partnership Agreement on Homelessness for 2017-18. This agreement is currently being negotiated and has not yet been finalised.

Developments at the Commonwealth level relevant to the delivery of health and human services in Victoria are considered in developing the department's input into the State Budget.

The 2017-18 Commonwealth Budget to be released on 9 May 2017 may affect the following agreements:

• National Health Reform Agreement

• National Partnership on Essential Vaccines

• National Partnership on Public Dental Services for Adults

• National Partnership Agreement on expansion of the Breast Screen Australia Program

• National Partnership Agreement on the National Bowel Cancer Screening Program – Participant Follow-up Function

• National Partnership on Aged Care Assessment

• National Affordable Housing Agreement

• National Disability Agreement

• National Partnership Agreement on Homelessness

• National Partnership Agreement on Pay Equity for the Social and Community Services Sector

• National Partnership Agreement on Payments from the DisabilityCare Australia Fund.

7. Performance measures

Question 20

For each quality, quantity or timeliness performance measure newly introduced in the 2017-18 Budget, please attach any supporting documentation the Department has produced in developing the measure, such as:

    (a)   a description of the measure, including the data that support it, assumptions made, and how the data are collected and transformed

    (b)   if the measure is a ratio (including a percentage), please include a description of the numerator and denominator series that provide the ratio

    (c)   how the measure evaluates the performance of the Department or the task faced by the Department

    (d)   the process the Department employed to set a target or anticipated result for this measure

    (e)   a description of what constitutes good performance and how the performance measure indicates this

    (f)   any shortcomings of the measure

    (g)   how the department intends to estimate the 'expected outcome' of the measure at the time of the 2017-18 Budget

    (h)   how the department intends to evaluate the effectiveness of the measure in the future.

Acute Health Services

Perinatal and child mortality reports received, reviewed and classified (Unit: per cent)	
Question Part	**Response**
(a) a description of the measure, including the data that support it, assumptions made, and how the data are collected and transformed	The per cent of perinatal and child mortality notifications received and classified by the Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM) and the department. Data Source: CCOPMM perinatal and child mortality database. Data is collected by the Clinical Councils Unit, Safety and Quality Support, Safer Care Victoria
(b) if the measure is a ratio (including a percentage), please include a description of the numerator and denominator series that provide the ratio	Numerator: Number of perinatal and child mortality notifications received and classified by CCOPMM and the department Denominator: Total number of perinatal and child mortality notifications received by CCOPMM and the department
(c) how the measure evaluates the performance of the Department or the task faced by the Department	The *Public Health and Wellbeing Act 2008* requires all health service providers to submit data and information on all obstetric, perinatal, child and adolescent births and deaths in Victoria to the Consultative Council on Obstetric and Paediatric Mortality and Morbidity. Prompt reporting means that case review and classification can be completed, preventability of death ascertained by CCOPMM and reporting and clinical risk mitigation strategies can be implemented by the department and health services.
(d) the process the Department employed to set a target or anticipated result for this measure	The Target is set by the department in order to review and classify all the perinatal and child deaths in a timely fashion, and takes into account delays due to coronial investigations.
(e) a description of what constitutes good performance and how the performance measure indicates this	Good performance means achieving the target on an annual basis. A higher number is better.

Perinatal and child mortality reports received, reviewed and classified (Unit: per cent)	
Question Part	**Response**
(f) any shortcomings of the measure	This measure does not distinguish between avoidable and un-avoidable perinatal and child deaths.
(g) how the department intends to estimate the 'expected outcome' of the measure at the time of the 2018-19 Budget	Only calculated once annually on retrospective data after all deaths and births have been ascertained. Coronial reports, reports from child protection and the Victorian Commission for Children and Young People, as well notifications from health service providers, other authorities and the Registry of Births, Deaths and Marriages form the denominator for calculation of all reportable deaths in Victoria. Calculated by ascertaining all births and deaths (maternal, stillbirth, neonatal and child up to 17 completed years) in Victoria for the preceding calendar year and comparing to completed case reviews and classifications by CCOPMM as of June 30 for preceding calender year. "Report" includes notifications and all associated required data/information. The target allows for cases under coronial investigation, which often take a year or more to investigate.
(h) how the department intends to evaluate the effectiveness of the measure in the future.	The department utilizes all the sources (data validation and triangulation) of mortality notifications and will continue to do so to evaluate the effectiveness of the measure in future.

Patient reported hospital cleanliness (Unit: per cent)	
Question Part	**Response**
(a) a description of the measure, including the data that support it, assumptions made, and how the data are collected and transformed	Adult inpatients positively reporting on the cleanliness of their health service. Data source: the Victorian Health Care Experience survey (VHES). The VHES collects patient reported experiences of public health care. Data is collected by a contracted external provider. The Victorian Agency for Health Information manages the VHES reporting.
(b) if the measure is a ratio (including a percentage), please include a description of the numerator and denominator series that provide the ratio	The average of the percent of overall positive responses of adult inpatients responding to questions 12 and 13 reported in the adult inpatient VHES. • In your opinion, how clean was the hospital room or ward that you were in? • How clean were the toilets and bathrooms that you used in hospital? For each of the questions contributing to the indicator (i) The numerator is the number of overall positive responses x100 (j) The denominator is the total number of responses The indicator is the sum of the these two numbers divided by two
(c) how the measure evaluates the performance of the Department or the task faced by the Department	The Measure identifies how inpatients experience cleanliness in Victorian public health services which is an indicator of patient safety in the health service.
(d) the process the Department employed to set a target or anticipated result for this measure	The department undertook analysis of 2 years data collected in the VHES to set a target of 70 per cent
(e) a description of what constitutes good performance and how the performance measure indicates this	Achievement of performance greater than 75 is an indicator of improvement. Cleanliness is an important aim for health services.

Patient reported hospital cleanliness (Unit: per cent)	
Question Part	**Response**
(f) any shortcomings of the measure	Health services with low patient flow numbers are not able to receive a VHES report, If they receive less than 42 responses in a quarter or year, their data is unable to be utilised in this indicator.
(g) how the department intends to estimate the 'expected outcome' of the measure at the time of the 2018-19 Budget	The department will extrapolate performance based on the 2 quarters of data received for 2017-18
(h) how the department intends to evaluate the effectiveness of the measure in the future.	The department will monitor health service performance improvement against the target.

Clinical placement student days (medicine) (Unit: number)	
Question Part	**Response**
(a) a description of the measure, including the data that support it, assumptions made, and how the data are collected and transformed	A clinical placement is defined as 'the component of an accredited curriculum undertaken with supervision in a clinical environment that assists students to put theoretical knowledge into practice. The placement is usually associated with patient/client interaction but may also involve clinical skills acquisition via observation or simulation consistent with clinical learning objectives.' Clinical placement activity is measured by the total number of student placement days or part thereof. From 2015 a standard clinical placement day is defined as 7.6 hours. The Victorian clinical placements data collection is conducted every six months, and has two methods for reporting clinical placement activity: direct reporting through the information management system Placeright, or via an interim reporting tool. Medicine as a discipline may report directly through Placeright or use an interim reporting tool.

Clinical placement student days (medicine) (Unit: number)

Question Part	Response
(b) if the measure is a ratio (including a percentage), please include a description of the numerator and denominator series that provide the ratio	Not applicable
(c) how the measure evaluates the performance of the Department or the task faced by the Department	The measure allows the department to gauge annual changes in activity within and across health services, in order to assure that access to clinical learning experiences is maintained. This is critical to future workforce supply and informs the distribution of the department's Training and Development Grant for this purpose. Clinical placement activity is measured by the total number of student placement days. The Department defines one clinical placement day as 7.6 hours for all disciplines. • For those students working an 8 hour shift, this is 8 hours divided by 7.6 hours = 1.1 clinical placement day • For those students working a 7 hour shift, this is 7 hours divided by 7.6 hours = 0.9 clinical placement day
(d) the process the Department employed to set a target or anticipated result for this measure	The target is based on analysis of historical clinical placement activity data. Each year, a planning process is undertaken to negotiate and confirm a level of clinical placement activity that is sustainable by the health service and also meets the needs of education providers. The actual volume of placements will vary from year to year which as appropriate
(e) a description of what constitutes good performance and how the performance measure indicates this	Health services achieving a level of "attended" (actual) clinical placement activity within 15 per cent of the "booked" (intended) activity. This is based on a planning process undertaken each year to negotiate and confirm a level of clinical placement activity that is sustainable by the health service and also meets the needs of education providers. The actual volume of placements will vary from year to year as appropriate.

Clinical placement student days (medicine) (Unit: number)	
Question Part	**Response**
(f) any shortcomings of the measure	The level of clinical placement activity is decided by each individual health service from year to year.
(g) how the department intends to estimate the 'expected outcome' of the measure at the time of the 2018-19 Budget	Using projections based on historical activity. Activity is collected every 6 months (Jan to June) and (July to Dec) and these two datasets are collated to provide an annual activity figure for medicine. These historical datasets are used to project for 2017-18.
(h) how the department intends to evaluate the effectiveness of the measure in the future.	Data collected via Placeright is highly accurate and most medical placements are currently reported via the interim tool. There is system development underway to better support Medicine using Placeright as a placement planning tool. As a longer time series develops, analysis will become more meaningful and projections will increase in accuracy.

