

Name of the program	Youth Outreach and Recovery Support (YORS)
Evidence of the continued need for the program and the Government's role in delivering it	The National Disability Insurance Scheme only supports young people with a psychosocial disability in very rare circumstances due to requirements around demonstrating permanence of the disability. The YORS program fills a need for supports for young people not deemed eligible for NDIS.
Evidence of the program's progress toward its stated objectives and expected outcomes	Multi-stakeholder (consumers and carers) qualitative feedback rated the program as effective. Consumers felt more confident living independently, managing their mental health and developing positive social relationships.
Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	In 2023-24, the YORS program supported over 1,000 young Victorians, including 880 new clients, and successfully discharged 980 individuals. 88 per cent of consumers felt comfortable using the service, while 94 per cent felt respected by staff.
Extent and level of efficiencies realised in the delivery of the program	An analysis of YORS demonstrated that each episode of care costs \$2,000 per young person, comparable with youth outreach services in other areas (\$2,020 per episode).
Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	1,000 young people would not have access to the support provided. This would increase demand for other areas of the primary health and mental health systems.
Evidence that the further funding reflects the actual cost required to deliver the program	The independent evaluation by ACIL revealed that at a cost of \$2,000 per episode of care, funding of YORS at the current level is broadly appropriate.

Name of the program	Maintain lapsing residential treatment capacity and continuing central coordination program for bed-based treatment	
Objective(s) of the program		
Expenditure in the financial years 2024-25 and 2025-26 (and where relevant, future years) (\$ million)	2024-25	2025-26
	\$7.474m	\$7.4m ²⁰
Details of how the program will be funded	Output appropriation under <i>Strengthening alcohol and other drug residential rehabilitation services</i> ⁵⁶	
Confirmation that an evaluation for the program has been conducted. Please advise who undertook the evaluation and attach a copy of the executive summary of the evaluation	An evaluation was conducted. As a component of a business case prepared for Cabinet consideration, it is Cabinet in Confidence and unable to be provided.	
Evidence of the continued need for the program and the Government's role in delivering it	Multiple Peak body reports, engagement and consultation processes have highlighted the need to support financial sustainability and capacity in the sector.	
Evidence of the program's progress toward its stated objectives and expected outcomes	Residential treatment services are core AOD services that are part of standard service delivery and are well established by evidence. These are effective models that are known to improve health and wellbeing outcomes.	
Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	Since 2021-2022, over 3,600 people received residential services each financial year. Residential services are part of the standard AOD system offering and all funded providers adhere to minimum standards of performance reporting and accreditation, including adhering to the Department of Health's risk reporting requirements.	
Extent and level of efficiencies realised in the delivery of the program	Continuation of residential treatment services across six metropolitan, rural and regional locations will provide extensive social and economic benefits. Over the medium to long term, social and economic impacts can be expected from reduced displacement onto other costly services (e.g., hospital emergency departments and the criminal justice system) and increased economic participation.	
Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	If the program/funding were to cease, wait times for a residential AOD service across Victoria would catastrophically increase, and this would result in increased costs associated with emergency hospital admissions and acute health crises, increased cost and burden within the criminal justice system, and significant impact and costs (including adverse economic effects) in relation to family	

⁵⁶ 2025-26 Victorian Government Budget, Budget Paper No. 3 pages 49-50 <https://s3.ap-southeast-2.amazonaws.com/vicbudgetfiles2025.26budgetvic/2025-26+State+Budget+-+Service+Delivery.pdf>

Name of the program	Maintain lapsing residential treatment capacity and continuing central coordination program for bed-based treatment
	members and/or carers needing to care for those impacted by substance dependence and addiction. This also risks adverse health effects to family members/carers.
Evidence that the further funding reflects the actual cost required to deliver the program	Funding for residential beds represents a minimum requirement to maintain existing bed access. Scaling down would result in the closure of existing beds, which are required in the service system to meet demand.

Name of the program	Victorian Fixated Threat Assessment Centre (VFTAC)	
Objective(s) of the program	Reduce the threat of grievance-fuelled individuals who may commit acts of violence	
Expenditure in the financial years 2024-25 and 2025-26 (and where relevant, future years) (\$ million)	2024-25	2025-26
	\$18.300m	\$9.0m ⁵⁷
Details of how the program will be funded	New output appropriation under <i>Victorian Fixated Threat Assessment Centre and initiatives to counter violent extremism</i> These figures do not include VFTAC funding provided to Victoria Police.	
Confirmation that an evaluation for the program has been conducted. Please advise who undertook the evaluation and attach a copy of the executive summary of the evaluation	An evaluation was conducted. As a component of a business case prepared for Cabinet consideration, it is Cabinet in Confidence and unable to be provided.	
Evidence of the continued need for the program and the Government's role in delivering it	VFTAC is the only service in Victoria that is trained and equipped to pick up the nuance of pathological grievance and the pathway to violence. Delivery of the VFTAC requires access to information held by government agencies and the use of powers prescribed to public servants and police officers under legislation.	
Evidence of the program's progress toward its stated objectives and expected outcomes	70 per cent of VFTAC consumers had a reduced concern level. Consumers also had reduced police interactions after the program and improved mental health and wellbeing.	
Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	The evaluation found the program is delivered within its scope and expected timeframes and there are no governance or risk management issues. The evaluation identified areas of underspend in the program and the funding sought in 2025-26 has been reduced in line with the evaluation findings.	
Extent and level of efficiencies realised in the delivery of the program	A cost benefit analysis showed that for every dollar spent, \$1.94 of benefits were realised. These benefits were due to avoided crime costs and avoided mental health costs.	
Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	There is no viable alternative to VFTAC.	
Evidence that the further funding reflects the actual cost required to deliver the program	Following evaluation, the funding sought in 2025-26 was less than prior years and represents the actual budget of the program.	

⁵⁷ 2025-26 Victorian Government Budget, Budget Paper No. 3 pages 49-50 <https://s3.ap-southeast-2.amazonaws.com/vicbudgetfiles2025.26budgetvic/2025-26+State+Budget+-+Service+Delivery.pdf>

Name of the program	Life-saving supports for trans and gender diverse young people	
Objective(s) of the program	To improve access to timely and appropriate specialist mental health and primary health care and peer supports for trans and gender diverse young people	
Expenditure in the financial years 2024-25 and 2025-26 (and where relevant, future years) (\$ million)	2024-25	2025-26
	\$5.4 million	\$3.6 million ⁵⁸
Details of how the program will be funded	New output appropriation under <i>Life-saving supports for trans and gender diverse young people</i>	
Confirmation that an evaluation for the program has been conducted. Please advise who undertook the evaluation and attach a copy of the executive summary of the evaluation	An evaluation was conducted. As a component of a business case prepared for Cabinet consideration, it is Cabinet in Confidence and unable to be provided.	
Evidence of the continued need for the program and the Government's role in delivering it	<p>Department and funded agency documentation, stakeholder interviews, a survey of funded agency staff, and case studies provided strong evidence of continued need for the initiative, including clinical and non-clinical services. The evaluation found:</p> <ul style="list-style-type: none"> • trans and gender diverse young people experience pre-existing mental health diagnoses, high psychological distress, and elevated rates of suicidality and self-harm • increasing complexity of cases means long wait times for services • stakeholders identified a need for expanded regional access and improved health system capability to provide culturally safe care for trans and gender diverse young people • media reporting continuing to impact the health and wellbeing of trans and gender diverse young people • Government has a role to play as there are no comparable public alternatives available. 	
Evidence of the program's progress toward its stated objectives and expected outcomes	<p>The initiative has made significant progress toward its stated objectives and expected outcomes, largely due to capacity and capability building across the 5 funded agencies. The evaluation found:</p> <ul style="list-style-type: none"> • expanded services across all funded agencies improved access, consortium collaboration enhanced targeted expansion and referral pathways, and the Care and Referral Pathways project is a valued and needed resource • strong inter-agency collaboration improved the capability of all agencies and the sector, comprehensive training and education were delivered by all agencies, secondary consultations were central to building the capability of clinicians and other headspace staff, and peer workers and support networks built important community connections 	

⁵⁸ 2025-26 Victorian Government Budget, Budget Paper No. 3 pages 49-50 <https://s3.ap-southeast-2.amazonaws.com/vicbudgetfiles2025.26budgetvic/2025-26+State+Budget+-+Service+Delivery.pdf>

Name of the program	Life-saving supports for trans and gender diverse young people	
	<ul style="list-style-type: none"> mental health and wellbeing improved, with high service satisfaction; and family support was effectively fostered, including through countering misinformation. 	
Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	The evaluation found that the initiative was largely delivered within scope, budget, and expected timeframe.	
Extent and level of efficiencies realised in the delivery of the program	<p>The evaluation found:</p> <ul style="list-style-type: none"> the department delivered the initiative efficiently and economically, particularly given the limited dedicated resources for oversight and coordination within the department efficiencies included service expansion and integration, improved referral pathways, reduced waitlists, capability building, and effective resource use online support groups yielded efficiencies by reaching a wider audience, including regional and rural Victorians, without dedicated resourcing for regional access. 	
Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	<p>The evaluation found that ceasing the program would likely lead to:</p> <ul style="list-style-type: none"> negative impacts on the health and wellbeing of trans and gender diverse young people, their families, and the community reduced access to quality gender affirming care according to stakeholder interviews and the survey of funded agency staff, reduction in service continuity for funded organisations, including potential service dissolution. 	
Evidence that the further funding reflects the actual cost required to deliver the program	<p>The evaluation found:</p> <ul style="list-style-type: none"> sustained funding is needed to cover costs, including staffing and development comparable benchmarking and research highlight that gender affirming care is highly cost-effective; however, without improved access, waitlists may increase, which will increase the cost of care, thus making the initiative less cost-effective. 	

Name of the program	Hospital in the Home beds at Parkville Youth Mental Health and Wellbeing and Barwon Health (part of Mental health bed-based services)	
Objective(s) of the program	Mental Health Hospital in the Home (HiTH) is a service that provides intensive mental health support and treatment to the community in their own home, where they otherwise may have required admission to an inpatient unit.	
	2024-25	Expenditure in the financial years 2024-25 and 2025-26 (and where relevant, future years) (\$ million)

Name of the program	Hospital in the Home beds at Parkville Youth Mental Health and Wellbeing and Barwon Health (part of Mental health bed-based services)	
Expenditure in the financial years 2024-25 and 2025-26 (and where relevant, future years) (\$ million)	\$16.562 million	The program is part of the Mental Health bed-based services initiative with a total of \$81.6m
Details of how the program will be funded	Output funding under <i>Mental health bed-based services</i> ⁵⁹ . This program is funded under the National Funding model for admitted National Weighted Activity Unit (NWAU).	
Confirmation that an evaluation for the program has been conducted. Please advise who undertook the evaluation and attach a copy of the executive summary of the evaluation	An evaluation was conducted. As a component of a business case prepared for Cabinet consideration, it is Cabinet in Confidence and unable to be provided.	
Evidence of the continued need for the program and the Government's role in delivering it	<p>The evaluation found the program aligned with evidence to support acute mental health treatment and care in a setting that is less restrictive that was:</p> <ul style="list-style-type: none"> • more responsive to a consumer's needs and preferences • more trauma-informed • supportive of consumer and carer decision-making 	
Evidence of the program's progress toward its stated objectives and expected outcomes	<p>The evaluation found:</p> <ul style="list-style-type: none"> • Reduced symptom severity and improved capacity for self-management and self-care • Reduced distress, self-harm and/or suicide • Improved capacity for decision making about the person's own support • Improved continuity of care • Positive experience of support for consumers • Positive experienced of support for family/carers • Improved carer and/or family engagement with health service staff • Improved consumer, carer and/or family engagement with health, human services and other key social supports • Reduction in need for more inpatient acute mental health services care 	
Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	An evaluation was conducted. As a component of a business case prepared for Cabinet consideration, it is Cabinet in Confidence and unable to be provided.	

⁵⁹ 2025-26 Victorian Government Budget, Budget Paper No. 3 pages 49-50 <https://s3.ap-southeast-2.amazonaws.com/vicbudgetfiles2025.26budgetvic/2025-26+State+Budget+-+Service+Delivery.pdf>

Name of the program	Hospital in the Home beds at Parkville Youth Mental Health and Wellbeing and Barwon Health (part of Mental health bed-based services)
Extent and level of efficiencies realised in the delivery of the program	<ul style="list-style-type: none"> • There is a reduction in the number of people who would have otherwise required inpatient admission. • In 2023-24, HiTH beds had a slightly longer length stay (14.7 days) compared to the inpatient units at Footscray and Geelong (11.35 days). However the HiTH beds had a significantly better readmission rate (8.95%) compared to the inpatient units (18.2%). This suggests that the HiTH model had greater capacity to support consumers who require a longer period of care. • Cost analysis based on available 2023-25 NWAU data suggests that the cost per episode of care for HiTH was \$28,985, compared to an inpatient episode at \$38,477. •
Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	<p>·</p> <p>If the program ceased, it would be expected to result in an equivalent increase in demand for inpatient mental health beds in the respective regions.</p>
Evidence that the further funding reflects the actual cost required to deliver the program	This program is funded under the National Funding model for admitted National Weighted Activity Unit (NWAU).

Question 9

For all programs (output initiatives, including grants) with total funding of equal to or greater than \$5 million that are to lapse in 2025–26, please provide the:

- a) name of the program
- b) objective(s) of the program

- c) expenditure in the financial year 2024–25
- d) reasons why the program was established
- e) details of who (describe the type of users for example, health care providers, families, volunteers etc.) and how many used the program, and evidence of the outcomes achieved
- f) reasons why further funding is not being sought
- g) impact of ceasing the program
- h) strategies that are being implemented to minimise any negative impacts.

Response

Name of the program	Moderated Online Social Therapy (MOST)
Objective(s) of the program	<ul style="list-style-type: none"> • The Moderated Online Social Therapy (MOST) is an online platform that aims to provide mental health support for young people aged 12–25 years. • MOST combines self-guided access to evidence based therapeutic content, a moderated peer-to-peer social network and professional clinical, peer-led and vocational support. • The objective of MOST is to reduce the burden of mental ill-health among young people, reduce wait times and costs associated with mental health care and improve service quality and efficiency.
Expenditure in the financial year 2024-25 (\$ million)	<ul style="list-style-type: none"> • \$6.4m (lapsing 30 June 2025)⁶⁰
Reasons why the program was established	<ul style="list-style-type: none"> • MOST was established to support Victoria’s mental health system and help Victorians get the care they needed as demand for services escalated during the COVID-19 pandemic⁶¹.
Details of who and how many used the program and evidence of the outcomes achieved	<ul style="list-style-type: none"> • MOST reported 3225 users in 2023-24, with 30 per cent of users experiencing a clinically significant improvement in psychological distress. The Victorian Government funding targets for 2024-25 were set at 3500 referrals from headspace or an Infant Child Youth Area Mental Health and Wellbeing Service; and 1000 direct access self-referrals. From July 2024 to December 2024 MOST reported 2,292 service users.
Reasons why further funding is not being sought	<ul style="list-style-type: none"> • The Commonwealth Government committed funding for MOST in February 2025 as part of a \$135.2m package and pledged a significant investment in youth mental health services as part of a 2025 federal election commitment reducing the necessity for Victorian Government funding.

⁶⁰ [Helping Families With Great Healthcare, Close To Home | Premier](#)

⁶¹ [Supporting The Mental Health Of Young Victorians | Premier](#)

Name of the program	Moderated Online Social Therapy (MOST)
Impact of ceasing the program	<ul style="list-style-type: none"> • Ceasing the Victorian Government funding for MOST may reduce service capacity noting that Victorians have historically accessed the program via referrals from Commonwealth funded Headspace and also Area Mental Health Services. However, this is expected to be mitigated by new funding from the Commonwealth due to commence in July 2025.
Strategies that are being implemented to minimise any negative impacts	<ul style="list-style-type: none"> • The Commonwealth Government has committed \$135.2 million⁶² to enhance online mental health services. This investment, which includes Orygen MOST, is intended to expand telehealth options and digital platforms, enabling mental health support to be available remotely. • In addition, there is an election commitment pledge by Federal Government for a \$1 billion package⁶³ aimed at strengthening mental health services, with a focus on young people. • MOST has also recently been awarded a \$14 million global grant from the Wellcome Trust to develop MOST-Nexus, which will focus on integrating AI with scalable, adaptive human support into the MOST platform. • The funding commitments by the Commonwealth Government and the Wellcome Trust, will help to continue building capacity within the reformed youth mental health and wellbeing system across the state.

Name of the program	Supporting our General Practitioners (GP) - GP Grants Program
Objective(s) of the program	<ul style="list-style-type: none"> • Increase the number of GP trainee enrolments in 2024 and 2025; • Provide a top-up payment for first year trainees of \$30,000; and • Provide \$10,000 to support the costs of exams to be undertaken during GP training.
Expenditure in the financial year 2024-25 (\$ million)	<ul style="list-style-type: none"> • Budget \$16.0 m
Reasons why the program was established	<ul style="list-style-type: none"> • The GP workforce supply has been declining for several years and there is a forecast shortfall of 11,392 GPs nationally by 2032. • The GP workforce is not growing at the same rate as the non-GP specialist workforce. • Evidence indicates that medical graduates do not choose general practice due to higher remuneration in other specialties.

⁶² [Delivering high-quality free digital mental health supports | Health Portfolio Ministers | Australian Government Department of Health and Aged Care](#)

⁶³ [Strengthening Medicare: Labor to deliver \\$1 billion for more free mental health services](#)

Name of the program	Supporting our General Practitioners (GP) - GP Grants Program
Details of who and how many used the program and evidence of the outcomes achieved	<ul style="list-style-type: none"> • Patients have limited access to affordable primary care due to difficulties in securing GP services. • 800 grants are available to first year GP trainees (400 in 2024 and 400 in 2025). • All 400 grants were awarded in 2024. Both GP colleges reported an oversubscription of applications for GP training in Victoria in 2024, contrasting with several prior years of undersubscription. • 212 of the 400 grants available in 2025 have been awarded. The remaining 188 grants will be awarded following the mid-year intake for the 2025 cohort. • The Royal Australian College of GPs published a media release in January 2025 stating that 'Victoria has the largest number of GPs on rural training of all states and territories'.
Reasons why further funding is not being sought	<ul style="list-style-type: none"> • The GP workforce and the delivery of primary care is the responsibility of the Commonwealth government. • The Commonwealth recently announced 'Strengthening Medicare' which provides a \$30,000 salary incentive for GP trainees. No further details have been provided on this announcement.
Impact of ceasing the program	<ul style="list-style-type: none"> • Doctors may seek training in another medical specialty training over GP training, therefore not addressing ongoing GP workforce challenges and shortages.
Strategies that are being implemented to minimise any negative impacts	<ul style="list-style-type: none"> • The Commonwealth recently announced 'Strengthening Medicare' package will include a \$30,000 salary incentive for GP trainees.

Name of the program	Transition to mental health program
Objective(s) of the program	The primary focus of this program is to support experienced general nurses and allied health clinicians transition into mental health practice.
Expenditure in the financial year 2024-25 (\$ million)	\$7.191m
Reasons why the program was established	Both nurses and allied health clinicians are in high demand across the mental health system. In 2024, vacancy rates for allied health clinicians including occupational therapists and social workers, and nurses were high. This program helps to provide the sector with a more experienced cohort of clinicians, to balance the increase in graduates who are building clinical experience. It also offers career development opportunities to

Name of the program	Transition to mental health program
	experienced clinicians who may otherwise choose to exit the health sector or move to private practice. It does this by enabling clinicians to acquire a new skillset without loss of status or pay level, and in a supported environment.
Details of who and how many used the program and evidence of the outcomes achieved	<p>Over 400 transition positions have been commissioned since 2019 across all mental health and wellbeing services. The program evaluation found that the transition program provided a clear and direct pathway into mental health that previously was not present. This facilitated entry for experienced clinicians and contributed to a growing understanding and awareness that a career in mental health is not only possible and accessible, but also desirable</p> <p>Key achievements to date include:</p> <ul style="list-style-type: none"> • Over 300 transition nursing positions have been commissioned, supported by 52 educator positions. • Over 90 transition allied health positions have been commissioned, supported by 19 educator positions.
Reasons why further funding is not being sought	There is ongoing commitment to support mental health workforce growth. As part of the 2025–26 State Budget, \$47.1 million has been allocated to continue targeted initiatives. Support for the mental health workforce is being maintained through ongoing programs, including annual positions for graduate mental health nurses and allied health professionals within public health services.
Impact of ceasing the program	<ul style="list-style-type: none"> • Mental health services will need to rely on wider workforce strategies to recruit and retain staff.
Strategies that are being implemented to minimize any negative impacts	<ul style="list-style-type: none"> • Recurrent training and development graduate nurse and midwife funding continues to support 1591 graduate positions in public health services each year. This funding enables public health services to provide graduate rotations across various acute settings, including into acute public mental health settings. • Enrolled Nurse Transition to Practice (ENTPP) funding provided to rural and regional health services can also be used flexibly by health services to support graduates in areas of need, including mental health. • The Sign-on Bonus is available to all registered nurses who completed studies in 2022, 2023 and 2024 and undertake employment in a public health service, including in

Name of the program	Transition to mental health program
	<p>mental health nursing positions, in the year they graduated or the year following graduation. Nurses do not need to be employed in a graduate program to access the bonus.</p> <ul style="list-style-type: none"> • As part of the <i>Making it Free to Study Nursing initiative</i>, <ul style="list-style-type: none"> • Across 2023 and 2024 almost 5,000 scholarships were provided to university students who commenced entry-to-practice nursing and midwifery degrees, including in mental health nursing. • The health service component payment of \$7,500 of the program continues to be available to all eligible registered nurses who received the full university scholarship component of the program, following 2 years of employment as a registered nurse in a public health service, including a public mental health service. • Public health services, including those operating a public mental health service, are eligible for 'Refresher' program funding of \$15,000 per package to support registered nurses, including those wishing to work in mental health, to return to the nursing workforce or to upskill in a new clinical area via a structured refresher program.

Name of the program	Bed-based services - Consultation Liaison Psychiatry Service
Objective(s) of the program	To provide a temporary funding uplift to consultation liaison services until joint funding arrangements with the Commonwealth Government are established.
Expenditure in the financial year 2024-25 (\$ million)	Budget \$5.090m
Reasons why the program was established	Initiative was a recommendation of the Royal Commission into Victoria's Mental Health System (rec 14). Funding was provided in line with the government's commitment to implement all recommendations of the Royal Commission.
Details of who and how many used the program and evidence of the outcomes achieved	The funding allowed for an additional 11,264 mental health community contact hours to be delivered in hospitals across the state in 2024-25.
Reasons why further funding is not being sought	The Victorian government has been working with the Independent Health and Aged Care Pricing Authority to develop a consultation liaison code for introduction into the Australian Classification of Health Interventions (ACHI), to ensure that consultation liaison

Name of the program	Bed-based services - Consultation Liaison Psychiatry Service
	<p>services delivered in acute health settings can be appropriately captured in activity and cost reporting.</p> <p>A specific consultation liaison code has now been established in the Twelfth Edition of the ACHI. This code ensures that consultation liaison services can be incorporated, costed and priced in the relevant national classifications and standards.</p> <p>With this code now in place mental health consultation liaison services for consumers admitted for physical health reasons are formally recognised and adequately funded as part of routine care. As such the temporary uplift funding is no longer required.</p>
impact of ceasing the program	No impact expected from ceasing the initiative as consultation liaison services will now be funded through the national activity-based funding model.
Strategies that are being implemented to minimise any negative impacts	No strategies are proposed.

Capital asset expenditure

Question 10

Budget Paper No. 5: Statement of Finances provides cash flow statements for departments.

Budget Paper No. 4: State Capital Program provides the capital projects undertaken by departments.

For the 'Payments for non-financial assets' line item in the 2025–26 budget cash flow statement, please provide a breakdown of these costs and indicate which capital project they relate to.

If any other line items in the cash flow statement comprises expenditure on Public Private Partnerships (PPPs), please list the PPP it relates to and the cost.

Guidance

Capital projects extracted from the cash flow statements are expected to correspond to capital projects listed in *Budget Paper No. 4: State Capital Program* as 'New projects', 'Existing projects', or 'Completed projects'.

Response

Please see Excel Worksheet for response

Public Private Partnerships – expenditure

Question 11

Budget Paper No. 5: Statement of Finances provides a comprehensive operating statement that details each department's revenue and expenses on an accrual basis reflecting the cost of providing its output.

- a) In the 2025–26 comprehensive operating statement please identify all expenditure on Public Private Partnerships (PPP) by line item and provide a breakdown of these costs and indicate to which project they relate.

Guidance

If the line item 'Other operating expenses' in the comprehensive operating statement comprises expenditure on PPPs, please also list the PPP it relates to and the cost.

- b) Please also provide the estimated/forecast expenditure for all PPPs across forward estimates.

Response

a)

Line item	2023–24 Actual (\$ million)	2024–25 revised Budget (\$ million)	2025–26 Budget (\$ million)	Related project(s)
Interest Expense				
	2	2	2	Casey/Berwick Hospital
	11	10	10	Royal Women's Hospital
	38	36	34	Royal Children's Hospital
	60	52	47	Victorian Comprehensive Cancer Centre
	21	21	20	Bendigo Hospital
	2	2	1	Casey Hospital expansion
	55	85	97	New Footscray Hospital
	20	45	79	Frankston Hospital
	0	4	12	Melton Hospital
Total PPP-related interest *	210	257	301	

* Table may not add due to rounding

Line item	2023–24 Actual (\$ million)	2024–25 revised Budget (\$ million)	2025–26 Budget (\$ million)	Related project(s)
Other operating expenses				
	21	16	12	Casey/Berwick Hospital
	29	22	28	Royal Women’s Hospital
	73	78	88	Royal Children’s Hospital
	31	33	47	Victorian Comprehensive Cancer Centre
	54	59	68	Bendigo Hospital
	4	5	8	Casey Hospital expansion
	0	0	45	New Footscray Hospital
	0	0	21	Frankston Hospital
	0	8	0	Melton Hospital
Total PPP-related other operating expenses	213	221	317	
TOTAL *	423	478	618	

* Table may not add due to rounding

b)

PPPs	2023-24 Actual (\$ million)	2024-25 revised Budget (\$ million)	2025-26 Budget (\$ million)	2026-27 Estimated/Forecast (\$ million)	2027-28 Estimated/Forecast (\$ million)	2028-29 Estimated/Forecast (\$ million)
Casey/Berwick Hospital	23	18	13	13	13	15
Royal Women’s Hospital	40	32	37	38	33	32
Royal Children’s Hospital	112	114	122	127	126	123
Victorian Comprehensive Cancer Centre	91	85	94	79	76	73
Bendigo Hospital	75	80	88	89	84	86
Casey Hospital expansion	6	7	9	9	7	6
New Footscray Hospital	55	85	143	142	143	144
Frankston Hospital	20	46	100	132	126	129
Melton Hospital	0	12	12	27	55	77
Total *	423	478	618	656	664	686

* Table may not add due to rounding

Public Private Partnerships – expected and actual benefits

Question 12

For Public Private Partnerships (PPP) projects in operation and in procurement and delivery, please provide detail on:

- a) the expected benefits of the PPP project in the uncommissioned (planning and construction) stages
- b) the value of the expected benefits of the PPP project in the uncommissioned stages to the State
- c) the actual/existing benefits of the PPP projects in its commissioned (operations and maintenance) stage
- d) the value of the actual/existing benefits of the PPP projects in its commissioned stage per year
- e) how benefits are monitored, measured and publicly reported.

Response:

The PPP contracting model delivers the following benefits to the State:

- reduced operational exposure and obtaining increased certainty of outcome, due to the efficient allocation of risks
- competition and performance-based contracts with measures for poor or non-delivery
- sustainable infrastructure by focusing on asset value maintenance, ensuring long-term viability
- reduced financial commitments at the delivery stage of the project by leveraging private capital, reducing reliance on public funds
- a key element is ensuring the asset is returned in good condition and meets agreed-upon performance-based standards. These are critical components that ensure long-term value for the public sector.

As new, purpose-built health facilities, all the PPP delivered projects deliver a range of general benefits including:

- a modern facility that supports the delivery of accessible, cost effective and high-quality patient services
- efficiently operating facility, capable of achieving health service plan targets and sustaining service levels into the future
- achievement of State sustainability policies/objectives including greenhouse gas and peak energy reduction, water conservation and waste minimisation
- enhanced patient safety and improved clinical outcomes
- flexible infrastructure capable of adapting to new technologies, clinical practice changes, changes in government policy and funding arrangements
- integration of teaching, training and research linking clinical areas, with health services, universities, and research institutions.

PPP	Expected benefits in un-commissioned (planning and construction) phases	Value of expected benefits to the State	Actual/existing benefits of commissioned (operations and maintenance) stage	Value of actual/existing benefits per year	How benefits are monitored, measured and publicly reported
Royal Women's Hospital (April 2005) ⁶⁴	<p>Value for money benefits</p> <ul style="list-style-type: none"> According to the Public Sector Comparator (PSC), the net present cost (as at April 2005) is 0.67 per cent, or \$2.46 million, less under PPP delivery⁶⁵. The private sector is incentivised to provide an optimised and innovative design within the affordability constraints. The optimised design is supported by a whole of life price and performance mechanisms that ensure the asset and services performance continue to be fit for purpose for the contract term. Provided full integration of up-front design and construction costs with ongoing service delivery, operational, maintenance and refurbishment costs was incorporated into the PSC. 	\$2.46 million as at April 2005	<p>The contracted scope was delivered with construction completion on time and budget⁶⁶.</p> <p>The facilities continue to be maintained in the specified condition and assets are replaced in accordance with the agreed life cycle regime.</p> <p>The whole of life price and performance mechanism incentivises the Project Co to ensure the asset is maintained in a condition consistent with that at construction completion.</p>	Not available	The PPP Contract Management function ensures that there are no departures from the agreed PPP regime. Assessment occurs via a formal structured KPI regime that validates performance of the assets and services ensuring it continues to be fit for purpose over the contract term.
Royal Children's Hospital (February 2008)	<p>Value for money benefits</p> <ul style="list-style-type: none"> According to the Public Sector Comparator (PSC), the net present cost (as at February 2008) is 6.9 per cent, or \$70 million, less under PPP delivery⁶⁷. 	\$70 million as at February 2008	The contracted scope was delivered with construction completion on time and budget.	Not available	The PPP Contract Management function ensures that there are no departures from

⁶⁴ VAGO, 2008, [The New Royal Women's Hospital - a public private partnership \(audit.vic.gov.au\)](#), p.2, accessed 7 April, 2025

⁶⁵ VAGO, 2008, [The New Royal Women's Hospital - a public private partnership \(audit.vic.gov.au\)](#), p.37, accessed 7 April, 2025

⁶⁶ VAGO, 2008, [The New Royal Women's Hospital - a public private partnership \(audit.vic.gov.au\)](#), p.56, accessed 7 April, 2025.

