

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

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Section A: Output variances and program outcomes

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

For all initiatives that were completed in 2024–25 please provide details of the expected outcomes for the community and the actual outcomes achieved to date. Please use initiatives names as specified in *Budget Paper No. 3: Service Delivery* and link the initiative to the responsible output(s) and portfolio(s).

Initiative	Year and funding allocated		Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated				
Safer digital healthcare	2024-25	\$19.8m	June 2025	To protect health services from cyber-attacks by investing in Information and Communication Technology (ICT) staff and security software, reducing the vulnerability of hospitals to disruption and the likelihood patient data will be compromised.	Continued cyber and ICT protection support for health services, delivering statewide services, including: <ul style="list-style-type: none"> efficiently modernising Endpoint Detection and Response technology setting and assuring cyber protection standards conducting cyber and ICT governance operating a 24/7/365 cyber and ICT incident response service. 	Output: Admitted Services Portfolio: Health
Tailored care for refugees and asylum seekers	2024-25	\$4.4m	June 2025	To deliver healthcare to refugees and asylum seekers who are not eligible for Medicare and other supports.	Provided primary health care, mental health support, case coordination, and basic needs and homelessness assistance to people seeking asylum who were ineligible for safety net supports, including Medicare and income support. Extended additional refugee health nurse and bicultural worker capacity in	Output: Community Health Care Portfolio: Health

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Initiative	Year and funding allocated		Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated				
					the Refugee Health Program, delivering culturally appropriate health care, referrals, and education to newly arrived and at-risk refugees.	
Supporting our health workforce	2024-25	\$55.2m	June 2025	To support Victoria's health workforce capacity through initiatives, including Registered Undergraduate Student of Nursing or Midwifery positions, nurse practitioner development, transition to practice support and capability development resources for nurses and midwives in regional Victoria.	<ul style="list-style-type: none"> 34 small rural health services received funding packages to embed nurse practitioner roles in priority areas 253 newly registered enrolled nurses supported as they transition to professional practice following study completion 68 regional and rural midwives upskilled through short-term clinical placements in larger health services¹ 349 rural registered and enrolled nurses working in Urgent Care Centres supported to develop or enhance their skills.¹ 	Output: Health Workforce Training and Development Portfolio: Health
Community mental health and wellbeing programs	2024-25	\$2.8m	June 2025	To continue delivery of statewide community mental health programs that provide specialist support to cohorts experiencing mental ill health, including LGBTIQ+ people	Continued delivery of mental health and wellbeing support to cohorts including LGBTIQ+ people and their families across regional Victoria, new parents, people living with severe anxiety and	Output: Mental Health Clinical Care

¹ [Department of Health 2024-25 Annual Report](#), p. 29

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Initiative	Year and funding allocated		Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated				
				and their families across regional Victoria, new parents, people living with severe anxiety and emergency service workers. These programs include Anxiety Recovery Centre Victoria's CARES4Me program, Perinatal Anxiety and Depression Australia's (PANDA) integrated care and coordination service, Drummond Street Services' Q-Space LGBTIQ+ Family Counselling service and Phoenix Australia's Responder Assist program.	emergency service workers. All of these programs were refunded in the 2025-26 State Budget.	Portfolio: Mental Health
Suicide prevention initiatives	2024-25	\$3.8m	June 2025	To continue preventing and responding to suicide among groups disproportionately impacted by suicide including young people, LGBTIQ+ people and Aboriginal and Torres Strait Islander people living in Victoria. Programs supported include through Strong Brother Strong Sister, Yarning Safe N Strong, Youth Live4Life, LGBTIQ+ aftercare, and the Peer CARE Companion Warmline service.	Continued support for groups disproportionately impacted by suicide was provided through delivery of the: <ul style="list-style-type: none"> • Strong Brother Strong Sister suicide prevention and cultural mentoring program for First Nations young people • Yarning Safe N Strong statewide helpline for First Nations people • Live4Life mental health education and suicide prevention program for young people living in rural and regional Victoria 	Output: Mental Health Clinical Care Portfolio: Mental Health

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Initiative	Year and funding allocated		Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated				
					<ul style="list-style-type: none"> Roses in the Ocean's Peer CARE Companion Warmline for families, carers and supporters caring for people experiencing suicidal behaviour and/or suicide attempt survivors, and those bereaved by suicide Mind Australia's LGBTIQ+ aftercare program Switchboard Victoria's LGBTIQ+ suicide prevention program. 	
Supporting the Mental Health Tribunal	2024-25	\$0.4m	30 June 2025	To support operations of the Mental Health Tribunal, including conducting hearings to identify the least restrictive way people can receive treatment for mental illness under the <i>Mental Health and Wellbeing Act 2022</i> .	In 2024-25 the Tribunal conducted 13,029 hearings, 17 per cent more than 2023-24. This funding directly contributed to member wage costs associated with delivering these hearings. The Mental Health Tribunal received further funding in the 2025-26 budget.	Output: Mental Health Clinical Care Portfolio: Mental Health
Public Health Victoria	2023-24 2024-25	\$73.9 \$51.3	Local Public Health Units (LPHUs): June 2025 SAEFVIC: June 2025	Continued operation of LPHUs and additional functions, including intelligence and surveillance systems that inform public health prevention, protection, regulation and emergency response activities.	Enabled SAEFVIC to continue monitoring and reviewing adverse events following immunisation, contributing to vaccine safety and maintaining public confidence.	Output: Health Protection /Public Health Portfolio: Health

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Initiative	Year and funding allocated		Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated				
<u>Mental health crisis and emergency responses</u>	2023-24 2024-25	\$5.8 \$2.0	June 2025	Planning and design of a suite of initiatives to improve the response to people in mental health crisis by enhancing first responder capability, reduced overreliance on emergency services and emergency department, and expanded community-based crisis services—including telephone support, outreach, and new drop-in centres.	<p>Enabled the integrated planning and design activities to deliver improved capacity and access to community and non-emergency responses to mental health crises, including funding for Ambulance Victoria to continue service to participate in the design process.</p> <p>Enabled the planning and design of safe spaces, as a community-based alternative to hospital emergency departments as somewhere for people experiencing mental health crisis and psychological distress to receive treatment, care and support.</p> <p>Enabled the continuation of the existing TelePROMPT (Telehealth Prehospital Response of Mental Health and Paramedic Team) program whilst the design and planning for reformed mental health crisis response system is undertaken.</p>	<p>Output: Mental Health Community Support Services</p> <p>Portfolio: Mental Health</p>
<u>Improving access and equity of service delivery</u>	2023-24 2024-25	\$28.0 \$13.0	Compassionate Friends: June 2024	To continue the reform of mental health community-based and statewide services, including the Perinatal Emotional Health Program,	Enabled Area Mental Health Services to deliver 44,719 service contacts in 2024–25. Not all contacts may have been	Output: Mental Health Clinical Care

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Initiative	Year and funding allocated		Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated				
			Mental Health Statewide Trauma Service: June 2025	<p>the design and establishment of the Mental Health Statewide Trauma Service and targeted services delivered by Eating Disorders Victoria (EDV), Anxiety Recovery Centre Victoria (ARCVic), Perinatal Anxiety and Depression Australia (PANDA) and The Compassionate Friends Victoria.</p>	<p>recorded due to protected industrial action during Q3 and Q4 of 2024–25.</p> <p>Continued delivery of:</p> <ul style="list-style-type: none"> • EDV’s state-wide counselling, nursing services, peer mentoring programs, and carer coaching programs for people impacted by eating disorders, • ARCVic’s CARES4ME program, supporting approximately 4,800 consumers living with anxiety and obsessive-compulsive disordered thinking • PANDA’s Intensive Care and Counselling (ICC) program, assisting around 200 new parents experiencing severe perinatal mental illness • Activity of The Compassionate Friends Victoria, including support groups, peer support, education programs and a 24/7 grief telephone line. <p>Enabled the design and establishment of Transforming Trauma Victoria,</p>	Portfolio: Mental Health

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Initiative	Year and funding allocated		Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated				
					culminating in the delivery of a comprehensive operating plan in May 2025 that defines the service's key functions and processes.	
Mental Health Regional Workforce Incentive Program (<i>Enabling the mental health and wellbeing workforce to deliver a reformed system</i>)	2021-22 State Budget 21-22 22-23 23-24 24-25	\$2.6m \$2.625m \$4.203m \$4.308m \$13.736m total	June 2025	Provided grants and community integration support for mental health and alcohol and other drug (AOD) workers relocating to rural and regional Victoria.	303 grants were provided to recipients moving to regional Victoria to take up roles in Area Mental Health and Wellbeing Services, Mental Health and Wellbeing Locals and state-funded community mental health and AOD organisations. Eight community navigators were employed across the state to support community integration.	Output: Mental Health Clinical Care Portfolio: Mental Health
Driving shorter wait lists and better outcomes from elective surgery	2021-22 2022-23 2023-24 2024-25	\$10.6m \$10.6m \$0.2m \$0.1m	June 2025	Improved elective surgery access and outcomes, reduced elective surgery waiting lists by accelerating the uptake of more efficient same day surgical models and rapidly reassessing patients on wait lists, and pilot the expansion of alternative care pathways for suitable patients. This funding complemented the elective surgery wait list blitz and encouraged efficient use of existing surgical capacity in health services.	This initiative was consolidated with the COVID Catch Up Plan (the Plan). Outcomes achieved by the Plan include: <ul style="list-style-type: none"> • 209,925 planned surgeries delivered in 2023-24 • A 35% reduction in the number of planned surgery patients on the waitlist 88,434 at March 2022 to 57,476 at 30 June 2024. • A nine-percentage point improvement in the number of Victorians seen in clinically recommended time from 72.7 in 	Output: Admitted Services Portfolio: Health

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Initiative	Year and funding allocated		Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated				
					April 2022 to 81.9 per cent in June 2024.	
Enabling a high quality, efficient public pathology system	2020-21 2021-22 2022-23 2023-24 2024-25	\$19.3m \$9.8m \$10.4m \$12.4m \$13.9m	30 June 2025	Funding expanded COVID-19 testing capacity by increasing pathology equipment and staffing and consolidating laboratories into coordinated networks with new information systems. This improved efficiency and coordination of pathology testing across Victoria, strengthening the state's public health response.	Improved coordination and efficiency of pathology testing statewide, expanding COVID-19 testing capacity and strengthening Victoria's public health response. Transitioned 11 regional health services to public pathology providers, enhancing diagnostic capacity and access in Loddon Mallee, Hume, and Grampians. Advanced planning for new public pathology services at Western Health (due Feb 2026). Consolidated public pathology services in metropolitan Melbourne, further improving service delivery.	Output: Admitted Services Portfolio: Health
Healthshare	2020-21 2021-22 2022-23 2023-24 2024-25	\$0.7m \$35.3m \$40.2m \$41.6m \$32.9m	30 June 2025	To establish shared procurement structures and supply chains to support Victorian health services. Consolidation of these functions will achieve efficiencies in procurement, reduce unnecessary variation across health services, and allow greater coordination of the State's medical stocks.	Supported the consolidation of supply chain and logistics operations for several Victorian health services (ongoing) and reduced variation across health services. Greater coordination of the State's stock management has been achieved.	Output: Admitted Services Portfolio: Health
Meeting demand for hospital services	2021-22 2022-23	\$1,401.9m \$742.5m	30 June 2025	To support service delivery levels and performance in Victoria's hospitals, including additional funding for	Funding has been allocated fully and supports the achievement of activity targets in Budget Paper No.3.	Outputs: Admitted Services;