Clinical placement student days (nursing and midwifery) (Unit: number)	
Question Part	**Response**
(a) a description of the measure, including the data that support it, assumptions made, and how the data are collected and transformed	A clinical placement is defined as 'the component of an accredited curriculum undertaken with supervision in a clinical environment that assists students to put theoretical knowledge into practice. The placement is usually associated with patient/client interaction but may also involve clinical skills acquisition via observation or simulation consistent with clinical learning objectives.' Clinical placement activity is measured by the total number of student placement days or part thereof. From 2015 a standard clinical placement day is defined as 7.6 hours. The Victorian clinical placements data collection is conducted every six months, and has two methods for reporting clinical placement activity: direct reporting through the information management system Placeright, or via an interim reporting tool.
(b) if the measure is a ratio (including a percentage), please include a description of the numerator and denominator series that provide the ratio	Not applicable
(c) how the measure evaluates the performance of the Department or the task faced by the Department	The measure allows the department to gauge annual changes in activity within and across health services, in order to assure that access to clinical learning experiences is maintained. This is critical to future workforce supply and informs the distribution of the department's Training and Development Grant for this purpose. Clinical placement activity is measured by the total number of student placement days. The Department defines one clinical placement day as 7.6 hours for all disciplines. • For those students working an 8 hour shift, this is 8 hours divided by 7.6 hours = 1.1 clinical placement day • For those students working a 7 hour shift, this is 7 hours divided by 7.6 hours = 0.9 clinical placement day
(d) the process the Department employed to set a target or anticipated result for this measure	The target is based on analysis of historical clinical placement activity data.

Clinical placement student days (nursing and midwifery) (Unit: number)	
Question Part	**Response**
(e) a description of what constitutes good performance and how the performance measure indicates this	Health services achieving a level of "attended" (actual) clinical placement activity within 15 per cent of the "booked" (intended) activity. This is based on a planning process undertaken each year to negotiate and confirm a level of clinical placement activity that is sustainable by the health service and also meets the needs of education providers. The actual volume of placements will vary from year to year which as appropriate.
(f) any shortcomings of the measure	The level of clinical placement activity is decided by each individual health service from year to year.
(g) how the department intends to estimate the 'expected outcome' of the measure at the time of the 2018-19 Budget	Using projections based on historical activity. Activity is collected every 6 months (Jan to June) and (July to Dec) and these two datasets are collated to provide an annual activity figure for medicine. These historical datasets are used to project for 2017-18.
(h) how the department intends to evaluate the effectiveness of the measure in the future.	Data collected via Placeright is highly accurate. As a longer time series develops, analysis will become more meaningful and projections will increase in accuracy.

Clinical placement student days (allied health) (Unit: number)	
Question Part	**Response**
(a) a description of the measure, including the data that support it, assumptions made, and how the data are collected and transformed	A clinical placement is defined as 'the component of an accredited curriculum undertaken with supervision in a clinical environment that assists students to put theoretical knowledge into practice. The placement is usually associated with patient/client interaction but may also involve clinical skills acquisition via observation or simulation consistent with clinical learning objectives.' Clinical placement activity is measured by the total number of student placement days or part thereof. From 2015 a standard clinical placement day is defined as 7.6 hours. For funding purposes, scope is limited to clinical placements for professional-entry courses for specific disciplines. Professional-entry courses can include certificate III, certificate IV, diploma, undergraduate, graduate-entry and postgraduate courses, where the course is required for practice or initial registration. Disciplines are: Audiology, Biomedical Science, Dietetics and Nutrition, Exercise Physiology, Medical Science, Occupational Therapy, Optometry, Orthoptics, Orthotics and Prosthetics, Pharmacy, Physiotherapy, Podiatry, Psychology, Radiation Science and Speech Pathology. The Victorian clinical placements data collection is conducted every six months, and has two methods for reporting clinical placement activity: direct reporting through the information management system Placeright, or via an interim reporting tool. Some disciplines that are not yet using Placeright include Chiropractic, Osteopathy, HIM.
(b) if the measure is a ratio (including a percentage), please include a description of the numerator and denominator series that provide the ratio	Not applicable

Clinical placement student days (allied health) (Unit: number)	
Question Part	**Response**
(c) how the measure evaluates the performance of the Department or the task faced by the Department	The measure allows the department to gauge annual changes in activity within and across health services, in order to assure that access to clinical learning experiences is maintained. This is critical to future workforce supply and informs the distribution of the department's Training and Development Grant for this purpose. Clinical placement activity is measured by the total number of student placement days. The Department defines one clinical placement day as 7.6 hours for all disciplines. • For those students working an 8 hour shift, this is 8 hours divided by 7.6 hours = 1.1 clinical placement day • For those students working a 7 hour shift, this is 7 hours divided by 7.6 hours = 0.9 clinical placement day
(d) the process the Department employed to set a target or anticipated result for this measure	The target is based on analysis of historical clinical placement activity data.
(e) a description of what constitutes good performance and how the performance measure indicates this	Health services achieving a level of "attended" (actual) clinical placement activity within 15 per cent of the "booked" (intended) activity. This is based on a planning process undertaken each year to negotiate and confirm a level of clinical placement activity that is sustainable by the health service and also meets the needs of education providers. The actual volume of placements will vary from year to year which as appropriate.
(f) any shortcomings of the measure	The level of clinical placement activity is decided by each individual health service from year to year.

Clinical placement student days (allied health) (Unit: number)	
Question Part	**Response**
(g) how the department intends to estimate the 'expected outcome' of the measure at the time of the 2018-19 Budget	Using projections based on historical activity. Activity is collected every 6 months (Jan to June) and (July to Dec) and these two datasets are collated to provide an annual activity figure for medicine. These historical datasets are used to project for 2017-18.
(h) how the department intends to evaluate the effectiveness of the measure in the future.	Data collected via Placeright is highly accurate. As a longer time series develops, analysis will become more meaningful and projections will increase in accuracy.

Learner perceptions about their feeling of safety and wellbeing while undertaking their program of study at health services (Unit: per cent)	
Question Part	**Response**
(a) a description of the measure, including the data that support it, assumptions made, and how the data are collected and transformed	This measure consists the number of learners who felt safe while on student placement at a health service. Data source: This measure is one of the six annual mandatory externally reportable Best Practice Clinical Learning Environment (BPCLE) Framework indicators for the 2017 reporting period All public health services are required to report against this indicator via the web-based BPCLEtool in order to receive Training and Development Grant funding
(b) if the measure is a ratio (including a percentage), please include a description of the numerator and denominator series that provide the ratio	Numerator: the number of learners that rate their feeling of safety favourably (agree or strongly agree) on a 5-point Likert scale Denominator: the total number of respondents

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Learner perceptions about their feeling of safety and wellbeing while undertaking their program of study at health services (Unit: per cent)	
Question Part	**Response**
(c) how the measure evaluates the performance of the Department or the task faced by the Department	This measure directly evaluates the quality of clinical learning environments within public health services and thus indirectly evaluates the effectiveness of departmental initiatives designed to foster the creation of high quality clinical learning environments
(d) the process the Department employed to set a target or anticipated result for this measure	The benchmark for this measure was established during the development of the BPCLE Performance Monitoring Framework
(e) a description of what constitutes good performance and how the performance measure indicates this	100 per cent as all learners should feel safe while on student placement.
(f) any shortcomings of the measure	There are inconsistencies in the way this data is collected between health services.
(g) how the department intends to estimate the 'expected outcome' of the measure at the time of the 2018-19 Budget	The expected outcome of the measure will be estimated based on data collected during previous years, however it is important to note here that the external reporting of results for this BPCLE Framework indicator was only made mandatory from 2016
(h) how the department intends to evaluate the effectiveness of the measure in the future.	The department will review the data to assess performance, and where required provide further support to health services who fail to meet the benchmarks for this measure

Ageing, Aged Care and Home Care

Average waiting time (calendar days) from referral to assessment (Unit: percent)	
Question Part	**Response**
(a) a description of the measure, including the data that support it, assumptions made, and how the data are collected and transformed	This measure counts the average number of days between a client being referred to residential services as requiring support, and being assessed for their care requirements. Performance targets are based on the category of the client: High Priority referrals require a response within 48 hours, Medium Priority referrals require a response between two and 14 days, and Low Priority referrals require a response in more than 14 days and within 36 days. Assessments can be made in either a hospital or community-based setting. Data source: Client and Service Provider eAnalysis and Reporting system (CASPER). Actual measure is from referral to "first clinical intervention" - usually face-to-face assessment. The Commonwealth Department of Social Services manages the CASPER repository for data collected through the national My Aged Care system
(b) if the measure is a ratio (including a percentage), please include a description of the numerator and denominator series that provide the ratio	Numerator: The number of assessments with: - an end of assessment date (within the reporting period); and - the number of days between Referral date and First intervention date less than or equal to two calendar days (High Priority), fourteen calendar days (Medium Priority) or thirty-six calendar days (Low Priority) Denominator: The total number of assessments with an end of assessment date (within the reporting

Average waiting time (calendar days) from referral to assessment (Unit: percent)	
Question Part	**Response**
	period) for each category.
(c) how the measure evaluates the performance of the Department or the task faced by the Department	The measure reflects the timeliness of assessments of based on information available at the time of referral used to assign a high, medium or low priority to the referral.
(d) the process the Department employed to set a target or anticipated result for this measure	The target for this measure is aligned to the Commonwealth's Key Performance Indicators for the Aged Care Assessment Programme.
(e) a description of what constitutes good performance and how the performance measure indicates this	90 per cent of first interventions (assessments) are conducted within the appropriate time frame each quarter
(f) any shortcomings of the measure	Due to Commonwealth reporting limitations (separate reports on timeliness of assessments), the measure does not distinguish between timeliness of assessments in a hospital setting and those conducted in a community setting.
(g) how the department intends to estimate the 'expected outcome' of the measure at the time of the 2018-19 Budget	Expected outcomes are extrapolated from year-to-date performance, weighted by available information regarding the impact of national aged care reforms and the rolling upgrades to the operation of the My Aged Care electronic platform used to issue referrals and record assessment timeliness and outcomes..
(h) how the department intends to evaluate the effectiveness of the measure in the future.	The department is working with the Commonwealth Department of Health and the Department of Social Services to improve access to reports that will enable the introduction of more effective measures.