⁶⁷ [080228-RCH Project Summary FINAL \(dtf.vic.gov.au\)](#), p.7, accessed 7 April 2025.

PPP	Expected benefits in un-commissioned (planning and construction) phases	Value of expected benefits to the State	Actual/existing benefits of commissioned (operations and maintenance) stage	Value of actual/existing benefits per year	How benefits are monitored, measured and publicly reported
	<ul style="list-style-type: none"> The private sector is incentivised to provide an optimised and innovative design within the affordability constraints. The optimised design is supported by a whole of life price and performance mechanisms that ensure the asset and services performance continue to be fit for purpose for the contract term. Enhanced amenity from expanded food and retail operations, gymnasium, hotel, childcare facilities, consulting suites. These additional facilities will be transferred back to the State for nil consideration at Project expiry. A significant annual guaranteed payment to RCH from the retail precinct plus upside sharing if actual retail performance exceeds forecast. Various Environmentally Sustainable Development (ESD) initiatives. 		<p>The facilities continue to be maintained in the specified condition and assets are replaced in accordance with the agreed life cycle regime.</p> <p>The whole of life price and performance mechanism incentivises the Project Co to ensure the asset is maintained in a condition consistent with that at construction completion.</p>		<p>the agreed PPP regime. Assessment occurs via a formal structured KPI regime that validates performance of the assets and services ensuring it continues to be fit for purpose over the contract term.</p>
Victorian Comprehensive Cancer Centre (May 2012)	<p>Value for money benefits</p> <ul style="list-style-type: none"> According to the Public Sector Comparator (PSC), the net present cost (as at May 2012) is 0.67 per cent, or \$9.3 million, less under PPP delivery⁶⁸. The private sector is incentivised to provide an optimised and innovative design within the affordability constraints. The optimised design is supported by a whole of life price and performance mechanisms that ensure the asset and services performance continue to be fit for purpose for the contract term. 	\$9.3 million as at May 2012	<p>The contracted scope was delivered with construction completion on time and budget.</p> <p>The facilities continue to be maintained in the specified condition and assets are replaced in accordance with the agreed life cycle regime.</p>	Not available	<p>The PPP Contract Management function ensures that there are no departures from the agreed PPP regime. Assessment occurs via a formal structured KPI regime that</p>

⁶⁸ [VCCC-Project-Summary.pdf \(dtf.vic.gov.au\)](http://VCCC-Project-Summary.pdf(dtf.vic.gov.au)), p15, accessed 7 April 2025

PPP	Expected benefits in un-commissioned (planning and construction) phases	Value of expected benefits to the State	Actual/existing benefits of commissioned (operations and maintenance) stage	Value of actual/existing benefits per year	How benefits are monitored, measured and publicly reported
	<ul style="list-style-type: none"> Enhanced user amenities including 16 serviced apartments, with 18 beds, to be used as country patient and family overnight accommodation, landscaped rooftop garden/function area, greater choice of retail outlets. Private sector provision of the cyclotron space and equipment and commercial production of isotopes in joint venture with Peter MacCallum Cancer Centre. 		The whole of life price and performance mechanism incentivises the Project Co to ensure the asset is maintained in a condition consistent with that at construction completion.		validates performance of the assets and services ensuring it continues to be fit for purpose over the contract term.
Bendigo Hospital (October 2013)	<p>Value for money benefits</p> <ul style="list-style-type: none"> According to the Public Sector Comparator (PSC), the net present cost (as at October 2013) is 15.5 per cent, or \$203.9 million, less under PPP delivery⁶⁹. The private sector is incentivised to provide an optimised and innovative design within the affordability constraints. The optimised design is supported by a whole of life price and performance mechanisms that ensure the asset and services performance continue to be fit for purpose for the contract term. Enhanced user amenities, such as multi-deck car parking, childcare and conference centres, low-cost family accommodation. 	\$203.9 million at October 2013	<p>The contracted scope was delivered with construction completion on time and budget.</p> <p>The facilities continue to be maintained in the specified condition and assets are replaced in accordance with the agreed life cycle regime.</p> <p>The whole of life price and performance mechanism incentivises the Project Co to ensure the asset is maintained</p>	Not available	The PPP Contract Management function ensures that there are no departures from the agreed PPP regime. Assessment occurs via a formal structured KPI regime that validates performance of the assets and services ensuring it continues to be fit for purpose

⁶⁹ [Bendigo Hospital - Project summary.pdf \(dtf.vic.gov.au\)](#), p14, accessed 7 April 2025

PPP	Expected benefits in un-commissioned (planning and construction) phases	Value of expected benefits to the State	Actual/existing benefits of commissioned (operations and maintenance) stage	Value of actual/existing benefits per year	How benefits are monitored, measured and publicly reported
			in a condition consistent with that at construction completion.		over the contract term.
Casey Hospital (2002) and Casey Hospital Expansion Project (November 2017)	<p>Value for money benefits</p> <ul style="list-style-type: none"> • According to the Public Sector Comparator (PSC), the net present cost (as at 8 September 2017) is 1.3 per cent, or \$2.1 million, less under PPP delivery⁷⁰. • The private sector is incentivised to provide an optimised and innovative design within the affordability constraints. • The optimised design is supported by a whole of life price and performance mechanisms that ensure the asset and services performance continue to be fit for purpose for the contract term. • Innovative program allowing commissioning of the hospital in four stages for progressive and earlier use prior to the approved completion date. 	\$2.1 million as at November 2021	<p>The contracted scope was delivered with construction completion on time and budget.</p> <p>The facilities continue to be maintained in the specified condition and assets are replaced in accordance with the agreed life cycle regime.</p> <p>The whole of life price and performance mechanism incentivises the Project Co to ensure the asset is maintained in a condition consistent with that at construction completion.</p>	Not available	The PPP Contract Management function ensures that there are no departures from the agreed PPP regime. Assessment occurs via a formal structured KPI regime that validates performance of the assets and services ensuring it continues to be fit for purpose over the contract term.

⁷⁰ [Casey-Hospital-Expansion-Project-Summary-November-2017.pdf \(dtf.vic.gov.au\)](#), p. 21, accessed 7 April 2025

PPP	Expected benefits in un-commissioned (planning and construction) phases	Value of expected benefits to the State	Actual/existing benefits of commissioned (operations and maintenance) stage	Value of actual/existing benefits per year	How benefits are monitored, measured and publicly reported
New Footscray Hospital (May 2021)	<p>Value for money benefits</p> <ul style="list-style-type: none"> According to the Public Sector Comparator (PSC), the net present cost (as at May 2021) is 15.0 per cent, or \$582 million, less under PPP delivery⁷¹. <p>The following government policy benefits have been identified:</p> <ul style="list-style-type: none"> Designed to enable the future electrification of the hospital to support Victoria's transition to a carbon neutral economy. Compliance with 5 Star NABERS water and energy targets and 5 Star Green Star including capacity to collect and reuse 90 per cent of roof rainwater. 90.39 per cent local content on project⁷². Indigenous procurement 1.45% of Design and Construct price. Disabled procurement 0.15% of Design and Construct price. Disadvantaged procurement 0.2% of Design and Construct price. Indigenous employment 2% of hours in Development phase and 2.5% of hours in Operating phase. Disabled employment 1.02% of hours in Development 2% of hours in Operating Phase. Disadvantaged employment 1.04% of hours in Development 5% of hours in Operating Phase. 	\$582 million as at May 2021	N/A	Not available	Delivery of the government policy benefits is being monitored by the project team through the Project's governance forums (including the Project Control Group and Steering Committee) and reported periodically through the Victorian Management Centre – Industry Capability Network (ICN) portal.

⁷¹ [New Footscray Hospital - Project Summary.pdf \(dtf.vic.gov.au\)](#), p.28, accessed 7 April 2025

⁷² Ibid, p.24

PPP	Expected benefits in un-commissioned (planning and construction) phases	Value of expected benefits to the State	Actual/existing benefits of commissioned (operations and maintenance) stage	Value of actual/existing benefits per year	How benefits are monitored, measured and publicly reported
Frankston Hospital (June 2022)	<p>Value for money benefits</p> <ul style="list-style-type: none"> According to the Public Sector Comparator (PSC), the net present cost (as at June 2022) is 0.5 per cent, or \$10.5 million, less under PPP delivery⁷³. The private sector is incentivised to provide an optimised and innovative design within the affordability constraints. The optimised design is supported by a whole of life price and performance mechanisms that ensure the asset and services performance continue to be fit for purpose for the contract term. <p>The following government policy benefits have been identified:</p> <ul style="list-style-type: none"> All-electric energy solution, supporting Victoria’s net zero by 2050 target. Project will support up to 1,700 jobs in construction and new job opportunities for healthcare workers, as well as attracting new investment through ancillary and specialist health services relocating to the area. 91.6 per cent local content on project Indigenous procurement 1.6% of Design and Construct price Disabled procurement 0.18% of Design and Construct price Social enterprise procurement 0.36 of Design and Construct price Indigenous employment 2.2% of hours in Development phase and 2.0% of hours in Operating phase 	\$10.5 million as at June 2022	N/A	Not available	Delivery of the government policy benefits is being monitored by the project team (including the Project Control Group and Steering Committee) and reported periodically through the Victorian Management Centre – Industry Capability Network (ICN) portal.

⁷³ [Frankston Hospital Redevelopment Project Summary FINAL.pdf \(dtf.vic.gov.au\)](#), p28, accessed 7 April 2025

PPP	Expected benefits in un-commissioned (planning and construction) phases	Value of expected benefits to the State	Actual/existing benefits of commissioned (operations and maintenance) stage	Value of actual/existing benefits per year	How benefits are monitored, measured and publicly reported
	<ul style="list-style-type: none"> Disadvantaged employment Indirect participation in Development Phase through social enterprise. Public Housing Tenant Employment Program – Minimum 6 public housing tenants in Development Phase – 4 in Operating Phase. 				
New Melton Hospital	<p>Value for money benefits</p> <ul style="list-style-type: none"> According to the Public Sector Comparator (PSC), the net present cost (as at 31 May 2024) is 2 per cent, or \$37 million less under PPP delivery.⁷⁴ The private sector is incentivised to provide an optimised and innovative design within the affordability constraints. The optimised design is supported by a whole of life price and performance mechanisms that ensure the asset and services performance continue to be fit for purpose for the contract term. <p>The following government policy benefits have been identified:</p> <ul style="list-style-type: none"> All-electric energy solution, supporting Victoria’s net zero by 2050 target Project will support up to 700 direct and 1,700 indirect jobs in construction and 3975 new direct job opportunities for healthcare workers 91.56% local content on project 98.52% locally milled and fabricated steel on the project Expenditure of 2.1% of the Design and Construct price on social procurement including <ul style="list-style-type: none"> 1.72% procurement from Victorian Aboriginal businesses 	\$37 million as at 31 May 2024	Not applicable as project has not been completed.	Not applicable	Delivery of the government policy benefits is being monitored by the project team and reported periodically through the Victorian Management Centre – Industry Capability Network (ICN) portal.

⁷⁴ [New Melton Hospital Project Summary](#), p23, accessed 9 April 2025

PPP	Expected benefits in un-commissioned (planning and construction) phases	Value of expected benefits to the State	Actual/existing benefits of commissioned (operations and maintenance) stage	Value of actual/existing benefits per year	How benefits are monitored, measured and publicly reported
	<ul style="list-style-type: none"> ○ 0.29% procurement from Victorian social enterprises ○ 0.09% from Australian Disability Enterprises ● Expenditure of \$3.5m per annum on social procurement during the Operational phase ● Victorian Aboriginal People employment 2.0% of Development phase workforce and 2.0% of Operating phase workforce ● Priority Jobseekers employment 3.8% of Development phase workforce ● Disabled employment 0.7% of Development phase workforce 				

Major project contracting – DTP only

Question 13

- a) For all the major transport projects, please provide the following details:
- i) project name
 - ii) total estimated investment at announcement
 - iii) budget year of announcement
 - iv) revised total estimated investment in the 2025–26 Budget
 - v) delivery model – please specify if the major projects are delivered through either PPP, alliance contracting or other financing arrangement outlined in the *Whole of government infrastructure procurement framework*.⁷⁵ If other, please specify the arrangement
 - vi) estimated completion date at the announcement
 - vii) revised estimated completion date in the 2025–26 Budget
 - viii) explanation for variances in project cost and timeliness
 - ix) cost/benefit analysis – please specify if a cost/benefit analysis has been undertaken for the project, and if so, what the cost/benefit ratio is and whether the analysis is publicly available and if so, where/how it can be accessed.

Response

Project name	Total estimated investment at announcement	Budget year	Revised total estimated investment	Delivery model (PPP, Alliance contracting or other – please specify)	Estimated completion date at announcement	Revised estimated completion date	Explanation for variances in project cost and timeliness	Cost/benefit analysis (y/n) If yes, what is the ratio and where the analysis can be publicly accessed

⁷⁵ See Department of Treasury and Finance, *A modernised infrastructure procurement framework for Victoria*, September 2023, p.1.

Savings initiatives

Question 14

For each of the savings initiatives detailed in the 2024–25 Budget,⁷⁷ please detail:

- the department's saving target for 2024–25 and 2025–26
- a breakdown of how the department will meet the savings targets in 2024–25 and 2025–26
- the impact that these actions will have on the delivery of services and assets/infrastructure during 2024–25 and 2025–26.

Response

Initiative	2024–25			2025–26		
	Savings target for (\$ million)	Breakdown of how the department met savings targets	Impact these actions had on the delivery of services and assets/infrastructure	Savings target (\$ million)	How the department will meet savings targets	Impact these actions will have on delivery of services and assets/infrastructure
Whole of Government savings and efficiencies	106.412	Savings targets were met through reduction in FTE and in the use of consultancy, labour hire and discretionary professional services.	No impacts on frontline service delivery or asset/infrastructure projects.	120.965	The Department will be providing further details to Government on implementation of the savings, however the target is expected to be met by measures that do not materially impact frontline services, including for example, reduced corporate and back-office functions, and reduced advertising spend.	No anticipated material impacts on frontline service delivery or asset/infrastructure projects.

⁷⁷ Department of Treasury and Finance, *Budget Paper No. 3: 2024–25 Service Delivery*, Melbourne, 2024, p. 92.

Question 15

For each of the savings initiatives detailed in the 2025–26 Budget, please detail (on the same basis of consolidation as the budget papers):

- the department's saving target for 2025–26
- how the department will meet the various savings targets in 2025–26
- the impact that these actions will have on the delivery of services and assets/infrastructure during 2025–26.

Response

Initiative	Savings target for 2025–26 (\$ million)	Savings target for 2026–27 (\$ million)	Savings target for 2027–28 (\$ million)	Savings target for 2028–29 (\$ million)	How the department will meet various savings targets	Impact these actions will have on delivery of services and assets/infrastructure
Savings and efficiencies and expenditure reduction measures in 2025–26 Budget	96.649	108.096	409.725	492.477	The Department will be providing further details to Government on implementation of the savings, however, the target is expected to be met through general savings and efficiencies measures, including reduced spending on corporate and back-office functions, administrative and other efficiencies, such as streamlining processes, realignment of priorities and under-utilised funding.	No anticipated material impacts on frontline service delivery or asset/infrastructure projects.

Use of funds saved from other programs or initiatives

Question 16

In relation to any programs or initiatives that have been reprioritised, curtailed or reduced for 2025–26, please identify:

- a) the amount expected to be spent under the program or initiative during 2025–26 at the time of the 2024–25 Budget
- b) the amount currently to be spent under the program or initiative during 2025–26
- c) the use to which the funds realised by this reduction will be put. Please include the name(s) of any program or initiative that will be funded or partially funded.

Response

No specific initiatives or programs have been identified for reprioritisation to other initiatives as part of the 2025-26 State Budget.

Program/initiative that has been reprioritised, curtailed or reduced	The amount expected to be spent under the program or initiative during 2025–26 (\$ million)		The use to which the funds will be put
	At the time of the 2024–25 Budget	At the time of the 2025–26 Budget	
N/A	N/A		

Service delivery

Question 17

- a) Please provide the total estimated cost to the department (if any) of the machinery of government changes made since July 2024.

Response

The Victorian Responsible Gambling Foundation gambling harm prevention, early intervention, treatment and support programs transferred to the Department of Health on 1 July 2024.

There were no applicable costs associated with these changes.

- b) Please complete the table below detailing the impacts of any machinery of government changes on the department since July 2024.

Response

Impact to the department	The machinery of government changes were managed internally and included transferring contracts and staff.
Impact to departmental outputs	The transferred activities now sit within the Mental Health Community Supports output.
Impact to departmental agencies	N/A
Impact to portfolios	N/A
Impact to statutory authorities	The Victorian Responsible Gambling Foundation was closed 30 June 2024 via repeal of the <i>Victorian Responsible Gambling Foundation Act 2011</i> .
Estimated cost and date changes are anticipated to be fully implemented	N/A
New portfolio responsibilities and/or how responsibilities are shared, if relevant	<p>Gambling harm prevention programs, early intervention, treatment and support services are the responsibility of Minister Stitt, Minister for Mental Health.</p> <p>Gambling harm research, policy, regulation and industry education are the responsibility of Minister Erdogan, Minister for Casino, Gaming and Liquor Regulation, administered through the Department of Justice and</p>

	Community Safety and the Victorian Gambling and Casino Control Commission.
* Where the machinery of government change has no impact on the department, please type N/A where appropriate in the table above.	

Question 18

Budget Paper No. 3: Service Delivery presents departmental performance statements that state the department's outputs by departmental objectives.

Please provide by ministerial portfolio, the relevant objective(s), objective indicator(s), output(s), and performance measure(s) as provided in the 2025–26 Budget. Where responsibility for outputs, initiatives or performance measures is shared, please clearly outline what is shared and how responsibility is divided between Ministers or portfolios.

Please use a separate table for each portfolio.

Please use one line per output and ensure that outputs align with the relevant objective and indicator/s.

Response

Minister*	Thomas		
Portfolio	Health		
Objective	Objective indicator/s	Output	Performance measures
<ul style="list-style-type: none"> • keep people healthy and safe in the community • care closer to home • keep improving care • improve Aboriginal health and wellbeing • move from competition to collaboration • a stronger workforce • a safe and sustainable health system. 	Objective indicators are not allocated to individual ministerial portfolios.	Admitted services	<ul style="list-style-type: none"> • NWAU funded emergency separations – all hospitals • NWAU funded separations – all hospitals except small rural health services • Number of patients admitted from the planned surgery waiting list • Palliative separations • Perinatal mortality rate per 1 000 of babies of Aboriginal mothers, using rolling 3-year average • Sub-acute separations • Total separations – all hospitals • Eligible newborns screened for hearing deficit before one month of age • Hand hygiene compliance • Healthcare worker immunisation – influenza • Intensive Care Unit central line associated blood stream infections (CLABSI) per 1 000 device days • Major trauma patients transferred to a major trauma service • Percentage of patients who reported positive experiences of their hospital stay

			<ul style="list-style-type: none"> • Public hospitals accredited • Staphylococcus aureus bacteraemias (SAB) infections per 10,000 patient days • Unplanned readmission after hip replacement surgery • Unplanned readmission after knee replacement surgery • Unplanned readmission after paediatric tonsillectomy and adenoidectomy • Unplanned readmission after treatment for acute myocardial infarction • Unplanned readmission after treatment for heart failure • Non-urgent (Category 3) planned surgery patients admitted within 365 days • Semi-urgent (Category 2) planned surgery patients admitted within 90 days • Urgent (Category 1) planned surgery patients admitted within 30 days
<ul style="list-style-type: none"> • keep people healthy and safe in the community • care closer to home • keep improving care • improve Aboriginal health and wellbeing • move from competition to collaboration • a stronger workforce • a safe and sustainable health system. 	Objective indicators are not allocated to individual ministerial portfolios.	Community health care	<ul style="list-style-type: none"> • Rate of preventable hospitalisations for Aboriginal Victorians • Service delivery hours in community health care • Agencies with an Integrated Health Promotion plan that meets the stipulated planning requirements
<ul style="list-style-type: none"> • keep people healthy and safe in the community 	Objective indicators are not allocated to individual ministerial portfolios.	Dental services	<ul style="list-style-type: none"> • Children participating in the Smiles 4 Miles oral health promotion program • Persons treated

<ul style="list-style-type: none"> • care closer to home • keep improving care • improve Aboriginal health and wellbeing • move from competition to collaboration • a stronger workforce • a safe and sustainable health system. 			<ul style="list-style-type: none"> • Priority and emergency clients treated • Schools visited by Smile Squad • Students examined by Smile Squad • Students receiving treatment by Smile Squad • Percentage of Dental Emergency Triage Category 1 clients treated within 24 hours • Waiting time for dentures • Waiting time for general dental care
<ul style="list-style-type: none"> • keep people healthy and safe in the community • care closer to home • keep improving care • improve Aboriginal health and wellbeing • move from competition to collaboration • a stronger workforce • a safe and sustainable health system. 	Objective indicators are not allocated to individual ministerial portfolios.	Emergency services	<ul style="list-style-type: none"> • Emergency presentations • Emergency patients re-presenting to the emergency department within 48 hours of previous presentation • Emergency patients that did not wait for treatment • Patients' experience of emergency department care • Emergency Category 1 treated immediately • Emergency patients treated within clinically recommended 'time to treatment' • Emergency patients with a length of stay of less than four hours • Proportion of ambulance patient transfers within 40 minutes
<ul style="list-style-type: none"> • keep people healthy and safe in the community • care closer to home • keep improving care • improve Aboriginal health and wellbeing 	Objective indicators are not allocated to individual ministerial portfolios.	Public health	<ul style="list-style-type: none"> • Inspections of cooling towers • Inspections of Radiation Practices • Number of HIV and sexually transmissible infections tests conducted at PRONTO! • Number of education or monitoring visits of smoke-free areas • Number of education or monitoring visits of tobacco or e-cigarette retailers • Number of people trained in emergency management in the Department of Health and the health sector

<ul style="list-style-type: none"> • move from competition to collaboration • a stronger workforce • a safe and sustainable health system. 			<ul style="list-style-type: none"> • Number of sales to minors test purchases undertaken • Percentage of Aboriginal children fully immunised at 60 months • Percentage of Aboriginal mothers that smoked during pregnancy • Percentage of newborns having a newborn bloodspot screening test • Persons completing the Life! – Diabetes and Cardiovascular Disease Prevention program • Persons screened for prevention and early detection of health conditions – pulmonary tuberculosis screening • Women screened for breast cancer by BreastScreen Victoria • Immunisation coverage – at five years of age • Immunisation coverage – at two years of age • Local Government Authorities with Municipal Public Health and Wellbeing Plans • Local Public Health Units with local population health plans reflecting statewide public health and wellbeing priorities • Percentage of adolescents (aged 15) fully immunised for HPV • Comments on proposals and applications to amend the ANZ Food Standards Code are provided within timeframes specified by Food Standards Australia New Zealand (FSANZ) • Participation rate of women in target age range screened for breast cancer • Public health responses initiated for urgent notifications within 24 hours • Anaphylaxis investigations commenced within one business day of notification attributable to food in people with a known allergy • Percentage of high-risk food recalls acted upon within 24 hours in circumstances where activity in Victoria was required within 24 hours. • Enquiries related to food regulation are responded to within 5 business days
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<ul style="list-style-type: none"> • keep people healthy and safe in the community • care closer to home • keep improving care • improve Aboriginal health and wellbeing • move from competition to collaboration • a stronger workforce • a safe and sustainable health system. 	Objective indicators are not allocated to individual ministerial portfolios.	Health workforce training and development	<ul style="list-style-type: none"> • Clinical placement student days (allied health) • Clinical placement student days (medicine) • Clinical placement student days (nursing and midwifery) • Funded FTE in formal PGY1 and PGY2 transition-to-practice programs • Funded FTE in formal allied health transition-to-practice programs • Funded positions in formal nursing and midwifery graduate programs • Funded post graduate nursing and midwifery places at Diploma and Certificate level • Number of filled Victorian Rural Generalist Advanced Skills positions • Number of undergraduate nursing and midwifery scholarships supported • Scholarships for refresher programs and re-entry to practice courses for nurses and midwives • Sign-on bonuses for nursing and midwifery graduates • Learner satisfaction about their feeling of safety and wellbeing while undertaking their program of study at health services
<ul style="list-style-type: none"> • keep people healthy and safe in the community • care closer to home • keep improving care • improve Aboriginal health and wellbeing • move from competition to collaboration • a stronger workforce 	Objective indicators are not allocated to individual ministerial portfolios.	Non-admitted services	<ul style="list-style-type: none"> • Community palliative care episodes • Health Independence program direct contacts • Patients treated in Specialist Outpatient Clinics – unweighted • Post-acute clients not readmitted to acute hospital • Health Independence program clients contacted within three days of referral

<ul style="list-style-type: none"> • a safe and sustainable health system. 			
<ul style="list-style-type: none"> • keep people healthy and safe in the community • care closer to home • keep improving care • improve Aboriginal health and wellbeing • move from competition to collaboration • a stronger workforce • a safe and sustainable health system. 	Objective indicators are not allocated to individual ministerial portfolios.	Small rural services	<ul style="list-style-type: none"> • NWAU Eligible Separations • Service delivery hours in community health care • Small Rural Urgent Care Presentations • Percentage of health services accredited

* Where Ministers share responsibility for outputs, initiatives or performance measures please detail where appropriate

Minister*	Thomas		
Portfolio	Ambulance		
Objective	Objective indicator/s	Output	Performance measures
<ul style="list-style-type: none"> • keep people healthy and safe in the community • care closer to home • keep improving care • improve Aboriginal health and wellbeing • move from competition to collaboration • a stronger workforce • a safe and sustainable health system. 	Objective indicators are not allocated to individual ministerial portfolios.	Ambulance services	<ul style="list-style-type: none"> • Community Service Obligation emergency road and air transports • Community Service Obligation non-emergency road and air transports • Statewide emergency air transports • Statewide emergency road transports • Statewide non-emergency air transports • Statewide non-emergency road transports • Treatment without transport • Audited cases attended by Community Emergency Response Teams (CERT) meeting clinical practice standards

			<ul style="list-style-type: none"> • Audited cases statewide meeting clinical practice standards • Proportion of adult patients suspected of having a stroke who were transported to a stroke unit with thrombolysis facilities within 60 minutes • Proportion of patients experiencing severe cardiac or traumatic pain whose level of pain is reduced significantly • Proportion of patients very satisfied or satisfied with overall services delivered by paramedics • Proportion of emergency (Code 1) incidents responded to within 15 minutes in centres with more than 7 500 population • Proportion of emergency (Code 1) incidents responded to within 15 minutes – statewide
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Minister*	Stitt		
Portfolio	Mental Health		
Objective	Objective indicator/s	Output	Performance measures
<ul style="list-style-type: none"> • keep people healthy and safe in the community • care closer to home • keep improving care • improve Aboriginal health and wellbeing • move from competition to collaboration • a stronger workforce a safe and sustainable health system. 	Objective indicators are not allocated to individual ministerial portfolios	Drug services	<ul style="list-style-type: none"> • Number of clients on the Pharmacotherapy program • Number of commenced courses of treatment through community-based drug treatment services • Number of drug treatment activity units provided in community-based services • Number of drug treatment activity units provided in residential-based services • Number of needles and syringes provided through the Needle and Syringe program • Number of phone contacts from family members seeking support • Number of telephone, email, website contacts and requests for information on alcohol and other drugs • Percent of workers complying with Alcohol and Other Drug (AOD) Minimum Qualification Strategy requirements • Percentage of new clients accessing services (with no access in prior five years)

			<ul style="list-style-type: none"> • Percentage of pharmacotherapy permit applications processed within 24 business hours of receipt • Percentage of residential rehabilitation clients remaining in treatment for ten days or more • Percentage of residential withdrawal clients remaining in treatment for two days or more • Percentage of treatment events ending in the reference period where a significant treatment goal is achieved • Median wait time between assessment and commencement of treatment • Median wait time between intake and assessment • Percentage of new licences and permits issued to health services or businesses for the manufacture, use or supply of drugs and poisons within six weeks following receipt of full information • Percentage of treatment permits for medical practitioners or nurse practitioners to prescribe Schedule 8 drugs assessed within four weeks
<ul style="list-style-type: none"> • keep people healthy and safe in the community • care closer to home • keep improving care • improve Aboriginal health and wellbeing • move from competition to collaboration • a stronger workforce 	Objective indicators are not allocated to individual ministerial portfolios	Mental Health Clinical Care	<ul style="list-style-type: none"> • Clinical inpatient separations • Number of community service hours (adult) • Number of community service hours (aged) • Number of community service hours (child and adolescent) • Number of consumers accessing clinical mental health services – adult • Number of consumers accessing clinical mental health services – child and adolescent • Number of consumers accessing clinical mental health services – older persons • Percentage of community cases newly opened • Percentage of occupied bed days (residential) • Percentage of occupied bed days (sub-acute) • Number of designated mental health services achieving or maintaining accreditation under the National Safety and Quality in Health Service Standards

			<ul style="list-style-type: none"> • Percentage of admissions with a preadmission contact – inpatient • Percentage of consumers followed up within 7 days of separation – inpatient (CAMHS) • Percentage of consumers followed up within 7 days of separation – inpatient (adult) • Percentage of consumers followed up within 7 days of separation – inpatient (older persons) • Percentage of consumers who rated their overall experience of care with a service in the last 3 months as positive • Percentage of families/carers reporting a ‘very good’ or ‘excellent’ overall experience of the service • Percentage of families/carers who report they were ‘always’ or ‘usually’ felt their opinions as a carer were respected • Percentage of mental health consumers reporting they ‘usually’ or ‘always’ felt safe using this service • Percentage of mental health-related emergency department presentations with a length of stay of less than 4 hours • Percentage of new consumers accessing services (with no access in prior five years) • Percentage of re-admissions within 28 days of separation – inpatient (older persons) • Percentage of re-admissions within 28 days of separation – inpatient (CAMHS) • Percentage of re-admissions within 28 days of separation – inpatient (adult) • Rate of seclusion episodes per 1 000 occupied bed days – inpatient (CAMHS) • Rate of seclusion episodes per 1 000 occupied bed days – inpatient (adult and forensic) • Rate of seclusion episodes per 1 000 occupied bed days – inpatient (older persons) • Percentage of departures from emergency departments to a mental health bed within 8 hours
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<ul style="list-style-type: none"> • keep people healthy and safe in the community • care closer to home • keep improving care • improve Aboriginal health and wellbeing • move from competition to collaboration • a stronger workforce 	Objective indicators are not allocated to individual ministerial portfolios	Mental Health Community Support Services	<ul style="list-style-type: none"> • Client support units provided by community mental health support services • Clients receiving community mental health support services • Number of occupied bed days in community mental health support services providing residential services • Gamblers Help Service clients who receive a service within five days of referral (Victorian Responsible Gambling Foundation) • Website visitation to gambling-related information and Gambler's Help support services • Mainstream Gambler's Help client service hours provided by therapeutic and financial counselling activities (Victorian Responsible Gambling Foundation)
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* Where Ministers share responsibility for outputs, initiatives or performance measures please detail where appropriate