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Initiative	Year and funding allocated		Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated				
	2023-24 2024-25	\$761.0m \$780.1m		elective surgery, more emergency department staff, additional highly-specialised therapies, and to support new wards as they open.	Associated performance outcomes against target are detailed in the Department Annual Report.	Emergency Services; Non-Admitted Services; Small Rural Services – Acute Health Portfolio: Health
Modernising Victoria's health system through governance reform	2021-22 2022-23 2023-24 2024-25	\$9.1m \$7.2m \$8.8m \$9.3m	30 June 2025	Enable Health services establish new shared governance arrangements, improving coordination in pandemic response, enabling better health outcomes and more equitable access across Victoria.	Enabled Victoria's health system to drive greater collaboration to support the delivery of high-quality care. This included the establishment of eight Health Service Partnerships in 2021, which continued collaboration on strategic system priorities, such as the pandemic response and health system recovery. In July 2025, Local Health Service Networks replaced Health Service Partnerships, building on these collaborative structures. Funding also supported five voluntary amalgamations initiated by health services, extending the range of care available for these communities, and providing more effective and efficient services.	Output: Admitted Services Portfolio: Health

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Initiative	Year and funding allocated		Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated				
Ambulance demand	2021-22 State Budget 2021-22 2022-23 2023-24 2024-25	\$266.3m over four years \$188.5m \$25.3m \$25.9m \$26.6m	30 June 2025	To respond to growing demand for ambulance services across Victoria and to respond to changing demand patterns following the coronavirus (COVID-19) pandemic. Planning for the next tranche of ambulance station builds.	<ul style="list-style-type: none"> • Additional emergency and non-emergency transport to maintain availability of resources in line with service demand. • Planning for the next tranche of ambulance station builds. • Expansion of Secondary Triage services to avoid unnecessary call outs and transports, including recruitment of 43 referral service triage practitioner and increased shifts. • Introduction of 22 Medium Acuity internal patient transport resources across the State specifically targeting medium acuity workload to free up Emergency resources for Code 1 cases, delivering an estimated 86,000 transports per year. • Continuation of four new Rural Peak Period Units, as well as additional resourcing for on-call branches where workload requires a greater level of resource coverage. 	Outputs: Ambulance Services Portfolio: Ambulance Services
Ambulance Victoria sustainability	2021-22 State Budget 2021-22 2022-23	\$204.3m over four years \$53.7m \$48.3m	June 2025	To support Ambulance Victoria's operational resources, including new funding for 117 paramedics in addition to paramedics and support staff, and trialling a telehealth pilot	<ul style="list-style-type: none"> • 117 additional ongoing paramedics to meet Victoria's growing population • A pilot telehealth initiative to support patients with complex health care needs who frequently call Triple Zero (000). 	Outputs: Ambulance Services Portfolio:

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Initiative	Year and funding allocated		Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated				
	2023-24 2024-25	\$50.7m \$51.6m		to support patients with complex needs.		Ambulance Services
Responding to community-based healthcare demand	2021-22 2022-23 2023-24 2024-25	\$76.1m \$12.8m \$1.0m \$1.1m	June 2025	<p>To address the impacts of the coronavirus (COVID-19) pandemic on community-based health care. This includes catch-up care for dental services, cancer services and maternal and child health services to ensure clients who were unable to engage over the past 12 months receive the care they need. A proportion of funds will be allocated to support catch-up care for Aboriginal Victorians. Increases in demand for alcohol and other drugs (AOD) programs will be met by three new residential AOD treatment facilities, additional community-based counselling services and expanded forensic services.</p> <p>Funding is also provided to 12 women's health services across Victoria to meet growing demand for gender responsive healthcare, including prevention of family violence support services, women's mental health and sexual and reproductive health services.</p>	<ul style="list-style-type: none"> catch-up for MCH services disrupted or delayed due to COVID-19 catch up chemotherapy and radiation services delayed by COVID-19 12 women's health service organisation's delivered women's health prevention and promotion activities with a focus on improving women's sexual and reproductive health and chronic disease prevention. provided immediate access to public dental services and treatment for 40,000 Victorians who had delayed or deferred treatment during the pandemic. Enabled the design and construction of three residential AOD rehabilitation services in Corio, Wangaratta and Traralgon (youth). All residential services are completed, are fully operational and are available to any person wishing to seek support in Victoria. 	<p>Outputs: Admitted Services; Dental Services; Drug Services; Maternal and Child Health and Early Parenting Services.</p> <p>Portfolio: Health, Mental Health, Children's</p>

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Initiative	Year and funding allocated		Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated				
				Establish three new women's sexual and reproductive health hubs and expand the operating hours and scope of services at existing hubs. To continue the Pathways program, which provides case management services to sex workers.		
Investing in a thriving North Richmond	2022-23 2023-24 2024-25	\$4.2m \$0.2m \$0.2m	30 June 2025 except for upgrades to MSIR entrance completed in September 2025.	<p>To improve access to health and social support services, enhance public amenity and improve experiences and perceptions of safety and security in the North Richmond precinct, including:</p> <p>DH-led:</p> <ul style="list-style-type: none"> maintaining a homeless outreach worker at the Richmond Medically Supervised Injecting Room (MSIR) to assist clients in accessing housing continuing the Supporting Tenancy at Yarra (STAY) program in partnership with St Vincent's upgrading entrances to the MSIR and North Richmond Community Health <p>DFFH-led:</p>	<ul style="list-style-type: none"> Homeless outreach worker employed Richmond Youth Hub and Victoria Street Community space continued to operate, and North Richmond Community Committee established to support community voice. Additional funds supported STAY program as intended Upgrades to entrances to the MSIR and North Richmond Community Health completed 	<p>Output: Drug Services</p> <p>Non-DH output: Housing Assistance</p> <p>Portfolio: Mental Health</p>

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Initiative	Year and funding allocated		Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
	Budget year	Funding allocated				
				<ul style="list-style-type: none"> • maintaining the operations of the Richmond Youth Hub • supporting the operation of the Victoria Street Community space • improving the perception of safety around the North Richmond housing estate • continuing to support community leadership and voice. 		

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Question 2 (all departments) Program outcomes

Outcomes reflect the impact on the community of the goods and services provided by a department. The questions in this section relate to the outcomes that the department contributed to in 2024–25.

- a) Using the table below, please outline the five programs that delivered the most important outcomes in the community² achieved by the department in 2024–25, including:
- The name of the program
 - The output(s) and portfolio(s) responsible for delivery of the program
 - The program objectives
 - The actual outcome achieved
 - The actions taken to deliver the actual outcome (i.e. the most important elements/essential parts that led the department to deliver the outcome).

Program		Output(s) and portfolio(s)	Program objectives	Description of actual outcome achieved	Description of the actions taken to deliver the actual outcome
1.	Planned surgery	Output: Admitted Services Portfolio: Health	To support all Victorians to access planned surgery when they need it, and experience safe and equitable outcomes.	<ul style="list-style-type: none"> In 2024-25, public health services delivered more than 212,000 planned surgeries³. This is the highest annual total in Victoria's history and reflects consecutive record-breaking years. Timeliness performance continued to improve in 2024-25 with 70.2 per cent of Category 2 patients treated within clinically recommended time, an increase of 6.1 percentage points from 2023-24;³ and 87 per cent of Category 3 patients treated within time in 2024- 	DH is implementing a number of reforms, as outlined in the Planned Surgery Reform Blueprint, including diverting patients where appropriate into evidence-based alternatives to surgery (e.g. non-surgical pathways), patient optimisation to speed up recovery post-surgery, and increasing capacity through infrastructure such as the Rapid Access Hubs and Public Surgery Centres that are protected from other hospital demand pressures such as emergency surgery.

² 'Outcomes' are the impact of service delivery on the community rather than a description of the services delivered. An outcome could be considered important for a variety of reasons, such as the amount of funding allocated to the program, the public interest in the service or goods being delivered or where particular actions taken by the Department delivered improved outcomes.

³ [Department of Health 2024-25 Annual report](#), p. 19

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Program		Output(s) and portfolio(s)	Program objectives	Description of actual outcome achieved	Description of the actions taken to deliver the actual outcome
				<p>25, an increase of 6 percentage points from 2023-24.³</p> <ul style="list-style-type: none"> 100 per cent of Category 1 patients were treated within clinically recommended timeframes.³ 	
2.	Right Care Right Time	Output: Non - admitted services Portfolio: Health	<p><i>Urgent Care Clinics (UCC):</i> To provide access to urgent care closer to home. UCCs are open extended hours, seven days a week.</p>	<ul style="list-style-type: none"> There have been more than 800,000 visits to the 29 Victorian Urgent Care Clinics since launching in September 2022. To January 2025, clinics supported more than 7,800 visits per week to UCCs with over half of patients responding to a patient survey, reporting they would have otherwise attended an ED.⁵ 	<ul style="list-style-type: none"> The 24-25 State Budget provided funding to continue service delivery at 19 Urgent Care Clinics, alongside Commonwealth funded clinics. Successful advocacy to the Commonwealth resulted in seven additional state-funded clinics transferring to Commonwealth funding.
			<p><i>Victorian Virtual Emergency Department (VVED):</i> To provide statewide access to virtual consultations with emergency trained nurses and doctors for non-life-threatening conditions.</p>	<ul style="list-style-type: none"> Since commencing operations in October 2020, the VVED has delivered over 590,000 virtual consultations.⁴ In 2024-25 the VVED helped divert 209,900 presentations from physical emergency departments,⁵ freeing up capacity for people experiencing life-threatening conditions. In 2024-25, over 35,000 people were successfully diverted from Ambulance 	<ul style="list-style-type: none"> In 2023-24, funding of \$235 million over four years was provided to continue the VVED and double its capacity from an average of 500 calls per day in 2023-24 up to 1,000 calls per day in 2025-26.⁷ This funding supports more direct referrals from residential aged care facilities, paramedics and Nurse-on-Call to the VVED, as well as self-referrals from the Victorian community.

⁴ Based on data provided in the [Department of Health Annual Report 2024-25](#), p 16, [Northern Health Annual Report 2022-23](#), p 4 and [Northern Health Annual Report 2023-24](#) p 8.

⁵ [Department of Health Annual Report 2024-25](#), p.16

⁷ <https://www.premier.vic.gov.au/virtual-emergency-department-will-care-more-victorians>

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Program		Output(s) and portfolio(s)	Program objectives	Description of actual outcome achieved	Description of the actions taken to deliver the actual outcome
			To reduce unnecessary ambulance transport and presentations to emergency departments.	Victoria to appropriate alternative pathways such as the VVED, ⁶ helping paramedics get back on the road faster to respond to time critical patients.	<ul style="list-style-type: none"> The 2024-25 Annual Agreement outlines service delivery priorities to ensure the VVED can continue to grow its statewide reach and impact to meet the needs of the Victorian community.
3.	Focusing on women's health and wellbeing	Output: Non-admitted services Portfolio: Health	To improve the health and wellbeing outcomes for women and girls in Victoria	<ul style="list-style-type: none"> The Government undertook an Inquiry into Women's Pain. 10 new women's health clinics opened in public hospitals.⁸ Mobile women's health clinic established, and first virtual women's health clinic announced. Six new Sexual Reproductive Health hubs established, bringing total number of operating hubs to 20.⁸ 13 women's health support groups became fully operational.⁸ First dedicated Aboriginal Women's Health Clinic announced to open 1 July 2025. Additional laparoscopies delivered. Over 250 specialist women's health scholarships delivered in 2024-25. 	<ul style="list-style-type: none"> Inquiry engaged with over 13,000 women, girls, carers and clinicians to uncover women's experience of pain and pain conditions.⁹ A report is now being finalised with recommendations to improve the healthcare system. Partnership formed with health services to offer specialist women's health services at Northern Health, Royal Women's, Barwon Health, Peninsula Health, Grampians Health, Western Health, Eastern Health, Goulburn Valley Health, Central Highlands Rural Health, and Monash Health. The clinics offer services for conditions such as endometriosis, pelvic pain, menopause, incontinence, and abortion care. New hubs opened through partnerships with local community health services including in regional Victoria in under serviced areas. Partnership was formed with Breast Screen Victoria to operate a mobile clinic in regional