Drug Services

Number of phone contacts from family members seeking support (Unit: number)	
Question Part	**Response**
(a) a description of the measure, including the data that support it, assumptions made, and how the data are collected and transformed	The number of contacts made to statewide alcohol and other drug support services by family members of people with alcohol and other drug issues seeking support. Data sources: Family Drug Help (all contacts), DirectLine (calls from a parent, partner, sibling, son/daughter or other relative) and Ice Advice Line (parent, partner, sibling, son/daughter or other relative) reporting to the Department of Health and Human Services. Data is reported via quarterly and annual reports that are provided to the Department of Health and Human Services.
(b) if the measure is a ratio (including a percentage), please include a description of the numerator and denominator series that provide the ratio	Not applicable
(c) how the measure evaluates the performance of the Department or the task faced by the Department	This is an indicator of the level of service the government is providing to ensure family members of people with alcohol and drug issues are supported.
(d) the process the Department employed to set a target or anticipated result for this measure	The Department reviewed actual performance against the proposed measure across previous financial years to ascertain the target of 14,300 contacts.
(e) a description of what constitutes good performance and how the performance measure indicates this	The delivery of at least 14,300 contacts annually will indicate good performance, showing continued provision of support and information to family members of people with alcohol and other drug issues.
(f) any shortcomings of the measure	The measure does not capture the intensity of service provided.

Number of phone contacts from family members seeking support (Unit: number)	
Question Part	**Response**
(g) how the department intends to estimate the 'expected outcome' of the measure at the time of the 2018-19 Budget	Quarterly reporting will enable the department to extrapolate to annual performance,.
(h) how the department intends to evaluate the effectiveness of the measure in the future.	Regular consultations with service providers

Number of telephone, email, website contacts and requests for information on Alcohol and Other Drugs (Unit: number (thousand))	
Question Part	**Response**
(a) a description of the measure, including the data that support it, assumptions made, and how the data are collected and transformed	The number of contacts and requests for information about alcohol and other drugs made to DirectLine, the Australian Drug Foundation and the Ice Advice Line, via telephone, SMS, email and website. Data sources: Australian Drug Foundation (website, email, phone and SMS), DirectLine (website and phone) and Ice Advice Line (phone) reporting to the department. Data is reported via quarterly and annual reports that are provided to the Department of Health and Human Services.
(b) if the measure is a ratio (including a percentage), please include a description of the numerator and denominator series that provide the ratio	Not applicable

Number of telephone, email, website contacts and requests for information on Alcohol and Other Drugs (Unit: number (thousand))	
Question Part	**Response**
(c) how the measure evaluates the performance of the Department or the task faced by the Department	Represents the number of enquiries made across Victoria to statewide alcohol and other drug advice services about alcohol and other drugs, which is an indicator of the level of service the government is providing to ensure members of the public are informed about alcohol and other drugs.
(d) the process the Department employed to set a target or anticipated result for this measure	The department reviewed actual performance against the proposed measure across previous financial years to ascertain the target of 2,000,000 contacts.
(e) a description of what constitutes good performance and how the performance measure indicates this	Responding and/or providing informatin to at least 2,000,000 contacts annually will indicate good performance, with continuing delivery of advice and support to a high number of Victorians.
(f) any shortcomings of the measure	The measure does not capture the intensity of service provided.
(g) how the department intends to estimate the 'expected outcome' of the measure at the time of the 2018-19 Budget	Quarterly reporting will enable the department to extrapolate to annual performance, taking into account seasonal trends.
(h) how the department intends to evaluate the effectiveness of the measure in the future.	Performance management discussions with the providers of the information services will be used to review whether the measure is effective in understanding how informed the public is about alcohol and other drug issues.

Percentage of new licences and permits issued to health services or businesses for the manufacture, use or supply of drugs and poisons within 6 weeks following receipt of full information (Unit: per cent)	
Question Part	**Response**
(a) a description of the measure, including the data that support it, assumptions made, and how the data are collected and transformed	Percentage of new licences and permits issued to health services or businesses for the manufacture, use or supply of drugs and poisons within 6 weeks following receipt of full information Data is obtained from the date that full information is received until the date that the Delegate of the Secretary makes a decision as to whether or not to issues a licence/permit upon consideration of the full information supporting the application. The Delegate may decide to issue a licence/permit, in which case a licence/permit is issued at that time. Drugs and Poisons Officers and/or Administration Officers will compare the dates. The difference between the first date and the second date would indicate whether or not the total time taken is less than six weeks. If so, then this would qualify as an application that is issued within the six week time period. The proportion of applications that qualify over the total number of applications would represent the final percentage figure.
(b) if the measure is a ratio (including a percentage), please include a description of the numerator and denominator series that provide the ratio	Numerator: Number of licence permit applications issued within 6 weeks following receipt of full information; Denominator: The total number of applications.
(c) how the measure evaluates the performance of the Department or the task faced by the Department	The measure evaluates the performance of the department in efficiently assessing a licence/permit application and to then provide an outcome to the applicant for that assessment.

Percentage of new licences and permits issued to health services or businesses for the manufacture, use or supply of drugs and poisons within 6 weeks following receipt of full information (Unit: per cent)	
Question Part	**Response**
(d) the process the Department employed to set a target or anticipated result for this measure	The department sought a measure that could assess its efficiency in reviewing and processing applications. As the department advises that such processing should be under a 6 week period, it was seen to be appropriate to keep a record of whether or not the department exceeded that time period. A target of 95 per cent will be set as further explained in part (e) below. Data is obtained from the date that full information is received until the date that the Delegate of the Secretary makes a decision as to whether or not to issues a licence/permit upon consideration of the full information supporting the application. The Delegate may decide to issue a licence/permit, in which case a licence/permit is issued at that time. Drugs and Poisons Officers and/or Administration Officers will compare the dates. The difference between the first date and the second date would indicate whether or not the total time taken is less than six weeks. If so, then this would qualify as an application that is issued within the six week time period. The proportion of applications that qualify over the total number of applications would represent the final percentage figure.
(e) a description of what constitutes good performance and how the performance measure indicates this	A result of 95 per cent would indicate a good performance - this would take into account unforseen increases in applications. Results of under 95 per cent would be examined to determine the cause, and the department could then address the cause of this processing delay.
(f) any shortcomings of the measure	Nil.
(g) how the department intends to estimate the 'expected outcome' of the measure at the time of the 2018-19 Budget	The expected outcome may be extrapolated from the outcome from the year to date.

Percentage of new licences and permits issued to health services or businesses for the manufacture, use or supply of drugs and poisons within 6 weeks following receipt of full information (Unit: per cent)	
Question Part	**Response**
(h) how the department intends to evaluate the effectiveness of the measure in the future.	The department will evaluate the effectiveness of this measure by looking at how it drives and affects performance - this will be done by keeping track of the progress against the measure to see if this reflects whether the measure can effectively measure the timeliness of permits and licenses being issued. .

Percentage of treatment permits for medical practitioners or nurse practitioners to prescribe Schedule 8 drugs assessed within 4 weeks. (Unit: per cent)	
Question Part	**Response**
(a) a description of the measure, including the data that support it, assumptions made, and how the data are collected and transformed	The measure will show the percentage of Schedule 8 treatment permit applications to prescribe Schedule 8 drugs that are processed/assessed by a Drugs and Poisons Officer within four weeks of its receipt. This will demonstrate the turn around time of permit applications as some Schedule 8 drugs cannot be legally prescribed prior to a permit being issued e.g. any delays in processing the application may mean delay in patient receiving treatment. In some cases, a permit will not be issued within four weeks of receipt because it will not meet the requirements or the application is incomplete. Sometimes the application is incomplete or Drug and Poisons Officers will request further information from the applicant before making a decision. The applicant is given some time to provide that information. For these reasons, the measure will focus on the percentage of applications processed rather than issued. The data is collected by the Drugs and Poisons Information System in which all the applications are entered, with the number of applications received and the number of applications that are still waiting to be processed after four weeks.

Percentage of treatment permits for medical practitioners or nurse practitioners to prescribe Schedule 8 drugs assessed within 4 weeks. (Unit: per cent)	
Question Part	**Response**
(b) if the measure is a ratio (including a percentage), please include a description of the numerator and denominator series that provide the ratio	The denominator is the number of applications received and the numerator is the number of applications that have been processed within four weeks.
(c) how the measure evaluates the performance of the Department or the task faced by the Department	It will demonstrate the turn-around time of permit applications.
(d) the process the Department employed to set a target or anticipated result for this measure	The department analysed historic performance against staffing level over the last four years to devise this target of four weeks.
(e) a description of what constitutes good performance and how the performance measure indicates this	Good performance is 95 per cent of the permit applications processed within four weeks of receipt. This would take into account unforseen increases in permit applications. The performance measure indicates this as the higher the percentage, the better the performance. The 95 per cent takes into account current processing timelines and also takes into account that some applications may be delayed due to medical practitioners not providing information relevant to the application in a timely manner, or that the application may be complex which require further information to be obtained.
(f) any shortcomings of the measure	The measure does not distinguish different types of permit.
(g) how the department intends to estimate the 'expected outcome' of the measure at the time of the 2018-19 Budget	The expected outcome is extrapolated from year to date performance and reviewed by the program area.
(h) how the department intends to evaluate the effectiveness of the measure in the future.	The department will evaluate the effectiveness of this measure by looking at how it drives and affects performance.