Minister*	Stitt		
Portfolio	Ageing		
Objective	Objective indicator/s	Output	Performance measures
<ul style="list-style-type: none"> • keep people healthy and safe in the community • care closer to home • keep improving care • improve Aboriginal health and wellbeing • move from competition to collaboration • a stronger workforce <p>a safe and sustainable health system.</p>	Objective indicators are not allocated to individual ministerial portfolios.	Aged and home care	<ul style="list-style-type: none"> • Aged care assessments • Available bed days • Clients accessing aids and equipment • Personal alert units allocated • Applications for aids and equipment acknowledged in writing within 10 working days • Average waiting time (calendar days) from referral to assessment • Percentage of Comprehensive Assessments for high priority clients completed within the relevant timeframe in all settings • Percentage of Comprehensive Assessments for low priority clients completed within the relevant timeframe in all settings

			<ul style="list-style-type: none"> • Percentage of Comprehensive Assessments for medium priority clients completed within the relevant timeframe in all settings • Clients satisfied with the aids and equipment services system • Funded research and service development projects for which satisfactory reports have been received • Residential care services accredited • Victorian Eyecare Service (Unique Patients Seen) • Victorian Eyecare Service (Visual Aids prescribed)
<ul style="list-style-type: none"> • keep people healthy and safe in the community • care closer to home • keep improving care • improve Aboriginal health and wellbeing • move from competition to collaboration • a stronger workforce • a safe and sustainable health system. 	Objective indicators are not allocated to individual ministerial portfolios.	Small Rural Services	<ul style="list-style-type: none"> • Home and Community Care for Younger People – hours of service delivery • Small rural available bed days • Residential care services accredited
<ul style="list-style-type: none"> • keep people healthy and safe in the community • care closer to home • keep improving care • improve Aboriginal health and wellbeing • move from competition to collaboration • a stronger workforce • a safe and sustainable health system. 	Objective indicators are not allocated to individual ministerial portfolios.	Home and Community Care Program for Younger People	<ul style="list-style-type: none"> • Home and Community Care for Younger People – hours of service delivery • Home and Community Care for Younger People – number of clients receiving a service

* Where Ministers share responsibility for outputs, initiatives or performance measures please detail where appropriate

Minister*	Blandthorn		
Portfolio	Children		
Objective	Objective indicator/s	Output	Performance measures
<ul style="list-style-type: none"> • keep people healthy and safe in the community • care closer to home • keep improving care • improve Aboriginal health and wellbeing • move from competition to collaboration • a stronger workforce • a safe and sustainable health system. 	Objective indicators are not allocated to individual ministerial portfolios.	Maternal and Child Health and Parenting Services	<ul style="list-style-type: none"> • Hours of additional support delivered through the Enhanced Maternal and Child Health program • Total number of Maternal and Child Health Service clients (aged 0 to 1 year) • Children aged 0 to 1 month enrolled at maternal and child health services from birth notifications

* Where Ministers share responsibility for outputs, initiatives or performance measures please detail where appropriate

Minister*	Horne		
Portfolio	Health Infrastructure		
Objective	Objective indicator/s	Output	Performance measures
<ul style="list-style-type: none"> • keep people healthy and safe in the community • care closer to home • keep improving care • improve Aboriginal health and wellbeing • move from competition to collaboration • a stronger workforce • a safe and sustainable health system. 	Objective indicators are not allocated to individual ministerial portfolios.	Not applicable	Not applicable

* Where Ministers share responsibility for outputs, initiatives or performance measures please detail where appropriate

		Changes (if any) since 2024-25 Budget
Minister*	Thomas	
Portfolio	Health	
Output(s)	<ul style="list-style-type: none"> • Admitted services • Community health care • Dental services • Emergency services • Public health • Health workforce training and development • Non-admitted services • Small rural services 	Nil
Objective(s)	<ul style="list-style-type: none"> • keep people healthy and safe in the community • care closer to home • keep improving care • improve Aboriginal health and wellbeing • move from competition to collaboration • a stronger workforce • a safe and sustainable health system. 	Nil
Objective indicator(s)	Objective indicators are not allocated to individual ministerial portfolios.	NA
Performance measure(s)	<p>Admitted services</p> <ul style="list-style-type: none"> • NWAU funded emergency separations – all hospitals • NWAU funded separations – all hospitals except small rural health services • Number of patients admitted from the planned surgery waiting list • Palliative separations • Perinatal mortality rate per 1 000 of babies of Aboriginal mothers, using rolling 3-year average • Sub-acute separations • Total separations – all hospitals 	<p>Admitted services</p> <p>Target change:</p> <ul style="list-style-type: none"> • Number of patients admitted from the planned surgery waiting list • Healthcare worker immunisation – influenza

		Changes (if any) since 2024-25 Budget
	<ul style="list-style-type: none"> • Eligible newborns screened for hearing deficit before one month of age • Hand hygiene compliance • Healthcare worker immunization – influenza • Intensive Care Unit central line associated blood stream infections (CLABSI) per 1 000 device days • Major trauma patients transferred to a major trauma service • Percentage of patients who reported positive experiences of their hospital stay • Public hospitals accredited • Staphylococcus aureus bacteraemias (SAB) infections per 10,000 patient days • Unplanned readmission after hip replacement surgery • Unplanned readmission after knee replacement surgery • Unplanned readmission after paediatric tonsillectomy and adenoidectomy • Unplanned readmission after treatment for acute myocardial infarction • Unplanned readmission after treatment for heart failure • Non-urgent (Category 3) planned surgery patients admitted within 365 days • Semi-urgent (Category 2) planned surgery patients admitted within 90 days • Urgent (Category 1) planned surgery patients admitted within 30 days <p>Community Health Care</p> <ul style="list-style-type: none"> • Rate of preventable hospitalisations Aboriginal Victorians • Service delivery hours in community health care • Agencies with an Integrated Health Promotion plan that meets the stipulated planning requirements <p>Dental Services</p> <ul style="list-style-type: none"> • Children participating in the Smiles 4 Miles oral health promotion program 	<p>Community Health Care</p> <p>Name change:</p> <ul style="list-style-type: none"> • From ‘Rate of admissions for ambulatory care sensitive chronic conditions for Aboriginal Victorians’ to ‘Rate of potentially preventable hospitalisations for chronic conditions in Aboriginal Victorians’ <p>Dental Services</p> <p>Target change:</p> <ul style="list-style-type: none"> • Students examined by Smile Squad • Students receiving treatment by Smile Squad

		Changes (if any) since 2024-25 Budget
	<ul style="list-style-type: none"> • Persons treated • Priority and emergency clients treated • Schools visited by Smile Squad • Students examined by Smile Squad • Students receiving treatment by Smile Squad • Percentage of Dental Emergency Triage Category 1 clients treated within 24 hours • Waiting time for dentures • Waiting time for general dental care <p>Emergency Services</p> <ul style="list-style-type: none"> • Emergency presentations • Emergency patients re-presenting to the emergency department within 48 hours of previous presentation • Emergency patients that did not wait for treatment • Patients' experience of emergency department care • Emergency Category 1 treated immediately • Emergency patients treated within clinically recommended 'time to treatment' • Emergency patients with a length of stay of less than four hours • Proportion of ambulance patient transfers within 40 minutes <p>Public health</p> <ul style="list-style-type: none"> • Inspections of cooling towers • Inspections of Radiation Practices • Number of HIV and sexually transmissible infections tests conducted at PRONTO! • Number of education or monitoring visits of smoke-free areas • Number of education or monitoring visits of tobacco or e-cigarette retailers • Number of people trained in emergency management in the Department of Health and the health sector. • Number of sales to minors test purchases undertaken • Percentage of Aboriginal children fully immunised at 60 months 	<p>Emergency Services</p> <p>Nil</p> <p>Public health</p> <p>Target change:</p> <ul style="list-style-type: none"> • Inspections of cooling towers • Percentage of Aboriginal mothers that smoked during pregnancy • Women screened for breast cancer by BreastScreen Victoria • Percentage of adolescents (aged 15) fully immunised for HPV <p>Renamed measures:</p> <ul style="list-style-type: none"> • Renamed 'Inspections of radiation safety management licences' to 'Inspections of Radiation Practices'. • Renamed 'Number of people trained in emergency management' to 'Number of people trained in emergency management in the Department of Health and the health sector'. <p>Replacement measures:</p>

		Changes (if any) since 2024-25 Budget
	<ul style="list-style-type: none"> • Percentage of Aboriginal mothers that smoked during pregnancy • Percentage of newborns having a newborn bloodspot screening test • Persons completing the Life! – Diabetes and Cardiovascular Disease Prevention program • Persons screened for prevention and early detection of health conditions – pulmonary tuberculosis screening • Women screened for breast cancer by BreastScreen Victoria • Immunisation coverage – at five years of age • Immunisation coverage – at two years of age • Local Government Authorities with Municipal Public Health and Wellbeing Plans • Local Public Health Units with local population health plans reflecting statewide public health and wellbeing priorities • Percentage of adolescents (aged 15) fully immunised for HPV • Comments on proposals and applications to amend the ANZ Food Standards Code are provided within timeframes specified by Food Standards Australia New Zealand (FSANZ) • Participation rate of women in target age range screened for breast cancer • Public health responses initiated for urgent notifications within 24 hours • Anaphylaxis investigations commenced within one business day of notification attributable to food in people with a known allergy • Percentage of high-risk food recalls acted upon within 24 hours in circumstances where activity in Victoria was required within 24 hours. • Enquiries related to food regulation are responded to within 5 business days <p>Health workforce training and development</p> <ul style="list-style-type: none"> • Clinical placement student days (allied health) 	<p>Changes (if any) since 2024-25 Budget</p> <ul style="list-style-type: none"> • Replaced 'Infectious disease outbreaks responded to within 24 hours' with 'Public health responses initiated for urgent notifications within 24 hours'. • Replaced 'Anaphylaxis notifications attributed to food in people with a known allergy are acted upon within one day of notification' with 'Anaphylaxis investigations commenced within one business day of notification attributable to food in people with a known allergy'. • Replaced 'Percentage of food recalls acted upon within 24 hours of notification' with 'Percentage of high-risk food recalls acted upon within 24 hours in circumstances where activity in Victoria was required within 24 hours'. • Replaced 'Calls to food safety hotlines that are answered' with 'Enquiries related to food regulation are responded to within 5 business days'. <p>Discontinued measures:</p> <ul style="list-style-type: none"> • Number of ACCOs who have transitioned to self-determined, outcomes-based funding • Calls to food safety hotlines that are answered • Public health emergency response calls dealt with within designated plans and procedure timelines • Anaphylaxis notifications attributed to food in people with a known allergy are acted upon within one day of notification • Infectious disease outbreaks responded to within 24 hours • Percentage of food recalls acted upon within 24 hours of notification

		Changes (if any) since 2024-25 Budget
	<ul style="list-style-type: none"> • Clinical placement student days (medicine) • Clinical placement student days (nursing and midwifery) • Funded FTE in formal PGY1 and PGY2 transition-to-practice programs • Funded FTE in formal allied health transition-to-practice programs • Funded positions in formal nursing and midwifery graduate programs • Funded post graduate nursing and midwifery places at Diploma and Certificate level • Number of filled Victorian Rural Generalist Advanced Skills positions • Number of undergraduate nursing and midwifery scholarships supported • Scholarships for refresher programs and re-entry to practice courses for nurses and midwives • Sign-on bonuses for nursing and midwifery graduates • Learner satisfaction about their feeling of safety and wellbeing while undertaking their program of study at health services <p>Non-admitted services</p> <ul style="list-style-type: none"> • Community palliative care episodes • Health Independence program direct contacts • Patients treated in Specialist Outpatient Clinics – unweighted • Post-acute clients not readmitted to acute hospital • Health Independence program clients contacted within three days of referral <p>Small rural services</p> <ul style="list-style-type: none"> • NWAU Eligible Separations • Service delivery hours in community health care • Small Rural Urgent Care Presentations • Percentage of health services accredited 	<p>Health workforce training and development</p> <p>Target change:</p> <ul style="list-style-type: none"> • Funded positions in formal nursing and midwifery graduate programs • Number of undergraduate nursing and midwifery scholarships supported • Sign-on bonuses for nursing and midwifery graduates <p>Renamed measure:</p> <ul style="list-style-type: none"> • From ‘Number of filled Victorian Rural Generalist Year 3 positions’ to ‘Number of filled Victorian Rural Generalist Advanced Skills positions’ <p>Non-admitted services Nil</p> <p>Small rural services Nil</p>

		Changes (if any) since 2024-25 Budget
* Where Ministers share responsibility for outputs, initiatives or performance measures please detail where appropriate in the table above.		

		Changes (if any) since 2024-25 Budget
Minister*	Thomas	
Portfolio	Ambulance	
Output(s)	<ul style="list-style-type: none"> Ambulance services 	Nil
Objective(s)	<ul style="list-style-type: none"> keep people healthy and safe in the community care closer to home keep improving care improve Aboriginal health and wellbeing move from competition to collaboration a stronger workforce a safe and sustainable health system. 	Nil
Objective indicator(s)	Objective indicators are not allocated to individual ministerial portfolios.	NA
Performance measure(s)	<p>Ambulance services</p> <ul style="list-style-type: none"> Community Service Obligation emergency road and air transports Community Service Obligation non-emergency road and air transports Statewide emergency air transports Statewide emergency road transports Statewide non-emergency air transports Statewide non-emergency road transports Treatment without transport 	<p>Ambulance services</p> <p>Target change:</p> <ul style="list-style-type: none"> Statewide non-emergency road transports Treatment without transport

		Changes (if any) since 2024-25 Budget
	<ul style="list-style-type: none"> • Audited cases attended by Community Emergency Response Teams (CERT) meeting clinical practice standards • Audited cases statewide meeting clinical practice standards • Proportion of adult patients suspected of having a stroke who were transported to a stroke unit with thrombolysis facilities within 60 minutes • Proportion of patients experiencing severe cardiac or traumatic pain whose level of pain is reduced significantly • Proportion of patients very satisfied or satisfied with overall services delivered by paramedics • Proportion of emergency (Code 1) incidents responded to within 15 minutes in centres with more than 7 500 population • Proportion of emergency (Code 1) incidents responded to within 15 minutes – statewide 	
* Where Ministers share responsibility for outputs, initiatives or performance measures please detail where appropriate in the table above.		

		Changes (if any) since 2024-25 Budget
Minister*	Stitt	
Portfolio	Mental Health	
Output(s)	<ul style="list-style-type: none"> • Drug Services • Mental Health Clinical Care • Mental Health Community Support Services 	Transfer of gambling harm reduction and prevention functions from the former Victorian Responsible Gambling Foundation were incorporated into the Mental Health Community Support Services output group.
Objective(s)	<ul style="list-style-type: none"> • keep people healthy and safe in the community • care closer to home • keep improving care • improve Aboriginal health and wellbeing • move from competition to collaboration • a stronger workforce • a safe and sustainable health system. 	Nil

		Changes (if any) since 2024-25 Budget
Objective indicator(s)	Objective indicators are not allocated to individual ministerial portfolios.	NA
Performance measure(s)	<p>Drug services</p> <ul style="list-style-type: none"> • Number of clients on the Pharmacotherapy program • Number of commenced courses of treatment through community-based drug treatment services • Number of drug treatment activity units provided in community-based services • Number of drug treatment activity units provided in residential-based services • Number of needles and syringes provided through the Needle and Syringe program • Number of phone contacts from family members seeking support • Number of telephone, email, website contacts and requests for information on alcohol and other drugs • Percent of workers complying with Alcohol and Other Drug (AOD) Minimum Qualification Strategy requirements • Percentage of new clients accessing services (with no access in prior five years) • Percentage of pharmacotherapy permit applications processed within 24 business hours of receipt • Percentage of residential rehabilitation clients remaining in treatment for ten days or more • Percentage of residential withdrawal clients remaining in treatment for two days or more • Percentage of treatment events ending in the reference period where a significant treatment goal is achieved • Median wait time between assessment and commencement of treatment • Median wait time between intake and assessment 	<p>Drug services</p> <p>Target change:</p> <ul style="list-style-type: none"> • Number of clients on the Pharmacotherapy program • Number of telephone, email, website contacts and requests for information on alcohol and other drugs

		Changes (if any) since 2024-25 Budget
	<ul style="list-style-type: none"> • Percentage of new licences and permits issued to health services or businesses for the manufacture, use or supply of drugs and poisons within six weeks following receipt of full information • Percentage of treatment permits for medical practitioners or nurse practitioners to prescribe Schedule 8 drugs assessed within four weeks <p>Mental Health Clinical Care</p> <ul style="list-style-type: none"> • Clinical inpatient separations • Number of community service hours (adult) • Number of community service hours (aged) • Number of community service hours (child and adolescent) • Number of consumers accessing clinical mental health services – adult • Number of consumers accessing clinical mental health services – child and adolescent • Number of consumers accessing clinical mental health services – older persons • Percentage of community cases newly opened • Percentage of occupied bed days (residential) • Percentage of occupied bed days (sub-acute) • Number of designated mental health services achieving or maintaining accreditation under the National Safety and Quality in Health Service Standards • Percentage of admissions with a preadmission contact – inpatient • Percentage of consumers followed up within 7 days of separation – inpatient (CAMHS) • Percentage of consumers followed up within 7 days of separation – inpatient (adult) • Percentage of consumers followed up within 7 days of separation – inpatient (older persons) 	<p>Mental Health Clinical Care</p> <p>Target change:</p> <ul style="list-style-type: none"> • Number of consumers accessing clinical mental health services – adult • Number of consumers accessing clinical mental health services – child and adolescent • Number of consumers accessing clinical mental health services – older persons

		Changes (if any) since 2024-25 Budget
	<ul style="list-style-type: none"> • Percentage of consumers who rated their overall experience of care with a service in the last 3 months as positive • Percentage of families/carers reporting a 'very good' or 'excellent' overall experience of the service • Percentage of families/carers who report they were 'always' or 'usually' felt their opinions as a carer were respected • Percentage of mental health consumers reporting they 'usually' or 'always' felt safe using this service • Percentage of mental health-related emergency department presentations with a length of stay of less than 4 hours • Percentage of new consumers accessing services (with no access in prior five years) • Percentage of re-admissions within 28 days of separation – inpatient (older persons) • Percentage of re-admissions within 28 days of separation – inpatient (CAMHS) • Percentage of re-admissions within 28 days of separation – inpatient (adult) • Rate of seclusion episodes per 1 000 occupied bed days – inpatient (CAMHS) • Rate of seclusion episodes per 1 000 occupied bed days – inpatient (adult and forensic) • Rate of seclusion episodes per 1 000 occupied bed days – inpatient (older persons) • Percentage of departures from emergency departments to a mental health bed within 8 hours <p>Mental Health Community Support Services</p> <ul style="list-style-type: none"> • Client support units provided by community mental health support services • Clients receiving community mental health support services • Number of occupied bed days in community mental health support services providing residential services 	<p>Mental Health Community Support Services</p> <p>Multiple changes:</p> <ul style="list-style-type: none"> • Change to target and update to the calculation methodology for 'Website visitation to gambling-related information and Gambler's Health support services'.

		Changes (if any) since 2024-25 Budget
	<ul style="list-style-type: none"> • Gamblers Help Service clients who receive a service within five days of referral (Victorian Responsible Gambling Foundation) • Website visitation to gambling-related information and Gambler's Help support services • Mainstream Gambler's Help client service hours provided by therapeutic and financial counselling activities (Victorian Responsible Gambling Foundation) 	
* Where Ministers share responsibility for outputs, initiatives or performance measures please detail where appropriate in the table above.		

		Changes (if any) since 2024-25 Budget
Minister*	Stitt	
Portfolio	Ageing	
Output(s)	<ul style="list-style-type: none"> • Aged and home care • Small Rural Services - Aged Care • Home and Community Care Program for Younger People 	Nil
Objective(s)	<ul style="list-style-type: none"> • keep people healthy and safe in the community • care closer to home • keep improving care • improve Aboriginal health and wellbeing • move from competition to collaboration • a stronger workforce • a safe and sustainable health system. 	Nil
Objective indicator(s)	Objective indicators are not allocated to individual ministerial portfolios.	NA
Performance measure(s)	Aged and Home Care <ul style="list-style-type: none"> • Aged care assessments • Available bed days • Clients accessing aids and equipment • Personal alert units allocated 	Aged and Home Care Replacement measures: Replaced the 2023-2024 performance measure Victorian Eyecare Service (occasions of service) with: <ul style="list-style-type: none"> • Victorian Eyecare Service (unique patients seen). • Victorian Eyecare Service (visual aids prescribed)

	<ul style="list-style-type: none"> • Applications for aids and equipment acknowledged in writing within 10 working days • Average waiting time (calendar days) from referral to assessment • Percentage of Comprehensive Assessments for high priority clients completed within the relevant timeframe in all settings • Percentage of Comprehensive Assessments for low priority clients completed within the relevant timeframe in all settings • Percentage of Comprehensive Assessments for medium priority clients completed within the relevant timeframe in all settings • Clients satisfied with the aids and equipment services system • Funded research and service development projects for which satisfactory reports have been received • Residential care services accredited • Victorian Eyecare Service (Unique Patients Seen) • Victorian Eyecare Service (Visual Aids prescribed) <p>Small Rural Services</p> <ul style="list-style-type: none"> • Home and Community Care for Younger People – hours of service delivery • Small rural available bed days • Residential care services accredited <p>Home and Community Care Program for Younger People</p> <ul style="list-style-type: none"> • Home and Community Care for Younger People – hours of service delivery • Home and Community Care for Younger People – number of clients receiving a service 	<p>Changes (if any) since 2024-25 Budget</p> <p>The new metrics for this program more accurately reflect the services provided.</p> <p>Discontinued measure:</p> <ul style="list-style-type: none"> • Victorian Eyecare Service (occasions of service) <p>Name change:</p> <ul style="list-style-type: none"> • From ‘Percentage of high-priority clients assessed within the appropriate time in all settings’ to ‘Percentage of Comprehensive Assessments for high priority clients completed within the relevant timeframe in all settings’ • From ‘Percentage of low-priority clients assessed within the appropriate time in all settings’ to ‘Percentage of Comprehensive Assessments for low priority clients completed within the relevant timeframe in all settings’ • From ‘Percentage of medium-priority clients assessed within the appropriate time in all settings’ to ‘Percentage of Comprehensive Assessments for medium priority clients completed within the relevant timeframe in all settings’ <p>Multiple changes:</p> <ul style="list-style-type: none"> • Change to target and update to the calculation methodology for ‘Available bed days’. <p>Target change:</p> <ul style="list-style-type: none"> • Aged care assessments • Average waiting time (calendar days) from referral to assessment
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		Changes (if any) since 2024-25 Budget
		Small Rural Services Multiple changes: <ul style="list-style-type: none"> Change to target and calculation formula for 'Small rural available bed days' to better reflect the reported unit measure. Home and Community Care Program for Younger People Nil
* Where Ministers share responsibility for outputs, initiatives or performance measures please detail where appropriate in the table above.		

		Changes (if any) since 2024-25 Budget
Minister*	Blandthorn	
Portfolio	Children	
Output(s)	<ul style="list-style-type: none"> Maternal and Child Health and Parenting Services 	Nil
Objective(s)	<ul style="list-style-type: none"> keep people healthy and safe in the community care closer to home keep improving care improve Aboriginal health and wellbeing move from competition to collaboration a stronger workforce a safe and sustainable health system. 	Nil
Objective indicator(s)	Objective indicators are not allocated to individual ministerial portfolios.	NA
Performance measure(s)	Maternal and Child Health and Parenting Services <ul style="list-style-type: none"> Hours of additional support delivered through the Enhanced Maternal and Child Health program Total number of Maternal and Child Health Service clients (aged 0 to 1 year) 	Maternal and Child Health and Parenting Services Nil

		Changes (if any) since 2024-25 Budget
	<ul style="list-style-type: none"> Children aged 0 to 1 month enrolled at maternal and child health services from birth notifications 	
* Where Ministers share responsibility for outputs, initiatives or performance measures please detail where appropriate in the table above.		

		Changes (if any) since 2024-25 Budget
Minister*	Horne	
Portfolio	Health Infrastructure	
Output(s)	<ul style="list-style-type: none"> Nil 	NA
Objective(s)	Not applicable	NA
Objective indicator(s)	Objective indicators are not allocated to individual ministerial portfolios.	NA
Performance measure(s)	Not applicable	NA
* Where Ministers share responsibility for outputs, initiatives or performance measures please detail where appropriate in the table above.		

Question 19

Please provide by ministerial portfolio a list of the agencies/entities/bodies and their category (for example statutory/administrative office/authority) to which the information contained in this questionnaire relates.

Response

Ministerial Portfolio	Name of agency/entity/body	Category of agency/entity/body
Ambulance Services	Ambulance Victoria	Statutory public entity (<i>Ambulance Services Act, 1986</i>)
Children	Ballarat Early Parenting Centre (Grampians Health) Bendigo Early Parenting Centre (Bendigo Health) Geelong Early Parenting Centre (Barwon Health) Casey Early Parenting Centre (Monash Health) Whittlesea Early Parenting Centre (Mercy Public Hospitals Inc.) Wyndham Early Parenting Centre (Tweddle Child and Family Health Service)	Statutory public entity (<i>Health Services Act, 1988</i>)
Health / Mental Health / Ageing	Alfred Health (incl. Paula Fox Melanoma and Cancer Centre) Albury Wodonga Health Alexandra District Hospital Alpine Health Austin Health Bairnsdale Regional Health Service Barwon Health Bass Coast Health Beaufort and Skipton Health Service Beechworth Health Service Benalla Health Bendigo Health Care Group Boort District Health Calvary Bethlehem Melbourne Casterton Memorial Hospital Central Gippsland Health Service	Statutory public entity (<i>Health Services Act, 1988</i>)

Ministerial Portfolio	Name of agency/entity/body	Category of agency/entity/body
	Central Highlands Rural Health Cohuna District Hospital Colac Area Health Corryong Health Dental Health Services Victoria Dhelkaya Health Eastern Health East Grampians Health Service East Wimmera Health Service Echuca Regional Health Gippsland Southern Health Service Goulburn Valley Health Grampians Health Great Ocean Road Health HealthShare Victoria Heathcote Health Hesse Rural Health Service Heywood Rural Health Inglewood and Districts Health Service Kerang District Health Kooweerup Regional Health Service Kyabram District Health Service Latrobe Regional Hospital Mansfield District Hospital Maryborough District Health Service Melbourne Health Mercy Public Hospitals Inc. Mildura Base Public Hospital Monash Health Moyne Health Services NCN Health Northeast Health Wangaratta Northern Health Omeo District Health	

Ministerial Portfolio	Name of agency/entity/body	Category of agency/entity/body
	Orbost Regional Health Parkville Youth Mental Health and Wellbeing Service Peninsula Health Peter MacCallum Cancer Centre Portland District Health Robinvale District Health Services Rochester and Elmore District Health Service Rural Northwest Health Seymour Health South Gippsland Hospital South West Healthcare St Vincent's Health Swan Hill District Health Tallangatta Health Service Terang and Mortlake Health Service The Queen Elizabeth Centre The Royal Children's Hospital The Royal Victorian Eye and Ear Hospital The Royal Women's Hospital Timboon and District Healthcare Service Tweddle Child and Family Health Service Western Health West Gippsland Healthcare Group West Wimmera Health Service Western District Health Service Yarram and District Health Service Yarrawonga Health Yea and District Memorial Hospital	
Health	Safer Care Victoria	Administrative office
Health	Ballarat Community Health Barwon Health Bendigo Community Health Service Cohealth	Registered community health service (under the <i>Health Services Act, 1988</i>)

Ministerial Portfolio	Name of agency/entity/body	Category of agency/entity/body
	Gateway Health Gippsland Lakes Complete Health Grampians Community Health Latrobe Community Health Service	
Health	Victorian Comprehensive Cancer Centre Ltd	Joint venture (VCCC Alliance)
Health	Health Complaints Commissioner	Statutory Commission under the Health Complaints Act
Health Infrastructure / Transport Infrastructure	Victorian Infrastructure Delivery Authority (incorporates the Victorian Health Building Authority)	Administrative office of the Department of Transport and Planning
Mental Health	Mental Health and Wellbeing Commission	Statutory Commission (<i>Mental Health and Wellbeing Act, 2022</i>)
Mental Health	Victorian Collaborative Centre for Mental Health and Wellbeing	Statutory entity (<i>Mental Health and Wellbeing Act, 2022</i>)
Mental Health	Victorian Institute of Forensic Mental Health (incl. Thomas Embling Hospital)	Statutory entity (<i>Mental Health and Wellbeing Act, 2022</i>)
Women	Women's Health East Inc. GenWest (formerly Women's Health West) Women's Health in the South East (WHISE) Women's Health in the North (WHIN) Women's Health Barwon South West Gippsland Women's Health Women's Health Grampians Inc. Women's Health Goulburn North East Women's Health Loddon Mallee Multicultural Centre for Women's Health Women's Health Victoria Women with Disabilities Victoria	These organisations are not-for-profit incorporated associations that receive funding from the Victorian Government for services provided in their localities or to communities.

Departmental objectives

Question 20 – new objectives

For all new departmental objectives in the *2025-26 Department Performance Statement*, please provide:

- a) a description of the objective
- b) an explanation of why the objective was added
- c) related outputs
- d) related objective indicators
- e) how the departmental objective aligns with Government objectives and priorities.

Response

There were no changes to the Department's objectives in the *2025–26 Department Performance Statement*.

Output	
Description of the objective	N/A
Explanation of why the objective was added	N/A
Related outputs	N/A
Related objective indicators	N/A
How departmental objective aligns with Government objectives and priorities	N/A

Question 21 – modified objectives

For all modified departmental objectives in the *2025-26 Department Performance Statement*, please provide:

- a) a description of changes made to the objective
- b) an explanation of why the objective was changed.

Response

There were no modifications to the Department's objectives in the *2025–26 Department Performance Statement*.

Output	
Description of changes made to the objective	N/A
Explanation of why the objective was changed	N/A

Question 22 – discontinued objectives

For all discontinued departmental objectives in the *2025-26 Department Performance Statement*, please provide:

- a) a description of the objective
- b) an explanation of why the objective was discontinued
- c) any objectives that will replace the discontinued objective in part or in full.