⁶ [Ambulance Victoria Annual Report 2024-25](#), p.15

⁸ [About the Women's Health and Wellbeing Program](#)

⁹ [Department of Health 2024-25 Annual Report](#), p. 13

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Program		Output(s) and portfolio(s)	Program objectives	Description of actual outcome achieved	Description of the actions taken to deliver the actual outcome
					<p>Victoria, and Each was selected to deliver the virtual women's health clinic for women and girls across the state to remove access barriers.</p> <ul style="list-style-type: none"> First People's Health and Wellbeing were appointed to operate the dedicated Aboriginal Women's Health Clinic. Clinicians working in hubs and women's health clinics leveraged opportunities to receive scholarships to further develop their skills and knowledge in women's health including for the provision of Long-Acting Reversible Contraceptives (LARC) and medical abortion.
4.	Health Services Plan	Output: Admitted services	To make care more accessible and equitable, to improve safety and quality, to support workforce and reduce duplication through collaboration between health services.	<ul style="list-style-type: none"> 12 Local Health Service Networks (geographically grouped health services) went live on 1 July 2025.¹⁰ Health Services Plan, with recommendations to improve the design and configuration of Victoria's public health service system, was released in August 2024. 	<ul style="list-style-type: none"> Statewide consultation with all health services to determine the groupings and functions of Local Health Service Networks Development of key policies and drafted Statements of Expectations to establish Local Health Service Networks.
5.	Community Pharmacist Program	Output: Non-admitted services Portfolio: Health	To increase the number of participating pharmacies and consultations.	<ul style="list-style-type: none"> The evaluation demonstrated that pharmacist-led care is a viable model for increasing timely and accessible primary healthcare for certain common conditions. 	<ul style="list-style-type: none"> Ongoing assessment of pharmacy applications to join the pilot. Pharmacies continued to join the pilot across the state. A short-term targeted social media campaign was undertaken to promote pharmacy services.

¹⁰ [Department of Health 2024-25 Annual Report](#), p. 25

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Program		Output(s) and portfolio(s)	Program objectives	Description of actual outcome achieved	Description of the actions taken to deliver the actual outcome
			To test the model of care.	<ul style="list-style-type: none"> Over 45,000 services delivered (between Oct 2023 and May 2025).¹¹ 800 pharmacies approved statewide,¹² with 27 per cent in regional and rural areas (data from October 2024).¹³ <p>Below statistics are from the evaluation conducted on data collected between Oct 2023 and Oct 2024):</p> <ul style="list-style-type: none"> 93 per cent of Victorians received care within 24 hours of seeking it at a pharmacy, regardless of where they live, benefitting medically underserved communities, including rural areas.¹⁴ 84 per cent of pilot services delivered care that benefited Victorian women.¹⁵ <p>Two services specifically designed for women, addressing health care delays that could worsen symptoms or disrupt daily lives (treatment of urinary tract infections and resupply of oral contraceptive pill.</p>	<ul style="list-style-type: none"> Pharmacists kept informed via newsletters and forums Resolution of complaints and clinical queries Pilot was extended to 30 June 2025, to maintain service delivery while the evaluation was completed Evaluated the pilot and released report Planned the transition from pilot to program and the expansion of pharmacy services.

¹¹ Premier media release [Backing our frontline deliver free and lifesaving care](#) Date accessed 30 September 2025.

¹² [Summary Report on the evaluation findings and the first 12 months of operation](#), May 2025 p.20 Date accessed 30 September 2025.

¹³ [Inquiry into the 2023-24 Financial and Performance Outcomes](#), 22 November 2024 transcript. p.30. Date accessed 30 September 2025.

¹⁴ [Summary Report on the evaluation findings and the first 12 months of operation](#), May 2025 p.26 Date accessed 30 September 2025.

¹⁵ [Summary Report on the evaluation findings and the first 12 months of operation](#), May 2025 p.8 Date accessed 30 September 2025.

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Program		Output(s) and portfolio(s)	Program objectives	Description of actual outcome achieved	Description of the actions taken to deliver the actual outcome
				19.5m ¹⁶ in output funding over five years allocated in the 2025-26 State Budget to transition the pilot to a program from 1 July 2025 and to expand the number of common health condition serviced to a total of 22 over the next two years.	

b) Using the table below, please outline the five least performing programs¹⁷ that did not deliver their planned outcomes in the community by the department in 2024–25, including:

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

Program		Output(s) and portfolio(s)	Program objectives	Description of actual outcome achieved	Detailed explanation for not delivering the planned outcome
1	Performance of Emergency Departments in providing timely care to Victorians.	Output: Emergency services Portfolio: Health	The program aims to ensure that emergency patients are treated within clinically recommended timeframes, thereby improving patient outcomes and system responsiveness.	Emergency department performance targets for five key indicators were not met in 2024-25, including those relating to length of stay for emergency patients, ambulance patient transfers and representations. However, all critically unwell (Category 1) patients were seen	Emergency departments faced sustained system-wide pressures in 2024–25, with a 3 per cent increase in presentations and an increase in high-acuity cases (Categories 1–3). High-acuity patients now account for 62 per cent of all presentations and typically require more intensive support from health services, including

¹⁶ [2025-26 Victorian State Budget, Paper 3 Service Delivery](#), p.49. Date accessed 29/09/2025

¹⁷ Note programs in this question relate to programs delivering services, and do not signify the department's five least performing performance measures.

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Program		Output(s) and portfolio(s)	Program objectives	Description of actual outcome achieved	Detailed explanation for not delivering the planned outcome
				<p>within recommended timeframes,¹⁸ and the median wait time remained at 15 minutes – matching 2023-24 performance and five minutes faster than pre-COVID-19 levels.</p> <p>72 per cent of patients were treated within clinically recommended timeframes,¹⁹ marking the best result since 2019-20 while still not meeting target.</p>	<p>complex assessments, a higher likelihood of admission, and longer hospital stays.</p> <p>In response, the Department of Health has implemented a suite of targeted initiatives focused on reducing avoidable demand, improving efficiency and increasing system capacity.</p>
2	Performance of Ambulance Victoria to provide timely responses to Victorians in need of an ambulance.	<p>Output: Ambulance Services</p> <p>Portfolio: Ambulance Services</p>	The program aims to ensure that Victorians receive timely, high-quality ambulance services through both emergency and non-emergency transport modes. This includes road, rotary and fixed-wing aircraft services.	<p>AV performance targets for emergency response times, emergency and non-emergency transport volumes, and air transport activity were not met in 2024-25.</p> <p>While below target, ambulance transfers to emergency departments within 40 minutes improved by 3.8 per cent to 67.7 per cent.²⁰</p> <p>Six performance measures were met or exceeded, including</p>	<p>Despite improvements in performance, overall system-wide pressures including increasing demand for ambulances and increasing complexity and acuity of patients requiring support inhibited achievement of the planned outcome.</p> <p>Ambulance Victoria continues to face sustained demand and increase in acuity. For example, Code 1 road responses now comprise 39.6% of all cases, compared with 37.5% the year before.²¹</p> <p>Emergency departments also experienced increased demand. In 2024/25 ED faced an additional 54,000 presentations, including a higher proportion of high-acuity cases (categories 1-3).</p>

¹⁸ [Department of Health Annual Report 2024-25](#), p. 19

¹⁹ [Department of Health Annual Report 2024-25](#), p. 218

²⁰ [Department of Health Annual Report 2024-25](#), p.218 and [Department of Health Annual Report 2023-24](#), p. 231

²¹ Ambulance Victoria, Annual Report 2024-25

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Program		Output(s) and portfolio(s)	Program objectives	Description of actual outcome achieved	Detailed explanation for not delivering the planned outcome
				clinical practice standards, stroke and pain management outcomes, and patient satisfaction.	These cases require more complex care and longer treatment times, affecting transfer times and system-wide capacity.
3	Alcohol and other Drug Treatment Services	Output: Drug services Portfolio: Mental Health	The program delivers alcohol and drug treatment, and harm reduction interventions which improve health and wellbeing outcomes. Treatment includes counselling, withdrawal and rehabilitation. Harm reduction programs reduce overdose and transmission of blood borne viruses.	<p>Four performance targets relating to alcohol and drug treatment performance were not met in 2024-25:</p> <ul style="list-style-type: none"> • drug treatment provided in residential-based services (67,481 with the target 78,845),²² • fewer clients being new clients (34 per cent with the target 50 per cent),²³ and • longer wait times between intake and assessment (18 days with the target 10 days)²³ and between assessment and treatment commencement (41 days with the target 20 days).²³ <p>However, the following key relevant performance targets were met:</p>	<p>Demand for AOD services remains high and capacity issues are being experienced across all AOD services including workforce constraints. Client complexity requiring more time for assessment processes are reported to be a contributing factor; particularly responding to family violence concerns. Brief interventions and bridging supports are offered by service providers to address client care during prolonged wait times.</p>

²² [Department of Health Annual Report 2024-25](#), p. 223

²³ [Department of Health Annual Report 2024-25](#), p. 224

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Program		Output(s) and portfolio(s)	Program objectives	Description of actual outcome achieved	Detailed explanation for not delivering the planned outcome
				<ul style="list-style-type: none"> 14,763 clients on the Pharmacotherapy program (target: 14,630),²⁴ 10,953 courses of treatment commencing through community-based drug treatment services (target: 9,239),²⁴ 10,213 phone contacts from family members seeking support (target: 10,682),²⁴ 85 per cent of residential rehabilitation clients remaining in treatment for ten days or more (target 80 per cent).²⁴ 	
4	Dental Health Program	Output: Dental Services Portfolio: Health	To provide public dental care treatment to eligible Victorians.	Performance targets relating to the number of people receiving public dental care were not met. In 2024-25, 281,622 people received dental treatment, against a target of 332,150 people. A total of 214,498 (or 76%) were priority and emergency clients (target 249,100 priority and emergency clients). ²⁵	The outcome is due to the increased complexity of clients with clients requiring more visits to address their oral health needs. The proactive targeting of the dental waitlist means that more complex clients are being identified for treatment. Around 76% of all people treated in 2024-25 were emergency and priority clients, who are not placed on a wait list and receive the next available appointment.

²⁴ [Department of Health Annual Report 2024-25](#), p.223

²⁵ [Department of Health Annual Report 2024-25](#), p. 229

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Program		Output(s) and portfolio(s)	Program objectives	Description of actual outcome achieved	Detailed explanation for not delivering the planned outcome
					The department continues to work with Oral Health Victoria to implement a range of initiatives to increase the number of people being treated
5	Aged care assessment	Output: Aged and Home Care Portfolio: Aged services	To support aged care assessment for a proportion of older Victorians in the community to access aged care supports.	Only 56 per cent of low priority hospital and community clients had an aged care assessment completed within the specified Commonwealth timeframe. This result was against the target of 90 per cent clients being assessed within the Commonwealth time frames. ²⁶	Changes arising from the transition to the Commonwealth's new Single Assessment System implemented in December 2024 has impacted this result, due to workforce capacity and training needs whilst implementing the new system and supporting new providers who now deliver 60 percent of community assessments through a direct contracting arrangement with the Commonwealth. The department continues to provide additional support but will continue to see the ongoing impacts of the transition.

²⁶ [Department of Health Annual Report 2024-25](#), p. 221

DH - UPDATED
PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

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

- a) Please identify all output(s) and portfolio(s) (and relate them to departmental programs) for which the department received additional funding after the 2024–25 Budget.

For each output, please quantify the additional funding, indicate the source of the additional funding (e.g. Treasurer's Advance, unused prior years appropriations under s32 of the *Financial Management Act 1994* (Vic), supplementation through a Temporary Advance under section 35 of the FMA, or any possible sources of funding as listed in the Resource Management Framework (2024), (section 4)) and explain why additional funding was required after funding was allocated in the Budget. If the additional funding is a Treasurer's Advance, please also explain either how and why it was 'urgent and unforeseen' as per the RMF (section 4.4), or whether it was a contingency release.