Public Health

Percentage of Aboriginal children fully immunised at 60 months (Unit: per cent)	
Question Part	**Response**
(a) a description of the measure, including the data that support it, assumptions made, and how the data are collected and transformed	Indigenous children fully immunised at 60 months of age having a record on the Australian Immunisation Register (AIR) of 4 doses of a Diphtheria Tetanus Pertussis-containing vaccine; 4 doses of polio vaccine; and 2 doses of an Measles-Mumps-Rubella-containing vaccine. The purpose of reporting on this measure is to ensure that the gap is closed between the vaccination rates of indigenous and non-indigenous children aged 60 months. This measure will assist in analysing the impact of the current strategies to increase indigenous childhood vaccination rates The data is directly forwarded to the department on a quarterly basis.
(b) if the measure is a ratio (including a percentage), please include a description of the numerator and denominator series that provide the ratio	The numerator is the number of Victorian Medicare-registered indigenous children turning 60 months of age each quarter, completely immunised with the vaccines of interest. The denominator is the total number Victorian Medicare-registered indigenous children turning 60 months of age each quarter.
(c) how the measure evaluates the performance of the Department or the task faced by the Department	The measure evaluates the effectiveness of the departments immunisation strategies to increase vaccination rates.
(d) the process the Department employed to set a target or anticipated result for this measure	The target is set at 95% which is the rate required for herd immunity.
(e) a description of what constitutes good performance and how the performance measure indicates this	The national aspirational immunisation coverage target has been set at 95 per cent. This target provides sufficient herd immunity to prevent transmission of vaccine preventable diseases and supports Australia's contribution to achieving measles elimination in the Western Pacific Region.

Percentage of Aboriginal children fully immunised at 60 months (Unit: per cent)	
Question Part	**Response**
(f) any shortcomings of the measure	Poor reporting of indigenous identification on the Medicare register.
(g) how the department intends to estimate the 'expected outcome' of the measure at the time of the 2018-19 Budget	The expected outcome will be estimated by an aggregated figure of the performance over the previous four quarters.
(h) how the department intends to evaluate the effectiveness of the measure in the future.	The department will continue to work closely with the Commonwealth to improve the recording of indigenous identification on the Medicare register which in turn will give a more accurate measure of vaccination of indigenous children

Smoking Cessation of Aboriginal mothers (Unit: per cent)	
Question Part	**Response**
(a) a description of the measure, including the data that support it, assumptions made, and how the data are collected and transformed	The data measure relates to the rate of Aboriginal women who smoked after 20 weeks gestation as compared to before 20 weeks gestation. Data Source : Victorian Perinatal Data Collection (VPDC) The data is collected form Victorian public and private health services.
(b) if the measure is a ratio (including a percentage), please include a description of the numerator and denominator series that provide the ratio	Numerator: Difference between the rate of women who smoked before 20 weeks' gestation and the rate of who smoked after 20 weeks' gestation Denominator: Rate of women who smoked before 20 weeks' gestation

Smoking Cessation of Aboriginal mothers (Unit: per cent)	
Question Part	**Response**
(c) how the measure evaluates the performance of the Department or the task faced by the Department	This indicator indirectly assesses the performance of health services in providing smoking cessation advice, assistance and follow-up during the antenatal period to reduce both the rate of smoking among pregnant women and the risk of smoking-associated adverse health outcomes for babies.
(d) the process the Department employed to set a target or anticipated result for this measure	Smoking cessation in mothers is reported in the 'Victorian Perinatal safety Performance Indicators' report and has been reviewed by the Perinatal Safety and Quality Committee (PSQC).
(e) a description of what constitutes good performance and how the performance measure indicates this	Good performance is reflected by the increase in smoking cessation in Aboriginal mothers and will be calculated annually.
(f) any shortcomings of the measure	Ascertainment of smoking and Aboriginal status of the mother can be challenging. The department is working with the health services to improve this.
(g) how the department intends to estimate the 'expected outcome' of the measure at the time of the 2018-19 Budget	The smoking cessation in Aboriginal mothers will be calculated for 2016 calendar year.
(h) how the department intends to evaluate the effectiveness of the measure in the future.	Data will be reviewed and validated with other department held data like VAED to evaluate effectiveness of this indicator.

Small Rural Services

Small Rural - Weighted Activity Unit (Unit: number)	
Question Part	**Response**
(a) a description of the measure, including the data that support it, assumptions made, and how the data are collected and transformed	The weighted number of service events (including acute and subacute admitted and non-admitted care, community and primary health, urgent care and aged care) delivered by the 43 Health Services funded through the Small Rural Health Service model. Each service type is weighted according to its average cost, enabling aggregation of a number of service types and measurement of activity. Data Sources: Admitted activity is recorded in the Victorian Admitted Episode Dataset (VAED), Non-admitted activity through the Agency Information Management System (AIMS), Community and Primary Health data through the Community Health Minimum Dataset (CHMDS) and the cost data is derived from the AIMS F1 report.
(b) if the measure is a ratio (including a percentage), please include a description of the numerator and denominator series that provide the ratio	Not applicable
(c) how the measure evaluates the performance of the Department or the task faced by the Department	The measures the activities undertaken by small rural health services, enabling consistent counting when there are changes in activity profile allowable under the Small Rural Health Service funding model (e.g. a move from admitted acute to community health)
(d) the process the Department employed to set a target or anticipated result for this measure	Aspex Consulting undertook a review of the Small Rural Health Service funding model which recommended the Small Rural - Weighted Activity Unit (SR-WAU) as a unit of count, and modelled performance based on the most recent two years of data available
(e) a description of what constitutes good performance and how the performance measure indicates this	Good performance in this measure will be demonstrated by small rural health services achieving the target for weighted activity. The weighting of activities ensures that all-in-scope services undertaken by small rural health services are reported and included in the measure in a way which reflects their resources usage.

Small Rural - Weighted Activity Unit (Unit: number)	
Question Part	**Response**
(f) any shortcomings of the measure	There have been historical data quality and completeness issues at small rural health services. As these are resolved there may be changes in reported activity.
(g) how the department intends to estimate the 'expected outcome' of the measure at the time of the 2018-19 Budget	The expected full year outcome at the time of the 2018-19 budget will be extrapolated from the quarter one and quarter two results and reviewed by the department to account for known operational issues and the historical level of activity modelled by Aspex Consulting.
(h) how the department intends to evaluate the effectiveness of the measure in the future.	The department will monitor and review the data to ensure that the measure captures all activities included in the small rural health services funding model and that the relative weighting reflects resource usage.

Child Protection and Family Services

Number of clients assisted by a Risk Assessment and Management Panel (Unit: number)	
Question Part	**Response**
(a) a description of the measure, including the data that support it, assumptions made, and how the data are collected and transformed	The number of people who are considered by a Risk Assessment Management Panel (RAMP) meeting. Data Source: RAMP Information Sharing (RIS) System. The system is being rolled out state-wide and will provide data on numbers of clients.
(b) if the measure is a ratio (including a percentage), please include a description of the numerator and denominator series that provide the ratio	Not applicable

Number of clients assisted by a Risk Assessment and Management Panel (Unit: number)	
Question Part	**Response**
(c) how the measure evaluates the performance of the Department or the task faced by the Department	Identifies the number of high-risk clients at serious and imminent risk of harm from family violence who have received DHHS-led and coordinated multi-agency, multi-disciplinary response to keep them safe.
(d) the process the Department employed to set a target or anticipated result for this measure	This is a new intervention with mandated targets for meetings - therefore appropriate to use targets as anticipated result
(e) a description of what constitutes good performance and how the performance measure indicates this	Achievement of target within 10 per cent.
(f) any shortcomings of the measure	As a measure of units of support only, it does not speak to the outcomes of the intervention.
(g) how the department intends to estimate the 'expected outcome' of the measure at the time of the 2018-19 Budget	By regular monitoring of RIS, the department will be able to make reliable estimates of the expected result. It is not anticipated that the service model will change in the short-term, meaning results should be quite stable.
(h) how the department intends to evaluate the effectiveness of the measure in the future.	The department plans to conduct an evaluation of RAMPs, this will review data collection requirements and will provide insight into improvements to performance measures.

Number of children who receive a SABTS response (Unit: number)	
Question Part	**Response**
(a) a description of the measure, including the data that support it, assumptions made, and how the data are collected and transformed	The number of children who received a Sexually Abusive Treatment Service (SABTS) Data source: The department's Integrated Reporting and Information System (IRIS)
(b) if the measure is a ratio (including a percentage), please include a description of the numerator and denominator series that provide the ratio	Not applicable
(c) how the measure evaluates the performance of the Department or the task faced by the Department	Identifies the number of children and young people who display problem sexual behaviour or sexually abusive behaviour towards others that receive support to change their behaviour.
(d) the process the Department employed to set a target or anticipated result for this measure	The department undertook an analysis of historical data over the last two years.
(e) a description of what constitutes good performance and how the performance measure indicates this	Achievement of performance within 10 per cent for each quarter's results reported in 2016-17.
(f) any shortcomings of the measure	As a measure of units of support only, it does not speak to the outcomes of the intervention.
(g) how the department intends to estimate the 'expected outcome' of the measure at the time of the 2018-19 Budget	The department will ensure that additional targets and funding allocated to agencies from the 2017-18 Budget will be taken into account.
(h) how the department intends to evaluate the effectiveness of the measure in the future.	The measure will be monitored over time, consideration will be given to timeliness and outcomes measures following the completion of improvements to the IRIS database.