Response

There were no discontinued departmental objectives in the *2025–26 Department Performance Statement*.

Output	
Description of the objective	N/A
Explanation of why the objective was discontinued	N/A
Any objectives that will replace the discontinued objective	N/A

Objective indicators

Question 23 – new indicators

For all new objective indicators in the *2025-26 Department Performance Statement*, please provide:

- a) the related objective
- b) a description of the indicator
- c) an explanation of why the indicator was added
- d) the assumptions and methodology underpinning the indicator
- e) the target (if applicable)
- f) how the target was set (if applicable)
- g) any shortcomings of the indicator, including data limitations, that limit the ability to assess performance against departmental objectives.

Response

There are no new objective indicators in the *2025–26 Department Performance Statement*.

Output	
Related objective	N/A
Description of the indicator	N/A
Why the indicator was added	N/A
Assumptions and methodology underpinning the indicator	N/A
Target	N/A
How the target was set	N/A
Any shortcomings of the indicator, including data limitations	N/A

Question 24 – modified objectives

For all modified objective indicators in the 2025-26 Department Performance Statement, please provide:

- a) a description of changes made to the indicator
- b) an explanation of why the indicator was changed.

Response

Output	Hospital patients treated with dignity and respect
Description of changes made to the indicator	Wording change
Explanation of why the indicator was changed	This indicator renames the 24-25 indicator 'Patients who report feeling they were treated with dignity and respect' to simplify the wording

Output	Babies born with low birth weight
Description of changes made to the indicator	Wording change
Explanation of why the indicator was changed	This indicator renames the 24-25 indicator 'Percentage of babies born with low birth weight' to shorten the wording.

Output	Children aged 0-9 years hospitalised for dental conditions
Description of changes made to the indicator	Wording change
Explanation of why the indicator was changed	This indicator renames the 24-25 indicator 'Children aged 0-9 years old who have been hospitalised for dental conditions' to shorten the wording.

Output	Low value colonoscopies
Description of changes made to the indicator	Alignment to Department of Health Strategic Plan 2023-27
Explanation of why the indicator was changed	This indicator adjusts the 24-25 indicator 'Low value cardiac care and low value colonoscopies' to align with the Outcomes Framework published in the Department of Health Strategic Plan 2023-27 (2024 update)

Output	Potentially preventable hospitalisations
Description of changes made to the indicator	Wording change
Explanation of why the indicator was changed	This indicator adjusts the 24-25 indicator 'Admission for ambulatory care sensitive conditions (potentially preventable conditions) to simplify the wording.

Output	Patients hospitalised for selected conditions who did not receive appropriate screening
Description of changes made to the indicator	Wording change
Explanation of why the indicator was changed	This indicator renames the 24-25 indicator 'Hospitalisations due to cardiac disease, diabetes, or cervical, breast or colon cancer where the patient did not receive appropriate screening' to simplify the wording.

Question 25 – discontinued indicators

For all discontinued objective indicators in the *2025-26 Department Performance Statement*, please provide:

- a) a description of the indicator
- b) an explanation of why the indicator was discontinued
- c) any impacts on the ability to measure achievement of departmental objectives
- d) any indicators that will replace the discontinued indicator in part or in full.

Response

Indicator	
Description of the indicator	Excess deaths as a result of COVID
Explanation of why the indicator was discontinued	This objective indicator has been discontinued as this was relevant when COVID-19 was managed as a pandemic with additional reporting and public health controls.
Any impacts on the ability to measure achievement of departmental objectives	Nil
Any indicators that will replace the discontinued indicator	Nil

Question 26 – information base for objectives and indicators

Across all departmental objectives and indicators in the *2025-26 Department Performance Statement*, please describe:

- any work planned or underway to improve the objective indicators
- the quality of the data or information base used to assess performance of departmental objectives
- any changes required to improve the quality of the information used to assess performance of departmental objectives.

Response

Objective indicator	All objective indicators (listed below table)
Work planned or underway to improve objective indicators	<p>The department conducts an annual review of objective indicators. This includes consideration of the continued relevance of the indicators, the outputs, output performance measures and the linkages with the departmental objectives. It also includes consideration of new and/or existing data that aligns with the objective indicators. This is important as some objective indicators rely on external data sources and therefore changes to calculation methods or data availability can impact departmental reporting. The availability of new data sources may also prompt change, whether from external reporting sources or changes to departmental data collections. The department will continue to engage with external data sources to support the ongoing monitoring of objective indicator measures.</p>
Quality of data or information base used to assess performance	<p>The data for the objective indicator measures comes from numerous sources. Some of the sources are not managed by the department and the department is not able to comment on the quality of the data. This includes:</p> <ul style="list-style-type: none"> • Measure 2.3 – SafeScript overdose deaths where the data comes from the Coroner. • Measure 2.1 – Excess deaths which comes from Births Deaths and Marriages. • Measure 3.3 – Babies with low birth weight which comes from CCOPMM (consultative council on obstetric and paediatric mortality and morbidity). <p>For Measure 8.5 – Hospitalisation after screening, the department is awaiting the release of Commonwealth data, with no updates received since late 2023. The remaining objective indicator measures use the department’s administrative data sets or other collections where data is submitted by hospitals to the department. The department undertakes an annual change process to identify improvements to the datasets. The data submitted via these collections is used for a range of purposes, including funding, clinical quality assurance and national reporting.</p>

Any changes required to improve the quality of the information used to assess performance

As part of the annual review, the development of data and relevant measures that address any gaps or shortcomings will continue to be considered.

2025-26 objective indicators:

- Admitted stay seven days or longer
- Hospital-acquired complications
- Hospital patients treated with dignity and respect
- Heat-related emergency department presentations during heatwaves
- SafeScript monitored for prescription drug-involved overdose deaths
- Babies born with low birth weight
- Children aged 0-9 years hospitalised for dental conditions
- Aboriginal people who feel connected to culture and community
- Total carbon dioxide emissions attributed to public health services
- Low value colonoscopies
- Potentially preventable hospitalisations
- Patient hospitalised for selected conditions who did not receive appropriate screening

Outputs

Question 27 – new outputs

For all new outputs in the *2025-26 Department Performance Statement*, please provide:

- a) a description of the output
- b) an explanation of why the output was added
- c) related performance measures
- d) how the output will contribute to outcomes in terms of departmental objectives.

Response

There are no new outputs in the *2025–26 Department Performance Statement*.

Output	
Description of the output	N/A
Explanation of why the output was added	N/A
Related performance measures	N/A
How the output will contribute to outcomes in terms of departmental objectives	N/A

Question 28– modified outputs

For all modified outputs in the *2025-26 Department Performance Statement*, please provide:

- a) a description of changes made to the output
- b) an explanation of why the output was changed.

Response

Output	Aged and Home Care
Description of changes made to the output	<p>Wording change</p> <p>From: This output includes delivery of a range of community services that support older Victorians. These services provide access to ongoing care and support in a residential aged care setting; comprehensive assessment of older Victorians' requirements for treatment and residential aged care services; eyecare services, Personal Alert Victoria services, and pension-level Supported Residential Services.</p> <p>To: This output includes delivery of a range of community services including support in a residential aged care setting, needs and eligibility assessment to access Commonwealth Government services for older people and programs enabling Victorians to live independently in the community including aids and equipment, low-cost accommodation, eyecare services, and Personal Alert Victoria services.</p>
Explanation of why the output was changed	An update to the output description for Aged and Home Care to more accurately describe the services provided, for example, reflecting that the home care population is broader than aged persons.

Question 29 – discontinued outputs

For all discontinued outputs in the *2025-26 Department Performance Statement*, please provide:

- a) a description of the output
- b) an explanation of why the output was discontinued
- c) any impacts on the achievement of departmental objectives
- d) any outputs that will replace the discontinued output in part or in full.

Response

There are no discontinued outputs in the *2025–26 Department Performance Statement*.

Output	
Description of the output	N/A
Explanation of why the output was discontinued	N/A
Any impacts on the achievement of departmental objectives	N/A
Any outputs that will replace the discontinued output	N/A

Performance measures

Question 30 – new performance measures

For all new performance measures in the 2025-26 Department Performance Statement, please provide:

- the output the measure relates to
- a description of the measure
- the assumptions and methodology underpinning the measure (including how the supporting data is calculated or derived, source and frequency of data collection, as well as any other business rules and assumptions)
- how the target was set
- the shortcomings of the measure, including data limitations.

Response

Performance measure	<i>Public health responses initiated for urgent notifications within 24 hours</i>
Output the measure relates to	<i>Public Health</i>
Description/purpose of the measure	This performance measure replaces the 2024-2025 measures 'infectious disease outbreaks responded to within 24 hours' and 'Public health emergency response calls dealt with within designated plans and procedure timelines' to better reflect timeliness of response activities across the networked public health system. Target: 95 per cent.
Assumptions and methodology underpinning the measure	Part 8 of the <i>Public Health and Wellbeing Act 2008</i> (the Act) sets out the requirements for notification of certain conditions by medical practitioners, pathology and laboratory services in Victoria. Urgent conditions, as defined in the Act, require notification to the department by telephone upon initial diagnosis or clinical suspicion as soon as practicable and within 24 hours. Public health response and control activities for urgent conditions are undertaken across the Victorian Public Health Network. Timely initiation of response activities is required to prevent transmission of disease and therefore manage risk to the community.
How target was set	Based on previous measure with adjustment for appropriate confidence interval.
Shortcomings of the measure, including data limitations	Replacement measure requiring timely reporting across Victorian Public Health Network.

Performance measure	<i>Anaphylaxis investigations commenced within one business day of notification attributable to food in people with a known allergy</i>
Output the measure relates to	<i>Public Health</i>
Description/purpose of the measure	<p>The Public Health and Wellbeing Regulations 2019 require notifiers (e.g. hospitals) to notify cases of anaphylaxis due to consumption of a packaged food within 24 hours of initial diagnosis; if due to other causes, within 5 days. This demonstrates the urgency of response to a notification of anaphylaxis due to consumption of packaged food, for which actions are to be started within 24 hours from notification receipt.</p> <p>The measure reflects the department’s ability to perform timely responses to urgent notifications.</p> <p>This measure replaces the 2024-25 measure 'Anaphylaxis notifications attributed to food in people with a known allergy are acted upon within one day of notification'. The revised measure emphasizes the swift initiation of investigations in response to potential public health risks while accounting for the level of complexity involved. This allows for a more nuanced, risk-based approach to regulation for lower-risk matters and aligns with modern practices that prioritise the rapid assessment of high-risk cases and the efficient allocation of resources to mitigate risks effectively.</p> <p>Target: 97 per cent</p>
Assumptions and methodology underpinning the measure	<p>The anaphylaxis notification system assumes that the suspected cause of anaphylaxis reported by the notifiers is accurate. However, since there is a limited opportunity to confirm the cause, apart from what the case or next of kin have claimed, the cause has always been considered as ‘suspected.’</p> <p>Only cases of anaphylaxis due to consumption of packaged food require immediate action i.e. within 24 hours of notification receipt.</p> <p>Since anaphylaxis has no universally accepted definition, a notified case is considered ‘confirmed’ once the notifier attests to have reasonable grounds to believe that the person who presented to the hospital for treatment had anaphylaxis.</p>
How target was set	Based on analysis of previous years’ actual results
Shortcomings of the measure, including data limitations	<ul style="list-style-type: none"> • The reported suspected cause of anaphylaxis can be misclassified leading to delayed action. • The Public Health and Wellbeing Regulations 2019 require notification of anaphylaxis cases presenting to the hospital for treatment. An anaphylaxis event that occurs to an in-hospital patient is not required to be notified to the department, regardless of suspected cause (i.e. excluded from being counted and actions are not required).

Performance measure	<i>Percentage of high-risk food recalls acted upon within 24 hours in circumstances where activity in Victoria was required within 24 hours</i>
Output the measure relates to	<i>Public Health</i>
Description/purpose of the measure	<p>This measure reflects the department's ability to disseminate time-critical information to local councils for them to coordinate and ensure the removal by food distributors, sellers and retailers, of unsafe or unsuitable food from distribution, sale and consumption.</p> <p>This measure replaces the 2024-25 measure 'Percentage of food recalls acted upon within 24 hours of notification' to ensure better focus on high-risk recalls, allowing for a more targeted and resource-efficient response. This change reflects the principles of modern risk-based regulation, ensuring that critical cases receive immediate attention while lower-risk recalls are managed in a manner that optimizes resource use. This approach also aligns with obligations under the Food Industry Food Recall Protocol and Food Standards Australia and New Zealand.</p> <p>Target: 100 per cent</p>
Assumptions and methodology underpinning the measure	Upon receiving a food recall notice from the Food Safety Australia and New Zealand (FSANZ), the department's action is to immediately advise local councils to coordinate with product distributors, sellers and retailers for the removal of the product from sale. This measure is defined as the difference between the time/date the FSANZ advisory was received and the time/date the department advice was emailed to local councils.
How target was set	Within 24 hours was considered an achievable response time, recognising the public health risk associated with food safety recalls, and the need to ensure council officers are fully informed regarding the distribution of any recalled product within their jurisdictions as soon as possible.
Shortcomings of the measure, including data limitations	Nil

Performance measure	<i>Victorian Eyecare Service (Unique Patients Seen)</i>
Output the measure relates to	<i>Aged and Home Care</i>
Description/purpose of the measure	<p>Counts the number of patients seen through the program without recounting those that attend multiple appointments relating to the one episode of care.</p> <p>This performance measure replaces the 2023-2024 performance measure 'Victorian Eyecare Service (occasions of service)'. The two new metrics more accurately reflect the services provided and the number of individuals supported by the program.</p> <p>Target: 56,180</p>

Assumptions and methodology underpinning the measure	Rural and regional practitioners delivering the Victorian Eyecare Service on behalf of the Australian College of Optometry (ACO) eye health are already capturing data on the new metric and better equipped to deliver more accurate reporting.
How target was set	The target was set by converting actual data to the new metric
Shortcomings of the measure, including data limitations	Nil

Performance measure	<i>Victorian Eyecare Service (Visual Aids prescribed)</i>
Output the measure relates to	<i>Aged and Home Care</i>
Description/purpose of the measure	Counts the number of visual aids (glasses and contact lenses) prescribed. This performance measure replaces the 2023-2024 performance measure 'Victorian Eyecare Service (occasions of service)'. The two new metrics more accurately reflect the services provided and the number of individuals supported by the program. Target: 32,780
Assumptions and methodology underpinning the measure	Rural and regional practitioners delivering the Victorian Eyecare Service (VES) on behalf of the Australian College of Optometry (ACO) eye health are already capturing data on the new metric and better equipped to deliver more accurate reporting.
How target was set	The target was set by converting actual data to the new metric
Shortcomings of the measure, including data limitations	Nil

Performance measure	<i>Enquiries related to food regulation are responded to within 5 business days</i>
Output the measure relates to	<i>Public Health</i>
Description/purpose of the measure	Measures the extent to which the department is meeting the community's needs with respect to responding to queries about food safety. This performance measure replaces the 2024-25 'Calls to food safety hotlines that are answered' to better manage and prioritise enquiries based on risk. This approach supports the adoption of digital tools and smart options, such as web-based or smart-form enquiries rather than focusing only on phone enquiries, allowing for a more efficient and comprehensive handling of enquiries. The revision reflects a shift towards a more balanced and effective use of resources, ensuring that urgent matters are prioritised while routine enquiries are managed appropriately. Target: 98 per cent

Assumptions and methodology underpinning the measure	The department fields enquiries via telephone and email from members of the public, co-regulatory partners and others. The measure allows for triage of critical versus non-critical enquiries and management of same and reflects the complexity in dealing with more detailed cases.
How target was set	Based on analysis of average numbers of incoming calls and email enquiries, balanced with available resources.
Shortcomings of the measure, including data limitations	Email response times must be calculated manually.

Question 31 – modified performance measures

For all existing performance measures with an associated target that has been modified in the *2025-26 Department Performance Statement*, please provide:

- the output the measure relates to
- a description of the measure
- the previous target
- the new target and how it was set
- the justification for changing the target
- an explanation of why the target was not met in 2023–24, if applicable and the 2024–25 expected outcome
- the methodology behind estimating the 2024–25 expected outcome in the 2025–26 Budget.

Response

Performance measure	Students examined by Smile Squad
The output the measure relates to	Dental Services
Description/purpose of the measure	Total number of individual students who provided diagnostic and/or preventive services.
The previous target	58,000
The new target and how it was set	69,300 The new target was based on a 10 percent increase to the expected 2024-25 result.
The justification for changing the target	The higher 2025-26 target reflects the increase in number of students seen in 2024-25, resulting from higher student consent rates and service efficiencies.
An explanation of why the target was not met in 2023-24, if applicable, and the 2024-25 expected outcome	The 2024-25 expected outcome is higher than target due to continued activity uplift and efficiency improvements. 2024-25 EOY Target and Result relate to Jan-Dec 2024 calendar year to reflect the school year.
The methodology behind estimating the expected outcome in the 2025-26 Budget	EOY target and result relate to Jan-Dec 2025 calendar year to reflect the school year, which is available at the end of Q2 2025-26. The expected outcomes will be the actual number of individual students that were provided diagnostic and/or preventive services at the end of December 2025.

Performance measure	Students receiving treatment by Smile Squad
The output the measure relates to	Dental Services
Description/purpose of the measure	Total number of individual students who received dental treatment in Smile Squad.
The previous target	15,500

The new target and how it was set	20,800 The number of students that will receive treatment is assumed to be approximately 30 percent of the number of students examined.
The justification for changing the target	The higher 2025-26 target reflects the increase in number of students seen in 2024-25, resulting from higher student consent rates and service efficiencies.
An explanation of why the target was not met in 2023-24, if applicable, and the 2024-25 expected outcome	The 2024-25 expected outcome is higher than target due to continued activity uplift and efficiency improvements. 2024-25 EOY Target and Result relate to Jan-Dec 2024 calendar year to reflect the school year.
The methodology behind estimating the 2024-25 expected outcome in the 2025-26 Budget	EOY target and result relate to Jan-Dec 2025 calendar year to reflect the school year, which is available at the end of Q2 2025-26. The expected outcomes will be the actual number of individual students that were treated at the end of December 2025.

Performance measure	Aged care assessments
The output the measure relates to	Aged and Home Care
Description/purpose of the measure	Indicates the volume of services provided, in terms of assessments conducted, during the reporting year. Includes assessments completed in both hospital and community settings.
The previous target	TBC - awaiting outcome of negotiations with the Commonwealth
The new target and how it was set	TBC – awaiting outcome of negotiations with the Commonwealth
The justification for changing the target	A new single aged care assessment model is being implemented by the Commonwealth, with the new model measures, parameters and targets pending following the outcomes of the bilateral negotiations with the Commonwealth around Victoria delivering aged care assessment services from 2025-26.
An explanation of why the target was not met in 2023-24, if applicable, and the 2024-25 expected outcome	No target was set for 2024-25 due to implementation of single assessment model. For 2024-25 the expected outcome is 59,000 which was the target for 2023-24
The methodology behind estimating the 2024-25 expected outcome in the 2025-26 Budget	The expected EOFY result for 2024-25 of 59,000 is based on prior year results for aged care assessments. 59,000 is the target from 2023-24.

Performance measure	Available bed days
The output the measure relates to	Aged and Home Care

Description/purpose of the measure	Available Bed Days is a measure of the number of operational residential aged care places that are staffed, and therefore available to provide residential aged care.
The previous target	1,153,718
The new target and how it was set	1,121,683
The justification for changing the target in 2025-26 (including methodology)	The lower 2025-26 target reflects historic changes to service capacity.
An explanation of why the target was not met in 2023-24, if applicable, and the 2024-25 expected outcome	The 2024-25 expected outcome is lower than the 2024-25 target due to redevelopments underway to modernise facilities and meet needs at the local level.
The methodology behind estimating the 2024-25 expected outcome in the 2025-26 Budget	The 2024-25 estimated outcome was calculated using the following methodology: Available bed days = Number of places x number of days in the year x 0.99.

Performance measure	Average waiting time (calendar days) from referral to assessment
The output the measure relates to	Aged and Home Care
Description/purpose of the measure	This measure counts the average number of days between a client being referred for an assessment, 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 2 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. The measure reflects the timeliness of assessments based on information available at the time of referral used to assign a high, medium or low priority to the referral.
The previous target	TBC – awaiting outcome of negotiations with the Commonwealth
The new target and how it was set	TBC - awaiting outcome of negotiations with the Commonwealth
The justification for changing the target	A new single aged care assessment model is being implemented by the Commonwealth, with the new model measures, parameters and targets pending following the outcomes of the bilateral negotiations with the Commonwealth around Victoria delivering aged care assessment services from 2025-26.
An explanation of why the target was not met in 2023-24, if applicable, and the 2024-25 expected outcome	The 2023-24 target was not met due to increased demand for assessments and national workforce shortages. No target was set for 2024-25 due to negotiations with the Commonwealth on the implementation of single assessment model.

The methodology behind estimating the 2024-25 expected outcome in the 2025-26 Budget	No target was set for 2024-25 due to negotiations with the Commonwealth on the implementation of single assessment model. The expected outcome in 2025-26 for this measure is 16 days which is the previous target for 2023-24.
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Performance measure	Healthcare worker immunisation – influenza
The output the measure relates to	Admitted Services
Description/purpose of the measure	High coverage rates for immunisation in healthcare workers (HCW) are essential to reduce the risk of transmission in healthcare settings. The target requires a percentage of health service Category A, B and C HCW (refer to Australian guidelines for the prevention and control of infections in health care) who are permanently, temporarily or casually (bank staff) employed by the health service through the influenza period to be immunised.
The previous target	92 per cent
The new target and how it was set	94 per cent
The justification for changing the target	This target increase is aligned with the target set in the Department of Health's Victorian Health Services Performance Monitoring Framework Business Rules 2024-25. https://www.health.vic.gov.au/sites/default/files/2025-01/victorian-health-services-performance-framework-24%E2%80%9325-business-rules.docx
An explanation of why the target was not met in 2023-24, if applicable, and the 2024-25 expected outcome	2023-24 outcome was within 5 per cent of target 2024-25 expected outcome is predicted to meet the target
The methodology behind estimating the 2024-25 expected outcome in the 2025-26 Budget	This methodology calculates the percentage of vaccinated healthcare workers (HCW) identified through reporting during the audit period. Results are calculated by dividing the total number of Category A, B, and C healthcare workers who were vaccinated as of August 15th by the total number of Category A, B, and C healthcare workers who were employed and worked at least one shift during the influenza vaccination campaign, which ran from March 1st to August 15th, and then multiplying the result by one hundred.

Performance measure	Statewide non-emergency road transports
The output the measure relates to	Ambulance Services
Description/purpose of the measure	The number of non-emergency road transports – Statewide
The previous target	309,922

The new target and how it was set	300,000
The justification for changing the target	The revised target also incorporates the impacts of demand management strategies to ensure non-emergency resources are provided to patients who need clinical monitoring and supervision during transport.
An explanation of why the target was not met in 2023-24, if applicable, and the 2024-25 expected outcome	The 2024-25 expected outcome is lower than target reflecting better application of Non-Emergency Patient Transport eligibility criteria.
The methodology behind estimating the 2024-25 expected outcome in the 2025-26 Budget	2024-25 expected outcome has been derived from year-to-date activity and projected to account for seasonal variations based on historic data.

Performance measure	Number of patients admitted from the planned surgery waiting list
The output the measure relates to	Admitted Services
Description/purpose of the measure	The number of patients who have been admitted for the awaited procedure that addresses the clinical condition for which they were added to the planned surgery waiting list.
The previous target	200,000
The new target and how it was set	210,000
The justification for changing the target	The 2025-26 target is higher than the 2024-25 target to reflect new funding provided to reduce the planned surgery waitlist.
An explanation of why the target was not met in 2023-24, if applicable, and the 2024-25 expected outcome	The 240,000 target was not met in 2023-24 due to continued demand pressures on health services, including higher than forecast demand for emergency surgery and increased demand on inpatient beds. The result of 209,925 surgeries in 2023-24 was an annual record for Victoria and informed the target set for 2024-25. We expect 210,000 patients to be admitted from the planned surgery wait list in 2024-25.
The methodology behind estimating the 2024-25 expected outcome in the 2025-26 Budget	Planned Care Recovery and Reform's digital twin forecasting model.

Performance measure	Funded positions in formal nursing and midwifery graduate programs
The output the measure relates to	Health Workforce Training and Development
Description/purpose of the measure	Grant funding provided to public health services to support the provision of clinical education in the transition from undergraduate education to clinical practice.
The previous target	1,590
The new target and how it was set	1,591

The justification for changing the target	The 2025-26 target reflects funded activity.
An explanation of why the target was not met in 2023-24, if applicable, and the 2024-25 expected outcome	2023-24 outcome was within 5 per cent of target 2024-25 expected outcome is predicted to meet the target
The methodology behind estimating the 2024-25 expected outcome in the 2025-26 Budget	Funding allocation allowed one more graduate position to be supported.

Performance measure	Number of undergraduate nursing and midwifery scholarships supported
The output the measure relates to	Health Workforce Training and Development
Description/purpose of the measure	<p>The Undergraduate (entry-to-practice) Nursing and Midwifery Scholarships program provides scholarships of up to \$9,000 over a maximum of 3 years for students who commenced an undergraduate (entry-to-practice) qualification in 2023 and 2024. This is referred to as the University Component of the program.</p> <p>In addition, the Health Service Component of this program provides an extra scholarship payment of \$7,500 to recipients who, upon graduation complete 2 years of employment at an average of 0.6 EFT (or equivalent pro rata) with an eligible Victorian public health service.</p>
The previous target	5,000 eligible scholarship recipients
The new target and how it was set	3,959 eligible scholarship recipients
The justification for changing the target	The lower proposed 2025-26 target reflects that funding is for 2nd and 3rd payments due during this period.
An explanation of why the target was not met in 2023-24, if applicable, and the 2024-25 expected outcome	<p>Actual demand was lower than forecasted.</p> <p>While scholarships were available and uncapped, university places to support higher undergraduate numbers of nurses and midwives were not increased.</p> <p>Actual demand for scholarships has been lower due to application of access criteria, including that recipients:</p> <ul style="list-style-type: none"> • be domestic students. • be enrolled in and studying an approved course. • commence the course by a specified date.
The methodology behind estimating the 2024-25 expected outcome in the 2025-26 Budget	Historical performance analysis was drawn on to estimate the 2025-26 expected outcome.

Performance measure	Sign-on bonuses for nursing and midwifery graduates
The output the measure relates to	Health Workforce Training and Development
Description/purpose of the measure	This initiative provides a bonus of \$5,000 (paid in two instalments), to eligible nursing and midwifery graduates who completed studies between 2022-2024, then commenced employment in a public health service and committed to remain for two years.
The previous target	2,715
The new target and how it was set	2,850
The justification for changing the target	The 2024-25 expected outcome is higher than target, reflecting demand. The higher proposed 2025-26 target reflects that funding is for payments for participants in rounds 2-6 during this period
An explanation of why the target was not met in 2023-24, if applicable, and the 2024-25 expected outcome	2023-24 outcome was within 5 per cent of target 2024-25 expected outcome is higher than the target reflecting higher than anticipated demand.
The methodology behind estimating the 2024-25 expected outcome in the 2025-26 Budget	Historical performance analysis was drawn on to estimate the 2025-26 expected outcome.

Performance Measure	Number of consumers accessing clinical mental health services – adult
The output the measure relates to	Mental Health Clinical Care
Description/purpose of the measure	This counts the number of adult cohort clients with a registered community contact. It is a measure of access and quantity of clinical mental health services by this cohort.
The previous target	69,717
The new target and how it was set	74,060
The justification for changing the target	The higher 2025-26 target reflects increased funding to clinical mental health services to meet community demand.
An explanation of why the target was not met in 2023-24, if applicable, and the 2024-25 expected outcome	2023-24 outcome was within 5 per cent of target 2024-25 expected outcome is predicted to meet the target
The methodology behind estimating the 2024-25 expected outcome in the 2025-26 Budget	EOFY Estimates report prior year results as an indicative outcome for the FY. Updated data supplied for actual results ahead of November PAEC once data collections have finalized for the 2024-25 period.

Performance measure	Number of consumers accessing clinical mental health services – child and adolescent
The output the measure relates to	Mental Health Clinical Care
Description/purpose of the measure	This counts the number of children and adolescent cohort clients with a registered community contact. It is a measure of access and quantity of clinical mental health services by this cohort.
The previous target	14,937
The new target and how it was set	16,210
The justification for changing the target	The higher 2025-26 target reflects increased funding to clinical mental health services to meet community demand.
An explanation of why the target was not met in 2023-24, if applicable, and the 2024-25 expected outcome	2023-24 outcome was within 5 per cent of target 2024-25 expected outcome is predicted to meet the target
The methodology behind estimating the 2024-25 expected outcome in the 2025-26 Budget	EOFY Estimates report prior year results as an indicative outcome for the FY. Updated data supplied for actual results ahead of November PAEC once data collections have finalized for the 2024-25 period.

Performance measure	Number of consumers accessing clinical mental health services – older persons
The output the measure relates to	Mental Health Clinical Care
Description/purpose of the measure	This counts the number of older person cohort clients with a registered community contact. It is a measure of access and quantity of clinical mental health services by this cohort.
The previous target	9,033
The new target and how it was set	9,298
The justification for changing the target	The higher 2025-26 target reflects increased funding to clinical mental health services to meet community demand.
An explanation of why the target was not met in 2023-24, if applicable, and the 2024-25 expected outcome	2023-24 outcome was within 5 per cent of target The 2024-25 expected outcome is higher than the target reflecting that more inpatient and community mental health services available for older Victorians.
The methodology behind estimating the 2024-25 expected outcome in the 2025-26 Budget	EOFY Estimates report prior year results as an indicative outcome for the FY. Updated data supplied for actual results ahead of November PAEC once data collections have finalized for the 2024-25 period.

Performance measure	Number of clients on the Pharmacotherapy program
The output the measure relates to	Drug Services
Description/purpose of the measure	Measures the number of clients in pharmacotherapy treatment on a specific census day
The previous target	14,630
The new target and how it was set	15,106
The justification for changing the target	The 2025-26 target has been increased based on historical performance.
An explanation of why the target was not met in 2023-24, if applicable, and the 2024-25 expected outcome	2023-24 outcome was within 5 per cent of target 2024-25 expected outcome within 5 per cent of target
The methodology behind estimating the 2024-25 expected outcome in the 2025-26 Budget	EOFY Estimates are derived on the annual collection results, conducted in June 2024 and finalised in September 2024.