Treasurer's Advance funding in the table below includes funding released from contingency identified in Question 4.²⁷

Output(s) and portfolio(s)	Program	Program objectives	Funding allocated in 2024–25 Budget	Additional funding (\$ million)	Source of additional funding as per the Resource Management Framework	Funding utilised 2024-25 (\$million)	Reasons why additional funding was required
Output(s): all Portfolio(s): Health, Ambulance Services, Mental Health, Ageing, Children	Provision of outputs carryover from 2023-24 to 2024-25	To carryover funding to continue delivery of State and Commonwealth Government initiatives announced in previous budgets.	0.0	46.0	Section 32 of the <i>Financial Management Act 1994</i> (FMA)	46.0	To support Commonwealth related programs and ICT related system implementation and expansion projects.
Output(s): Admitted Services Portfolio(s): Health	Additional hospital system support	To provide funding to support service delivery levels and performance in Victoria's hospitals.	0.0	1,461.7	Treasurer's Advance	1,461.7	To support health services to continue service delivery levels and performance in Victoria's hospitals, following detailed analysis and modelling.

²⁷ [Treasurer's Advances detail from Annual Financial Report](#), page 157, 159

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Output(s) and portfolio(s)	Program	Program objectives	Funding allocated in 2024–25 Budget	Additional funding (\$ million)	Source of additional funding as per the Resource Management Framework	Funding utilised 2024-25 (\$million)	Reasons why additional funding was required
Output(s): Public Health Portfolio(s): Health	Newborn and infant RSV immunisation	To provide funding to purchase respiratory syncytial virus (RSV) immunisation product, nirsevimab (Beyfortus) to support the delivery of a 2025 RSV immunisation program for infants.	0.0	16.6	Treasurer's Advance	16.6	To procure, store and distribute the monoclonal antibody, nirsevimab for infants during the 2025 RSV season.
Output(s): Mental Health Clinical Care Portfolio(s): Mental Health	Additional support for the Mental Health Tribunal	To provide supplementary operational funding for the Mental Health Tribunal.	0.0	2.2	Treasurer's Advance	2.2	The tribunal was provided \$0.4m in the 2024-25 budget. Additional funding was allocated to ensure the Mental Health Tribunal continues to deliver key functions, protecting the rights and dignity of Victorians with mental illness.
Output(s): Public Health Portfolio(s): Health	M-pox vaccination program	To provide funding for enhanced vaccination programs in response to an outbreak of mpox in Victoria.	0.0	0.9	Treasurer's Advance	0.9	To deliver free immunisation through fixed-site vaccination clinics in inner-metropolitan Melbourne, community pharmacies Statewide, undertake communication campaigns to raise awareness of mpox signs and symptoms, and promote vaccination to eligible people.
Output(s): Admitted Services Portfolio(s): Health	Funding our hospitals	To provide funding to support service delivery levels and performance in Victoria's hospitals.	0.0	1,520.7	Treasurer's Advance	1,520.7	To enable continuation of critical hospital care, including emergency departments, inpatient wards and operating theatres. Supports clinical and non-clinical staff, procuring

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Output(s) and portfolio(s)	Program	Program objectives	Funding allocated in 2024-25 Budget	Additional funding (\$ million)	Source of additional funding as per the Resource Management Framework	Funding utilised 2024-25 (\$million)	Reasons why additional funding was required
							medicines and equipment for patients.
Output(s): Admitted Services, Ambulance Services Portfolio(s): Health, Ambulance Services	Supporting healthcare workers	To provide funding to support health services with the implementation of the new Nurses and Midwives EBA, Paramedics EBA, Biomedical Engineers EBA, and Healthshare Victoria EBA	0.0	211.3	Treasurer's Advance	211.3	To continue to support Victoria's healthcare workforce.
Output(s): Ambulance Services Portfolio(s): Ambulance Services	Supporting our ambulance services	To provide funding to support Ambulance Victoria operations.	0.0	81.0	Treasurer's Advance	81.0	To support increasing costs related to delivery of non-emergency patient transport, air ambulance, staffing and operational expenses.
Output(s): Dental Services Portfolio(s): Health	Free dental care for government school students	To provide funding for the Smile Squad school dental program including core operating and capital funding to meet the Government's election commitment to visit government schools to 30 June 2025.	0.0	31.2	Treasurer's Advance	31.2	To deliver the school dental program.

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Output(s) and portfolio(s)	Program	Program objectives	Funding allocated in 2024–25 Budget	Additional funding (\$ million)	Source of additional funding as per the Resource Management Framework	Funding utilised 2024-25 (\$million)	Reasons why additional funding was required
		To provide funding to support the continued delivery of the specialist services strategy.					
Output(s): Community Health Care Portfolio(s): Health	Preventative health support for Victorian women	To provide funding for delivery of health promotion and education activities through women's health organisations.	0.0	8.8	Treasurer's Advance	8.8	To deliver health promotion and education activities through women's health organisations including sexual and reproductive health, cervical cancer screening, chronic illness, family violence and other health initiatives.
Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure	New Melton Hospital	To provide funding to undertake service planning for the new Melton Hospital.	0.0	8.0	Treasurer's Advance	8.0	To commence service planning, required ahead of major construction commencement.
Output(s): Drug Services Portfolio(s): Mental Health	Harm reduction initiatives	To provide funding to deliver the Statewide Action Plan to reduce drug harms.	0.0	7.3	Treasurer's Advance	7.3	The 2024-25 budget provided \$9.7m for Harm reduction initiatives but it was held in contingency. The Treasurer approved the release of the contingency funding for the program following an exchange of letters with the Minister for Mental Health. The funding supported timely implementation of initiatives to reduce drug harms. Initiatives include expanded outreach services for people who use drugs,

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Output(s) and portfolio(s)	Program	Program objectives	Funding allocated in 2024–25 Budget	Additional funding (\$ million)	Source of additional funding as per the Resource Management Framework	Funding utilised 2024-25 (\$million)	Reasons why additional funding was required
							pharmacotherapy grants, and co-designing naloxone dispensing machines and an overdose prevention and response helpline.
Output(s): Admitted Services Portfolio(s): Health	Workforce transition	To provide funding for Applicant, Immediate or Targeted Separation Packages relating to the department's restructure in 2023-24, for separations that were finalised in early 2024-25.	0.0	1.1	Treasurer's Advance	1.1	Funding released from central contingency to cover targeted separation packages offered in line with the Department of Premier and Cabinet's Implementing budget Reprioritisation Policy and Implementing budget reprioritisations in the Victorian Public Service guidelines.
Output(s): Mental Health Clinical Care Portfolio(s): Mental Health	Growing the new Mental Health and Wellbeing Locals workforce	To provide funding to recruit early career and graduate mental health roles in Mental Health and Wellbeing Locals-	0.0	0.8	Treasurer's Advance	0.8	This funding was announced as part of the 2024-25 State Budget, but it was held in contingency. The Treasurer approved the release of the contingency funding following an exchange of letters with the Minister for Mental Health.
Output(s): Drug Services Portfolio(s): Mental Health	Pill Testing Trial	To provide funding for the establishment of a Fixed-service testing site operating in metropolitan Melbourne.	0.0	0.8	Treasurer's Advance	0.8	To fund the establishment of the fixed site of the Pill Testing Service trial. Funding was included in the 2024-25 Budget and held in contingency, released following the

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Output(s) and portfolio(s)	Program	Program objectives	Funding allocated in 2024–25 Budget	Additional funding (\$ million)	Source of additional funding as per the Resource Management Framework	Funding utilised 2024-25 (\$million)	Reasons why additional funding was required
							confirmation of service location and commencement date.
Output(s): Public Health Portfolio(s): Health	Departmental operating funding	To provide funding for continuing COVID-19 related legal matters.	0.0	0.5	Treasurer's Advance	0.5	Funding released from central contingency to fund legal costs incurred managing COVID-19 related matters, including class action litigation, prosecutions for breaches of health directions and responding to new and ongoing pandemic related disputes and associated compensation claims.
Output(s): Admitted Services Portfolio(s): Health	Additional hospital system support	To provide funding to support service delivery levels and performance in Victoria's hospitals.	0.0	224.7	Section 35	224.7	Funding released from central contingency to support health services to continue service delivery levels and performance in Victoria's hospitals, following detailed analysis and modelling.
Output(s): Admitted Services Portfolio(s): Health	Funding our hospitals	To provide funding to support service delivery levels and performance in Victoria's hospitals.	0.0	241.0	Section 35	241.0	Funding released from central contingency to enable continuation of critical hospital care, including emergency departments, inpatient wards and operating theatres. Supports clinical and non-clinical staff, procuring medicines and equipment for patients.

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Output(s) and portfolio(s)	Program	Program objectives	Funding allocated in 2024–25 Budget	Additional funding (\$ million)	Source of additional funding as per the Resource Management Framework	Funding utilised 2024-25 (\$million)	Reasons why additional funding was required
Total 2024–25			0.0	3,864.5		3,864.5	

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

Output(s) and portfolio(s)	Program	Outcomes achieved
Output(s): All Portfolio(s): Health, Ambulance Services, Mental Health, Ageing, Children	Provision of outputs carryover from 2023-24 to 2024-25	Budget allocated in 2023-24 but requested for carryover into 2024-25. This was predominantly made up of Commonwealth related programs and ICT related system implementation and expansion projects, including the Mental Health and Wellbeing Client Management System (MHCMS) Implementation Project, continued implementation of the customer relationship management (CRM) system and Elective Surgery Information System Expansion projects. In addition, to support the Timely Emergency Care program, Critical demand for alcohol and other drug services, Health Information Exchange Project, more help for new Victorian mums and dads, and Asset Feasibility and Design.
Output(s): Admitted Services Portfolio(s): Health	Additional hospital system support	The funding supported service delivery levels and performance in Victoria's hospitals, including maintaining the capability and capacity of health services.
Output(s): Public Health Portfolio(s): Health	Newborn and infant RSV immunisation	The funding supported the RSV immunisation program in Victoria for newborn and infants.
Output(s): Mental Health Clinical Care Portfolio(s): Mental Health	Additional support for the Mental Health Tribunal	Funding supported the continued operation of the MHT, directly contributing to member wage costs associated with delivering hearings. In 2024-25 the Tribunal conducted 13,029 hearings, 17 per cent more than 2023-24.

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Output(s) and portfolio(s)	Program	Outcomes achieved
Output(s): Health Protection Portfolio(s): Health	M-pox vaccination program	The funding delivered free immunisation through fixed-site vaccination clinics in inner-metropolitan Melbourne, community pharmacies Statewide, undertake communication campaigns to raise awareness of mpox signs and symptoms, and promote vaccination to eligible people.
Output(s): Admitted Services Portfolio(s): Health	Funding our hospitals	Additional funding supported health services to continue service delivery levels and performance in Victoria's hospitals
Output(s): Admitted Services, Ambulance Services Portfolio(s): Health, Ambulance Services	Supporting healthcare workers	The funding supported health services to implement new enterprise bargaining agreements.
Output(s): Ambulance Services Portfolio(s): Ambulance	Supporting our ambulance services	The funding supported 43 Secondary Triage Service referral practitioners and 22 Medium Acuity Transport Service, freeing up ambulances so they are available to respond to the most-time critical patients. The funding enabled Ambulance Victoria to meet or exceed all patient quality and care measures, including 97 per cent patient satisfaction and 92.1 per cent of patients with severe cardiac arrest or traumatic pain experienced significant pain reduction.
Output(s): Dental Services Portfolio(s): Health	Free dental care for government school students	The funding is allocated to Oral Health Victoria to manage the program and paid to community dental agencies around the state to deliver the program in schools.
Output(s): Community Health Care Portfolio(s): Health	Preventative health support for Victorian women	The funding delivered health promotion and education activities through women's health organisations. This funding has enabled the 12 women's health organisations across Victoria to provide preventative health promotion and education to Victorian women, with a particular focus on sexual and reproductive health, cervical cancer screening, chronic illness, family violence and other health promotion initiatives.
Output(s): Admitted Services Portfolio(s): Health	New Melton Hospital	The funding supported service planning for the new Melton Hospital ahead of major construction commencement.