Number of calls made to the Statewide telephone help line for men regarding family violence (Unit: number)	
Question Part	**Response**
(a) a description of the measure, including the data that support it, assumptions made, and how the data are collected and transformed	Number of calls made to the Statewide telephone help line for men regarding family violence Data Source: Agency reports from Men's Referral Service/No To Violence.
(b) if the measure is a ratio (including a percentage), please include a description of the numerator and denominator series that provide the ratio	Not applicable
(c) how the measure evaluates the performance of the Department or the task faced by the Department	Identifies the number of men and other people who are provided with support, information, referrals or advice about men who use family violence
(d) the process the Department employed to set a target or anticipated result for this measure	The department undertook an analysis of historical published data over the last two years, including service delivery tracking, the department's Integrated Reporting and Information System (IRIS), and the agency's annual report
(e) a description of what constitutes good performance and how the performance measure indicates this	Achievement of performance within 10 per cent for each quarter's results reported in 2016-17.
(f) any shortcomings of the measure	As a measure of units of support only, it does not speak to the outcomes of the intervention.
(g) how the department intends to estimate the 'expected outcome' of the measure at the time of the 2018-19 Budget	By monitoring agency reporting in Service Delivery Tracking.
(h) how the department intends to evaluate the effectiveness of the measure in the future.	The measure will be monitored over time, consideration will be given to timeliness and outcomes measures following the completion of improvements to the IRIS database.

Housing Assistance

Number of family violence victims who receive a refuge response (Unit: number)	
Question Part	**Response**
(a) a description of the measure, including the data that support it, assumptions made, and how the data are collected and transformed	The number of women who are accommodated at family violence refuges. Data source: Family Violence refuge register. The refuge register captures data on the availability of refuges and will provide data as to the number of women supported for a refuge response.
(b) if the measure is a ratio (including a percentage), please include a description of the numerator and denominator series that provide the ratio	Not applicable
(c) how the measure evaluates the performance of the Department or the task faced by the Department	Provides insight into the number of women fleeing family violence who are provided with a refuge response
(d) the process the Department employed to set a target or anticipated result for this measure	The department undertook an analysis of existing data from the Specialist Homelessness Collection data set, the number of available refuge accommodation facilities, and an assumed vacancy rate.
(e) a description of what constitutes good performance and how the performance measure indicates this	Achievement of performance within 10 per cent for each quarter's results reported in 2016-17.
(f) any shortcomings of the measure	The measure does not differentiate the amount or duration of service instances.
(g) how the department intends to estimate the 'expected outcome' of the measure at the time of the 2018-19 Budget	By regular monitoring of the refuge register, agency feedback and analysis of implications of 2017-18 Budget outcomes

Number of family violence victims who receive a refuge response (Unit: number)	
Question Part	**Response**
(h) how the department intends to evaluate the effectiveness of the measure in the future.	Review of data following rollout of new measure to include outcome measures that speak to the proportion of clients who stay in a refuge for less than six weeks.

Number of nights of refuge accommodation provided to victims of family violence (Unit: number)	
Question Part	**Response**
(a) a description of the measure, including the data that support it, assumptions made, and how the data are collected and transformed	The number nights of accommodation for women who are accommodated at family violence refuges. Data source: Family Violence Refuge Register. The refuge register captures data on the availability of refuges and will provide data as to the number of women supported for a refuge response.
(b) if the measure is a ratio (including a percentage), please include a description of the numerator and denominator series that provide the ratio	Not applicable
(c) how the measure evaluates the performance of the Department or the task faced by the Department	Provides insight into the number nights of accommodation for women fleeing family violence who are provided with a refuge response
(d) the process the Department employed to set a target or anticipated result for this measure	The department undertook an analysis of existing data from the Specialist Homelessness Collection data set, the number of available refuge accommodation facilities, and an assumed vacancy rate.
(e) a description of what constitutes good performance and how the performance measure indicates this	Achievement of performance within 10 per cent for each quarter's results reported in 2016-17.

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Number of nights of refuge accommodation provided to victims of family violence (Unit: number)	
Question Part	**Response**
(f) any shortcomings of the measure	Nil.
(g) how the department intends to estimate the 'expected outcome' of the measure at the time of the 2018-19 Budget	By regular monitoring of the refuge register, agency feedback and analysis of implications of 2017-18 Budget outcomes
(h) how the department intends to evaluate the effectiveness of the measure in the future.	Review of data following rollout of new measure to include outcome measures that speak to the proportion of clients who stay in a refuge for less than six weeks.

Number of calls made to the statewide 24/7 family violence victim/survivor crisis service (Unit: number)	
Question Part	Response
(a) a description of the measure, including the data that support it, assumptions made, and how the data are collected and transformed	Number of calls made to the Statewide telephone help line for men regarding family violence Data Source: Service delivery tracking data for Safe Steps under Activity Code 20085 - Telephone Information and Referrals
(b) if the measure is a ratio (including a percentage), please include a description of the numerator and denominator series that provide the ratio	Not applicable
(c) how the measure evaluates the performance of the Department or the task faced by the Department	Identifies the number of women who are victims of family violence who are provided with information, referrals and advice to support their safety.
(d) the process the Department employed to set a target or anticipated result for this measure	The department undertook an analysis of historical published data over the last two years, including service delivery tracking and the agency's annual report

Number of calls made to the statewide 24/7 family violence victim/survivor crisis service (Unit: number)	
Question Part	Response
(e) a description of what constitutes good performance and how the performance measure indicates this	Achievement of performance within 10 per cent for each quarter's results reported in 2016-17.
(f) any shortcomings of the measure	The measure captures the volume of calls only, but does not capture the intensity of service provided.
(g) how the department intends to estimate the 'expected outcome' of the measure at the time of the 2018-19 Budget	By monitoring agency reporting in Service Delivery Tracking.
(h) how the department intends to evaluate the effectiveness of the measure in the future.	The measure will be monitored over time, consideration will be given to timeliness and outcomes measures and further data collection methods.

Number of clients assisted to address and prevent homelessness due to family violence (Unit: number)	
Question Part	**Response**
(a) a description of the measure, including the data that support it, assumptions made, and how the data are collected and transformed	This performance measure counts the number of clients who are homeless or at imminent risk of homelessness due to family violence who are assisted by a funded agency providing specialist homelessness services. Data Source: This data has been collected from Victorian homelessness funded agencies through the Homelessness Data Collection.
(b) if the measure is a ratio (including a percentage), please include a description of the numerator and denominator series that provide the ratio	Not applicable

Number of clients assisted to address and prevent homelessness due to family violence (Unit: number)	
Question Part	**Response**
(c) how the measure evaluates the performance of the Department or the task faced by the Department	Identifies the number of clients assisted to address and prevent homelessness due to family violence.
(d) the process the Department employed to set a target or anticipated result for this measure	The percentage of family violence clients in 2015-16, as measured by the Homelessness Data Collection (the latest full year of data available) was applied to the 2017-18 target for 'Number of clients assisted to address and prevent homelessness'.
(e) a description of what constitutes good performance and how the performance measure indicates this	A decrease in this number is desirable. However, it should be noted that: • An increase in expressed demand may be due to greater public awareness of family violence and the support available. • A decrease in expressed demand is not due to a reduction in service sector capacity.
(f) any shortcomings of the measure	The impact of any potential Commonwealth Government changes to the National Affordable Housing Agreement funding in the 2017-18 budget has not been included.
(g) how the department intends to estimate the 'expected outcome' of the measure at the time of the 2018-19 Budget	Available data from the Homelessness Data Collection will be used to estimate the expected outcome.
(h) how the department intends to evaluate the effectiveness of the measure in the future.	Assess measure against other family violence reporting measures, including those in proposed outcomes frameworks.

Social housing tenants satisfied with completed non-urgent maintenance works (Unit: per cent)	
Question Part	**Response**
(a) a description of the measure, including the data that support it, assumptions made, and how the data are collected and transformed	The measure captures tenant satisfaction for maintenance works categorised as 'priority' or 'normal'. Data is collected via telephone survey of eligible tenants. Results of telephone survey are recorded in customised application located at the Housing Call Centre. Customised reporting tool provides summary reporting containing statewide quarterly percentage score for this measure.
(b) if the measure is a ratio (including a percentage), please include a description of the numerator and denominator series that provide the ratio	The output is a percentage to one decimal place. Eligible public tenants are asked 'Are you satisfied with the works that have been completed'. Acceptable responses are 'Yes' and 'No'. Approximately 750 successful contacts are made each month to tenants eligible to undertake the survey. Numerator = Number of eligible tenants satisfied with non-urgent works. Denominator = Total number of 'priority' and 'normal' jobs included in survey.
(c) how the measure evaluates the performance of the Department or the task faced by the Department	This measure is an indicator of performance of contractors engaged by the department. It is also an early indicator of possible contractor performance issues that may benefit by additional monitoring or early intervention.
(d) the process the Department employed to set a target or anticipated result for this measure	The contractual benchmark for tenant satisfaction for all urgencies is set at 75 per cent. The existing measure related to urgent maintenance works is set at 85 per cent. As there was no underpinning data to assist with target setting for the new measure, an achievable introductory target above the contractual benchmark was nominated. If reported results are consistently over target, revision through Department of Treasury and Finance is likely.
(e) a description of what constitutes good performance and how the performance measure indicates this	Good contractor performance should result in increased tenant satisfaction with quality and timeliness of works and be reflected by a result at, or above target.

Social housing tenants satisfied with completed non-urgent maintenance works (Unit: per cent)

Question Part	Response
(f) any shortcomings of the measure	Nil.
(g) how the department intends to estimate the 'expected outcome' of the measure at the time of the 2018-19 Budget	The 'expected outcome' for this measure will remain the same as the target. The 'expected outcome' will vary if formal revision of target is sought.
(h) how the department intends to evaluate the effectiveness of the measure in the future.	Monitoring of results to assess tenant satisfaction of contractor performance with non-urgent works over subsequent quarters. Consistent results over target will indicate contractor performance exceeds existing contractual and target requirements.