Performance measure	Number of telephone, email, website contacts and requests for information on alcohol and other drugs
The output the measure relates to	Drug Services
Description/purpose of the measure	The number of contacts and requests for information about alcohol and drugs made to DirectLine (website and phone), the Australian Drug Foundation (phone, SMS, email and website) and the Ice Advice Line (phone), via telephone, SMS, email and website.
The previous target	6,000
The new target and how it was set	7,000
The justification for changing the target	The 2025-26 target has been increased based on historical performance.
An explanation of why the target was not met in 2023-24, if applicable, and the 2024-25 expected outcome	The 2023-24 outcome was higher than the target due the demand for self-directed support and information seeking, which is enabled by access to Telehealth and web-based support options. The 2024-25 expected outcome is higher than the 2024-25 target which is consistent across periods and reflects the increase in demand for self-seeking information and support.
The methodology behind estimating the 2024-25 expected outcome in the 2025-26 Budget	EOFY expected outcomes is derived from line of best fit for the previous 13 quarters of actual performance.

Performance measure	Inspections of cooling towers
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The output the measure relates to	Public Health
Description/purpose of the measure	Cooling towers inspected to check compliance with the <i>Public Health and Wellbeing Act 2008</i> and the Public Health and Wellbeing Regulations 2009. The measure assists the unit to accurately record work undertaken and track trends in, and identification of, hotspots.
The previous target	1,300
The new target and how it was set	350
The justification for changing the target	The lower 2025-26 target reflects an enhanced approach to target the highest-risk towers while maintaining flexibility to respond to emerging risks.
An explanation of why the target was not met in 2023-24, if applicable, and the 2024-25 expected outcome	2023-24 outcome was within 5 per cent of target 2024-25 expected outcome is predicted to meet the target
The methodology behind estimating the 2024-25 expected outcome in the 2025-26 Budget	Numerical count of the number of inspections conducted year to date, and scheduled for the remainder of the year.

Performance measure	Inspections of Radiation Practices (previously known as Inspections of radiation safety management licenses)
The output the measure relates to	Public Health
Description/purpose of the measure	This measure assists the unit to accurately record work undertaken and track trends in, and identification of, hotspots.
The previous target	480
The new target and how it was set	150
The justification for changing the target	The lower 2025-26 target reflects a modern regulatory practice which will enable the Department to target its inspection activities based on the risk posed to the Victorian community. Replacing a previous out-of-date approach of random sampling, the new targeting regime will allow the Department to focus its resources on detecting and responding appropriately to persistent non-compliance using data, information and intelligence gathered about management licence holders and particular industries and sectors. This evidence-based approach will enable the Health Regulator to respond more rapidly to areas of high risk, and provide greater consistency to regulation across the health system.
An explanation of why the target was not met in 2023-24, if applicable, and the 2024-25 expected outcome	2023-24 outcome was within 5 per cent of target 2024-25 expected outcome is predicted to meet the target

The methodology behind estimating the 2024-25 expected outcome in the 2025-26 Budget	Numerical count of the number of inspections conducted year to date, and scheduled for the remainder of the year.
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Performance measure	Number of people trained in emergency management in the Department of Health and the health sector (previously known as Number of people trained in emergency management)
The output the measure relates to	Public Health
Description/purpose of the measure	Measures the number of people who attended emergency management training in the 12-month period.
The previous target	2,000
The new target and how it was set	1,500
The justification for changing the target	The 2025-26 target reflects that this measure no longer also incorporates staff from the Department of Families, Fairness and Housing. This performance measure is renamed to better reflect the discontinuance of the Department of Families Fairness and Housing contribution and the inclusion of emergency management training provided across the Victorian health sector, including Emergo Train and Major Incident Medical Management and Support training and exercising.
An explanation of why the target was not met in 2023-24, if applicable, and the 2024-25 expected outcome	2023-24 outcome was 3,587 and exceeded the target 2024-25 expected outcome is predicted to meet the target
The methodology behind estimating the 2024-25 expected outcome in the 2025-26 Budget	The 2024-25 estimate was based on the number of people the Department of Health trained in emergency management across the department and the health sector from July to November 2024, and the forecasted number that would be trained in the remainder of the 24-25 financial year (given there was more than six months of the training year remaining) and also recognising the department's previous total of 1651 in 2023-24.

Performance measure	Percentage of Aboriginal mothers that smoked during pregnancy
The output the measure relates to	Public Health
Description/purpose of the measure	Smoking during pregnancy is an established risk factor for perinatal morbidity and mortality. This measure shows the prevalence of Aboriginal women who reported smoking at any point during their pregnancy in Victoria. This measure assesses longitudinal variation in Aboriginal smoking rates during pregnancy over 12-month financial year periods. This measure is reported quarterly and contains data produced cumulatively over the financial year.

The previous target	Not set.
The new target and how it was set	39.3 (based on a reduction of 5 per cent from the 10-year average). Aiming for this level gives something attainable to work towards, especially if improvements over time have been incremental.
The justification for changing the target	The 2025-26 target is based on a reduction of five percent from the 10-year average.
An explanation of why the target was not met in 2023-24, if applicable, and the 2024-25 expected outcome	No target was set for 2023-24 and 2024-25
The methodology behind estimating the 2024-25 expected outcome in the 2025-26 Budget	The 2024-25 outcome was calculated using the following methodology: Number of Indigenous women who reported smoking at any point during pregnancy. Divided by number of Indigenous women who gave birth, excluding women whose smoking status during pregnancy is unknown.

Performance measure	Women screened for breast cancer by BreastScreen Victoria
The output the measure relates to	Public Health
Description/purpose of the measure	Indicates the magnitude of screening, in terms of number of women screened, to detect breast cancer in its early and most treatable stage.
The previous target	282,000
The new target and how it was set	292,000
The justification for changing the target	The higher 2025-26 target reflects the 2022 election commitment to screen an additional 36,000 eligible women by 2026-27.
An explanation of why the target was not met in 2023-24, if applicable, and the 2024-25 expected outcome	2023-24 outcome was within 5 per cent of target 2024-25 expected outcome is predicted to meet the target
The methodology behind estimating the 2024-25 expected outcome in the 2025-26 Budget	BreastScreen Victoria undertake live monitoring of breast screen numbers. They used current and historical data to estimate the expected number of screens from now until 30 June.

Performance measure	Percentage of adolescents (aged 15) fully immunised for HPV
The output the measure relates to	Public Health
Description/purpose of the measure	This measure enables the assessment of the impact of the service and monitors the progress of Victorian immunization programs' delivery of HPV vaccines, in line with the National

	Partnership on Essential Vaccine Agreement (NPEV). An increase in vaccinations rates for both adolescent boys and girls for HPV, relative to baselines is Benchmark 3 in the National Partnership Essentials Vaccines (NPEV).
The previous target	80 per cent
The new target and how it was set	85 per cent
The justification for changing the target	The increased 2025-2026 target aims to align with the National Elimination Strategy for Cervical Cancer, with the goal of achieving 90 per cent vaccination coverage for all eligible boys and girls against HPV by 2030.
An explanation of why the target was not met in 2023-24, if applicable, and the 2024-25 expected outcome	2023-24 outcome was within 5 per cent of target 2024-25 expected outcome is predicted to meet the target
The methodology behind estimating the 2024-25 expected outcome in the 2025-26 Budget	The Immunisation Program monitors HPV vaccination rates quarterly via the Australian Immunisation Register coverage reports provided by Services Australia. The estimated end of year average coverage result is calculated based on quarterly results to date.

Performance measure	Website visitation to gambling-related information and Gambler's Help support services
The output the measure relates to	Mental Health Community Support Services
Description/purpose of the measure	Gambling harm prevention and response programs aim to increase community awareness and understanding of gambling harm, and to encourage those experiencing moderate to severe harm to access information and support services. Measuring visitation to gambling-related information websites and online tools provides an important indicator of stakeholder and community engagement with gambling-related information, and effectiveness of service promotion for those who need gambling harm treatment and support services.
The previous target	687,629
The new target and how it was set	280,925
The justification for changing the target	The lower 2025-26 target reflects the updated methodology following the Victorian Responsible Gambling Foundation machinery of government transition to the Department of Health. The updated methodology refines the business rules to focus on in scope website activities for Australian users.
An explanation of why the target was not met in 2023-24, if applicable, and the 2024-25 expected outcome	2023-24 outcome was within 5 per cent of target The 2024-25 expected outcome is lower than the 2024-25 target due to reduced marketing campaigns from when the target was established two years ago.

The methodology behind estimating the 2024-25 expected outcome in the 2025-26 Budget	EOFY Estimates report prior year results as an indicative outcome for the FY. Noting this year the measure was refined to only include relevant content attributable to Department of Health, and excludes visits from international locations. Updated data supplied for actual results ahead of November PAEC once data collections have finalized for the 2024-25 period.
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Performance measure	Small rural available bed days
The output the measure relates to	Small Rural Services
Description/purpose of the measure	Available Bed Days is a measure of the number of operational residential aged care places that are staffed, and therefore available to provide residential aged care.
The previous target	701,143
The new target and how it was set	726,848
The justification for changing the target	The amended target reflects increased services funded from 2025-26.
An explanation of why the target was not met in 2023-24, if applicable, and the 2024-25 expected outcome	2023-24 outcome was within 5 per cent of target 2024-25 expected outcome is predicted to meet the target
The methodology behind estimating the 2024-25 expected outcome in the 2025-26 Budget	The 2024-25 estimated outcome was calculated using the following methodology. Available bed days = Number of places x number of days in the year x 0.99.

Question 32 – discontinued performance measures

For performance measures that are identified as to be discontinued in the *2025-26 Department Performance Statement*, please provide:

- the output the measure related to
- a description/purpose of the measure and the year the measure was introduced
- the previous target
- when the target was last modified and reasons for modification
- the justification for discontinuing the measure, including any further information that is not available in *Budget Paper No. 3*
- any performance measures that will replace the discontinued measure in part or full.

Response

Performance measure	Victorian Eyecare Service (occasions of service)
Output the measure related to	Aged and Home Care
Description/purpose of the measure and year introduced	This measure indicates the magnitude of service provided by this program, in terms of occasions of service during the reporting period. Introduced: 2010/11
The previous target	75,800
When the target was last modified and reason for modification	Nil
The justification for discontinuing the measure	This measure is being replaced for 2025-26 with two measures, Victorian Eyecare Service (Unique Patients Seen) and Victorian Eyecare Service (Visual Aids prescribed) to more accurately reflect the services provided.
Performance measures that will replace the discontinued measure	Victorian Eyecare Service (Visual Aids prescribed) Victorian Eyecare Service (Unique Patients Seen)

Performance measure	Number of Aboriginal Community Controlled Organisations (ACCOs) who have transitioned to self determined-, outcomes-based funding
Output the measure related to	Community Health Care
Description/purpose of the measure and year introduced	To monitor the sustainability and flexibility of funding to self-determining Victorian Aboriginal Community Controlled Organisations (ACCOs) and Aboriginal Community Controlled Health Organisations (ACCHOs). The OBF Project will focus on identifying priority outcomes which includes streamlining reporting and funding streams for ACCOs/ACCHOs.

	Introduced: 2024/25
The previous target	-
When the target was last modified and reason for modification	2025
The justification for discontinuing the measure	DH and the Victorian Aboriginal Community Controlled Health Organisations have revised the OBF deliverables to ACCOs/ACCHOs. The change makes the original DPS measure now discontinued.
Performance measures that will replace the discontinued measure	Nil

Performance measure	Public health emergency response calls dealt with within designated plans and procedure timelines
Output the measure related to	Public Health
Description/purpose of the measure and year introduced	<p>In current budget papers this is a quality measure, it was originally a timeliness measure.</p> <p>This measure is policy based but results from statutory requirements. The statutory obligations of Victorian Public Health Legislation that is administered by the department such as: Public Health and Wellbeing Act 2008; Food Act 1984; Radiation Act 2005; Safe Drinking Water Act 2003; Health (Fluoridation) Act 1973 and Commonwealth legislation (Biosecurity) require the notification of conditions, and events, issues and incidents to the department.</p> <p>Introduced: 1999-2000, revised in 2002 to reflect qualitative measure.</p>
The previous target	100 per cent
When the target was last modified and reason for modification	Nil
The justification for discontinuing the measure	The department has responsibility as steward in the networked public health system. As per 'Infectious disease outbreaks responded to within 24 hours', public health response and control activities are undertaken by Local Public Health Units. Timely initiation of response activities is required to prevent transmission of disease. A focus only on calls is outdated. The new measure - Public health responses initiated for urgent notifications within 24 hours - better reflects timeliness of response activities across the networked public health system.

Performance measures that will replace the discontinued measure	Public health responses initiated for urgent notifications within 24 hours.
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Performance measure	Infectious disease outbreaks responded to within 24 hours
Output the measure related to	Public Health
Description/purpose of the measure and year introduced	<p>Measures the timeliness of the department's response to infectious disease outbreaks. Legislation classifies infectious diseases into Group A and Group B notifiable diseases. Notifications of Group A diseases should be responded to within 24 hours.</p> <p>Part 8 of the Public Health and Wellbeing Act 2008 (the Act) sets out the requirements for notification by medical practitioners, pathology and laboratory services in Victoria. Urgent conditions, as defined in the Act, require notification to the department by telephone upon initial diagnosis or clinical suspicion as soon as practicable and within 24 hours. Public health response and control activities for urgent conditions are undertaken by Local Public Health Units. Timely initiation of response activities is required to prevent transmission of disease and therefore manage risk to the community.</p> <p>Introduced: 2010/11</p>
The previous target	100 per cent
When the target was last modified and reason for modification	Nil
The justification for discontinuing the measure	These performance measures are to be discontinued and replaced by measure 'Public health responses initiated for urgent notifications within 24 hours' to better reflect timeliness of response activities across the networked public health system.
Performance measures that will replace the discontinued measure	Public health responses initiated for urgent notifications within 24 hours

Performance measure	Calls to food safety hotlines that are answered
Output the measure related to	Public Health
Description/purpose of the measure and year introduced	Measures the extent to which the department is meeting the communities' needs with respect to responding to queries about food safety.

	Introduced: 2010/11
The previous target	97 per cent
When the target was last modified and reason for modification	2015-16 from 96% to 97%
The justification for discontinuing the measure	This performance measure is being replaced to better manage and prioritise enquiries based on risk. This approach supports the adoption of digital tools and smart options, such as web-based or smart-form enquiries rather than focusing only on phone enquiries, allowing for a more efficient and comprehensive handling of enquiries. The revision reflects a shift towards a more balanced and effective use of resources, ensuring that urgent matters are prioritised while routine enquiries are managed appropriately.
Performance measures that will replace the discontinued measure	Enquiries related to food regulation are responded to within 5 business days

Performance measure	Anaphylaxis notifications attributed to food in people with a known allergy are acted upon within one day of notification
Output the measure related to	Public Health
Description/purpose of the measure and year introduced	The Public Health and Wellbeing Regulations 2019 requires notifiers (e.g. hospitals) to notify cases of anaphylaxis due to consumption of a packaged food within 24 hours of initial diagnosis; if due to other causes, within 5 days. This demonstrates the urgency of response to a notification of anaphylaxis due to consumption of packaged food, for which actions are to be started within 24 hours from notification receipt. The measure reflects the department's ability to perform timely responses to urgent notifications. Introduced: 2023/24
The previous target	97 per cent
When the target was last modified and reason for modification	Nil
The justification for discontinuing the measure	This measure is being replaced by, 'Anaphylaxis investigation to commence within one business day of notification attributable to food in people with a known allergy'. The revised measure emphasises the initiation of investigations in response to potential

	public health risks while accounting for the level of complexity involved. This allows for a more risk-based approach to regulation.
Performance measures that will replace the discontinued measure	Anaphylaxis investigations commenced within one business day of notification attributable to food in people with a known allergy

Performance measure	Percentage of food recalls acted upon within 24 hours of notification
Output the measure related to	Public Health
Description/purpose of the measure and year introduced	This measure reflects the department's ability to disseminate time-critical information to local councils for them to coordinate and ensure the removal by food distributors, sellers and retailers, of unsafe or unsuitable food from distribution, sale and consumption. Introduced: 2020/21
The previous target	97 per cent
When the target was last modified and reason for modification	Nil
The justification for discontinuing the measure	'Percentage of high-risk food recalls acted upon within 24 hours in circumstances where activity in Victoria was required within 24 hours' replaces the 2024-25 measure 'Percentage of food recalls acted upon within 24 hours of notification' to ensure better focus on high-risk recalls, allowing for a more targeted and resource-efficient response.
Performance measures that will replace the discontinued measure	Percentage of high-risk food recalls acted upon within 24 hours in circumstances where activity in Victoria was required within 24 hours

Question 33 – information base for output performance measures

Across all outputs and performance measures in the *2025-26 Department Performance Statement*, please describe:

- any work planned or underway to improve the performance measures
- the quality of the data or information base used to assess output performance
- any changes required to improve the quality of the information used to assess output performance.

Response

Output	All departmental outputs
Work planned or underway to improve performance measures	<p>The department conducts an annual review of their Department Performance Statement (DPS), which includes objective indicators, outputs, performance measures and the linkages with the departmental objectives.</p> <p>As part of the 2025–26 Budget, the department has made changes to its DPS to ensure ongoing relevance and compliance with the Resource Management Framework (RMF), including changes to its performance measures outlined in Questions 30, 31 and 32.</p> <p>Ongoing work will include an assessment of the quality of each output performance measure (based on the criteria outlined in the RMF) and whether they achieve an accurate representation of the output performance. Ongoing work includes maintenance and completeness of the department’s DPS data dictionary to support data management.</p> <p>The department will continue to review its DPS on an annual basis to improve the current set of performance measures where appropriate, through the DPS process, to ensure ongoing compliance with the RMF.</p>
Quality of data or information base used to assess performance	<p>Program areas or health services have rules to follow when inputting data. For major datasets, the department provides extensive “Manuals” that contain rules about what is to be included. For health services, these data systems are linked to payments and there are controls and checks around quality and timeliness of information, with established submission business rules.</p> <p>Performance measures included in the budget papers make up only a small subset of the total information collected. Information about the standards, specifications and</p>

	<p>data quality processes for our major health data collections can be found on the department's internet site: Data collections</p> <p>The department maintains a data dictionary which contains information about the methodology and data source for DPS measures. This is reviewed annually with changes made to support consistency and quality in reporting.</p>
<p>Any changes required to improve the quality of the information used to assess performance</p>	<p>Development of new performance measures and improvements to existing performance measures are influenced by factors such as data availability, measurement capacity, and attribution challenges. If additional data collection is required, the costs involved should be balanced with the benefits and usefulness of using the data collected, as outlined in the RMF. The department continues to explore options to improve the current set of performance measures subject to any data limitations.</p> <p>Current improvements to outputs can be seen by the performance measure changes in Questions 30, 31 and 32.</p>

Employees

Question 34

The Independent Review of the Victorian Public Service will include recommendations on how to reduce the size of the Victorian public service (VPS), including the current level of executives. In terms of the interim recommendations made as part of the Review for inclusion in the 2025–26 State Budget, please estimate:

- the planned number roles reduced in 2024–25 by VPS/Executive classification (Please list each level and actual FTE)
- the number of roles planned for reduction in 2025–26 by VPS/Executive classification (Please list each level and actual FTE)
- anticipated total budgeted savings made as part of the Review for 2024–25 (\$ million)
- anticipated total budgeted savings made as part of the Review for 2025–26 (\$ million)
- the functions within the department expected to be impacted by the reduction of roles
- the impact of role reductions on service delivery.

Response

Number of roles planned for reduction in 2024–25 by VPS/Executive classification (Actual FTE)	Number of roles planned for reduction in 2025–26 by VPS/Executive classification (Actual FTE)	Anticipated total budgeted savings for 2024–25 (\$ million)	Anticipated total budgeted savings in 2025–26 (\$ million)	Functions expected to be impacted by the reduction of roles	Impact of the role reductions on service delivery
DTF/DPC are providing a response to this question on behalf of departments.	N/A	N/A	N/A	N/A	N/A

Question 35

Please provide the department's (actual/expected/forecast) Full Time Equivalent (FTE) staff numbers for the financial years ending 30 June 2024, 30 June 2025 and 30 June 2026:

- broken down into employee classification codes
- broken down into categories of on-going, fixed term or casual
- according to their gender identification
- employees identifying as Aboriginal or Torres Strait Islander or having a disability.

Guidance

In responding to this question please provide details about the department on the same basis of consolidation as is used in the comprehensive operating statement audited by the Victorian Auditor-General's Office in the department's Annual Report.

Response

a)

Classification	As at 30-06-2024		As at 30-06-2025		As at 30-06-2026	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Secretary	1.0	0.05%	1.0	0.04%	N/A	N/A
EO-1 (SES 3)	7.0	0.32%	7.0	0.32%	N/A	N/A
EO-2 (SES 2)	37.9	1.75%	41.2	1.83%	N/A	N/A
EO-3 (SES 1)	91.9	4.23%	88.3	3.92%	N/A	N/A
Senior Medical Advisor (SMA)	10.7	0.49%	9.9	0.44%	N/A	N/A
Senior Technical Specialist (STS) (VPS Grade 7)	19.0	0.88%	19.0	0.89%	N/A	N/A
VPS Grade 6	620.2	28.57%	666.2	29.58%	N/A	N/A
VPS Grade 5	791.6	36.46%	811.0	36.01%	N/A	N/A
VPS Grade 4	319.0	14.69%	348.4	15.47%	N/A	N/A
VPS Grade 3	168.2	7.75%	171.0	7.59%	N/A	N/A
VPS Grade 2	53.2	2.45%	39.0	1.73%	N/A	N/A
VPS Grade 1	0.6	0.03%	0.4	0.02%	N/A	N/A
Other (Please specify)*	50.7	2.34%	48.9	2.16%	N/A	N/A

Total	2,171.0	100.00%	2,251.3	100.00%	N/A	N/A
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Note:

- Actual FTE as at 30 June 2024 – Source data: Department of Health Annual Report 2023-2024 (page 62 to 63), available at: <https://www.health.vic.gov.au/department-of-health-annual-report> and SAP/OurInsights. Data excludes Safer Care Victoria.
- Expected FTE as at 30 June 2025 – Source data: Department of Health FTE Dashboard (FTE data at 31 March 2025 was used to forecast FTE at 30 June 2025, assumes that time-limited positions are not extended and no additional staff are recruited).
- There may be rounding errors in FTE tables due to data being formatted to one decimal place.
- *Other classification includes solicitors, nurses and scientists.
- Methodology based on Financial Reporting Directions #29: Workforce data disclosures in the Report of Operations – public service employees.

b)

Category	As at 30-06-2024		As at 30-06-2025		As at 30-06-2026	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Ongoing	1,756.6	80.91%	1,908.2	84.76%	N/A	N/A
Fixed-term	409.4	18.86%	338.7	15.04%	N/A	N/A
Casual	5.1	0.23%	4.4	0.20%	N/A	N/A
Total	2,171.0	100.00%	2,251.3	100.00%	N/A	N/A

Note:

- Actual FTE as at 30 June 2024 – Source data: Department of Health Annual Report 2023-2024 (page 62 to 63), available at: <https://www.health.vic.gov.au/department-of-health-annual-report> and SAP/OurInsights. Data excludes Safer Care Victoria.
- Expected FTE as at 30 June 2025 – Source data: Department of Health FTE Dashboard (FTE data at 31 March 2025 was used to forecast FTE at 30 June 2025, assumes that time-limited positions are not extended and no additional staff are recruited).
- There may be rounding errors in FTE tables due to data being formatted to one decimal place.
- Methodology based on Financial Reporting Directions #29: Workforce data disclosures in the Report of Operations – public service employees.

c)

Identification	As at 30-06-2024		As at 30-06-2025		As at 30-06-2026	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Men	763.3	35.16%	752.7	64.29%	N/A	N/A
Women	1,382.8	63.69%	1,447.5	33.43%	N/A	N/A
Self-described	25.0	1.15%	51.2	2.28%	N/A	N/A
Total	2,171.0	100.00%	2,251.3	100.00%	N/A	N/A

Note:

- Actual FTE as at 30 June 2024 – Source data: Department of Health Annual Report 2023-2024 (page 62 to 63), available at: <https://www.health.vic.gov.au/department-of-health-annual-report> and SAP/OurInsights. Data excludes Safer Care Victoria.
- Expected FTE as at 30 June 2025 – Source data: Department of Health FTE Dashboard (FTE data at 31 March 2025 was used to forecast FTE at 30 June 2025, assumes that time-limited positions are not extended and no additional staff are recruited).
- There may be rounding errors in FTE tables due to data being formatted to one decimal place.
- Methodology based on Financial Reporting Directions #29: Workforce data disclosures in the Report of Operations – public service employees.

d)

Identification	As at 30-06-2024		As at 30-06-2025		As at 30-06-2026	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
People who identify as Aboriginal or Torres Strait Islander	25.4	1.17%	29.4	1.30%	N/A	N/A
People who identify as having a disability	52.3	2.41%	47.7	2.12%	N/A	N/A

Note:

- Actual FTE as at 30 June 2024 – Source data: Department of Health Annual Report 2023-2024 (page 62 to 63), available at: <https://www.health.vic.gov.au/department-of-health-annual-report> and SAP/OurInsights. Data excludes Safer Care Victoria.

- Expected FTE as at 30 June 2025 – Source data: Department of Health FTE Dashboard (FTE data at 31 March 2025 was used to forecast FTE at 30 June 2025, assumes that time-limited positions are not extended and no additional staff are recruited).
- There may be rounding errors in FTE tables due to data being formatted to one decimal place.
- The department generally uses People Matter Survey (PMS) results to measure composition of the workforce of people with disability, aligned to whole-of-government reporting for *Getting to Work: Victorian Public Sector Disability Employment Action Plan*. From the 2024 PMS, 161 respondents identified as a person with disability. This represents 9.7% of total respondents from the 2024 PMS. Staff numbers reported using PMS data is greater than actual SAP/OurInsights data as PMS is an anonymous survey and employees with a disability may be more willing to identify as a person with a disability in circumstances where they may remain anonymous.

Workforce capability and capacity

Question 36

What are the main gaps in the department's capability and capacity identified in the 2024–25 financial year, and expected in the 2025–26 and 2026–27 financial years?

Response

Financial year	Main gaps in capability and capacity
2024-25	<p>The organisational capability and capacity gaps identified in the 2024-25 financial year and being addressed include:</p> <ul style="list-style-type: none"> • Leadership capability – The department is actively working to boost its capabilities in financial management, collaborative working, technical writing production, and leadership skills. • Lived experience – The department continues to implement a range of public and mental health reforms, where lived experience will help to enhance the empathy and understanding of healthcare professionals, enabling the delivery of more patient centred care approaches and services that reflect the needs of patients and the Victorian community. • Specialist or hard to fill roles: Despite the department's concerted efforts to attract suitable talent, it has faced challenges in recruiting senior Information Technology (IT) roles (such as IT Architects, Cyber Security experts, Advanced Microsoft 365 product or program managers and developers), as well as Solicitors, and Senior Communications Roles. This is due to competition with the broader labour market, which often offers more attractive remuneration packages.
2025-26	<p>It is expected that the identified capability and capacity gaps will diminish over the course of 2025-26. This will be achieved through interventions, including workforce planning, talent succession and pipeline strategies, continuous evaluation of the department's evolving capability requirements, and a continued focus on developmental initiatives aimed at enhancing workforce skills, particularly in writing and leadership capabilities.</p>
2026-27	<p>This will continue to be assessed and addressed in the financial year 2025-26.</p>

Contractors

Guidance

In responding to this question please provide details about the department on the same basis of consolidation as is used in the comprehensive operating statement audited by the Victorian Auditor-General's Office in the department's Annual Report.

Question 37

For each of the 2023–24, 2024–25 and 2025–26 financial years, please outline the actual, expected or anticipated:

- spend on contractors
- occupation categories for those contractors
- total number of contractor arrangements.

Response

	2023–24 (actual)	2024–25 (expected)	2025–26 (anticipated)
Spend	\$650,742,494	2024-25 Year to Date (31 March 2025): \$196,779,916	Contractor spend is allocated based on a budget request and assessment process. Financial delegates are responsible for the decision to engage contractors, which cannot be forecast in advance. The department therefore cannot accurately forecast anticipated future expenditure.
Occupation categories	Typical Contractors Occupation Categories include: <ul style="list-style-type: none"> Facilities Management Information Communications and Technology Specialised Services HR Services Health Services Drugs & Pharmaceutical Products Marketing and Advertising Laboratories and Research 	Typical Contractors Occupation Categories include: <ul style="list-style-type: none"> Facilities Management Information Communications and Technology Specialised Services HR Services Health Services 	Not Known

	<ul style="list-style-type: none"> • Logistics • Professional Services 	<ul style="list-style-type: none"> • Drugs & Pharmaceutical Products • Marketing and Advertising • Logistics • Laboratories and Research <p>Corporate Services</p>	
Total number of contractor arrangements	879 vendors engaged under various arrangements	662 vendors engaged under various arrangements	Not Known

- The department’s expenditure disclosures for 2023–24 includes Victorian Health Building Authority (VHBA) disclosures. Following the machinery of government change on 2 April 2024, future year disclosures related to VHBA will be managed by VHBA. Please note, the 24-25 spend YTD is exclusive of VHBA expenditure.

Consultants

Guidance

In responding to this question please provide details about the department on the same basis of consolidation as is used in the comprehensive operating statement audited by the Victorian Auditor-General's Office in the department's Annual Report.

Question 38

- a) For the 2023–24 financial year, please outline the department's total spend on consultants and completed consultancy projects.

Response

\$2,861,243 (excluding GST)

- b) For the 2023–24 financial year please outline: the **top five** department consultancy projects that were completed by spend, the actual outcomes achieved by the listed **top five**, the relevant occupation categories for those consultants, and the total number of consultant arrangements
- c) For the 2024–25 financial year please outline: the department's expected spend on consultants, the relevant occupation categories for those consultants, and the total number of consultant arrangements
- d) For the 2025–26 financial year please outline: the department's anticipated spend for consultants, and what the anticipated occupation categories are for consultant arrangements.