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Output(s) and portfolio(s)	Program	Outcomes achieved
Output(s): Drug Services Portfolio(s): Health	Harm reduction initiatives	Funding provided enhanced outreach services across Melbourne's CBD and established two new services in Footscray and St Kilda. Over 8,400 outreach contacts were made between January and July 2025. Funding also provided for the establishment of a clinic at Salvation Army's 69 Bourke St location which delivered over 1,000 primary and mental health services in the same period. Additionally access to Pharmacotherapy was increased with 15 community health services across Victoria sharing in grants to support them to deliver additional treatment to more Victorians.
Output(s): Admitted Services Portfolio(s): Health	Workforce transition	The funding provided allocation for separation packages for a number of staff in line with Victorian Public Service Guidelines.
Output(s): Mental Health Clinical Care Portfolio(s): Mental Health	Growing the new Mental Health and Wellbeing Locals workforce	The funding supported new early career and graduate mental health roles in Mental Health and Wellbeing Locals. It includes mental health nursing, psychology, occupational therapy, social work, and lived and living experience roles. Participants are supported by supervisors/educators to enhance their learning and skill development
Output(s): Drug Services Portfolio(s): Health	Pill Testing Trial	The funding enabled the lease and fit-out to establish a fixed site pill testing service at 95 Brunswick Street, Fitzroy. The service opened on Thursday 21 August 2025 and operates from Thursday to Saturday.
Output(s): Public Health Portfolio(s): Health	Departmental operating funding	The funding supported response to litigation relating to COVID-19 health directions and responding to both new and continuing COVID-19 related disputes.

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Question 4 (all departments) Central contingencies

The Resource Management Framework (2024, Section 4.5, pg. 90) provides guidance on how departments access funding from central contingencies.

Please provide information regarding funding received from central contingency in 2024–25, including: the output and portfolio or Government decision related to the funding, the amount of funding received, the amount of funding utilised, funding received through previous budgets for the same purpose and why funding from contingency was required.

Output(s) and portfolio(s) or Government decision associated	Funding received (\$million) ²⁸	Funding utilised 2024–25 (\$million)	Funding received in previous budget/s for same purpose. Please specify which budget	Reasons why funding was required
Funding our hospitals	1,520.7	1,520.7	2024-25 State Budget: Funding our hospitals	To support service delivery and performance in Victoria's hospitals (operating expense).
Supporting healthcare workers	211.3	211.3	N/A	To support implementation of new Enterprise Bargaining agreements for the health workforce.
Supporting our ambulance services	81.0	81.0	N/A	To support increasing costs related to delivery of non-emergency patient transport, air ambulance, staffing and operational expenses (operating expense).
Free dental care for government school students	31.2	31.2	2019-20 State Budget: Smile Squad school dental program	To manage the program and fund community dental agencies around the state to deliver the program in schools (operating expense).
Preventative health support for Victorian women	8.8	8.8	2024-25 State Budget: Preventative Health Support for Victorian Women	To deliver health promotion and education activities through women's health organisations (operating expense)
New Melton Hospital	8.0	8.0	2022-23 State Budget: New Melton Hospital	To undertake service planning required ahead of major construction commencement (operating expense).
Harm reduction initiatives	7.3	7.3	N/A	To support timely implementation of initiatives as part of the Statewide Action Plan to reduce drug harms. (operating expense).

²⁸ [Source: Annual Financial Report](#), page 159

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Output(s) and portfolio(s) or Government decision associated	Funding received (\$million) ²⁸	Funding utilised 2024–25 (\$million)	Funding received in previous budget/s for same purpose. Please specify which budget	Reasons why funding was required
Workforce transition	1.1	1.1	N/A	To provide separation packages for staff in line with Victorian Public Service Guidelines (operating expense).
Growing the new Mental Health and Wellbeing Locals workforce	0.8	0.8	N/A	This funding supports the establishment of a graduate and early career program within Mental Health and Wellbeing Locals.
Pill Testing Trial	0.8	0.8	N/A	To fund the lease and fit out of a fixed site pill testing service in metropolitan Melbourne.
Departmental operating funding	0.5	0.5	2023-24 State Budget: Victoria's pandemic program	To manage legal costs incurred managing COVID-19 related legal risks, including class action litigation, prosecutions for breaches of health directions and responding to new and ongoing pandemic related disputes and associated compensation claims (operating expense).
Funding our hospitals	241.0	241.0	2024-25 State Budget: Funding our hospitals	To support service delivery levels and performance in Victoria's hospitals (operating expense).
Total 2024–25	2,112.5	2,112.5		

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Question 5 (all departments) Victoria's Housing Statement

Not applicable to the Department of Health

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Question 6 (Department of Health only) 2024–25 Budget funding allocation by output and performance

- a) Please provide a detailed breakdown of the actual amount spent in 2024–25 by output, for DH's four largest outputs by budget. Please list what line items contribute to the output and an explanation for any variances of $\pm 5\%$ based on budgeted vs actuals by output.

Output	Line items contributing to output	2024–25 Budget (\$ million)	2024–25 actual (\$ million)	Variance (%)	Explanation for variance	Outcomes delivered
Admitted Services	NA	15,845.1	18,351.5	15.8	Reflects additional funding to support the health sector, EBA wages outcomes and better alignment of service delivery across outputs.	Funding supported delivery of quality patient outcomes in Victoria's public hospital services, including record planned surgery numbers.
Mental Health Clinical Care		2,789.2	2,800.4	0.4	N/A	Funding was allocated to hospital and community services to continue and enhance mental health and wellbeing services across the state – both bed based and community based services.
Non-Admitted Services		2,354.1	2,553.3	8.5	Reflects additional funding to support the health sector, EBA wages outcomes and better alignment of service delivery across outputs.	Funding supported the delivery of quality and timely patient outcomes in Victoria's public hospital services.
Ambulance Services		1,438.2	1,612.5	12.1	Reflects additional funding to support ambulance services, EBA wages outcomes and better alignment of service delivery across outputs.	Funding supported the delivery of high-quality and timely patient emergency ambulance and non-emergency patient transport services across Victoria.
Total		\$22,426.6 million	\$25,317.7 million	12.9		

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

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Category	Closest available performance measure	As at 30 June 2022 ²⁹	As at 30 June 2023 ³⁰	As at 30 June 2024 ³¹	As at 30 June 2025 ³²	Variance between 2023 and 2024 Explanation for the variance between 30 June 2023 and 2024	Variance between 2024 and 2025 Explanation for the variance between 30 June 2024 and 2025
Number of patients treated in emergency departments	Emergency presentations	1.856 million	1.899 million	1.955 million	2.017 million	Emergency department activity is demand driven. The 2023-24 actual showed an increase on the prior year representing annual demand volume (expressed as number of patients treated) returning to expected levels.	Emergency department activity is demand driven. The 2024-25 actual showed an increase compared to the previous year, reflecting expected annual demand growth.
Number of hospital beds total						N/A. This information is not available publicly.	N/A. This information is not available publicly.
Number of intensive care unit beds total						N/A. This information is not available publicly.	N/A. This information is not available publicly.
Average time spent in waiting rooms – emergency departments – non-mental health patients	Proportion of emergency patients treated within clinically recommended ‘time to treatment’	64.0%	65.3%	71.1%	71.6%	The 2023-24 result is higher than 2022-23 due to the initiatives implemented to improve patient flow and appropriate diversion.	The 2024-25 result shows an improvement on 2023-24 reflecting continuation of initiatives to improve patient flow and appropriate diversion.
Average time spent in waiting rooms – emergency departments – mental health patients	Percentage of departures from emergency departments to a mental health bed within 8 hours	49.1%	39.5%	46.8%	46.0%	The 2023-24 result is higher than 2022-23 due to the initiatives implemented as per the Royal Commission, including new beds opened at Northern Health, Sunshine Hospital and Royal Melbourne.	The 2024-25 result has continued at the level in 2023-24.

²⁹ [2021-22 Department of Health Annual Report](#), pp. 40-58

³⁰ [2022-23 Department of Health Annual Report](#), pp. 50-68

³¹ [2023-24 Department of Health Annual Report](#), pp. 230-240

³² [2024-25 Department of Health Annual Report](#), pp. 218, 227

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Category	Closest available performance measure	As at 30 June 2022 ²⁹	As at 30 June 2023 ³⁰	As at 30 June 2024 ³¹	As at 30 June 2025 ³²	Variance between 2023 and 2024 Explanation for the variance between 30 June 2023 and 2024	Variance between 2024 and 2025 Explanation for the variance between 30 June 2024 and 2025
Number of patients waiting for treatment – planned surgery	Number of patients on waiting list for Category 1, 2 and 3 planned surgery ³³	85,999	71,322	57,476	58,627 ³⁴	A continued positive reduction in the waitlist was made in 2023-24 as the COVID Catch-up Plan initiatives continued.	The waitlist increased 2 per cent between 2023-24 and 2024-25. This is a result of increased waitlist registrations including the commencement of Bass Coast Health as a new Elective Surgery Information System (ESIS) reporting health service (which resulted in the waitlist at Bass Coast Health being included within the statewide waitlist).
Number of emergency department staff (FTE)						N/A. This information is not available, as FTE data is captured at the entity level across the sector, rather than by specific departments within hospitals. This reflects the flexible operating arrangements in place, which allow staff to work across multiple areas as needed.	N/A. This information is not available, as FTE data is captured at the entity level across the sector, rather than by specific departments within hospitals. This reflects the flexible operating arrangements in place, which allow staff to work across multiple areas as needed.

³³ Victoria Agency for Health Information. <https://vahi.vic.gov.au/planned-surgery/patients-waiting-treatment>

³⁴ Victoria Agency for Health Information. <https://vahi.vic.gov.au/planned-surgery/patients-waiting-treatment>

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Question 7 (Department of Families, Fairness and Housing only) Victorian Contribution to National Disability Insurance Scheme

Not applicable to the Department of Health

Section B: Asset investment

Question 8 (all departments) Capital expenditure variances, completion date and scope changes – existing projects

Please provide details of all capital asset programs where:

- a) there was a variance between TEI at announcement compared to the TEI as at 30 June 2025 of equal to or greater than $\pm 5\%$ and an explanation for the variance
- b) the estimated completion date at announcement is different to the completion date as at 30 June 2025 and an explanation for the change
- c) the scope of the project at announcement is different to the scope of the project as at 30 June 2025.