Average waiting time for public rental housing for clients who have received a priority access housing or priority transfer allocation due to family violence (Unit: per cent)

Question Part	Response
(a) a description of the measure, including the data that support it, assumptions made, and how the data are collected and transformed	The average number of months to house a client seeking priority housing or priority transfer to leave a family violence situation. Data source: Housing Integrated Information Program (HiiP) The data is collected directly from the transactional housing system so no transformations are necessary.
(b) if the measure is a ratio (including a percentage), please include a description of the numerator and denominator series that provide the ratio	Numerator: The average difference in months between the date a client is approved for priority housing or priority transfer due to family violence, and the date the client was housed Denominator: The average length of a month in a non-leap year, in most cases being 30.42

Average waiting time for public rental housing for clients who have received a priority access housing or priority transfer allocation due to family violence (Unit: per cent)	
Question Part	**Response**
(c) how the measure evaluates the performance of the Department or the task faced by the Department	Identifies the average time a client leaving family violence situation was required to wait before the Department was able to house them
(d) the process the Department employed to set a target or anticipated result for this measure	As this uses the same counting rules as the Priority Housing Waiting Time measure, apart from the cohort of clients included, the target has been set to equal that measure, allowing direct comparison between the two.
(e) a description of what constitutes good performance and how the performance measure indicates this	Good performance is indicated by a result that decreases over time. It is also desirable that this result is less than the result for the Priority Housing Waiting Time measure, given the two measures are comparable
(f) any shortcomings of the measure	The measure does not reflect how long clients still waiting to be housed have been waiting. Therefore, changes to policy or practice to improve performance will not be reflected in the measure until a later point in time.
(g) how the department intends to estimate the 'expected outcome' of the measure at the time of the 2018-19 Budget	The measure is counted across a time period (financial year). The expected outcome can be measured by calculating the average waiting time for clients housed year-to-date at the time of the 2017-18 Budget
(h) how the department intends to evaluate the effectiveness of the measure in the future.	Analysing the trend of this measure over time is the most effective way of measuring improvement. A constant trend downward is desirable.

Disability Services

Percentage of Supported Independent Living (SIL) services vacancies filled within 60 business days (Unit: per cent)	
Question Part	**Response**
(a) a description of the measure, including the data that support it, assumptions made, and how the data are collected and transformed	The proposed new measure reflects activity funded and delivered by the Commonwealth Government through the National Disability Insurance Scheme. This measure relates to service areas that have transitioned to the National Disability Insurance Scheme and receive funding from the National Disability Insurance Agency.
(b) if the measure is a ratio (including a percentage), please include a description of the numerator and denominator series that provide the ratio	The numerator is the number of SIL services (places where a roster of staff support can be provided) that have become vacant and taken up by another NDIS participant within 60 business days of it becoming vacant. The denominator is the total number of SIL services that have become vacant in the period.
(c) how the measure evaluates the performance of the Department or the task faced by the Department	The purpose of this measure is to ensure that DHHS can monitor its performance of providing SIL services to NDIS participants, with minimal periods of vacant services.
(d) the process the Department employed to set a target or anticipated result for this measure	The National Disability Insurance Agency (NDIA) advised in July 2016 that Specialist Disability Accommodation (SDA) funding would continue for 60 business days beyond the date a vacancy occurred. This measure reflects that period. In SIL services, the department mirrored the SDA performance measure of filling vacancies within 60 days, as the filling of vacancies in a house is the role of the SDA owner, and the provision of SIL and SDA services to a NDIS participant start and end together.
(e) a description of what constitutes good performance and how the performance measure indicates this	Good performance is where every SIL service that becomes vacant has a new NDIS participant accessing the service within 60 business days.

Percentage of Supported Independent Living (SIL) services vacancies filled within 60 business days (Unit: per cent)	
Question Part	**Response**
(f) any shortcomings of the measure	The measure may need to be refined as the NDIS continues to roll out.
(g) how the department intends to estimate the 'expected outcome' of the measure at the time of the 2018-19 Budget	TBD
(h) how the department intends to evaluate the effectiveness of the measure in the future.	TBD

Percentage of Specialist Disability Accommodation (SDA) services vacancies filled within 60 business days (Unit: per cent)	
Question Part	**Response**
(a) a description of the measure, including the data that support it, assumptions made, and how the data are collected and transformed	The proposed new measure reflects activity funded and delivered by the Commonwealth Government through the National Disability Insurance Scheme. This measure relates to service areas that have transitioned to the National Disability Insurance Scheme and receive funding from the National Disability Insurance Agency.
(b) if the measure is a ratio (including a percentage), please include a description of the numerator and denominator series that provide the ratio	The numerator is the number of SDA places (beds in a facility) that have become vacant and taken up by another NDIS participant within 60 business days of it becoming vacant. The denominator is the total number of SDA places that have become vacant in the period
(c) how the measure evaluates the performance of the Department or the task faced by the Department	The purpose of this measure is to ensure that DHHS can monitor its performance of providing SDA to NDIS participants, with minimal periods of vacant services.

Percentage of Specialist Disability Accommodation (SDA) services vacancies filled within 60 business days (Unit: per cent)	
Question Part	**Response**
(d) the process the Department employed to set a target or anticipated result for this measure	The National Disability Insurance Agency (NDIA) advised in July 2016 that SDA funding would continue for 60 business days beyond the date a vacancy occurred. This measure reflects that period.
(e) a description of what constitutes good performance and how the performance measure indicates this	Good performance is one where every SDA service that becomes vacant has a new NDIS participant accessing the service within 60 business days.
(f) any shortcomings of the measure	The measure may need to be refined as the NDIS continues to roll out.
(g) how the department intends to estimate the 'expected outcome' of the measure at the time of the 2018-19 Budget	TBD
(h) how the department intends to evaluate the effectiveness of the measure in the future.	TBD

Empowering Individuals and Communities

Annual reporting against the State disability plan within agreed timeframes (Unit: months)	
Question Part	**Response**
(a) a description of the measure, including the data that support it, assumptions made, and how the data are collected and transformed	The measure evaluates the commitment the department has made to monitor implementation of the state disability plan and publicly report progress on an annual basis. The data that supports this measure is the quarterly reporting on 'Absolutely everyone: state disability plan 2017-2020'. A report for each calendar year of the state disability plan 2017-2020 is planned for release by 31 March of the following year.
(b) if the measure is a ratio (including a percentage), please include a description of the numerator and denominator series that provide the ratio	Not applicable
(c) how the measure evaluates the performance of the Department or the task faced by the Department	The measure evaluates the commitment the department has made to monitor implementation of the state disability plan and publicly report progress on an annual basis. The measure is the number of months counted as any period of 30 days or more beyond 31 March.
(d) the process the Department employed to set a target or anticipated result for this measure	During consultation, people with a disability indicated a strong preference for annual public reporting on the state disability plan.
(e) a description of what constitutes good performance and how the performance measure indicates this	Reporting of 0 months will indicate annual reporting was delivered on time.
(f) any shortcomings of the measure	The measure does not indicate progress of individual actions contained within the plan.
(g) how the department intends to estimate the 'expected outcome' of the measure at the time of the 2018-19 Budget	The expected outcome will be 0 months.

Annual reporting against the State disability plan within agreed timeframes (Unit: months)	
Question Part	**Response**
(h) how the department intends to evaluate the effectiveness of the measure in the future.	The department will review how often the measure exceeds 0 months during the period of 'Absolutely everyone'.

Outputs relating to family violence are being transferred between departments. Information about new measures is not available at this time and will be provided as soon as possible.

Question 21

    (a)   **Department of Economic Development, Jobs, Transport and Resources only**

Performance measure: 'Major sporting and cultural events facilitated'

        (i)   Please list the number of sporting and cultural events facilitated by the department over the last five years.

        (ii)   What were the facilitation costs of each of these events?

    (b)   **Department of Health and Human Services only**

Performance measure: 'Number of households assisted with long-term social housing (public, Aboriginal, and community long-term tenancies at the end of the year)'.

        (i)   How will the transfer of properties from the Director of Housing to Aboriginal Housing Victoria affect both agencies?

> The transfer of properties to Aboriginal Housing Victoria provides the organisation with an opportunity to directly manage its property assets to better align with tenant needs. The transfer will significantly boost the organisation's control over housing outcomes for tenants, as Aboriginal Housing Victoria will directly manage all maintenance, upgrades and redevelopment opportunities. This will improve Aboriginal Housing Victoria's ability to manage applications as a partner in the Victorian Housing Register and combine asset and landlord functions to optimise support to Aboriginal tenants.
>
> The key benefit to the Director of a title transfer is the transfer of ongoing capital maintenance property costs, and avoidance of a range of other ongoing costs such as property rates.

        (ii)   How will this transfer be treated in the DHHS and State budgets?

The Aboriginal Housing Victoria (AHV) transfer involves the transfer of housing assets from the Director of Housing Public Non-Financial Corporation (PNFC) to AHV, therefore it does not impact on the general government sector. The detailed sections of the state budget papers all revolve around the general government sector.

Financial information relating to PNFC's is only contained in aggregate and is presented in chapter 2 of BP5.

No transactions in relation to the transfer of assets to AHV are individually represented anywhere in the budget papers, however the transactions detailed below form part of the aggregated information in table 2.1 and 2.2 in 2016-17 and the out years.