Response

	2023–24	2024–25	2025–26 (Anticipated)						
Spend	Top five consultancy engagements by spend (completed in financial year 2023-24): <table border="1" data-bbox="409 1182 1131 1323"> <thead> <tr> <th>Consultant</th> <th>Purpose of consultancy</th> <th>Expenditure 2023-24 (excl GST)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Consultant	Purpose of consultancy	Expenditure 2023-24 (excl GST)				Year to date (31 March 2025): \$1,465,463 (excluding GST)	Consultancy spend is part of the broader Contractor spend (as per the Financial Reporting Directions) and is allocated based on a budget request and assessment process.
Consultant	Purpose of consultancy	Expenditure 2023-24 (excl GST)							

	Deloitte Touche Tohmatsu	Evaluation, Cardiovascular program evaluation	\$462,175		The Secretary is responsible for the decision to engage consultants, where a budget request has been approved. Business needs for consultancy services cannot accurately be forecast in advance. The department therefore cannot forecast anticipated future expenditure.
	KPMG	Review, Health Technology Solutions resilience review works	\$269,932		
	DELOITTE TOUCHE TOHMATSU	Review, Non-Emergency Patient Transport Review	\$254,466		
	DELOITTE TOUCHE TOHMATSU	Analysis, Evaluation of Home and Community Care Program for Younger People	\$238,205		
	NOUS GROUP PTY LTD	Review, Clinical placements	\$220,000		
	In 2023-24, there were 19 consultancy engagements with recorded expenditure. Details of all consultancy engagements for 2023-24 are available in the department's Annual Report.				
Outcomes	Actual outcomes achieved for the top five consultancy engagements by spend in FY 2023-24 included:			Not applicable	Not applicable
	<ul style="list-style-type: none"> Evaluation, Cardiovascular program evaluation <p>The output of the program evaluation was a Victorian cardiac improvement program evaluation report and the audience for this report were Safer Care Victoria, Victorian Department of Health and the Commonwealth Department of Health. Summary reports and service implementation tools were circulated to the sector and</p>				

general public via publication of webpages on the Safer Care Victoria website.

- **Review, Health Technology Solutions resilience review works**

A funding model review was conducted to support National Health Practitioner Ombudsman (NHPO) annual budget. This review assisted NHPO with conducting a high-level assessment of their current funding model following the recent expansion of NHPO's jurisdiction to provide a high-level assessment of the model.

- **Review, Non-Emergency Patient Transport Review**

In December 2022 the Victorian Government made a commitment to undertake a review of non-emergency patient transport (NEPT) in Victoria. Under the terms of reference of the review, a component of this work included commissioning independent expert contractors to analyse and compare the total costs, benefits, feasibility, financial sustainability and broader workforce and community impacts of potential alternative procurement strategies.

Deloitte delivered a report with options analysis on procurement strategies and associated costings, helping inform options and recommendations in the final NEPT Review report.

- **Analysis, Evaluation of Home and Community Care Program for Younger People**

The evaluation of Home and Community Care - Program for Young People (HACC PYP) conducted by Deloitte provided options for service reform aligned with the needs of the contemporary population and service system. The review found that HACC PYP provides a unique suite of services that meet the needs of the program's target population but that there are clear opportunities for improvement related to: the service sector's understanding of the Program; the need for a contemporary approach to meet

	<p>community needs, and the ongoing monitoring and effective management of the Program and administrative efficiencies.</p> <ul style="list-style-type: none"> • Review, Clinical placements <p>This engagement reviewed the current clinical placements in Victoria and identified opportunities to improve the funding, quantity, quality, organisation and distribution of clinical placements across nursing, midwifery, allied health and medical disciplines.</p>		
Occupation categories	<p>Typical Consultancy Occupation Categories include:</p> <ul style="list-style-type: none"> • Capital, business and planning • Information, data and technology • Policy/program advice and delivery • Probity, data integrity and audit • Program assessment and evaluation • Workforce support 	<p>Typical Consultancy Occupation Categories include:</p> <ul style="list-style-type: none"> • Capital, business and planning • Information, data and technology • Policy/program advice and delivery • Probity, data integrity and audit • Program assessment and evaluation • Workforce support 	<p>Typical Consultancy Occupation Categories include:</p> <ul style="list-style-type: none"> • Capital, business and planning • Information, data and technology • Policy/program advice and delivery • Probity, data integrity and audit • Program assessment and evaluation • Workforce support
Total number of consultant arrangements	19	Year to date: 9	Not Known

- The department's expenditure disclosures for 2023–24 includes Victorian Health Building Authority (VHBA) disclosures. Following the machinery of government change on 2 April 2024, future year disclosures will be managed by Victorian Infrastructure Delivery Authority. Please note, the 24-25 spend YTD is exclusive of VHBA expenditure.

Labour Hire arrangements

Guidance

In responding to this question please provide details about the department on the same basis of consolidation as is used in the comprehensive operating statement audited by the Victorian Auditor-General's Office in the department's Annual Report.

Question 39

For the 2023–24, 2024–25 and 2025–26 financial years, please outline the department's actual, expected or anticipated:

- spend on labour hire arrangements
- occupation categories for those labour hire arrangements
- total number of labour hire arrangements.

Response

	2023–24 (actual)	2024–25 (expected)	2025–26 (anticipated)
Spend	\$11,416,145 (excluding GST)	Year to date (31 March 2025): \$6,030,133 (excluding GST)	Labour Hire spend is part of the broader Contractor spend (as per the Financial Reporting Directions) and is allocated based on a budget request and assessment process. Financial delegates are responsible for the decision to engage labour hire, which cannot be forecast in advance. The department therefore cannot accurately forecast anticipated future expenditure.
Occupation categories	Typical Labour hire Occupation Categories include: Administration: <ul style="list-style-type: none"> Clerical Customer Services 	Typical Labour hire Occupation Categories include: Administration: <ul style="list-style-type: none"> Clerical Customer Services 	Typical Labour hire Occupation Categories include: Administration: <ul style="list-style-type: none"> Clerical Customer Services

	<ul style="list-style-type: none"> • Information Communications and Technology • Payroll • Project manager • Senior management 	<ul style="list-style-type: none"> • Information Communications and Technology • Payroll • Project manager • Senior management 	<ul style="list-style-type: none"> • Information Communications and Technology • Payroll • Project manager • Senior management
Total number of labour hire arrangements	Not available	Not available	Not known

- The department's expenditure disclosures for 2023–24 includes Victorian Health Building Authority (VHBA) disclosures. Following the machinery of government change on 2 April 2024, future year VHBA disclosures will be managed by Victorian Infrastructure Delivery Authority. Please note, the 24-25 spend YTD is exclusive of VHBA expenditure.

Enterprise Bargaining Agreements

Question 40

- a) Please list all Enterprise Bargaining Agreements (EBAs) that are expected to be completed during the 2025–26 year that affect the department, along with an estimate of the proportion of your department’s workforce (full-time equivalent) covered by the EBA.
- b) Please describe the effect the EBAs listed above have had on estimates of 2025–26 employee benefits.

Response

a)

Maternal Child Health Nurses Agreement – Approximately 30 full time equivalent (ongoing and casual workforce)

b)

The financial impact of proposed changes is currently being determined and finalised as part of preparation to commence bargaining, including gaining approval in accordance with the Wages Policy and Enterprise Bargaining Framework (Wages Policy).

In accordance with the Wages Policy, it is expected that the outcome will include a 3 per cent per annum wage increases and 0.5 per cent cash payment will be offered for in this Agreement.

No further significant costs have been flagged for the Maternal Child Health Nurses workforce within the Department of Health.

Relationship between the Commonwealth and Victoria

Question 41

What impact, if any, have changes to federal/state capital funding agreements and Commonwealth Government policy initiatives have had on the department's 2025–26 Budget?

Response

Please note that negotiation of all Commonwealth-State agreements, including schedules to the *Federal Funding Agreement – Health*, pause during the Commonwealth caretaker period, from 28 March to 3 May 2025. In this response, the information presented on Federal Funding Agreements (FFAs) under negotiation or yet to be negotiated represents the offer made by the Commonwealth. Victoria will participate in negotiations in good faith with any agreement to an FFA subject to a future decision by government.

Capital response

There is one FFA that provides Commonwealth funding to Victoria for capital projects in 2025-26 as outlined below.

- *Community Health and Hospitals Program (CHHP)*⁷⁸
 - This FFA Schedule provides Victoria with \$194 million. A breakdown of the projects funded under the CHHP is provided below.
 - This FFA is in the process of being varied in two stages. The first stage of the varied FFA has been executed. Changes were made to milestones and delivery dates for several projects. This had no effect on the Victorian State Budget.
 - The second variation to this FFA has not been executed yet. This variation will cover re-scoping of Wodonga Hospital, Goulburn Valley Health Cancer Centre, and West Gippsland cancer infrastructure projects. There has been no change in the amount of Commonwealth funding (compared to the Commonwealth funding committed under the original FFA) allocated for these projects. However, the Commonwealth Budget 2025-26 confirmed a variation to the cashflow, with some funding now to be provided in 2025-26 and 2026-27⁷⁹: In other words, the variation will include changes to some funding payment dates, but the sum of Commonwealth funding will remain the same.

Year	\$million
2024-25	8.3
2025-26	24.7
2026-27	6

⁷⁸ <https://federalfinancialrelations.gov.au/agreements/community-health-and-hospitals-program-victoria>, accessed 14 May 2025.

⁷⁹ [Commonwealth Budget 2025-26 BP3](#), page 32, accessed 15 April 2025.

Program	Projects funded	Commonwealth funding (over course of agreement)
Community Health and Hospitals Program - Executed in 2020-21	Geelong Women's and Children's Hospital (Barwon Health)	\$50 million
	Pediatric Emergency Facilities for Geelong, Maroondah, Frankston, and Casey hospitals	\$40 million
	Swan Hill District Hospital Emergency Department	\$30 million
	Goulburn Valley Health Cancer Centre	\$30 million
	Aikenhead Centre for Medical Discovery	\$20 million
	Wodonga Hospital —Mental Health Rehabilitation Unit and an expanded range of consulting clinical suites	\$14.5 million
	Redevelopment of Rosebud Hospital 2	\$5 million
	Expand cancer infrastructure in the West Gippsland Region	\$4.5 million
TOTAL		\$194 million

Commonwealth-state health agreement and policy initiatives

The 2025-26 Commonwealth budget was released on 25 March 2025. The information below outlines new FFAs, extensions or variations to current FFAs, and negotiations expected to commence in the coming months. These may impact the 2025-26 Victorian State Budget.

New FFAs

The new policy/reform FFAs for Victoria which were agreed during 2024-25 include:

- *Strengthening Medicare – Supporting Older Australians* - This FFA provides Victoria with \$144.16 million over four years from 2024-25. The FFA includes initiatives which support older people at risk of becoming long stay older patients⁸⁰.
- *Health Reform - Additional Funding Support for Hospital and Related Health Services 2025-26* – This FFA provides \$402 million in additional funding support to Victoria in 2025-26 for public hospitals and related health services. It is expected to expire on 26 September 2026. This FFA is an additional fixed top up contribution to National Health Reform Funding⁸¹ and gives effect to the one-year extension of the National Health Reform Agreement.

The new policy/reform areas for which FFAs for Victoria are currently under negotiation include:

⁸⁰ [Strengthening Medicare – Support Older Australians \(Victoria\) FFA – Health](#), accessed 15 April 2025.

⁸¹ [Commonwealth Budget 2025-26 BP3](#), page 28, accessed 15 April 2025.

- *Access to HIV Pre-Exposure Prophylaxis (PrEP) for people who are not eligible for Medicare* – This FFA will support the delivery of HIV prevention and care to people at risk of HIV transmission who are not eligible for Medicare. The Commonwealth will provide \$26 million over two years from 2025-26 to states and territories. State allocations have not yet been determined. The Schedule will commence as soon as the Commonwealth and one other party sign and is expected to expire on 30 June 2027⁸².
- *Short-term workforce reform – Kruk Review implementation* – The Commonwealth is providing \$9.4 million to implement, together with states and territories, the health-related recommendations from the Independent Review of Health Practitioner Regulatory Settings (Kruk Review). State allocations for this funding have not yet been confirmed⁸³.

Extensions or variations to existing FFAs

The following FFAs have been renewed, extended or varied for additional years by the Commonwealth, as confirmed in the Commonwealth 2025-26 Budget:

- *John Flynn Prevocational Doctor Program* – The Commonwealth has varied this FFA to December 2026 to allow program continuity for the 2025 and 2026 training years. Victoria will receive a further \$6.93 million (\$4.3 million in 2025-26 and \$2.6 million in 2026-27.) The Commonwealth has also committed a further \$54.3 million in 2027-28 and \$54.8 million in 2028-29⁸⁴ to states and territories but allocations have not yet been determined⁸⁵.
- *Lymphoedema Garments and Allied Health Therapy Program* – The Commonwealth has renewed this FFA and will provide Victoria \$2.6 million over five years from 2024-25 (or \$516,800 per annum) to support eligible people living with lymphoedema to access compression garments⁸⁶.
- *Medicare Urgent Care Clinics* – The Commonwealth has extended this FFA by two years to 30 June 2026. Victoria will receive a further \$88.3 million (\$37.8 million in 2024-25 and \$35.3 million in 2025-26) to support the delivery of 17 Medicare Urgent Care Clinics⁸⁷.
- *Newborn bloodspot screening (NBS) program* – The Commonwealth has varied this FFA and extended it for a further two years, to 30 June 2028 to support a timely and nationally consistent approach to the addition of conditions to the NBS program. Victoria will receive \$13.7 million over four years from 2024-25, including \$3.7 million in 2025-26⁸⁸. The varied FFA superseded the previous FFA, which was due to expire on 30 June 2026. The variation means Victoria will now receive an additional \$9.9 million over four years from 2024-25 until 2027-28.

⁸² [Commonwealth Budget 2024-25 BP2](#), page 123, accessed 15 April 2025.

⁸³ [Commonwealth Budget 2025-26 BP3](#), page 43, accessed 15 April 2025.

⁸⁴ [Commonwealth Budget 2025-26 BP3](#), page 41, accessed 14 April 2025.

⁸⁵ [John Flynn Prevocational Doctor Program \(Victoria\) FFA – Health](#), accessed 15 April 2025.

⁸⁶ [Commonwealth Budget 2025-26 BP3](#), page 42, accessed 15 April 2025.

⁸⁷ [Medicare Urgent Care Clinics \(Victoria\) FFA – Health](#), accessed 15 April 2025.

⁸⁸ [Commonwealth Budget 2025-26 BP3](#), page 30, accessed 15 April 2025.

The following FFAs will expire on 30 June 2025 and are in the process of being renewed, extended or varied for additional years by the Commonwealth, as confirmed in the Commonwealth 2025-26 Budget:

- *Essential Vaccines* – The Commonwealth has made an offer to renew this FFA for three years from 2025-26 until 2027-28 to support states and territories to deliver the National Immunisation Program. Victoria is expected to receive up to \$20.1 million over the course of the renewed agreement⁸⁹.
- *Public Dental Services for Adults* – The Commonwealth has made an offer to renew this FFA for 12 months until 30 June 2026. Victoria will be provided \$26.9 million to support the delivery of additional dental services to adults who rely on the public dental system⁹⁰.
- *Stillbirth Autopsies and Investigations* - The Commonwealth has made an offer to renew this FFA for 12 months until 30 June 2026. Victoria will be provided \$0.9 million deliver an increase in the perinatal loss workforce through the employment of perinatal pathologists, loss coordinators and related workforce, and address financial barriers parents face if travel is required for stillbirth autopsies and investigations⁹¹.

The following FFA expired on 30 June 2024 and is in the process of being renewed for additional years by the Commonwealth:

- *Comprehensive Palliative Care Program* – The Commonwealth has made an offer to renew this FFA for two years from 2024-25 until 2025-26. This FFA supports projects that either expand existing models of care or support the introduction of new approaches to the way end of life and palliative care is delivered or commissioned for residents in aged care homes. The FFA requires a 50:50 contribution from Victoria; the funding amount has not yet been determined.

Upcoming negotiations

Negotiations are expected to commence in the coming months for the following initiatives:

- *Australian Primary Care Prevocational Program* – The Commonwealth has made an offer to states and territories of \$44 million over four years from 2025-26 to support metropolitan primary care training rotations for junior doctors through the Australian Primary Care Prevocational Program. Across the states and territories, this program is intended to support 200 new junior doctor/internship rotations in primary care per year from 2026 increasing to 400 per year from 2028⁹². It is expected that this funding would be delivered through an FFA.

Source for active agreements: via the [Federal Financial Relations](#) website

Source for agreements under negotiation: [Budget 2025-26](#) | [Budget 2024-25](#)

⁸⁹ [Commonwealth Budget 2025-26 BP3](#), page 40, accessed 15 April 2025.

⁹⁰ [Commonwealth Budget 2025-26 BP3](#), page 43, accessed 15 April 2025.

⁹¹ [Commonwealth Budget 2025-26 BP3](#), page 29, accessed 15 April 2025.

⁹² [Commonwealth Budget 2025-26 BP3](#), page 39, accessed 15 April 2025.

Climate Change

Question 42

- a) Please specify the initiatives in the **department's 2025–26 Budget that will contribute to Victoria's Climate Change Strategy. Please also outline the budget allocation, the ways in which the initiatives will contribute to Victoria's Climate Change Strategy and the year the initiative will likely realise benefits.**

Response

Initiatives in 2025–26 Budget that contribute to Climate Change Strategy	Budget allocation in 2025–26 Budget	How will the initiative contribute to Victoria's Climate Change Strategy	Year likely to realise benefits
nil	nil	n/a	n/a

- b) *The Climate Change Act 2017, Part 3, section 17, requires decision makers from some departments to have regard to climate change.*
- i. What is the most significant challenge for the **department in complying with section 17?**
 - ii. What guidance does the **department have in place to assist decision makers to comply with the *Climate Change Act 2017*?**
 - iii. What work is planned and budget allocated in **2025–26 to facilitate compliance of the department with section 17?**

Response

Most significant challenge with compliance	Noting that for the Department of Health, section 17 of the <i>Climate Change Act 2017</i> only applies to decisions made and actions taken under the <i>Public Health and Wellbeing Act 2008</i>. To fully comply with section 17, decision makers need knowledge of the likely impacts of their decisions on climate change. While the impacts of public health interventions on emissions are broadly understood, a stronger evidence base of quantified and costed current and future impacts would assist decision makers to make more informed decisions.
Guidance in place to assist decision makers	The <i>Victorian Public Health and Wellbeing Plan 2024-2027</i> recognises that climate change is a leading threat to health and wellbeing and 'tackling climate change and its impacts on health' is included as a key priority in the plan. This priority area aims to increase action to reduce greenhouse gas emissions across systems, create resilient and safe communities that are adapting to the public health impacts of climate change, and to share successes and promote good practice examples of climate action. In late 2024, the department published its updated <i>Tackling climate change and its impacts on health through municipal public health and wellbeing planning: Guidance for local government</i> . This guidance assists local government in meeting their legislative

	obligations to have regard to climate change when preparing municipal public health and wellbeing plans, in line with the <i>Climate Change Act 2017</i> and the <i>Public Health and Wellbeing Act 2008</i>.
Work planned/budget allocation to facilitate compliance in 2025–26	The department will continue to support Victorian local councils to have regard to climate change when they develop their 2025-2029 municipal public health and wellbeing plans, including through promotion of updated guidance.

- c) Under ***FRD 24 Reporting of environmental data by government entities***, Victorian Government organisations must report their greenhouse gas emissions and other environmental impacts. Does the department have internal targets for reducing greenhouse gas emissions? If yes, please provide details, quantifying where possible and outlining actions that will be taken in the 2025–26 year onwards to achieve these targets.

Response

Internal targets for reducing greenhouse gas emissions	Actions to be taken in 2025–26 and onward to achieve these targets
The department does not have internal targets for reducing greenhouse gas emissions.	Not applicable

Gender Responsive Budgeting

Question 43

- a) Please list the programs/initiatives (output and asset) from the 2025–26 Budget for which the department has undertaken a gender impact assessment and describe the main outcomes or results of the gender impact assessment process for each program/initiative. Please also advise what percentage of the department’s 2025–26 output and asset initiatives have been subject to a gender impact assessment.

Response

Initiative	Outcome/result of gender impact assessment
Backing our hospitals	The overall gender impact assessment (GIA) for this budget bid was considered neutral to positive. The data shows that there is a higher proportion of women accessing health services than the Victorian Estimated Resident population. Continuing to maintain health service activity will allow timely access to hospital-based services for all Victorians.
Cancer System for the Future	GIA findings support a continued focus on integrating consumer and equity perspectives to improve research, education and care practices, ensuring the lived experience of diverse cancer survivors and are reflected, and more likely to be relevant and effective.
Opening and operating hospital facilities	The GIA points to this initiative as having an overall positive gender impact. Clinical service planning and models of care work associated with the individual proposals are expected to embed gender considerations into service design, including gender norms, roles and inequities and seek to address gendered disparities in access to care. Additional system-wide benefits were also recognised to result in positive impacts for people of all genders. There were no apparent risks identified, as each component of the proposal is expected to provide better access to healthcare and support for all Victorians, regardless of their gender.
Safer digital healthcare program 2025-26	The GIA noted the trend towards a male dominated IT and cyber security workforce and makes recommendations to support gender equity improvements.
Strengthening medication practices in residential aged care	The GIA for Strengthening Medication in residential aged care found there was neutral gendered impact, noting there are more women living and working in residential aged care. Approximately two in three people in residential aged care receiving medication are female. More than 80 per cent of the workforce impacted by the reform are female. It is expected that the reform will not impact on care experiences for different people living in residential aged care homes. It is possible that there may be varied impacts for different direct care workers due to unconscious bias or discrimination, should providers displace or reduce hours for personal care workers. The department consulted with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) to discuss how to uphold principles of self-determination in the design of the legislation.
Strengthening Public Sector Residential Aged Care (PSRACS)	Key themes identified from the GIA highlight the contribution that PSRACS make to women receiving residential care, women employed in PSRACS and the impacts of geographical distances and isolation for both groups when care

Initiative	Outcome/result of gender impact assessment
	<p>provision is not localised. Acknowledgement of gender and intersectionality issues can be demonstrated through the benefits of accessibility of public sector care and its role in community strengthening, supporting, and affirming a person's right to exercise their choice about where and how they wish to live. Availability of PSRACS has a significant impact on employment within local communities especially for women supporting participation through flexible work. The existence of PSRACS also assist in maintaining viability of local economies and assurance for provision of high-quality care. PSRACS promote equity of access for older women and support intersectional cohorts of people with disability, from Aboriginal backgrounds and multiple ethnicities. People with physical comorbidities and geographical isolation in regional and remote areas are well served by PSRACS.</p>
Victorian Aids and Equipment	<p>The GIA found that, based on client level data available, the Victorian Aids and Equipment Program (VAEP) is accessed by females at a marginally higher rate than males (45 per cent to 39 per cent respectively), which is reflective of the population distribution for the 65-year cohort. Current program guidelines are gender neutral with eligible clients triaged according to a Priority of Access framework to ensure applicants most in need are assisted as soon as possible and equitably. Gender is not a factor in determining eligibility or access priority.</p> <p>There are some services delivered by the VAEP however which are accessed by genders or gender diverse people unequally. For example, the Lymphoedema Compression Garment Program provides subsidised lymphoedema garments for people with varying clinical grades of lymphoedema. A significant gender in this cohort are females who have had lymph nodes removed after the spread of cancer cells from the breast to the axillary lymph nodes.</p>
Assuring ambulance resourcing in rural and regional Victoria	<p>The GIA found that there are a large range of selected chronic health conditions in the different rural areas that adult men and women are more likely to be medically diagnosed with than Victorians living in metropolitan Melbourne or large regional centres. Overall, women are more likely to access health care than men, a deeper dive into the available information reveals:</p> <ul style="list-style-type: none"> – Rural women are more likely to suffer from heart disease than the Victorian estimate yet are less likely to quickly access health care for heart disease. – Across identified rural areas for selected chronic health conditions, women and men are more likely to suffer from these conditions than the Victorian estimate. <p>A GIA of selected chronic conditions identified that different genders vary in health needs and possible reasons for accessing care. It found the chronic health condition prevalence was significantly greater in women compared to the overall Victorian estimate in some rural locations, and for specific conditions such as anxiety and depression, autoimmune disease, cancer, bipolar disorder, heart disease and asthma. The prevalence was significantly more in men as compared to the overall Victorian estimate in other rural locations, and for specific conditions such anxiety and depression, cancer, autoimmune disease, heart disease and asthma. The overall gender impact of the assessment was neutral to positive in supporting how women access and utilise ambulance care, as well as the underlying factors of gender-based health inequities.</p>

Initiative	Outcome/result of gender impact assessment
Improving emergency access and flow	The overall GIA has been assessed as neutral to positive. Broadly however, the initiatives funded to improve ambulance and emergency department performance are not intended to have different impacts for different people. They will be available to all eligible people regardless of gender, sexual orientation and/or cultural background. The Australian Institute of Health and Welfare reported that emergency department presentations are evenly split between women and men, with the crude rate of presentations per population similar for both genders (334.7 for men and 327.5 for women). ⁹³ The gender impact of improvements to the timeliness of emergency care are therefore expected to be gender neutral.
Delivering the right care at the right time	Urgent Care Clinics (UCCs) help to reduce pressure on emergency departments (EDs) by providing free General Practitioner (GP)-led urgent care services for those needing urgent primary care. The GIA concluded that UCCs have a positive gender impact. Patient data from the 12 state-funded UCCs across 2023-24 indicates that approximately 54 per cent of patients identified as female and 46 per cent of patients identified as male. Provision of free GP services throughout business and after-hours periods reduces access barriers and supports timely care.
Support for asylum seekers and newly arrived refugees	The GIA highlighted that refugee and asylum seeker women may experience poorer health outcomes than the general population due to a range of factors including interrupted access to healthcare, limited access to mainstream safety net supports such as Medicare, long-term disability injury and illness, lower levels of health literacy and immunisation, as well as family violence and financial vulnerability. In addition, the GIA noted that trans and gender diverse and intersex people may seek refugee status because of persecution based on their gender identity, gender expression and/or variation in sex characteristics.
Supporting our pharmacists to deliver community care	The Community Pharmacist Statewide Pilot is likely to have different impacts for people. Targeted services will benefit eligible women, to provide timely access to assessment and supply of medicine when experiencing uncomplicated urinary tract infections or seeking ongoing access to oral contraception. The overall gender impact of the pilot is positive as it provides select travel and other public health vaccines to people of all different genders.
Alcohol and other drug community support services	As the proposed budget bid was for continuation of existing core treatment service capacity and does not represent a new service, no overall gender impacts were observed. A positive impact was noted in reference to the provision of targeted harm reduction supports for populations at greatest risk of harm as First Nations women access drug treatment services at an equal rate to men. This is higher than the ratio of women to men in the general treatment population and represents a positive gender impact for this program. A neutral/unknown impact was noted in reference to the continuation of lapsing core AOD treatment capacity. The most serious AOD harms such as addiction and overdose are more likely to affect men, both in Victoria and in comparable jurisdictions.

⁹³ Australian Institute of health and Welfare, Emergency Department Care 2017-18, <https://www.aihw.gov.au/reports/hospitals/emergency-dept-care-2017-18/contents/use-of-services/variation-by-age-and-sex>.

Initiative	Outcome/result of gender impact assessment
Strengthening alcohol and other drug residential rehabilitation services	The GIA found that continuation of AOD services across the state will benefit all Victorians who access them. Gender-specific residential rehabilitation planned through the AOD strategy implementation activity will directly address the gendered issue of male-dominated AOD treatment spaces due to known gendered use rates.
Expanding the Victorian Virtual Emergency Department	<p>The GIA found that emergency care services are provided to all Victorians, regardless of gender. There is evidence to suggest that, particularly in the older patient cohort, more women than men access the services provided by these programs. Additionally, lower socio-economic status is a known factor negatively impacting health-seeking behaviours and health outcomes. Women, particularly Aboriginal women, women with disability and culturally and linguistically diverse (CALD) women, are over-represented in the lower socio-economic groups.</p> <p>Women encounter more barriers compared to men, in accessing health services including longer wait times and delays in accessing services or medication due to costs. Overall, women are more likely to access health care than men, a deeper dive into the available information reveals rural women are more likely to suffer from heart disease than the Victorian estimate yet are less likely to quickly access health care for heart disease.</p>
Strengthening the sustainability of the health workforce	<p>The overall GIA of initiatives in the business case were assessed as positive on the basis that the initiatives – which seek to support Victoria's nursing and midwifery workforce capacity and capability with a focus on bolstering the workforces in rural and regional Victoria – will help promote greater career development and satisfaction for the nursing and midwifery workforce (76 per cent of which identifies as female).</p> <p>In addition, by growing local training pathways and the rural/regional workforce, existing gender gaps may be reduced through increased earning capacity, career progression, and flexible workplace arrangements.</p>
Supports for people with disability outside of the NDIS	<p>The Gender Impact Assessment (GIA) for Home and Community Care – Program for Young People (HACC PYP) found the program provides a positive gender impact. The program provides substantial supports to people with disability and chronic disease and vulnerable cohorts and relieves societal caring burden which disproportionately falls on women. The department has published revised program guidelines which include direction on considering priority cohorts and intersectionality when determining program access.</p> <p>The GIA for the National Disability Insurance Scheme (NDIS) Allied Health Assessments found this funding is likely to provide a neutral gender impact. The funding supports vulnerable people to access assessments they may not otherwise be able to access, but that access by gender is not reported.</p> <p>The gender impact assessment was applied to 100 per cent of the initiative (not just lapsing component) including the HACC PYP program and the NDIS Allied Health Assessments. The gender assessment for HACC PYP was applied to 100 per cent of the program.</p>

Initiative	Outcome/result of gender impact assessment
Victorian Early Parenting Centre Service network	<p>The GIA found that the overall gender impact across the Early Parenting Centres (EPCs) is positive. People across all genders access EPC services, with both mothers and fathers attending centres as a family unit with the child. EPCs have a focus on optimising maternal and family health.</p> <p>EPCs benefit people of different genders as they provide integrated specialist care and support that is responsive to the individual needs of the parent/carer, child and whole of family. This includes delivering flexible, targeted services through residential stay programs, day stay programs, group programs, telehealth, home visits, and outreach support.</p> <p>EPC services are provided free of charge. They support people from culturally and linguistically diverse backgrounds; Aboriginal and Torres Strait Islander people; people from refugee backgrounds; LGBTIQ+ communities; and people with disabilities. This reduces barriers for parents/carers and families and provides an equitable, accessible and culturally safe and responsive service.</p>
Integrated treatment, care and support for people with co-occurring issues	<p>The GIA highlighted that this would have a positive impact on women and girls with severe mental illness with co-occurring needs, as women are expected to be a higher user of integrated care services as they have slightly higher rates of accessing mental health services than men. This supports the development of a system that when a person seeks support for their co-occurring mental health and AOD needs, they will receive appropriate care and support with a 'no wrong door' approach. Services will respond with flexibility to the person's needs, strengths and preferences using trauma-informed practices.</p>
Mental health and wellbeing support for children and young people	<p>The budget expenditure is for the continuation of existing core service. It is likely group-based parenting programs will be accessed differently by both men and women, noting the different social attitudes and roles expected of men and women regarding parenting. The GIA found that women are more likely to access this program than men, and the ways in which people access the service will be influenced by their gender and social expectations. Differing cultural and gender identities, sexual orientations and religions which impact parenting and parenting roles will need to be accounted for in the delivery of the program.</p> <p>The group-based parenting program will likely result in improved mental health outcomes for everyone accessing the service and will likely have a greater impact for mothers who are expected to be the main group accessing the service.</p>
Mental health bed-based services	<p>The overall GIA across new bed-based services is positive. Services will be gender inclusive. Consideration of the needs of all genders will be reflected in the development of local operating mode for new services. These services will provide integrated treatment, care and transform mental health support and care to make it accessible, flexible and responsive. New services are codesigned by people with lived and living experiences from infrastructure through to the operating service/model of care and will be accessed by all genders. The continued HitH program enhances young women's and those from minority groups and diverse backgrounds access to care, promotes quicker recovery times, and decreases the burden on emergency services.</p>

Initiative	Outcome/result of gender impact assessment
Mental health tribunal	GIA for the funded component of this business case (Mental Health Tribunal) indicated no specific impact on gender. Membership of the MHT continues to have a greater proportion of women than men, and MHT continues to require appropriate supports be given to people considering their gender needs and requirements, including support for people with diverse gender identities.
Perinatal emotional health program	The GIA for Perinatal Emotional Health program supported investing as it yields significant long-term savings for the healthcare system. By providing early intervention and support, PEHP helps reduce the incidence of severe mental health issues, leading to decreased hospitalisation rates and lower healthcare costs. Furthermore, improved mental health outcomes for mothers can enhance family functioning and child development, resulting in broader societal benefits. Overall, the program not only supports individual wellbeing but also generates economic value by mitigating the long-term costs associated with untreated mental health conditions.
Supporting groups disproportionately impacted by suicide	GIAs undertaken for all initiatives returned positive results, with further assessment to also be undertaken as part of planned evaluations of some initiatives. Most initiatives overtly take an inclusive and/or intersectional approach to supporting their particular cohorts. For example, Strong Brother Strong Sister provides tailored supports to LGBTIQ+ and Aboriginal young people of all genders based on their needs and requirements, and Yarning Safe N Strong supports Aboriginal people who have diverse gender identities, sexual orientations, or have a chronic health condition or physical or intellectual disability.
Supporting Victoria's mental health workforce	The overall GIA for this initiative was considered positive, noting benefits are applicable all workers regardless of their gender or background. Addressing systemic workforce issues will benefit all workers and the community and people who use mental health and wellbeing services. Providing more job opportunities and career pathways will benefit those stepping into the mental health and wellbeing workforce. It considers the wellbeing of all workers in the sector, a majority of whom identify as female.
Victorian Fixated Threat Assessment Centre and initiatives to counter violent extremism (DH component)	The gender impact assessment for FTAC was incorporated into the assessment for the broader Continuation of Counter Terrorism and Violent Extremism Initiatives business case. This information will be submitted to PAEC by the Department of Justice and Community Safety.
Community mental health supports	The overall GIA of the grants supporting women and gender diverse groups including PANDA, Rainbow Door and Q Space was positive, and the benefits of these programs are that they target communities that are often excluded from mainstream mental health services due to cultural, language, and gender-related barriers. These organisations create tailored services that meet the unique needs of gender-diverse individuals, women from culturally and linguistically diverse (CALD) backgrounds, and other marginalised groups.