Capital expenditure

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Total actual expenditure from announcement to 30 June 2025 (\$ million)	TEI at announcement (\$ million)	Details of TEI changes between announcement and 30 June 2025 (\$ million)	Revised TEI as at 30 June 2025 (\$ million)	Variance between TEI at announcement compared to revised TEI as at 30 June 2025 Budget ($\pm 5\%$) explanation
Backing our paramedics to keep saving lives (statewide)	Output(s): Ambulance Emergency Services Ambulance Non-Emergency Services Portfolio(s): Ambulance Services Agencies: Department of	47.96	54.900 (2019-20) ³⁵	55.700 (25-26) ³⁶	55.700 ³⁷	N/A

³⁵ [2019-20 State Capital Program](#), p61

³⁶ [2025-26 State Capital Program](#), p.62

³⁷ [2025-26 State Capital Program](#), p.62

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Project	Output(s) and portfolio(s) and/or agency responsible for the project	Total actual expenditure from announcement to 30 June 2025 (\$ million)	TEI at announcement (\$ million)	Details of TEI changes between announcement and 30 June 2025 (\$ million)	Revised TEI as at 30 June 2025 (\$ million)	Variance between TEI at announcement compared to revised TEI as at 30 June 2025 Budget (±5%) explanation
	Health, Victorian Infrastructure Delivery Authority (VIDA) Health					
Ballarat Health Services expansion and redevelopment and the new Central Energy Plant (Ballarat)	Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health	244.45	461.600 (2018-19) ³⁸	541.600 (21-22) ³⁹ 595.788 (23-24) ⁴⁰ 650.388 (24-25) ⁴¹	650.388 ⁴²	<ul style="list-style-type: none"> The TEI was increased by \$80 million in 2021-22 due to a funding reallocation from the Guaranteeing Future Energy Supply initiative for a new Central Energy Plant as additional scope.⁹ The TEI increased by \$54.188 million in the 2023-24 State Budget due to additional project scope to include a helipad and a 400-space car park.¹⁰ The TEI was further increased by \$54.6 million in the 2024-25 State Budget to expand and fit out the Women's and Children's Hub.¹¹
Building a better hospital for	Output(s): Admitted Services	1,840.37	1,495.000 (2019-20) ⁴³	1,998.605 (22-23) ⁴⁴	1,998.605 ⁴⁵	<ul style="list-style-type: none"> The TEI component of the total project cost increased by \$503.605 million in the 2022-23 State

³⁸ [2018-19 State Capital Program](#), p62³⁹ [2021-22 State Capital Program](#), p82⁴⁰ [2023-24 State Capital Program](#), p68⁴¹ [2024-25 State Capital Program](#), p64⁴² [2024-25 State Capital Program](#), p64⁴³ [2019-20 State Capital Program](#), p61⁴⁴ [2024-25 State Capital Program](#), p64⁴⁵ [2024-25 State Capital Program](#), p64

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Total actual expenditure from announcement to 30 June 2025 (\$ million)	TEI at announcement (\$ million)	Details of TEI changes between announcement and 30 June 2025 (\$ million)	Revised TEI as at 30 June 2025 (\$ million)	Variance between TEI at announcement compared to revised TEI as at 30 June 2025 Budget (±5%) explanation
Melbourne's inner west (Footscray)	Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health					Budget to \$1.999 billion to reflect that this project is being delivered as a Public Private Partnership (PPP), which means the TEI is inclusive of 25 years of the operational and lifecycle costs including the requirement for capital upgrades across the tenure of a PPP concession. There is no additional cost to the taxpayer over the whole project term. The increased TEI also reflects the inclusion of Victoria University components.
Building a new rehabilitation centre for Bendigo (Bendigo)	Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health	55.90	59.500 (2019-20) ⁴⁶	63.500 (24-25) ⁴⁷	63.500 ⁴⁸	<ul style="list-style-type: none"> The TEI increased by \$4.0 million in the 2024-25 State Budget to address cost pressures due to market escalation in the construction sector.¹⁸
Building a world class hospital for	Output(s): Admitted Services	972.14	6.000	562.000 (20-21) ⁵¹	1,120.084 ⁵⁵	<ul style="list-style-type: none"> The \$6 million initial funding was to undertake planning only. The initial TEI increased to \$562.0

⁴⁶ [2019-20 State Capital Program](#), p61⁴⁷ [2024-25 State Capital Program](#), p64⁴⁸ [2024-25 State Capital Program](#), p64⁵¹ [2020-21 State Budget Service Delivery](#), p78⁵⁵ [2024-25 State Capital Program](#), p64

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Total actual expenditure from announcement to 30 June 2025 (\$ million)	TEI at announcement (\$ million)	Details of TEI changes between announcement and 30 June 2025 (\$ million)	Revised TEI as at 30 June 2025 (\$ million)	Variance between TEI at announcement compared to revised TEI as at 30 June 2025 Budget (±5%) explanation
Frankston families (Frankston)	Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health		(2019-20) ⁴⁹ <i>Planning only</i> ⁵⁰	605.260 (21-22) ⁵² 1,118.084 (22-23) ⁵³ 1,120.084 (24-25) ⁵⁴		million in the 2020-21 State Budget when the project was funded for construction. <ul style="list-style-type: none"> The TEI increased by \$43.260 million to \$605.26 million in the 2021-22 State Budget to fund additional scope to include a mental health and alcohol and other drugs hub, new paediatric emergency department zone, and multi-deck carpark additions.²⁶ The TEI component of the total project cost increased by \$512.824 million in the 2022-23 State Budget to \$1.118 billion to reflect that this project is being delivered as a Public Private Partnership (PPP) which means the TEI is inclusive of 25 years of the operational and lifecycle costs.²⁷ The TEI increased by \$2.0 million in the 2024-25 State Budget when uncommitted funds from the <i>Providing additional bed capacity through modular facilities</i> initiative were reallocated to fund expanded Emergency Department reception and triage to improve patient flows.²⁸

⁴⁹ [2019-20 State Capital Program](#), p61⁵⁰ [2019-20 State Capital Program](#), p61⁵² [2021-22 State Capital Program](#), p82⁵³ [2022-23 State Capital Program](#), p67⁵⁴ [2024-25 State Capital Program](#), p64

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Total actual expenditure from announcement to 30 June 2025 (\$ million)	TEI at announcement (\$ million)	Details of TEI changes between announcement and 30 June 2025 (\$ million)	Revised TEI as at 30 June 2025 (\$ million)	Variance between TEI at announcement compared to revised TEI as at 30 June 2025 Budget (±5%) explanation
Building a world class hospital in Maryborough (Maryborough)	Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health	102.83	5.200 (2020-21) Planning <i>only</i> ⁵⁶	100.000 (21-22) ⁵⁷ 115.000 (23-24) ⁵⁸	115.000 ⁵⁹	<ul style="list-style-type: none"> The initial \$5.200 million funding was to undertake planning only. The TEI increased by \$94.8 million when the project was funded for construction in the 2021-22 State Budget.³³ The TEI increased by \$15.0 million in the 2023-24 State Budget due to market conditions in regional Victoria.³⁴
Building emergency departments kids and families can count on (statewide)	Output(s): Emergency services Portfolio(s): Health, Health Infrastructure	22.01	102.40 (2021-22) ⁶⁰	63.517 (22-23) ⁶¹ 46.517 (24-25) ⁶²	46.517 ⁶³	<ul style="list-style-type: none"> The TEI decreased by \$38.883 million in the 2022-23 State Budget to \$63.517 to recognise funding contributions to two projects, as the paediatric zones are being delivered as part of broader redevelopments: <i>Building a world class hospital for Frankston families</i>

⁵⁶ [2020-21 State Budget Service Delivery](#), p14 & 21

⁵⁷ [2021-22 State Capital Program](#), p80

⁵⁸ [2023-24 State Capital Program](#), p69

⁵⁹ [2024-25 State Capital Program](#), p65

⁶⁰ [2021-22 State Capital Program](#), p80

⁶¹ [2022-23 State Capital Program](#), p68

⁶² [2024-25 State Capital Program](#), p65

⁶³ [2024-25 State Capital Program](#), p65

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Total actual expenditure from announcement to 30 June 2025 (\$ million)	TEI at announcement (\$ million)	Details of TEI changes between announcement and 30 June 2025 (\$ million)	Revised TEI as at 30 June 2025 (\$ million)	Variance between TEI at announcement compared to revised TEI as at 30 June 2025 Budget (±5%) explanation
	Agencies: Department of Health, VIDA Health					<ul style="list-style-type: none"> Emergency Departments Expansion Program (Casey Hospital).³⁹ The TEI decreased by \$17.0 million in the 2024-25 State Budget due to the Northern Hospital Paediatric Emergency Department being delivered as part of the wider redevelopment of the Northern Hospital.⁴⁰
Community hospitals to give patients the best care (statewide)	Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health	578.35	2.000 (2019-20) <i>Planning only</i> ⁶⁴	66.417 (20-21) ⁶⁵ 675.000 (21-22) ⁶⁶ 869.986 (24-25) ⁶⁷	869.986 ⁶⁸	<ul style="list-style-type: none"> The initial \$2.000 million funding was to undertake planning only. The TEI increased by \$66.147 million announced in the 2020-21 State Budget to commence land acquisition. The TEI increased in the 2021-22 State Budget when \$606.853 million was allocated for construction (including \$51.353 million from the Infrastructure Planning and Acceleration Fund).⁴⁶ The TEI increased by a further \$2.920 million in the 2023-24 financial year when the program received funding from the Growth Area Contributions fund to support delivery of additional dialysis chairs at the Sunbury Community Hospital.⁴⁷

⁶⁴ [2019-20 State Capital Program](#), p61⁶⁵ [2020-21 State Budget Service Delivery](#), p78⁶⁶ [2021-22 State Capital Program](#), p81⁶⁷ [2024-25 State Capital Program](#), p65⁶⁸ [2024-25 State Capital Program](#), p65

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Total actual expenditure from announcement to 30 June 2025 (\$ million)	TEI at announcement (\$ million)	Details of TEI changes between announcement and 30 June 2025 (\$ million)	Revised TEI as at 30 June 2025 (\$ million)	Variance between TEI at announcement compared to revised TEI as at 30 June 2025 Budget (±5%) explanation
						<ul style="list-style-type: none"> The TEI increased by \$192.066 million in the 2024-25 State Budget to address cost pressures due to market escalation in the construction sector.⁴⁸
COVID catch up plan (statewide)	Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health	122.71	199.676 (2022-23) ⁶⁹	207.576 (24-25) ⁷⁰	207.576 ⁷¹	N/A
Emergency Departments Expansion Program – Casey Hospital and Werribee Mercy Hospital (Casey)	Output(s): Emergency Services Portfolio(s): Health, Health Infrastructure	54.13	236.400 (2022-23) ⁷²	279.921 (24-25) ⁷³	279.921 ⁷⁴	<ul style="list-style-type: none"> The TEI was increased by \$43.521 million in the 2024-25 State Budget to address cost pressures due to market escalation in the construction sector. This includes the reprioritisation of \$8 million from the <i>Providing additional bed capacity through modular facilities</i> initiative.⁵⁶

⁶⁹ [2022-23 State Capital Program](#), p65⁷⁰ [2024-25 State Capital Program](#), p65⁷¹ [2024-25 State Capital Program](#), p65⁷² [2022-23 State Capital Program](#), p65⁷³ [2024-25 State Capital Program](#), p65⁷⁴ [2024-25 State Capital Program](#), p65

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Total actual expenditure from announcement to 30 June 2025 (\$ million)	TEI at announcement (\$ million)	Details of TEI changes between announcement and 30 June 2025 (\$ million)	Revised TEI as at 30 June 2025 (\$ million)	Variance between TEI at announcement compared to revised TEI as at 30 June 2025 Budget (±5%) explanation
(Werribee)	Agencies: Department of Health, VIDA Health					
Forensic Mental Health Expansion Project – Stages 1 and 2 (Fairfield)	Output(s): Mental Health Clinical Care Portfolio(s): Mental Health, Health Infrastructure Agencies: Department of Health, VIDA Health	373.39	349.560 (2021-22) ⁷⁵	462.457 (24-25) ⁷⁶	462.457 ⁷⁷	<ul style="list-style-type: none"> Stage 2 was announced in the 2022-23 State Budget at \$123.897 million (<i>Redevelopment of Thomas Embling Hospital – Stage 2</i> initiative), which included \$11.0 million redirected from Stage 1⁶⁰ and reducing the Stage 1 TEI to \$338.560 million.⁶¹ In the 2023-24 State Budget, the two initiatives were combined under a new initiative name (<i>Forensic Mental Health Expansion Project – Stages 1 and 2</i>) with a total TEI of \$462.457 million.⁶²
Guaranteeing Future Energy Supply	Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure	66.91	160.000 (2020-21) ⁷⁸	80.000 (21-22) ⁷⁹	80.000 ⁸⁰	<ul style="list-style-type: none"> The TEI decreased by \$80 million in the 2021-22 State Budget, when funding was reallocated to the <i>Ballarat Health Services expansion and redevelopment</i> to cover the cost associated with adding the new Central Energy Plant into the scope of works.⁶⁶