The relevant transactions are detailed below:

BP 5, chapter 2. of the State Budget

Comprehensive Operating Statement	Balance Sheet

• Other Operating Expenses
  o $205,082.50 expense
	• Land
	  o $145,002.30 decrease

	• Buildings
	o $60,080.20 decrease

• Total Impact on Comprehensive Operating Statement
 	
  $205,082.50 expense
	• Total impact on Balance Sheet
	
	  $205,082.50 decrease

The Aboriginal Housing Victoria transfer will impact the DHHS Budget as follows:

Director of Housing PNFC Budget

Comprehensive Operating Statement	Balance Sheet

• Land provided free of charge
  o $145,002.30 expense
	• Land
	  o $145,002.30 decrease

• Buildings provided free of charge
  o $60,080.20
	• Buildings
	  o $60,080.20 decrease

• Total Impact on Comprehensive Operating Statement **$205,082.50 expense**	• Total impact on Balance Sheet **$205,082.50 decrease**

(iii)   What is the intended social outcome?

The transfer of ownership is a highly effective and practical way to recognise, respect and support Aboriginal Housing Victoria to achieve self-determination. The transfer will provide Aboriginal Housing Victoria with a solid foundation to provide culturally appropriate social housing. It will also support the organisation to develop innovative housing solutions to promote socio-economic independence among Aboriginal Victorians.

The Department of Health & Human Services recognises that it cannot engage as effectively with Aboriginal clients and communities as an Aboriginal housing organisation can, and does not possess the depth of understanding and experience that is required to deliver culturally responsive housing services and lasting housing outcomes to Aboriginal people, families and communities.

Aboriginal Housing Victoria is committed to improving the health and wellbeing of the Aboriginal tenants who reside in its properties, and works in collaboration with other agencies to improve access for tenants to Aboriginal community controlled and mainstream services. Aboriginal Housing Victoria is also focussed on measures to increase Aboriginal employment through the development of an in-house contracting model whereby Aboriginal people are provided training to undertake maintenance and capital works.

(iv)   Will a dedicated performance measure be created to monitor the impact of this transfer on levels of Aboriginal public housing assistance?

As Aboriginal Housing Victoria stock numbers and the continued eligibility of Aboriginal households for public rental housing are not affected by the transfer of assets, it is not expected that this initiative will have any direct effect on levels of public housing assistance to Aboriginal people. All Housing Assistance output measures are being reviewed for 2018-19 and indicators of the effectiveness and quality of housing assistance to Aboriginal Victorians are in scope for this review.

(c)   **Department of Justice and Regulation only**

Performance measures: 'Infringement notices processed'

       (i)   Please provide an update of the fines reform program.

       (ii)   Is the tender process for the new infringements ICT system now complete?

       (iii)   When does the Department anticipate the new ICT system to be fully implemented?

(d)   **Department of Environment, Land, Water and Planning only**

Performance Measure: 'Property transfers, discharge of mortgages and registration of new mortgages'

       (i)   How do improvements in the property market affect the Department's Electronic conveyancing and Landata services?

       (ii)   Does the Department monitor movements in the property market?

(iii)   Does the Department use forecasts for the property market as a tool to plan the workload and activity for the Electronic conveyancing and Landata services area?

(e)   **Department of Education and Training only**

Performance measures: All performance measures within the Higher Education and Skills output:

(i)   When does the Department anticipate the impact of past policy changes to the VET Sector (such as tightened eligibility for subsidised training and foundation courses, and reduction in subsidies) will be reflected in improving performance measurement levels in VET sector enrolments and participation and satisfaction with training and improved employment status by VET completers?

(f)   **Department of Premier and Cabinet only**

Performance measure 'Timely delivery of State events and functions'

(i)   Please list the number state events and functions the department has undertaken over the last five years.

(ii)   Is there a regular calendar of state events and functions the Department delivers each year?

(iii)   What were the costs of each of these events?

(g)   **Department of Treasury and Finance only**

Performance measure 'Develop and implement policies, procedures and training to govern and build capability to deliver infrastructure investment'

(i)   Please break down the target for this performance measure (45) in terms of policies implemented, procedures developed and training undertaken.

Please give the actual number of each of the policies, procedures and training undertaken to govern and build capability to deliver infrastructure investment for the last three years.

8.   Staffing matters

Question 22

(a)   Please fully complete the table below, providing actual FTE staff numbers at 30 June 2016 and estimates of FTE staff numbers (broken down by the categories listed below) at 30 June 2017 and 30 June 2018 for the Department. Please provide figures consolidated on the same basis (that is, including the same entities) as the employee benefits expenditure for the Department in the budget papers.

Grade	30 June 2016 (Actual FTE number)	30 June 2017[a] (Expected FTE number)	30 June 2018[b] (Forecast FTE number)
Secretary	1	1	
EO-1	3	4.8	
EO-2	53	57.9	
EO-3	62.9	71.8	
VPS Grade 7 (STS)	18.4	15.4	
VPS Grade 6	827.4	887.8	
VPS Grade 5	1321.8	1385.3	
VPS Grade 4	766.8	799.7	
VPS Grade 3	568.3	599.4	
VPS Grade 2	348.8	353.2	
VPS Grade 1	8.7	0.2	
Allied health professionals	239	205.4	
Child protection[c]	1870.4[c]	1784.3[c]	
Disability development and support	4348.4	4364.7	
Custodial officers	365.1		
Housing Services	466.2	477.2	
Other Solicitors, Senior Medical Advisors, Trade Assistants, Facility Services Officers, Scientists. Auditors.	178.6	244.9	
Total	**11448**	**11253**	

Notes:

(a) FTE levels as at 31 March 2017 are used as an 'expected 30 June 2017 FTE level', less the Machinery of Government transfers to Department of Justice and Regulation.

(b) Two new entities have been added to the department's establishment: Safer Care Victoria and the Victorian Agency for Health Information. The creation of these new entities have had an impact on FTE staffing numbers.

(c) Child Protection classification at 30/6/16 includes *Child Protection Practitioner (CPP)* roles and *Children Youth & Families (CYF)* roles. The reduction in overall Child Protection FTE at 31 March 2017 is due to the machinery of government change and subsequent transfer of 195 CYF FTE to the Department of Justice and Regulation. Total CPP roles increased by 89.2 FTE in the period 30 June 2016 to 31 March 2017.

(d) The department does not forecast FTE levels as it employs on a needs basis, within strict budget guidelines to support its service delivery programs.

(e) The staffing profiles contained in these tables include Housing staff, but exclude Hospital staff. This is different from budget papers, which do not include Housing staff but do include all other entities.

(b)   Please list the entities that contribute to the table above

Department of Health and Human Services

Commission for Children and Young People

Question 23

Please break down the actual staff numbers in your department as at 30 June 2016 and the estimates as at 30 June 2017 and 2018 according to the number of staff that are ongoing, fixed-term or casual.

	30 June 2016 actual		30 June 2017 expected		30 June 2018 forecast	
	(FTE number)	**(head count)**	**(FTE number)**	**(head count)**	**(FTE number)**	**(head count)**
Ongoing	9729.8		9306.9			
Fixed-term	962.9		1223			
Casual	755.4		723			
Total	**11448.0**		**11253**			

* FTE levels as at 31 March 2017 are used as an 'expected 30 June 2017 FTE level', less the Machinery of Government transfers to Department of Justice and Regulation.

** The department does not forecast FTE levels as it employs on a needs basis, within strict budget guidelines to support its service delivery programs.

Question 24

(a)   Please describe how the Department identifies skills areas it is deficient in.

In 2016/17 succession planning and critical role analysis was completed for all executive roles to review and identify strategies to build capability and expertise in areas that are critical to the department's service delivery activities.

In 2016/17 the department identified a range of foundation capabilities essential to deliver on current and future services, including strategic leadership, adaptability and client-centred design and delivery. Using these foundation capabilities the department undertook a deep analysis of workforce and the skills in place today and skills that would be needed in the future. The outcomes of this analysis have informed capability development opportunities which are included in the department's recently released People Strategy 2020 which be used to develop and prioritise recruitment strategies and learning and development activities.

(b)   Please provide a list of any identified areas of skills shortages for the Department.

An assessment of the capability across the department has identified opportunity to improve

capability in service delivery, strategic policy and contract management. Of particular focus, the department has identified a shortage of candidates who have the requisite skills and experience to perform the roles of Advanced and Senior Child Protection Practitioners.

(c)   What actions is the Department taking in order to address identified areas of skills shortages?

The Department has recently released the People Strategy 2020 which is a long term investment in our people and a key enabler to deliver our strategic plan and meet the changing needs of our clients and the community.

The People Strategy 2020 identifies a number of initiatives to be implemented to address and continually monitor capability gaps and opportunities. Some examples include – development of career pathways for increased career mobility for staff, development of learning programs that improve technical and behavioural capabilities and enhanced tertiary and student opportunities and programs.

In areas such as Child Protection, the department adopts a strategic approach to attraction, working in partnership with recruitment and employment agencies, universities and TAFE institutions and through on-line and social media platforms and forums to identify and engage with potential candidates. Recruitment campaigns for CPP roles have a global reach and extend across local, rural, national and international employment markets. The department uses multiple campaign platforms including on-line, digital, print, radio and community forums to advertise and market CPP job opportunities.

(d)   Please advise how much the Department has spent on labour recruitment firms, including payment to employees.

The department has spent $33,363,861 (net of GST) from July-March 17 on labour recruitment firms. This includes provision of on-hire, fixed term or permanent Administrative, Information Technology (IT) and Specialised recruitment categories including frontline staff for service delivery.

This equates to approximately 4% of staff costs.

9. Managing Telecommunications Usage and Expenditure (follow-up of VAGO report, 2014)

Question 25 *Expenditure on telecommunications*

(a) Please provide details of telecommunications estimates and actual expenditure for each of the years as presented in the following table:

Year	Data ($)	Fixed voice ($)	Mobile ($)	Internet ($)	Unified communications ($)
2014-15	$1,475,556	$290,402	$314,020	$246,799	N/A
2015-16	$2,036,396	$248,423	$153,844	$271,495	N/A
2016-17	$2,602,832	$246,795	$100,181	$177,746	N/A

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

Internet link from the DHHS primary and secondary datacentres.