Initiative	Outcome/result of gender impact assessment
	<p>Gender-diverse and transgender individuals, who often face stigma and discrimination in healthcare settings, are benefiting from mental health services that provide gender-affirming care.</p> <p>There are significant benefits by ensuring access to specialised, culturally and gender-sensitive services for diverse populations, including women, non-binary individuals, and LGBTQIA+ asylum seekers. It emphasises trauma-informed care that addresses gender-specific experiences, such as gender-based violence, while empowering marginalised genders with resources for advocacy and support. Overall, it raises awareness of distinct mental health challenges and contributes to long-term improvements in quality of life, reducing the risk of chronic mental health issues.</p>
Expanding mental health and wellbeing local services	<p>The overall GIA across MHW Locals is positive.</p> <p>Local Services benefit people of different genders as they provide integrated treatment, care and support that is responsive to the individual needs of the consumer and their families, carers and supporters. This includes tailoring specific services based on a co-designed model of care, allowing for flexible access (walk-in, telehealth, online, outreach), engaging with trusted local community groups, having a peer workforce and a workforce that reflects the community.</p> <p>In addition to mental health and wellbeing supports being offered free of charge and without the need for a referral, Local Services are encouraged to prioritise people of culturally and linguistically diverse backgrounds; Aboriginal and Torres Strait Islander people; people from refugee backgrounds; people seeking asylum; LGBTQIA+ communities; people who are experiencing homelessness; neurodiverse people; and people engaged in the justice system. This reduces barriers for consumers, families, carers and supporters and provides an equitable, accessible and culturally safe and responsive service that is free from stigma and discrimination.</p> <p>The overall GIA across Mental Health and Wellbeing (MHW) Hubs and the statewide intake hotline is positive.</p> <p>MHW Hubs benefit people of different genders as they provide wellbeing supports that are responsive to the individual needs of the consumer and their families, carers and supporters. This includes flexible access where possible: walk-in, telehealth, online, outreach, engaging with trusted local community groups, having a peer workforce and also a workforce that reflects the community. The Statewide intake hotline and wellbeing support program can be accessed by all Victorians aged 16 and over requiring wellbeing guidance, coaching or support.</p> <p>In addition to MHW supports being offered free of charge and without the need for a referral, MHW Hubs are encouraged to prioritise people of culturally and linguistically diverse backgrounds; Aboriginal and Torres Strait Islander people; people from refugee backgrounds; people seeking asylum; LGBTQIA+ communities; people who are experiencing homelessness; neurodiverse people; and people engaged in the justice system. This reduces barriers for consumers, families, carers and supporters and provides an equitable, accessible and culturally safe and responsive service that is free from stigma and discrimination. MHW Hubs have actively engaged with LGBTQIA+ services (e.g.,</p>

Initiative	Outcome/result of gender impact assessment
	<p>Drummond Street Services QSpace) as well as culturally and linguistically diverse communities. To enhance their capacity for culturally responsive mental health and wellbeing support, MHW Hubs have previously received additional training from Victorian Transcultural Mental Health, an initiative of St Vincent's Hospital Melbourne.</p>
<p>Support for people with lived experience</p>	<p>Victorian Mental Illness Awareness Council (VMIAC) and Satellite Foundation demonstrate strong commitment to gender diversity, reflected in their workforce composition and respective cohort data.</p> <p>Component 1 – Supporting Young Carers</p> <p>Satellite programs are underpinned by a strong commitment to understanding and responding to diverse needs arising from gender identity. The Satellite model includes several processes and structures that have been designed to ensure maximum inclusion, safety and impact of outcomes with this diversity in mind.</p> <p>Operational experience over the past four years indicates that participants accessing the program are diverse with respect to their gender identity. Satellite has been successful in recruiting a relatively high number of male participants, compared to other similar interventions which have struggled to recruit young males. Given that young males are statistically less likely to seek mental health support than young women, Satellite has demonstrated that they are able to effectively reduce the barriers for young men to engage in peer support programs and leadership activities and that the content of their programs and delivery methods efficiently engages with young men and meets their needs.</p> <p>Satellite undertakes extensive continuous improvement activities that take gender identity into account. Gender impacts are a central focus when staff and participants contribute to the co-creation of new service offerings; in debriefs at the completion of programs where lessons learned and areas for improvement are identified; and in more formal evaluation activities.</p> <p>Diverse gender perspectives are reflected in the program evaluation undertaken to date. With respect to the quantitative component of the evaluation, a total of 48 young people (response rate 55.8 per cent) completed some or all the follow-up measures at 6 months. The gender identity of young people at follow-up was: 21 identified as girl/woman (43.8 per cent), 15 identified as boy/man (31.3 per cent), two identified as gender diverse or gender fluid (4.2 per cent) and 10 preferred not to say (20.8 per cent).</p> <p>Component 2 – Sustaining VMIAC consumer leadership</p> <p>VMIAC demonstrates a strong commitment to responsiveness to gender and diversity. VMIAC's work and model is gender responsive at heart. For example, the funding has supported the development of key VMIAC policy statements</p>

Initiative	Outcome/result of gender impact assessment
	<p>and advice to government, including policy papers on Sexual Safety in Psychiatric Inpatient Units, Discrimination and Mental Health, Gender Discrimination and Inequality, and Preventing and Responding to Violence.</p> <p>At a high level, cis gendered women experience higher levels of distress and are more like to access support through VMIAC services. VMIAC delivers a gender responsive service, with demographic data revealing 49 per cent of advocacy service users are women, and 11 per cent disclosed being gender diverse.</p> <p>VMIAC’s consumer register ensures the perspectives of women and gender diverse people are central in reform, with 37 per cent of register participants identifying as LGBTQIA+, and 7 per cent identifying as gender diverse, non-binary, or gender queer.</p>
Life-saving supports for trans and gender diverse young people	The GIA highlighted that trans and gender diverse young people are one of the most at-risk groups in Victoria, with 48 per cent having attempted suicide in their lifetime ⁹⁴ . Trans and gender diverse young people also experience high rates of discrimination, social exclusion and bullying. Trans and gender diverse young people in rural and regional areas face particular barriers to accessing care.
Supporting people living with Parkinson’s and Motor Neurone Disease	The GIA indicated a neutral impact, noting that the assessment was limited by a national data gap in understanding the cohort of people living with Parkinson’s and this impacts a comprehensive assessment of gender impacts. The Parkinson’s health program ensures equitable access by servicing rural and regional communities across various modalities, addressing disparities in healthcare access for people living with Parkinson’s. Additional programs supporting LGBTQIA+, women and carers, contribute to the Department’s goal of keeping people healthy and safe in the community.
Improving women’s health	The overall gender impact of this initiative is positive in that it takes into account intersectionality, will enable women to make informed decisions about their health, receive formal and informal support from health experts and peers and encourage professionals and organisations to provide gender sensitive information and care.
Victoria's front line public health system	The Local Public Health Unit (LPHU) network has a positive impact on gender equity as LPHUs consider the relative disease risks, underlying health conditions, gender roles, norms and relationships for people of different gender identities to inform access to public health promotion, prevention, and response initiatives. LPHUs are supported by the department to improve implementation of gender impact assessment and equity analysis to inform their public health initiatives and improved data collection to evaluate outcomes, including gendered outcomes. LPHUs employ epidemiological analysis to understand the relative distribution of diseases and risk factors in different population groups to identify who is most at risk to prevent, manage and respond to communicable diseases. These responses take

⁹⁴ Strauss P, Cook A, Winter S, Watson V, Wright Toussaint D, Lin A. Trans Pathways: the mental health experiences and care pathways of trans young people. Summary of results. Perth, Australia: Telethon Kids Institute; 2017; and Hill AO, Lyons A, Jones J, McGowan I, Carman M, Parsons M, et al. Writing Themselves In 4: The health and wellbeing of LGBTQA+ young people in Australia. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University; 2021

Initiative	Outcome/result of gender impact assessment
	<p>into consideration the characteristics of those most at risk including gender and intersecting identities, and the ways in these different groups are best reached in gender and culturally sensitive ways, to reduce their risk and/or connect them to appropriate services. Reducing chronic conditions from communicable diseases (e.g. viral hepatitis) for the whole population also reduces the carrying burden that falls on women.</p> <p>Safe and accessible water for drinking and recreational purposes is fundamental to community health and wellbeing and in this regard should not cause any gender-based inequities or health disparities. The GIA found minimal identifiable gender impacts, as the benefits and protections applied universally to safeguard public health for all Victorians. By maintaining safe water standards and reducing public health risks, the program indirectly benefits all genders while prioritising community wellbeing.</p> <p>The gender impact assessment for the ETSA program found that while asthma and hay fever affect all genders, culturally diverse groups (particularly people from the Indian subcontinent and Southeast Asia) have been disproportionately impacted by past events. The program addresses this by ensuring its early warning system is accessible and inclusive, enabling carers and support networks to help vulnerable individuals. Public health campaigns are designed to be gender-diverse and culturally inclusive, with targeted messaging to ensure higher-risk groups can understand and act on ETSA forecasts.</p>
Supporting Aboriginal women on their journey into motherhood	The impact is positive. The additional workforce will allow organisations the flexibility to employ women, LGBTQI+ and people living with disability as health workers, clinical staff and administrative support employees, relevant to the mix of service offerings provided by these organisations. Early years health services largely employ women with a focus on delivering improved health and wellbeing outcomes for Aboriginal women, their children and their families.
Engineering infrastructure replacement program 2025-26 and Medical Equipment Replacement Program 2025-26	The GIA was inconclusive as it is challenging to assess gendered benefits of a grant program such as this. However, as 77.4% of the public health workforce in Victoria are women, hazard and safety risks arising from plant and equipment failure disproportionately place women at risk. The proposed funding will have a positive impact on workplace safety for women. Additionally, this investment will remove infrastructural limits on improvements and new installations of equipment that have a direct impact on women's health (e.g., in maternal health wards), strengthening quality of care. As a result, this proposal has a positive impact on equitable gender outcomes for patients across Victoria.
Royal Melbourne Hospital Critical Infrastructure Works	The scope of this initiative is targeted to addressing critical infrastructure. Due to the nature of the proposed works the GIA found that the gendered benefits may be limited, however saw great potential in how this initiative could link to or support gender informed design of the broader precinct redevelopment.
Minor capital renewal program – public sector residential aged care	The GIA found “The proposed funding for critical upgrades will have a positive impact for all residents in optimising quality of care and independence, and by minimising avoidable deterioration in health and wellbeing. It will also

Initiative	Outcome/result of gender impact assessment
	optimise workplace safety for all staff by mitigating occupational violence risks and enabling staff to direct their time to tasks that require their specialised skills. This investment will therefore result in a positive impact on equitable gender outcomes in PSRACS for both residents and workforce.”
Mental health capital renewal fund 2025-26	The GIA found that there would be benefits for women, who comprise 77.4 per cent of the public health workforce. As the fund is targeted at upgrades to improve the safety and condition of facilities it will benefit the workforce by improving their safety and work environment.
Northcote Early Parenting Centre (EPC)	The GIA found a positive impact on outcomes for women from this initiative. This is due to the program being predominantly targeted to mothers and children, providing care and support in a comfortable setting to women in need.
Dandenong and Districts Aboriginal Co-operative accommodation	The GIA supported the continued focus for the Victorian Aboriginal Community Controlled Health Organisation to design and deliver early intervention and preventative health and wellbeing support for Aboriginal and Torres Strait Islander communities. These actions have the potential to significantly reduce the impact of gender specific barriers relating to accessibility and inclusivity of healthcare and other broader related issues. Actions supporting the Aboriginal health and wellbeing workforce will have significant flow-on effects in their ability to reduce the impact of barriers and harmful gender norms that lead to gender inequity and reduced health and wellbeing.

	Proportion of initiatives subject to Gender Impact Assessment (as percentage)
Output budget	100%
Asset budget	100%

- b) Please list any other programs/initiatives (output and asset) in the 2025–26 Budget where Gender Responsive Budgeting (GRB) processes or principles were applied/considered by the department. Please detail: the initiative, how GRB was applied/considered and the outcome of this consideration.

Response

Initiative	How GRB was considered	Outcome of GRB consideration
N/A	N/A	N/A

- c) Please list what evaluations of the department’s programs/initiatives have been undertaken from a gender perspective and what the key findings of the evaluations were.

Response

Programs/initiatives that have been evaluated from a gender perspective	Key findings of the evaluation
N/A	Evaluations undertaken for previous time periods consider the impact of the program on the entire cohort, including individuals of all genders where this is appropriate for the program being evaluated.

d) What further work is being undertaken by the department in 2025–26 to embed GRB?

Response

Further work being undertaken by the department in 2025–26 to embed GRB
<p>The department is dedicated to advancing the Whole of Government gender equality strategy by integrating Gender Responsive Budgeting (GRB) into the annual budget process and ensuring gender equality is considered in policy design and funding proposals. It supports Ministers and portfolio agency staff by providing guidance on GRB principles, requirements, and expectations as outlined by the Department of Treasury and Finance (DTF) and the Department of Premier and Cabinet (DPC). GRB considerations are incorporated into departmental briefings and advice to Ministers, adhering to DTF's GRB requirements for the budget process.</p> <p>Additionally, the department ensures compliance with the <i>Gender Equality Act</i> by enabling all bodies and entities to meet legislative requirements and by embedding gender equality considerations into portfolio policies to align with the government's goals. The Budget Strategy and Gender Equality and Strategic Projects department functions promote compliance and knowledge sharing through information sessions, oversight, and the provision of policies, guidelines, and templates to fully integrate GRB into budget development.</p>

Implementation of PAEC recommendations

Question 44 - Update on status of implementation

Please provide an update on the status of the implementation of:

- Committee recommendations that were made in the *Report on the 2023–24 Budget Estimates* and supported by the Government
- Committee recommendations that were made in the *Report on the 2024–25 Budget Estimates* and supported by the Government

Please populate the below table according to each department's supported recommendations.

Response

Update on the implementation of recommendations made in the *2023-24 Budget Estimates Report*

Department	Recommendation supported by Government	Actions taken at the time of this questionnaire	Update on status of implementation
Department of Health (DH)	Post-review, the Department of Health develop new performance measures for the Ambulance Non-Emergency Services output for inclusion in the 2024-25 Budget. This should include performance information relating but not limited to timeliness, quality, regulatory compliance, access and supply.	<p>The NEPT Review's final report was published on 10 January 2025.</p> <p>In response to the Review the government will implement improvements to the existing model to ensure NEPT services continue to meet patient and system needs. This will include better integration and coordination of NEPT within the wider health system, strengthening monitoring of performance and patient experience, and improving staff conditions to address the casualisation of the workforce, as well as improved governance and oversight.</p> <p>Implementation of this multi-year project is underway. Development of monitoring and performance measures will occur in future years, aligning to the government's response.</p>	In progress
DH	The Department of Health publish on its website the location of the nine new sexual and reproductive hubs and explain how these hubs	The department has updated a consumer-facing webpage on the sexual and reproductive health hubs and is available here: https://www.betterhealth.vic.gov.au/campaigns/womens-sexual-and-reproductive-health The website lists locations of the	Completed

Department	Recommendation supported by Government	Actions taken at the time of this questionnaire	Update on status of implementation
	will fulfil gaps in sexual and reproductive services and respond to demand for these services.	current hubs and the services they deliver. As new hubs are established, they are uploaded to the website.	
DH	The Department of Health regularly report to the community on how the establishment of sexual and reproductive health hubs reduce the barriers to accessing sexual and reproductive health care, including how they reduce the financial burden of this care.	The department provides supported media releases when the establishment of a new hub is announced. The department's website is updated as new hubs are established. The department's website has been updated to clarify services offered by hubs and potential costs associated with services. The department continues to report against the Victorian Auditor General's Office report titled Supporting sexual and reproductive health.	Completed
DH	The Department of Health regularly report on the progress of the Hospital Infrastructure Delivery Fund on the Victorian Health Building Authority website, including relevant due diligence and feasibility studies related to all public health projects.	The Victorian Health Building Authority publishes project updates on all funded projects in delivery. This will include the seven hospital redevelopments once they receive full construction funding and enter delivery.	Completed
DH	The Victorian Health Building Authority publish dedicated information about the progress of construction of the one new and six expanded upgraded hospitals listed in the 2023-24 Budget.	The Victorian Health Building Authority publishes construction progress and updates on dedicated project pages of all funded projects in delivery. This will include the seven hospital redevelopments once they receive full construction funding and enter delivery.	Completed
DH	The Department of Health publish its progress towards the Whole of Government Emissions Reduction Pledge in percentage terms and the percentage share of each energy type used in its operations	The department reports on greenhouse gas emissions and energy usage in its annual report in accordance with the requirements of Financial Reporting Directive 24 reporting of environmental data by government entities (FRD24). The current Whole of Victorian Government Emissions Reduction Pledge is a commitment to a number of initiatives to reduce total	Completed

Department	Recommendation supported by Government	Actions taken at the time of this questionnaire	Update on status of implementation
	each financial year in its annual report.	government emissions by 2.7 Mt CO2-e by 2025 compared to 2018-19 levels. It has no specific targets or baselines for individual departments to report against. Energy consumption data is reported as MWh and MJ/TJ as required by FRD 24. The department is working in partnership with Victorian Government departments to prepare for the implementation of 100 per cent renewable electricity later in 2025 which will significantly progress achievement against the 2.7 mega tonne greenhouse gas savings in the Whole of Victorian Government Emissions Reduction Pledge.	
DH	The Department of Health update its Environmental sustainability strategy for the next five years, including 2023-24.	The department is focusing on sustainability through the lens of climate change and continues to implement a range of climate initiatives including delivery of the <i>Health and human services climate change adaptation action plan 2022-26</i> and the <i>Energy efficiency and solar program</i> (being delivered by the Victorian Health Building Authority).	NA
DH	The Department of Health clearly outline the Health Infrastructure portfolio responsibilities, related initiatives, outputs, objectives, objective indicators and performance measures in the 2024-25 Budget.	The department's strategic plan, and Victorian Health Building Authority (VHBA) website, provide public information on health infrastructure responsibilities and related initiatives. These initiatives are also outlined in Budget Paper 4 and the Department of Treasury and Finance capital investment dashboard. The VHBA website also provides progress information on its capital projects. The specification of outputs and output performance measures is specifically for output funding, as per section 40 of the Financial Management Act 1994, not asset funding.	NA
DH	The Department of Health report on the number of workforce positions recruited as part of the Alcohol and other drug treatment,	The department collects annual headcount and FTE data for the alcohol and other drugs (AOD) sector through the annual Mental Health and AOD workforce census. Where appropriate relevant data is then reported in the department's annual report.	In progress

Department	Recommendation supported by Government	Actions taken at the time of this questionnaire	Update on status of implementation
	support and harm reduction services initiative in its forthcoming annual reports.		
DH	The Department of Health address the shortcomings identified by the Committee in two new performance measures introduced in 2023-24 with further, or altered, performance measures for inclusion in the 2024-25 Budget.	The identified measures: <ul style="list-style-type: none"> Health Protection – Comments on proposals and applications to amend the ANZ Food Standards Code are provided within timeframes specified by Food Standards Australia New Zealand (FSANZ) Health Workforce Training and Development – Sign-on bonuses for nursing and midwifery graduates. The 2023-24 outcome was within 5 per cent of target. The 2024-25 expected outcome is anticipated to be higher than target given high levels of demand. 	In progress
DH	The Department of Health develop new performance measures that reflect the increased investment in sexual and reproductive health for inclusion in the 2024-25 Budget.	Additional investment is being monitored through relevant data sets for the women’s health initiatives including quantitative data reporting and patient feedback from the new women’s health clinics, improved reporting for the 20 SRH hubs via the community health minimum data set (CHMDS), participant feedback from 13 women’s health and wellbeing support groups.	In progress

Update on the implementation of recommendations made in the *2024-25 Budget Estimates Report*

Division	Department	Recommendation supported by Government	Actions taken at the time of this questionnaire	Update on status of implementation
WoVG	Department of Health (DH)	Departments report individually and accurately on how they are achieving savings, including any staffing reductions, that form part of the whole of government savings initiatives outlined in Budget Paper No. 3, as well as savings measures that formed the 2023–24 Budget’s COVID Debt	Departments will report on how they are achieving historic savings targets, noting that reports to date indicate that savings measures are achieved through a combination of operating efficiencies and workforce re-calibration. Government departments and agencies continue to report on workforce changes through standard reporting process, such as annual reports and through the Victorian Public Sector Commission.	In progress

Division	Department	Recommendation supported by Government	Actions taken at the time of this questionnaire	Update on status of implementation
		Repayment Plan, in future Committee questionnaires.		
WoVG	DH	Victorian Government departments implementing output initiatives that form part of the Early Intervention Investment Framework publicly report on the initiative's progress through the outcome measures developed during the budget process, either in the departmental annual reports or via an annually released whole of government publication.	For new initiatives that form part of the Early Intervention and Investment Framework, the budget papers publish descriptions, output performance measures, estimated avoided costs and economic benefits over ten years. The Department of Treasury and Finance will work with departments to identify further opportunities to report publicly on the effective delivery of initiatives.	In progress
WoVG	DH	The Department of Health report on the number of staff reduced as part of departmental savings initiatives and the impact of these savings on service delivery in upcoming annual reports and future responses to the Committee's questionnaire.	The department routinely reports staffing numbers in annual reports, PAEC questionnaires and to the Victorian Public Sector Commission. Where it is relevant to also note any service delivery impacts associated with staffing changes the department will endeavour to do this, noting that as per question 1, savings can be achieved through a combination of operating efficiencies and workforce recalibration.	Completed
HV	DH	The Department of Health report on the impacts on health services of sector-wide cost containment measures, including any effects on care.	The specific impacts of these levers cannot be separated from the rest of the reforms and interventions implemented in the past 12 months. As such, the department is unable to disaggregate performance such that it solely reflects the impact of any cost containment measures. Broader performance of Victorian public health services is already reported publicly on the Victorian Health Services Performance website https://vahi.vic.gov.au/reports/victorian-health-services-performance	NA
HV	DH	The Department of Health publish a breakdown of the additional \$1.5 billion in off-budget funding, including the proportion allocated to implement	The \$1.5 billion formed part of the total allocation pool provided to health services for the 2024-25 financial year and cannot be disaggregated further. Funding provided to individual health services is publicly reported through their annual reports. The	NA

Division	Department	Recommendation supported by Government	Actions taken at the time of this questionnaire	Update on status of implementation
		the recommendations of the Health Services Plan.	department also notes that the \$1.5 billion was provided for health service activity, not the implementation of specific recommendations of the Health Services Plan.	
HHS	DH	The Department of Health evaluate the impacts of the Planned Surgery Reform Blueprint to assess its effectiveness at improving timely access to planned surgery.	The department supports-in-principle the recommendation to evaluate the impacts of the Planned Surgery Reform Blueprint (the Blueprint). Noting the Blueprint was published in October 2023, and that it contains reforms with timelines of greater than ten years, the department will consider evaluation needs at an appropriate time in the future.	In progress
VHBA	DH	The Department of Health publish on the Victorian Infrastructure Delivery Authority's website revised forecasts for the number of jobs, the increase to hospital capacity, and the work and investment expended on the Arden site that can and cannot be repurposed for the redevelopment of the Royal Melbourne Hospital and Royal Women's Hospital at Parkville.	The department notes that the Victorian Health Building Authority (VHBA) routinely publishes information on its website for projects when in delivery; this includes job figures, what the investment provides and the benefits, timelines and other relevant project information. VHBA transferred from the department in April 2024 to become part of the Victorian Infrastructure Delivery Agency within the auspice of the Department of Transport and Planning. VIDA's website links on its landing page to the VHBA website which is the platform for health infrastructure projects.	Completed
SP	DH	The Department of Health publish the findings from the service planning currently underway for the three community hospitals in Eltham, Emerald Hill and Torquay once complete.	Following recent investments in health services and demographic shifts at three sites - Eltham, Emerald Hill and Torquay - the requirement to review the original service planning for the Community Hospitals Program was identified. The impact of additional investments, including new Commonwealth commitments, is currently being reviewed.	In progress
AHWD	DH	The Department of Health address the issues identified with one new performance measure under the Community Health Care output with altered or new performance measures, for inclusion in the 2025–26 Budget.	The department, in collaboration with the Victorian Aboriginal Community Controlled Health Organisation has identified that the performance measure "The Number of Aboriginal Community Controlled Organisations who have transitioned to self-determined Outcomes-Based Framework (OBF)" is no longer	Completed

Division	Department	Recommendation supported by Government	Actions taken at the time of this questionnaire	Update on status of implementation
			suitable given the reconfiguration of the OBF project. This measure has been discontinued.	

Community consultation on budget initiatives

Question 45

With regard to the new initiatives in the 2025–26 Budget, which relevant and interested community groups and stakeholders did the department consult or engage with? Please detail the budget initiatives' consultation related to and the final outcomes of consultation.

Response

Engagement/ consultations were undertaken with the following stakeholders for the following new initiatives in the 2025-26 Budget:

Supporting Aboriginal women on their journey into motherhood - Victorian Aboriginal Community Controlled Health Organisation (VACCHO) led the drafting of this bid and recommended funding to support sector coordination and workforce development and support.

From interim to long-term accommodation - Dandenong and District Aborigines Co-Operative Limited - VACCHO led the drafting of this bid in close consultation with the Dandenong and Districts Aborigines Co-operative Limited.

Victoria's frontline public health system – The department works closely with its delivery partners the Bureau of Meteorology and AirHealth on the epidemic thunderstorm asthma program.

Engineering Infrastructure Replacement Program 2025-26 – information from health services has been used as the basis for the initiative. This data collected by the Department of Health informed the focus of the initiative.

Improving women's health – Consultations with Women's Health Victoria, Royal Women's Hospital, and Women's sexual and reproductive health hubs informed the proposed initiatives.

Medical Equipment Replacement Program 2025-26 - information from health services has been used as the basis for the initiative. This data collected by the Department of Health informed the focus of the initiative.

Northcote Early Parenting Centre – the department and the Victorian Health Building Authority have consulted with various stakeholders including other government landowners in the development of this initiative. We look forward to engaging further with stakeholders once a site is secured for this project.

Royal Melbourne Hospital Critical Infrastructure Works – the department worked closely with the Royal Melbourne Hospital on this initiative, jointly identifying the priority works included in the initiative.

Mental Health and Alcohol and Other Drugs Facilities Renewal Fund – information gathered from service providers and a review of facilities have been used to develop the initiative. The data informed the focus of the initiative.

Minor Capital Renewal Program – Public Sector Residential Aged Care – information gathered by the Department of Health from service providers has been used to develop this initiative, including determining the focus areas for the fund.

SCV - Family Violence Risk Management – Safer Care Victoria consulted with The Royal Women’s Hospital and Bendigo Health, the Victorian Alcohol and Drug Association and the Centre for Mental Health Learning.

Improving emergency access and flow – this initiative was informed by information gathered from health services through the Timely Emergency Care Collaborative and from health services, peak and industrial bodies during development of the Standards for Safe and Timely Ambulance and Emergency Care.

Opening and operating new facilities – This initiative was informed by advice from health services as well through consultation with the Victorian Health Building Authority. In addition, analysis of both key health system metrics as well as population and health system demand data, has been undertaken to finalise the outcomes of the bid.

Expanding the Victoria Virtual Emergency Department – This initiative was informed by advice from Northern Health as well as consideration of key emergency department demand data.

Assuring ambulance resourcing in regional Victoria - This initiative was informed by advice from Ambulance Victoria.

Strengthening medication practices in residential aged care – the proposed implementation of this reform has been informed by targeted engagement with unions, peak bodies, the Commonwealth Government, and government and non-government providers.