⁷⁵ [2021-22 State Capital Program](#), p80⁷⁶ [2024-25 State Capital Program](#), p66⁷⁷ [2024-25 State Capital Program](#), p66⁷⁸ [2021-22 State Capital Program](#), p83⁷⁹ [2024-25 State Capital Program](#), p66⁸⁰ [2024-25 State Capital Program](#), p66

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Total actual expenditure from announcement to 30 June 2025 (\$ million)	TEI at announcement (\$ million)	Details of TEI changes between announcement and 30 June 2025 (\$ million)	Revised TEI as at 30 June 2025 (\$ million)	Variance between TEI at announcement compared to revised TEI as at 30 June 2025 Budget (±5%) explanation
	Agencies: Department of Health, VIDA Health					
Hospital Infrastructure Delivery Fund	Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health	12.81	320.000 (2023-24) ⁸¹	115.553 (24-25) ⁸² 102.563 (25-26) ⁸³	102.563 ⁸⁴	<ul style="list-style-type: none"> The TEI decreased by \$204.447 million in the 2024-25 State Budget due to separate reporting of <i>Austin Hospital Emergency Department Upgrade (Heidelberg)</i>, <i>Monash Medical Centre Redevelopment (Clayton)</i> and <i>Northern Hospital Redevelopment (Epping)</i> as these initiatives are now funded for construction.⁷¹ The TEI decreased by \$12.990 million in the 2025-26 State Budget due to a revised project scope⁷².
Meeting ambulance response times	Output(s): Ambulance Emergency Services Ambulance Non-Emergency Services	168.72	69.386 (2018-19) ⁸⁵	169.356 (21-22) ⁸⁶ 177.317 (24-25) ⁸⁷	177.317 ⁸⁸	<ul style="list-style-type: none"> The TEI was increased by \$59.70 million in the 2020-21 State Budget to deliver additional ambulance stations. The initiative was merged with the <i>Ambulance Station Build and Upgrade</i>

⁸¹ [2023-24 State Capital Program](#), p67⁸² [2024-25 State Capital Program](#), p66⁸³ [2025-26 State Capital Program](#) p64⁸⁴ [2025-26 State Capital Program](#) p64⁸⁵ [2018-19 State Capital Program](#), p65⁸⁶ [2021-22 State Capital Program](#), p83⁸⁷ [2024-25 State Capital Program](#), p66⁸⁸ [2024-25 State Capital Program](#), p66

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Total actual expenditure from announcement to 30 June 2025 (\$ million)	TEI at announcement (\$ million)	Details of TEI changes between announcement and 30 June 2025 (\$ million)	Revised TEI as at 30 June 2025 (\$ million)	Variance between TEI at announcement compared to revised TEI as at 30 June 2025 Budget (±5%) explanation
	Portfolio(s): Ambulance Services, Health Infrastructure Agencies: Department of Health, VIDA Health Ambulance Victoria					<p><i>program</i> in the 2020-21 State Budget, increasing the TEI by \$40.27 million.⁷⁷</p> <ul style="list-style-type: none"> The TEI increased by a further \$7.961 million in the 2023-24 financial year when the program received funding from the Growth Area Contributions fund to support delivery of the ambulance station at Wyndham Vale⁷⁸
Metropolitan Health Infrastructure Fund (metropolitan various)	Output(s): Admitted Services Portfolio(s): Health Agencies: Department of Health, VIDA Health	144.89	200.000 (2020-21) ⁸⁹	187.000 ⁹⁰	187.000 ⁹¹	<ul style="list-style-type: none"> The TEI decreased by \$13.0 million in the 2022-23 State Budget due to a reallocation of funds to the <i>Victorian Heart Hospital</i> project.⁸²

⁸⁹ [2021-22 State Capital Program](#), p84

⁹⁰ [2024-25 State Capital Program](#), p66

⁹¹ [2024-25 State Capital Program](#), p66

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Total actual expenditure from announcement to 30 June 2025 (\$ million)	TEI at announcement (\$ million)	Details of TEI changes between announcement and 30 June 2025 (\$ million)	Revised TEI as at 30 June 2025 (\$ million)	Variance between TEI at announcement compared to revised TEI as at 30 June 2025 Budget (±5%) explanation
Modernisation of metropolitan Melbourne Public Sector Residential Aged Care Services Strategy: Stage 3 Kingston Project (Cheltenham)	Output(s): Residential Aged Care Portfolio(s): Aged care Agencies: Department of Health, VIDA Health	128.06	134.630 (2020-21) ⁹²	139.630 ⁹³	139.630 ⁹⁴	N/A
More help for Victorian mums and dads (statewide)	Output(s): Maternal and Child Health and Early Parenting Services Portfolio(s): Children Agencies: Department of Health, VIDA Health	123.49	123.000 (2019-20) ⁹⁵	124.565 (25-26) ⁹⁶	124.565 ⁹⁷	N/A

⁹² [2021-22 State Capital Program](#), p84⁹³ [2024-25 State Capital Program](#), p67⁹⁴ [2024-25 State Capital Program](#), p67⁹⁵ [2019-20 State Capital Program](#), p61⁹⁶ [2025-26 State Capital Program](#) p65⁹⁷ [2025-26 State Capital Program](#) p65

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Total actual expenditure from announcement to 30 June 2025 (\$ million)	TEI at announcement (\$ million)	Details of TEI changes between announcement and 30 June 2025 (\$ million)	Revised TEI as at 30 June 2025 (\$ million)	Variance between TEI at announcement compared to revised TEI as at 30 June 2025 Budget (±5%) explanation
More hospital and aged care beds for Melbourne's East (Angliss Hospital Expansion Stage 2) (Upper Ferntree Gully)	Output(s): Admitted Services, Aged and Home Care Portfolio(s): Health, Aged Care Agencies: Department of Health, VIDA Health	38.33	4.556 (2019-20) <i>Planning only</i> ⁹⁸	103.420 (21-22) ⁹⁹ 112.000 (22-23) ¹⁰⁰	112.000 ¹⁰¹	<ul style="list-style-type: none"> The initial \$4.556 million funding was to undertake planning only under the <i>Planning for the Angliss Hospital expansion (Upper Ferntree Gully)</i> initiative. An additional \$98.864 million was provided in the 2021-22 State Budget to construct the expansion under the <i>More hospital and aged care beds for Melbourne's East (Angliss Hospital Expansion Stage 2)</i> initiative.⁹⁵ The TEI increased by a further \$8.580 million in the 2022-23 State Budget COVID-19 impacts and to address cost pressures due to market escalation in the construction sector.⁹⁶
Northcote Early Parenting Centre (previously More support for mums,	Output(s): Maternal and Child Health	0.38	15.000 (2023-24) ¹⁰²	20.000 (25-26) ¹⁰³	20.000 ¹⁰⁴	The TEI increased by \$5.000 million in 2025-26 due to market escalation ¹⁰⁰

⁹⁸ [2019-20 State Capital Program](#), p61⁹⁹ [2021-22 State Capital Program](#), p80¹⁰⁰ [2022-23 State Capital Program](#) p70¹⁰¹ [2022-23 State Capital Program](#) p70¹⁰² [2023-24 State Capital Program](#), p.67¹⁰³ [2025-26 State Capital Program](#) p65¹⁰⁴ [2025-26 State Capital Program](#) p65

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Total actual expenditure from announcement to 30 June 2025 (\$ million)	TEI at announcement (\$ million)	Details of TEI changes between announcement and 30 June 2025 (\$ million)	Revised TEI as at 30 June 2025 (\$ million)	Variance between TEI at announcement compared to revised TEI as at 30 June 2025 Budget (±5%) explanation
dads and babies (statewide)	Portfolio(s): Health Infrastructure Agencies: Department of Health, VIDA Health					
Providing additional bed capacity through modular facilities (metropolitan various)	Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health	44.67	54.900 (2022-23) ¹⁰⁵	44.900 (24-25) ¹⁰⁶	44.900 ¹⁰⁷	The TEI was reduced by \$10 million in the 2024-25 State Budget when uncommitted funds were redirected to the Werribee Mercy Hospital Emergency Department expansion (\$8 million) and Frankston hospital redevelopment (\$2 million) ¹⁰⁴
Royal Children's Hospital expansion (Parkville)	Output(s): Admitted Services	24.78	31.400 (2019-20) ¹⁰⁸	56.400 (24-25) ¹⁰⁹	56.400 ¹¹⁰	The TEI increased by \$25.0 million in the 2024-25 State Budget to complete the design and expansion of the short stay unit. ¹⁰⁸

¹⁰⁵ [2022-23 State Capital Program](#), p66¹⁰⁶ [2024-25 State Capital Program](#), p67¹⁰⁷ [2024-25 State Capital Program](#), p67¹⁰⁸ [2019-20 State Capital Program](#), p61¹⁰⁹ [2024-25 State Capital Program](#), p68¹¹⁰ [2024-25 State Capital Program](#), p68

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Total actual expenditure from announcement to 30 June 2025 (\$ million)	TEI at announcement (\$ million)	Details of TEI changes between announcement and 30 June 2025 (\$ million)	Revised TEI as at 30 June 2025 (\$ million)	Variance between TEI at announcement compared to revised TEI as at 30 June 2025 Budget (±5%) explanation
	Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health					
Swan Hill District Hospital emergency department upgrade (Swan Hill)	Output(s): Emergency services Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health	50.73	48.700 (2021-22) ¹¹¹	65.700 (23-24) ¹¹²	65.700 ¹¹³	The TEI increased by \$17.0 million in the 2023-24 State Budget to address market conditions in regional Victoria. ¹¹²
The Alfred Hospital urgent	Output(s): Admitted Services	13.64	69.500 (2018-19) ¹¹⁴	174.500 (24-25) ¹¹⁵	174.500 ¹¹⁶	The TEI increased by \$105.0 million in the 2024-25 State Budget to address the revised strategy to deliver fire safety compliance works and to address cost

¹¹¹ [2021-22 State Capital Program](#), p81¹¹² [2024-25 State Capital Program](#), p68¹¹³ [2024-25 State Capital Program](#), p68¹¹⁴ [2018-19 State Capital Program](#), p62¹¹⁵ [2024-25 State Capital Program](#), p68¹¹⁶ [2024-25 State Capital Program](#), p68

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PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Total actual expenditure from announcement to 30 June 2025 (\$ million)	TEI at announcement (\$ million)	Details of TEI changes between announcement and 30 June 2025 (\$ million)	Revised TEI as at 30 June 2025 (\$ million)	Variance between TEI at announcement compared to revised TEI as at 30 June 2025 Budget (±5%) explanation
infrastructure (Pahran)	Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health					pressures due to market escalation in the construction sector. ¹¹⁶
Warrnambool Base Hospital redevelopment (incl Warrnambool Logistics Hub) (Warrnambool)	Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health	96.57	384.200 (2020-21) ¹¹⁷	396.100 (25-26) ¹¹⁸	396.100 ¹¹⁹	N/A

Completion date

¹¹⁷ [2020-21 State Budget Service Delivery](#), p21

¹¹⁸ [2025-26 State Capital Program](#), p66

¹¹⁹ [2025-26 State Capital Program](#), p66

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Estimated completion date at announcement	Revised completion date as at 30 June 2025	Explanation
Additional acute mental health beds in regional Victoria (various)	Output(s): Mental Health Clinical Care Portfolio(s): Mental Health Agencies: Department of Health, VIDA Health	Quarter 2 2026-27 ¹²⁰	Quarter 4 2028-29 ¹²¹	The estimated completion date was revised in the 2023-24 State Budget as efforts are made across the program as a whole to maximise market capacity through this term of government. ¹²²
Additional acute mental health beds in Warrnambool (Warrnambool)	Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health	Quarter 4 2023-24 ¹²³	Quarter 4 2025-26 ¹²⁴	The estimated completion date was revised in the 2024-25 State Budget due to challenges in achieving an on-budget scope proposal within the originally estimated timeframe.
Backing our paramedics to keep saving lives (Statewide)	Output(s): Emergency services Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health	Quarter 4 2022-23 ¹²⁵	Quarter 2 2025-26 ¹²⁶	Completion date was revised to Q2 2023-24 in the 2023-24 State Budget as program was experiencing issues relating to remediation and land acquisition at specific sites. ¹²⁷ The estimated completion date was further revised to Q2 2025-26 in 2024-25 as land acquisition issues persisted for the remaining two sites in the program. ¹²⁸