Question 26 *Monitoring and review*

(a) Please describe the management framework in place to ensure a consistent approach to the usage and control of telecommunications expenditure across the department.

The department has a telecommunication policy that is designed to optimise:

- the use of the available facilities, products and services;
- the scale of costs involved in providing and operating services;
- the management information available to monitor expenditure;
- the management information available to monitor equipment and services efficiency; and

support and advisory services available from consulting internal technical staff or external consultants where required.

(b) What processes are in place to assist the department in its monitoring of fixed voice and mobile usage and expenditure across the department/agency?

For mobiles, we use the Mobile Phone Payment System (MPPS) to send users their monthly statements of voice and data costs. The monthly statement must be reviewed for costs associated with personal use. Usage exceeding the agreed monthly benchmark triggers an email to the manager with an itemised breakdown of calls.

(c) Which specific aspects/factors of use are monitored?

Mobile usage for call and data are being monitored.

(d) Does the department/agency use electronic information systems/programs to monitor trends and identify anomalies in telecommunications expenditure?

Mobiles are managed centrally and the department uses the Telstra Managed Bill Reporting

System (MBRS) to monitor mobile voice and data charges each month.

Fixed voice is not managed centrally, making monitoring and reporting difficult for the whole department. As the department transitions legacy sites to NEC Victorian Office Telephony Service (VOTS), reporting will become possible.

(e)   Please describe the reporting regime in place to oversight fixed voice and mobile usage and expenditure across the department/agency.

For mobiles, the department uses Telstra MBRS to perform monthly reviews to check whether correct data plans are being used, data services are on the correct account, any packet data charges, unusual charges etc. Any queries in regards to anomalies or corrections will be sent to Telstra. A report is then produced and given to the Assistant Director (Service Delivery) for review before payment approval.

Fixed voice is not managed centrally, making monitoring and reporting difficult for the whole department. As the department transitions legacy sites to NEC Victorian Office Telephony Service (VOTS), reporting will become possible.

(f)   How does the department/agency verify the accuracy of all its fixed voice and mobile telecommunications invoices? What validation processes are in place at a local level to verify accuracy of usage and costs?

For mobiles, refer to (e).

For fixed lines that are managed by NEC VOTS, NEC verifies bill accuracy on behalf of the department from our carrier Optus.

(g)   Has the department/agency undertaken any reviews of telecommunications usage and expenditure across the organisation in recent years? How have these reviews been used to improve practices?

The department has undertaken some individual reviews in recent years.

Question 27 *Mobile Phones*

(a)   Does the department/agency have a policy or guidelines in place for the allocation and use of mobile phones, including their use when overseas?

Mobile Communications and Portable Storage Devices Policy

- Sets out acceptable use of departmental and personally-owned devices that are connected to the network or hardware.
- Includes approval levels required for the allocation of a device, activation of a service, International Roaming allocation etc

Mobile communication and portable storage devices selection guide

- Assists users in determining the most appropriate mobile device to use or purchase.
- Also includes a flowchart to assist in determining the most appropriate device type

Guidelines for using mobiles overseas

- Includes instructions on how to turn off data roaming and how to disable Fetch New Data and Notifications

- Provides details of voice and data plans available

Forms to get the necessary details and approval levels:

- BTIM Procurement Form

International Roaming Service Request Form

(b) Are User guidelines provided to staff in possession of an agency mobile and are the terms and conditions of use formally agreed to by staff members?

As set out by the policies and guidelines (refer to answer to 27a), all staff submitting a form for the procurement of a mobile must acknowledge that they have read the Mobile Communications and Portable Storage Devices Policy and accept the conditions of use. They also need to sign and attach to the form the Terms and Conditions for Departmental Devices. A device is not allocated until the signed terms and conditions are received.

(c) How does the department establish limits or thresholds for allowable personal use of mobile phones provided to staff?

The department has not established limits or thresholds for personal use, the DHHS Mobile Communications and Portable Storage Device Policy states "The department will allow private calls on the condition that the department is reimbursed for the cost of all private calls".

(d) What timeframes have been established by the department for cost recovery for personal use of mobile phones?

Timeframes for cost recovery have not been established, any reimbursement to the department for personal usage is currently enforced by local management.

Question 28 *Identifying cost savings*

(a) How does the department/agency ensure that any cost savings available through whole-of-government agreements are taken advantage of promptly?

Any changes to previous TPAMS contract are reviewed by management and approved as soon as possible to take advantage of savings.

In addition:

- The Primus contract was renegotiated through CenITex for the internet.

The department transitioned ADSL from CenITex (who had an agreement on our behalf with Telstra) to a direct agreement with Telstra and saved significant costs, services are also now transitioning to the NBN for the Group Homes.

(b) Please provide details of variations/changes made to the department's telecommunications arrangements to take advantage of savings available under the new TPAMS20125 agreements.

This is currently in progress, DHHS have met with all TPAMS UC vendors and meetings are taking place with Optus and Telstra for the Voice and Mobile towers.

(c) How does the department/agency monitor data usage to identify potential savings available in data plans?

All data services are on one account with a medium data plan, which allows all data services to share the aggregated data. Usage is monitored every month to ensure the department does not reach our allowable threshold. Emails are sent out to users with consistent high usage with a request to review their usage & ensure it is for work purposes only.

Audits are also conducted to identify unused services (ie. no data usage).

(d) What processes are in place to enable the department/agency to identify and cancel any fixed voice and/or mobile services which are not being fully utilised?

For mobile, audits are conducted to identify data mobile services that are not being used (i.e. no data usage), these are reviewed and cancelled where appropriate.

For fixed voice, IP extensions are audited for those not logged and have no recent call activity to identify unused services and marked for cancellations.

(e) Has the department/agency undertaken action to remove redundant landlines and replace inefficient analogue lines with ISDN lines?

Validation of ISDN lines are carried out when upgrading the legacy sites to VOIP solutions.

(f) Does the department/agency set savings targets for telecommunications expenditure?

The department does not set savings targets for telecommunications expenditure.

(g) Has the department/agency quantified savings made on telecommunications expenditure over the past 3 years?

In general, rates have declined and data thresholds have increased over the years, therefore the department has seen a better deal on mobile but an increase in data. Overall, this means the department has not seen quantified savings made on telecommunications expenditure over the past 3 years. With the increase demand in mobility, this has seen a steady increase in the number of mobile data services. These services are used in iPhones, iPads, Ultrabooks and Modems. Mobile expenditure therefore continues to rise. Fixed line charges, however, have decreased.

10. Implementation of the Government Risk Management Framework

Question 29 *Questions for all Departments/agencies*

    (a)   Does the department/agency have a Risk Management Framework (RMF) in place?

> Yes. The department's risk management policy and framework is reviewed annually and updated to comply with the Victorian Government Risk Management Framework.

    (b)   Does the department's RMF comply with the minimum requirements articulated in the *Victorian Government Risk Management Framework* (released in May 2015)?

> Yes. See (a) above.

    (c)   How does the framework link to the department's strategic plan/strategic objectives?

> Development of the department's strategic plan is informed by departmental risks identified under the Risk Management Policy and Framework.

    (d)   In relation to the department's budget across the forward estimates period, how are risks identified across the department/agency?

> The department's budget is linked to the strategic plan, and both are informed by the departmental risks as indicated in (c) above. Significant risks are a key driver for improvement initiatives and investment decisions.

    (e)   How are risk treatments/risk mitigation strategies developed?

> Following identification of risks, the existing controls are assessed to determine their efficacy, and a risk rating is determined in light of this. Depending on the assessment of controls and the resulting risk rating, additional treatments are identified and put in train to further mitigate the risks.

    (a)   What processes are in place for identifying and managing interagency and/or state wide risks?

> The department conducts discussions with other departments to identify shared risks.

    (b)   Has the Department developed risk performance indicators? If so, how are they used by the organisation?

> The department has developed risk performance indicators for some risks, where there is a clear link to measurable performance. In other instances the risks are monitored through qualitative assessment. Performance indicators are used to assist in monitoring performance and longitudinal shift in risk exposure.

    (c)   What actions have been taken to improve the risk capability of employees within the department? How are employees made aware of risk management? Please advise the extent of risk management training provided to employees?

> Risk management training is provided. Further work is in train to develop targeted risk management capability building to ensure development is reaching those who need it most.

(d)   What use has the department made of services available through the VMIA to improve risk management (i.e. VMIA training sessions and seminars)?

> The department works closely with VMIA in relation to its risk management practices. VMIA is currently assisting the department to develop targeted risk management capability building and awareness raising processes.

Question 30 *Questions for Department of Treasury and Finance only*

(a)   Please describe the revised attestation requirements for Risk Management across the VPS. When did the new requirements come into effect?

(b)   What is the role of DTF and the VMIA in the revised attestation process?

(c)   What actions have been taken by DTF to improve the identification and management of interagency and state wide risks across the VPS?

(d)   Does the *Whole-of-Victorian Government Statewide Risks Interdepartmental Committee* still operate? If so, what is this Committee's terms of reference? What is its membership? How often does it meet? If not, when was the Committee disbanded and why was it disbanded? What has the Committee been replaced with?

Question 31 *Questions for Victorian Managed Insurance Authority (VMIA) only*

(a)   What activities have been undertaken by the VMIA since the release of the revised *Victorian Government Risk Management Framework* in May 2015 to support agencies in improving their risk management practices?

(b)   How does the VMIA identify agencies requiring extra support with their risk management capability?

(c)   How does the VMIA evaluate the performance of its risk management client agency support programs and activities?

(d)   What types of risks do departments find most complex to manage?