Victoria's Housing Statement

Question 46

- a) Please list the department's output and asset initiatives in the 2025–26 Budget that will deliver on outcomes outlined in *Victoria's Housing Statement: The decade ahead 2024-2034*.⁹⁵

Response

Initiative	2024–25 funding (\$ million)	2025–26 funding (\$ million)	2026–27 funding (\$ million)	2027–28 funding (\$ million)	2028–29 funding (\$ million)
N/A					

- b) What will be the impact of the initiatives on
- i. housing affordability
 - ii. Victoria's planning system
 - iii. housing supply
 - iv. the regulation of rental properties
 - v. public housing supply
 - vi. community housing supply

Response

Initiative	Timeframe (e.g. 1-5 years, 5-10 years)	Housing affordability (if applicable)	Victoria's planning system (if applicable)	Housing supply (if applicable)	The regulation of rental properties (if applicable)	Public housing supply (if applicable)	Community housing supply (if applicable)
N/A							
N/A							

⁹⁵ Department of Premier and Cabinet, *Victoria's Housing Statement: The decade ahead 2024-2034*, Melbourne, 2023, <https://content.vic.gov.au/sites/default/files/2023-09/DTP0424_Housing_Statement_v6_FA_WEB.pdf>

Cyber security

Question 47

- a) What actions has the department taken over 2024–25, and plans to take over 2025–26, to improve cyber security and mitigate the risk of a cyber-attack or data breach?

Response

	Cyber security and cyber-attack risk mitigation measures planned by department
2024–25	<ul style="list-style-type: none"> The department actively manages cybersecurity risk through rigorous and mandatory training programs. All staff must regularly complete cybersecurity awareness training. New training is rolled out as new threats occur. This is to minimise the likelihood and impact of cyber-attacks and information security breaches. The department also manages suppliers' cyber security compliance, by a third-party risk management process, and security assessments for critical and sensitive business partners, agencies, and suppliers. Mitigations also include implementing an identity and access management program to ensure access is removed when no longer necessary, enabling stronger and more efficient methods to add, remove or validate user access to business-critical systems. The department has implemented the <i>Administrative Guideline - Direction on the use of DeepSeek Products, Applications and Web Services</i>. Access to DeepSeek has been removed from departmental devices.
2025–26	The department will continue to manage cybersecurity risks through rigorous and mandatory training program. Continue to ensure supplies cyber compliance is strengthened and managed appropriately

	Cyber security and cyber-attack risk mitigation measures in the Victorian Health Sector
2024–25	<ul style="list-style-type: none"> The department has implemented a mature, health sector-wide cyber security program to detect, prevent and mitigate cyber-attacks to public and community health services. It manages and operates a: <ul style="list-style-type: none"> 24/7/365 cyber incident prevention and incident response capability for Victorian health services. Cyber protection assessment program for corporate and clinical devices. The department has implemented a sector wide cyber security assurance framework. Health services attest to this framework and are subject to independent assessments. The capability includes the upgrade of critical network infrastructure to effectively operate health service technology.

	<ul style="list-style-type: none"> This year the department replaced the statewide anti-virus platform – which covers over 100,000 devices with next-generation cyber protection technology.
2025–26	<ul style="list-style-type: none"> Continue the delivery of the health sector-wide cyber security program to detect, prevent and mitigate cyber-attacks to public and community health services. Deliver a renewed Victorian Health Sector Cyber Strategy – the purpose of which is to increase statewide cybersecurity protection capability, visibility, and drive cost effectiveness across the sector. Continue to replace sector wide cyber security technology with leading platforms. Continue the operation of: <ul style="list-style-type: none"> 24/7/365 cyber incident prevention and incident response capability for 70+ Victorian health services. Cyber protection assessment program for corporate and clinical devices, including through independent audits. Replacement and upgrade of critical network infrastructure to effectively operate health service technology.

b) What resources in terms of funding levels and staffing has the department assigned to cyber security for 2024–25 and 2025–26?

Response

	Department cyber security funding (\$ million)	Staff (FTE)
2024–25	\$19.8M ⁹⁶ in cybersecurity funding and \$15.4M in clinical technology refresh funding	Sufficient staff are assigned to cyber security work, and this number varies across the year in reflection of the timing and size of work undertaken
2025–26	\$20.2M in cybersecurity funding and \$15.8M in clinical technology refresh funding	Sufficient staff are assigned to cyber security work, and this number varies across the year in reflection of the timing and size of work undertaken

If the department (or any of the department's agencies) have experienced a cyber attack or data breach since 2023:

⁹⁶ [2024-25 State Budget, Budget Paper No. 3, Table 1.14, p.46.](#)

- c) What was the impact of this data breach on the department/agency's resources, staffing, services provided to the community and ongoing support to individuals impacted by the cybersecurity event?

Response

Cyber attack/data breach	Impact on department/agency resources	Impact on staffing	Impact on services provided by department/agency to community	Ongoing support to individuals impacted by cyber-attack or data breach
Health sector - Royal Women's Hospital (October 2023)	Patient information stolen	NA	NA	Affected patients notified and support services provided.
Health sector - St Vincent's Health (December 2023)	Non-sensitive business data stolen	NA	NA	NA
2024-25 Grief Australia Business Email Compromise Phishing	Nil	Nil	Minimal	Minimal

- d) What measures were implemented after the event to improve cyber security?

Response

The department continues to manage cybersecurity risks through rigorous and mandatory training program. Our Cybersecurity supplier compliance program continues to ensure our suppliers cyber compliance is monitored and strengthened.

Health spending – DH only

Question 48

a) When comparing one year to the next from 2021–22 to the forecast for 2026–27, please state the amount of funding provided to each of the below service types. Where the year-on-year variance is +/- 5 per cent, please provide an explanation for the increase/decrease in spending for the service type:

- Primary and community health
- Ambulance services
- Public hospitals
- Services for mental health

Guidance

The Committee notes that for the purposes of this question, the Committee uses the definitions of services in the sector as used in the Productivity Commission, Report on Government Services. See: <https://www.pc.gov.au/ongoing/report-on-government-services/2025/health> (accessed 12 March 2025).

Response

(a)	2021-22 (\$ million) Actual Expenditure	2022-23 (\$ million) Actual Expenditure	2023-24 (\$ million) Actual Expenditure	2024-25 (\$ million) Expected Outcome 25-26 Budget Papers (b)	2025-26 (\$ million) Target 25- 26 Budget Papers (c)	2026-27 (\$ million) (d)	Reason for any year-on-year variances $\pm 5\%$
Acute health services	18,687.3	19,796.1	19,878.3	22,343.3	23,277.9	TBD	Rising expenditure reflects increased government investment
Ambulance services	1,404.0	1,482.8	1,433.4	1,573.5	1,520.6	TBD	Rising expenditure reflects increased government investment

Mental health	2,113.4	2,551.0	2,706.0	3,102.4	3,004.3	TBD	Rising expenditure reflects increased government investment
Ageing, Aged and Home Care	818.4	798.8	893.3	902.1	881.6	TBD	Rising expenditure reflects increased government investment
Primary, Community and Dental Health	981.2	828.6	864.6	920.8	810.4	TBD	Fluctuation in expenditure reflects pandemic requirements
Small rural services	731.0	778.7	819.7	938.9	877.4	TBD	Rising expenditure reflects increased government investment
Public Health (e)	2,484.1	877.7	489.7	447.5	403.0	TBD	Fluctuation in expenditure reflects pandemic requirements
Drug Services	341.5	329.1	355.2	391.3	380.8	TBD	Rising expenditure reflects increased government investment

(a) Expenditure has been reported by departmental output group

(b) Expected 2024-25 outcome as per the published budget. See 2025-26 Budget Paper 3 Service Delivery page 139

(c) 2025-26 figures are the published budget. See 2025-26 Budget Paper 3 Service Delivery page 139

(d) Forecast output budget for 2026-27 is not available

(e) The Public Health Output includes Clinical Trial program expenditure previously reported under Medical Research Output following the 1 February 2024 Machinery of Government to the Department of Jobs, Skills, Industry, and Regions

b) Please explain how DH's 'Victorian public health and wellbeing outcomes framework' is used to inform funding allocations.

Response

N/A

c) How much did the Victorian Government spend overall on health in 2021-22, 2022-23, 2023-24, 2024-25 and 2025-26. Where the year-on-year variance is +/- 5 per cent, please provide an explanation for the increase/decrease in spending.

Response

Year	Total health spending (\$ million)	Reason for any year-on-year variances $\pm 5\%$
2021–22	27,560.9	
2022–23	27,442.7	
2023–24	27,440.2	
2024–25	TBD	
2025–26	TBD	

Large scale infrastructure projects – DTF/DTP only

Question 49

For the North-East Link, Melbourne Airport Rail, West Gate Tunnel, Suburban Rail Loop and the Level Crossing Removal Program please provide the information requested in the tables below regarding expenditure, scope and outcomes.

Expenditure – response

Project name	
Total estimated investment at announcement	
Total estimated investment in the 2025–26 Budget	
Explanation for change in TEI	
Actual cost of the program to date (i.e. cost since announcement)	
Amount allocated to the project/program in the 2025–26 Budget	
Amount forecast for the project/program in 2026–27	
Amount forecast for the project/program in 2027–28	
Amount forecast for the project/program in 2028–29	
How the department will report on expenditure in relation to the project/program as it progresses	
Cost/benefit ratio of the project/program	

Scope – response

Project name	
Scope of works (brief description of completed and future works to be delivered through this project, including any components of other projects or asset initiatives)	
Changes to scope in 2025–26	
Explanation for changes to scope	

Outcomes – response

Project name	
The outcomes achieved by the project/program to date	

The anticipated outcomes of the project/program in 2025–26 and across the forward estimates	
How the department will measure the outcomes achieved by the project/program as it progresses	
How the department will report on the outcomes achieved by the project/program as it progresses	

Economic forecast – DTF only

Question 50

Budget Paper No. 2: Strategy and Outlook, Table 2.1, provides forecasts for the following indicators:

- real gross state product
- employment
- unemployment rate
- consumer price index
- wage price index
- population.

Variance analysis

- a) For each of the above indicators, please provide a detailed explanation for the variance when comparing the same year in the 2024–25 Budget, the 2024–25 Budget Update and the 2025–26 Budget, including the assumptions used to forecast the specific indicator.

Response

Economic indicator	
Year for which variance relates	
Forecast/projection in 2024–25 Budget	
Forecast/projection in 2024–25 Budget Update	
Assumptions used to forecast indicator	
Variance	
Reason for variance	

Economic indicator	
Year for which variance relates	
Forecast/projection in 2024–25 Budget	

Forecast/projection in 2025–26 Budget	
Assumptions used to forecast indicator	
Variance	
Reason for variance	

Economic indicator	
Year for which variance relates	
Forecast/projection in 2024–25 Budget Update	
Forecast/projection in 2025–26 Budget	
Assumptions used to forecast indicator	
Variance	
Reason for variance	

Trend analysis

b) For each of the above indicators, when comparing one year to the next in the 2025–26 Budget, please explain the reason for the variance and provide details for any improvement or deterioration for the indicator.

	2023–24 Actual	2024–25 Forecast	2025–26 Forecast	2026–27 Forecast	2027–28 Projection	2028–29 Projection
Real gross state product						
Variance						
Explanation for any variance year over year						
Employment						
Variance						

Explanation for any variance year over year						
Unemployment rate						
Variance						
Explanation for any variance year over year						
Consumer price index						
Variance						
Explanation for any variance year over year						
Wage price index						
Variance						
Explanation for any variance year over year						
Population						
Variance						
Explanation for any variance year over year						

Grants – DTF only

Question 51

Budget Paper No. 5: Statement of Finances, Table 4.3, details the expected total grant revenue to be received by Victoria in 2024–25 by grant type.

For the ‘General purpose grants – goods and services tax’ line item if there is a variance:

- a) between the 2024–25 budget figure in the 2024–25 Budget and the 2024–25 revised figure in the 2025–26 Budget, please explain the:
 - i. reason for the variance
 - ii. impact of the variance on Victoria
 - iii. action taken in response to expected changes in the value of general purpose grants.

Response

Line item	2024–25 budget	2024–25 revised	Variance	Impact on Victoria	Action taken
General purpose grants - goods and services tax					

- b) from year to year in the 2025–26 Budget please explain the:
 - i. reason for any variance
 - ii. impact of the variance on Victoria
 - iii. action taken in response to expected changes in the value of general purpose grants.

	2024–25 revised	2025–26 budget	2026–27 estimate	2027–28 estimate	2028–29 estimate
General purpose grants – goods and services tax					
Variance					
Reason for any variance year over year					
Impact of the variance on Victoria					

Action taken in response to expected changes in the value of general purpose grants					
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Question 52

Budget Paper No. 5: Statement of Finances, Table 4.5, lists Commonwealth grants for specific purposes, with detailed tables by expenditure category in Tables 4.6 to 4.12.

For each line item of the detailed tables by expenditure labelled 'Other' in the 2025–26 Budget, for both years listed (2024–25 revised Budget and 2025–26 Budget) that has a value exceeding \$10 million, please provide details of the grants to which they relate.

Response

Table number	Grant details	2024–25 revised Budget (\$ million)	2025–26 Budget (\$ million)

Equity funding – DTF only

Question 53

Does the Government expect to receive equity funding as an alternative to traditional grant payments made by the Commonwealth over 2025–26 and the forward estimates? If so, please detail which projects will receive this funding and the amount.

Response

Land transfer duty – DTF only

Question 54

Budget Paper No. 5: Statement of Finances, Table 4.2, provides taxation revenue forecasts across the forward estimates broken down by source.

For the 'Land transfer duty' line item if there is a variance greater than 5 per cent (positive or negative) or greater than \$50 million (positive or negative) when comparing:

Variance analysis

- a) the same year in the 2024–25 Budget and the 2025–26 Budget, please explain the reason for the variance for each year.

Trend analysis

- b) one year to the next in the 2025–26 Budget please explain the reason for the variance.

Response

a)

Year for which variance relates	
Budget/estimate in 2024–25 Budget	
Budget/estimate in 2025–26 Budget	
Variance	
Reason for variance	

b)

	2024–25 revised	2025–26 budget	2026–27 estimate	2027–28 estimate	2028–29 estimate
Land transfer duty					
Variance					
Explanation for the variance year over year					

Public Private Partnerships – modifications and accountability – DTF only

Question 55

Please detail all Public Private Partnerships (PPP) currently under construction in the 2025–26 year as per the 2025–26 Budget, which in comparison to the 2024–25 Budget have changed their:

- name
- scope
- Total Estimated Investment (by greater than 5 per cent (positive or negative))
- timelines (including estimated completion date and key stages/milestones of the project)
- which government entity and portfolio is responsible for delivery of the project or components of the project.

Please provide an explanation for these changes.

Response

	2024–25 Budget	2025–26 Budget	Explanation for change
Name			
Scope			
Total Estimated Investment			
Timelines			
Government entity and portfolio responsible for delivery			

Net Debt – DTF only

Question 56

Budget Paper No. 2: Strategy and Outlook, Table 1.1, provides general government fiscal aggregates for net debt and net debt to gross state product (GSP).

Variance analysis

- a) For the 'Net debt' and 'Net debt to GSP' line items, please explain the reason for the variance when comparing the same year in the 2024–25 Budget, the 2024–25 Budget Update and the 2025–26 Budget.

Trend analysis

- b) For the 'Net debt' and 'Net debt to GSP' line items, when comparing one year to the next in the 2025–26 Budget, please explain the reason for the variance, including the major projects or interest payment increases that may have contributed to any variance in net debt.

Risks underpinning assumptions in the 2025–26 Budget

- c) Noting the revisions to the forecasts/estimates for debt, inflation, wages and unemployment made in the 2025–26 Budget, please explain:
- i. how the Victorian Future Fund (VFF) is controlling State debt
 - ii. what impacts these revisions could have on Victoria's credit rating
 - iii. what impact inflation could have on the State's debt repayment forecasts.

Refinancing debt

- d) What proportion of net debt is existing loans that will be subject to refinancing?

Impact of debt on service delivery

- e) What impact does State debt and interest payments have on Government service and infrastructure delivery? Please list the five most significant impacts.

Response

a)

Year for which variance relates	
Forecast/estimate in 2024–25 Budget	

Forecast/estimates in the 2024–25 Budget Update	
Forecast/estimate in 2025–26 Budget	
Reason for variance	

b)

	2024–25 budget	2025–26 estimate	2026–27 estimate	2027–28 estimate	2028–29 estimate
Net debt					
Variance					
Explanation for any variance year over year					
List of major projects that contributed					
Interest expense repayments that contributed					
Net debt to GSP					
Variance					
Explanation for any variance year over year					

c)

Noting the revisions to forecasts/estimates for debt, inflation, wages and unemployment made in the 2024–25 Budget	
Explain how the VFF is controlling State debt	
Explain what impacts these revisions could have on Victoria’s credit rating	
Explain what impact inflation could have on the State’s debt repayment forecasts	

d)

Net debt	Proportion that is subject to refinancing
June 2026	
June 2027	
June 2028	
June 2029	
June 2030	

e)

	Impact
1.	
2.	
3.	
4.	
5.	

Long term financial management objectives – DTF only

The 2024–25 Budget Paper No. 2: *Strategy and Outlook* outlined five longer term financial management objectives:

1. Sound financial management – Victoria’s finances will be managed in a responsible manner to provide capacity to fund services and infrastructure and support households and businesses at levels consistent with sound financial management.
2. Improved services – Public services will improve over time.
3. Building infrastructure – Public infrastructure will grow steadily over time to meet the needs of a growing population.
4. Efficient use of public resources – Public sector resources will be invested in services and infrastructure to maximise the economic, social and environmental benefits.
5. A resilient economy – Increase economic resilience by supporting an innovative and diversified economy that will unlock employment growth, long-term economic growth and productivity in Victoria.

To support the long-term financial management objectives, four financial measures and targets have been set:

1. Net debt to GSP – General government net debt as a percentage of GSP to stabilise and reduce in the medium term.
2. Interest expense to revenue – General government interest expense as a percentage of revenue to stabilise in the medium term.
3. Superannuation liabilities – Fully fund the unfunded superannuation liability by 2035.
4. Operating cash surplus – A net operating cash surplus consistent with maintaining general government net debt at a sustainable level.

Question 57

How will the following risks to the Government’s long term financial management objectives be managed:

- a) The growing indebtedness of the State

- b) The rising interest costs of any new and refinanced debt

c) Rising general government sector employee expenses

d) Increasing operating expenses driven by rising demand for services and inflationary pressures

Question 58

For the 'interest expense to revenue' target:

a) What is the percentage of interest expense to revenue target DTF is aiming for, and what timeframe (calculated in months or years) is meant by 'medium term'?

Response

b) Are general government interest expenses expected to increase or decrease over the 2025–26 Budget and forward estimates and what are the reasons for this?

Response

Treasurer's Advances and Central Contingencies – DTF only

Question 59

As per the 'General government asset contingencies not allocated to departments' table in Section 1.3.6 in *Budget Paper No 5: Statement of Finances*, for 2024-25:

- a) please identify the capital project where funding decisions have been made but not yet allocated to departments
- b) the department delivering or relating to the project
- c) the amount of money held in contingency

Response

Project	Responsible department/agency	Amount held in central contingency 2024-25 (\$ million)

Question 60

1. What are the differences between Treasurer's Advance payments and payments from central contingencies?

Response

2. Have contingency releases been delivered through a Treasurer's Advance payment in 2024–25? If yes, please explain why this mechanism is used rather than another form of payment.

Response

3. How does DTF calculate the following totals to be included in *Budget Paper 5: Statement of Finances*:
- a. General government output contingencies not allocated to departments
 - i. Decisions made but not yet allocated

Response

- ii. Funding not allocated to specific purposes

Response

- b. General government asset contingencies not allocated to departments
 - i. Decisions made but not yet allocated

Response

- ii. Funding not allocated to specific purposes.

Response

Question 10 - Capital asset expenditure

2025-26 State Budget Paper No. 5/Relevant state financial reports

Line item	2022-23 actual (\$ million)	2023-24 budget (\$ million)	2023-24 revised (\$ million)	2023-24 actual (\$ million)	2024-25 budget (\$ million)	2025-26 budget (\$ million)
Payment for non financial assets	1,553.0	2,001.0	1,520.0	1,695.5	2,252.6	1,875.0
Total	1,553.0	2,001.0	1,520.0	1,695.5	2,252.6	1,875.0

2025-26 State Budget Paper No. 4

Capital projects	2022-23 actual (\$ million)	2023-24 budget (\$ million)	2023-24 revised (\$ million)	2023-24 actual (\$ million)	2024-25 budget (\$ million)	2025-26 budget (\$ million)
New						
Dandenong and District Aborigines Co-Operative accommodation (Dandenong)						9.7
Engineering Infrastructure Replacement Program 2025-26						61.8
Medical Equipment Replacement Program 2025-26						52.3
Royal Melbourne Hospital Critical Infrastructure Works						2.3
Safer Digital Healthcare Program 2025-26						15.8
Minor Capital Renewal Program - public sector residential aged care						7.5
Mental Health Capital Renewal Fund 2025-26						10.0
Existing						
Austin Hospital Emergency Department Upgrade (Heidelberg)			4.0	4.6	41.2	64.3
Ballarat Base Hospital mental health, alcohol and other drugs emergency department h					-	-
Engineering infrastructure replacement program 2024-25 (statewide)					20.0	13.7
Harm reduction initiatives (metropolitan)					5.4	18.0
Medical equipment replacement program 2024-25 (statewide)					35.0	14.1
Mental Health Capital Renewal Fund 2024-25 (statewide)					10.0	5.0
Monash Medical Centre Redevelopment (Clayton)			2.0	3.8	13.0	30.0
Northern Hospital Redevelopment (Epping)			3.2	3.9	48.0	150.9
Quadra scanner Paula Fox Melanoma and Cancer Centre (Melbourne)					24.0	-
Sustaining statewide health service delivery at The Alfred (Prahran)					3.4	15.0
A new ambulance station for Armstrong Creek (Armstrong Creek)	-	7.3	1.9	0.4	9.6	10.6
Additional acute mental health beds in regional Victoria (various)	2.2	5.4	5.6	3.8	14.2	13.5
Additional acute mental health beds in Warrnambool (Warrnambool)	-	0.6	2.0	2.1	6.8	0.1
Backing our paramedics to keep saving lives (statewide)	13.0	28.3	20.3	20.5	9.3	2.8
Ballarat Health Services expansion and redevelopment and the new Central Energy Pla	35.2	86.0	73.8	90.3	113.2	158.4
Barwon Women's and Children's Hospital (Geelong)	2.8	24.5	15.0	9.2	80.8	147.1
Better aged care services for regional Victorians (regional various)	-	4.1	1.3	1.8	13.7	46.7
Building a new rehabilitation centre for Bendigo (Bendigo)	32.2	17.3	10.1	-	4.0	8.4
Building a World Class Hospital in Maryborough (Maryborough)	7.9	61.0	32.5	43.5	48.0	12.0
Building emergency departments kids and families can count on (statewide)	3.9	11.9	7.1	12.5	11.7	6.8
Community hospitals to give patients the best care (statewide)	50.6	527.2	238.2	246.2	431.5	172.1
Contemporary information architecture for mental health and wellbeing (statewide)	-	13.0	18.5	3.6	25.3	11.9
COVID catch-up plan (statewide)	60.7	37.3	45.1	54.0	15.0	11.3
Early Parenting Centre – Shepparton (Shepparton)	0.1	-	-	-	15.8	20.6
Emergency Departments Expansion Program – Casey Hospital and Werribee Mercy Hos	2.4	13.6	11.8	13.1	68.1	146.7
Engineering infrastructure and medical equipment replacement program 2020-21 (stat	13.5	23.8	9.8	10.0	6.8	4.5

Engineering infrastructure and medical equipment replacement program 2021-22 (statewide)	17.3	23.1	9.7	10.9	15.4	11.1
Engineering infrastructure replacement program 2022-23 (statewide)	11.6	2.7	0.4	2.9	8.0	3.4
Equitable cancer care and prevention (statewide)	3.6	3.7	3.7	3.7	-	3.9
Expanding mental health treatment facilities for Victoria's youth (statewide)	12.2	52.0	22.5	25.7	85.1	36.5
Forensic Mental Health Expansion Project Stage 1 and 2 (Fairfield)	41.8	245.6	113.6	122.7	260.7	72.2
Guaranteeing Future Energy Supply (statewide)	18.2	18.9	30.1	17.6	3.4	8.8
Hospital Infrastructure Delivery Fund (statewide) – A new hospital for West Gippsland to put patients first – A new Queen Elizabeth II Hospital in Melbourne's East – A Hospital Plan for the South-East – Dandenong Hospital – Wonthaggi hospital redevelopment	-	78.5	7.1	5.9	26.3	83.9
Improving Energy Efficiency in Public Hospitals (Melbourne)	0.4	21.7	9.5	7.2	27.8	15.0
Improving safety in mental health intensive care areas (various)	2.5	46.3	12.3	13.5	46.0	22.7
Medical equipment replacement program 2022-23 (statewide)	24.1	8.0	7.2	7.3	3.0	2.7
Meeting ambulance response times (statewide)	20.0	23.0	9.0	9.2	24.8	7.8
Mental health and alcohol and other drugs residential rehabilitation facility – Mildura (Fairfield)	0.1	2.0	0.6	0.2	1.9	8.4
Mental Health Capital Renewal Fund (statewide)	-	10.0	1.2	1.5	4.8	4.2
Metropolitan Health Infrastructure Fund (metropolitan various)	57.0	66.1	37.7	31.1	34.9	14.1
Metropolitan Health Infrastructure Fund 2022-23 (metropolitan various)	14.0	10.1	9.3	6.9	0.7	2.5
Metropolitan Health Infrastructure Fund 2023-24 (metropolitan various)	-	40.0	5.8	13.5	17.4	8.0
More help for Victorian mums and dads (statewide)	47.9	49.0	38.3	36.0	9.2	1.3
More hospital and aged care beds for Melbourne's East (Angliss Hospital Expansion Stage 1)	1.3	15.0	6.0	6.1	40.0	62.8
More PET scanners for Victorian hospitals (statewide)	-	6.0	2.9	3.1	14.4	11.1
Northcote – Early Parenting Centre (Northcote)	-	-	-	-	5.0	5.0
Publicly led fertility care services for Victoria (statewide)	1.7	18.0	6.7	5.2	11.7	11.7
Redevelopment of Royal Melbourne Hospital and Royal Women's Hospital (Arden/Parkville)	-	75.0	22.3	20.9	192.6	273.8
Redevelopment of Thomas Embling Hospital Stage 3 (Fairfield)	-	10.4	4.4	4.5	42.8	47.4
Regional Health Infrastructure Fund (regional various)	9.3	14.5	5.7	5.0	1.6	2.1
Regional Health Infrastructure Fund 2019-20 (regional various)	10.0	45.2	19.0	14.6	11.5	0.6
Regional Health Infrastructure Fund 2020-21 (regional various)	28.6	40.0	22.9	14.9	26.0	21.7
Regional Health Infrastructure Fund 2022-23 (regional various)	20.8	107.9	46.1	57.4	68.0	12.9
Royal Children's Hospital expansion (Parkville)	9.6	15.9	2.7	3.1	12.0	22.6
Rural and Regional PSRACS Revitalisation Strategy Stage 1 (2022-23) (regional various)	2.0	18.0	7.7	9.4	59.0	50.2
Rural residential aged care facilities renewal 2019-20 (regional various)	1.1	3.4	-	-	3.0	1.1
Rural residential aged care facilities renewal 2020-21 (regional various)	2.5	3.8	1.0	1.5	3.1	0.7
Supporting the next generation of paramedics (statewide)	-	-	-	-	-	3.2
Swan Hill District Hospital emergency department upgrade (Swan Hill)	4.1	35.6	18.2	24.1	20.0	13.5
The Alfred Hospital urgent infrastructure (Prahran)	-	-	0.3	0.3	-	21.0
Warrnambool Base Hospital redevelopment (incl Warrnambool Logistics Hub) (Warrnambool)	24.0	85.9	41.2	41.7	134.8	221.6
Completed						
A proudly multicultural Victoria (statewide)	0.2	12.8	0.1	-	12.4	9.2
Mental health and alcohol and drug facilities renewal 2020-21 (statewide)	9.0	6.2	3.3	3.6	3.3	17.0
Mental health and alcohol and other drugs facility renewal fund 2022-23 (statewide)	3.7	5.3	3.5	3.0	2.8	7.5
Modernisation of metropolitan Melbourne Public Sector Residential Aged Care Services	3.1	47.0	41.4	54.4	72.0	87.9
Providing additional bed capacity through modular facilities (metropolitan various)	7.2	17.7	0.3	2.4	7.9	39.2
Regional Health Infrastructure Fund 2021-22 (regional various)	8.4	3.5	5.3	3.1	6.2	12.2
Rural and Regional PSRACS Revitalisation Strategy Stage 1 (regional various)	3.6	37.4	22.5	21.4	30.8	38.2
Victorian Collaborative Centre for Mental Health and Wellbeing (metropolitan)	0.6	3.6	0.8	-	1.8	5.0

Safer digital healthcare (statewide)			-	-	15.4	15.4
Sub total	646.0	2,190.1	1,104.5	1,138.8	2,441.3	2,565.0

Other projects	2022-23 actual (\$ million)	2023-24 budget (\$ million)	2023-24 revised (\$ million)	2023-24 actual (\$ million)	2024-25 budget (\$ million)	2025-26 budget (\$ million)
Other projects ¹	891.4	- 1,193.3	396.7	523.3	- 1,122.0	- 1,095.5
Sub total	891.4	- 1,193.3	396.7	523.3	- 1,122.0	- 1,095.5

PPPs	2022-23 actual (\$ million)	2023-24 budget (\$ million)	2023-24 revised (\$ million)	2023-24 actual (\$ million)	2024-25 budget (\$ million)	2025-26 budget (\$ million)
Building a better hospital for Melbourne's inner west (Footscray)	7.0	634.4	-	8.0	464.2	107.4
Building a world class hospital for Frankston families (Frankston)	0.7	348.2	3.1	11.9	405.3	158.2
New Melton Hospital (Cobblebank)	7.9	21.6	15.7	13.5	63.8	139.9
Sub total	15.6	1,004.2	18.8	33.4	933.3	405.5

Total Payment for non financial assets	1,553.0	2,001.0	1,520.0	1,695.5	2,252.6	1,875.0
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Please note the total of capital projects for each year is expected to reconcile to the total payments for non financial assets

¹ Other projects line include previously completed project not published in 25-26 BP4, projects that are funded via annual provision, trust fund, hospital own source revenue and asset sales, contingency funding withheld and liability recognised from PPP projects.

Budget figures for PPP projects are per published in BP4 based on indicative total asset movement. Actual figures are based on state funding only.