¹²⁰ [2022-23 State Capital Program](#), p65¹²¹ [2024-25 State Capital Program](#), p64¹²² [2023-24 State Capital Program](#), p68¹²³ [2021-22 State Capital Program](#), p80¹²⁴ [2025-26 State Capital Program](#), p62¹²⁵ [2019-20 State Capital Program](#), p61¹²⁶ [2024-25 State Capital Program](#), p64¹²⁸ [2024-25 State Capital Program](#), p64

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Estimated completion date at announcement	Revised completion date as at 30 June 2025	Explanation
Ballarat Health Services expansion and redevelopment and the new Central Energy Plant (Ballarat)	Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health	Quarter 4 2025-26 ¹²⁹	Quarter 2 2027-28 ¹³⁰	The completion date was extended due to the additional scope and amended sequence of work. The completion date was updated in 2020-21, with the addition of the central energy plant to the scope ¹³¹ The revised Budget Paper No. 4 completion date of Q2 2028-29 reflected the inclusion of a 12-month defect and liability period following the completion of construction. ¹³² This was corrected to Q2 2027-28 in 2024-25. ¹³³
Building a better hospital for Melbourne's inner west (Footscray)	Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health	Quarter 4 2024-25 ¹³⁴	Quarter 2 2025-26 ¹³⁵	The New Footscray Hospital project is being delivered as a PPP. The completion date of Quarter 4, 2024-25 in the 2019-20 Budget Paper No.4 was indicative only and was updated post-Contract and Financial close to reflect the scheduled completion date of Q1 2025-26 (September 2025) in Plenary Health's program. In 2025-26 this was updated to December 2025 ¹³⁶ . Notwithstanding this change, the scheduled completion date remains consistent with government's election commitment. ¹³⁷
Building a world class hospital for Frankston families (Frankston)	Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure	Quarter 4 2019-20 ¹³⁸	Quarter 3 2027-28 ¹³⁹	The originally announced completion date was for the completion of the business case and project development activities. The project was funded for construction works in the 2020-21 State Budget with an estimated completion date of Quarter 4, 2024-25.

¹²⁹ [2018-19 State Capital Program](#), p62

¹³⁰ [2024-25 State Capital Program](#), p64

¹³¹ [2021-22 State Capital Program](#), p82

¹³² [2022-23 State Capital Program](#), p67

¹³³ [2024-25 State Capital Program](#), p64

¹³⁴ [2019-20 State Capital Program](#), p61

¹³⁵ [2025-26 State Capital Program](#), p62

¹³⁶ [2025-26 State Capital Program](#), p62

¹³⁷ [2022-23 State Capital Program](#), p67

¹³⁸ [2019-20 State Capital Program](#), p61

¹³⁹ [2025-26 State Capital Program](#), p62

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Estimated completion date at announcement	Revised completion date as at 30 June 2025	Explanation
	Agencies: Department of Health, VIDA Health			The project is being delivered as a PPP and the completion date has since been revised to Quarter 3, 2025-26 due to the addition, at contract close (April 2022), of additional scope (mental health and alcohol and other drugs hub, emergency department paediatric zone; and a new multi-level car park facility) and whole-of-life benefits to the project. Completion of the hospital development will be achieved by quarter 3 2025-26, with additional refurbishment and ancillary works completed by quarter 3 2027-28.
Building a new rehabilitation centre for Bendigo (Bendigo)	Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health	Quarter 4 2022-23 ¹⁴⁰	Quarter 3 2025-26 ¹⁴¹	The estimated completion date was revised to Quarter 2, 2024-25 in the 2023-24 State Budget. The centre is complete and operational; the completion date was further revised to quarter 3 2025-26 in 2025-26 to align with the program to demolish the previous building and return the area to public green space ¹⁴² .
Building a world class hospital in Maryborough (Maryborough)	Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health	Quarter 2 2024-25 ¹⁴³	Quarter 4 2025-26 ¹⁴⁴	The estimated completion date was revised to Quarter 4 2025-26 in the 2024-25 State Budget due to a prolonged tender process related to regional construction market conditions. ¹⁴⁵

¹⁴⁰ [2019-20 State Capital Program](#), p61¹⁴¹ [2025-26 State Capital Program](#), p62¹⁴² [2025-26 State Capital Program](#), p62¹⁴³ [2021-22 State Capital Program](#), p80¹⁴⁴ [2024-25 State Capital Program](#), p65¹⁴⁵ [2024-25 State Capital Program](#), p65

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Estimated completion date at announcement	Revised completion date as at 30 June 2025	Explanation
Building emergency department kids and families can count on (statewide)	Output(s): Emergency Services Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health	Quarter 1 2024-25 ¹⁴⁶	Quarter2 2027-28 ¹⁴⁷	One emergency department (Geelong) has been completed. The estimated completion date has been revised to Quarter 2 2027-28 in line with a revised project schedule. ¹⁴⁸
Community Hospital Program	Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health	Quarter 4 2024-25 ¹⁴⁹	Quarter 2 2026-27 ¹⁵⁰	The estimated completion date was revised to Quarter 4 2025-26 in the 2024-25 State Budget due to challenges in land acquisition across several sites which had delayed construction commencement. ¹⁵¹ It was revised to Quarter 2 2026-27 in 2025-26 ¹⁵² due to delays in planning and related approvals.
Early Parenting Centre - Shepparton	Output: Maternal and Child Health and Early Parenting Services Portfolio: Health Infrastructure	Quarter 4 2024-25 ¹⁵²	Quarter 2 2026-27 ¹⁵³	The estimated completion date was revised to Quarter 4 2025-26 in the 2024-25 State Budget and to Quarter 2 2026-27 in the 2025-26 State Budget due to challenges in land acquisition. ¹⁵⁴

¹⁴⁶ [2021-22 State Capital Program](#), p80

¹⁴⁷ [2025-26 State Capital Program](#), p63

¹⁴⁸ [2025-26 State Capital Program](#), p63

¹⁴⁹ [2021-22 State Capital Program](#), p81

¹⁵⁰ [2025-26 State Capital Program](#), p63

¹⁵¹ [2024-25 State Capital Program](#), p65

¹⁵² [2022-23 State Capital Program](#), p65

¹⁵³ [2025-26 State Capital Program](#), p63

¹⁵⁴ [2024-25 State Capital Program](#), p65

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Estimated completion date at announcement	Revised completion date as at 30 June 2025	Explanation
	Agencies: Department of Health, VIDA Health			
Expanding mental health treatment facilities for Victoria's youth (statewide)	Output: Mental Health Clinical Care Portfolio: Mental Health Clinical Care, Health Infrastructure Agencies: Department of Health, VIDA Health	Quarter 4 2024-25 ¹⁵⁵	Quarter 3 2025-26 ¹⁵⁶	The estimated completion date has been revised from quarter 4 2024-25 to quarter 3 2025-26 due to delays experienced through land acquisition and latent site conditions.
Forensic Mental Health Expansion Project Stage 1 and 2 (Fairfield) (originally Expanding and improving bed-based forensic mental health services: Thomas Embling Hospital)	Output: Mental Health Clinical Care Portfolio: Mental Health Clinical Care, Health Infrastructure Agencies: Department of Health, VIDA Health	Quarter 4 2024-25 ¹⁵⁷	Quarter 4 2025-26 ¹⁵⁸	The estimated completion date has been revised from quarter 4 2024-25 to quarter 4 2025-26 due to delays in refurbishment works and delays in planning approval process for the multi-deck car park.
Improving Energy Efficiency in Public Hospitals (Melbourne)	Output(s): Admitted Services	Quarter 4 2022-23 ¹⁵⁹	Quarter 4 2026-27 ¹⁶⁰	The completion date was revised in the 2022-23 State Budget because of the impacts of COVID-19. ¹⁶¹

¹⁵⁵ [2021-22 State Capital Program](#), p80¹⁵⁶ [2025-26 State Capital Program](#), p63¹⁵⁷ [2021-22 State Capital Program](#), p80¹⁵⁸ [2025-26 State Capital Program](#), p63¹⁵⁹ [2020-21 State Budget Service Delivery](#), p78¹⁶⁰ [2025-26 State Capital Program](#), p64¹⁶¹ [2022-23 State Capital Program](#), p69

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Estimated completion date at announcement	Revised completion date as at 30 June 2025	Explanation
	Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health			The completion date was further revised in the 2023-24 and the 2024-25 State Budgets to accommodate the additional scope approved by the Treasurer to incorporate electrification and additional energy savings opportunities ¹⁶² The planned delivery of additional projects in 2025-26 saw a further revision of the completion date to Quarter 4 2026-27.
Improving safety in mental health intensive care areas (various)	Output: Mental Health Clinical Care Portfolio: Mental Health Clinical Care, Health Infrastructure Agencies: Department of Health, VIDA Health	Quarter 4 2024-25 ¹⁶³	Quarter 4 2025-26 ¹⁶⁴	The estimated completion date has been revised to quarter 4 2025-26 to accommodate the need to stage work around clinical service requirements and to minimise the disruption of bed closures by staging closures across geographic regions .
Meeting ambulance response times (statewide) first referred to under this BP4 name in 2018-19	Output: Ambulance Services Portfolio: Ambulance Services, Health Infrastructure Agencies: Department of Health, VIDA Health	Quarter 4 2018-19 ¹⁶⁵	Quarter 2 2026-27 ¹⁶⁶	Completion date was revised to Q2 2023-24 in the 2023-24 State Budget as program was experiencing issues relating to remediation and land acquisition at specific sites. ¹⁶⁷ The estimated completion date was further revised to Q2 2025-26 in 2024-25 and to Quarter 2 2026-27 in the 2025- 26 State Budget ¹⁶⁸ as land acquisition issues and related approvals persisted for a small number of sites in the program ¹⁶⁹ 37 of the 38 sites in the program are complete.

¹⁶² [2023-24 State Capital Program](#), p70

¹⁶³ [2022-23 State Capital Program](#), p65

¹⁶⁴ [2025-26 State Capital Program](#), p64

¹⁶⁵ [2018-19 State Capital Program](#), p65

¹⁶⁶ [2025-26 State Capital Program](#), p64

¹⁶⁷ [2023-24 State Capital Program](#), p70

¹⁶⁸ [2025-26 State Capital Program](#), p64

¹⁶⁹ [2024-25 State Capital Program](#), p66

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Estimated completion date at announcement	Revised completion date as at 30 June 2025	Explanation
Mental health and alcohol and other drugs residential rehabilitation facility – Mildura (Mildura)	Output: Mental Health Clinical Care Portfolio: Mental Health Clinical Care, Health Infrastructure Agencies: Department of Health, VIDA Health	Quarter 4 2024-25 ¹⁷⁰	Quarter 4 2026-27 ¹⁷¹	The estimated completion date was revised in the 2025-26 State Budget to accommodate community engagement. OBJ OBJ OBJ ¹⁷²
More help for Victorian mums and dads (statewide)	Output: Maternal and Child Health and Early Parenting Services Portfolio: Health Infrastructure Agencies: Department of Health, VIDA Health	Quarter 2 2023-24 ¹⁷³	Quarter 2 2025-26 ¹⁷⁴	The estimated completion date was revised to Quarter 2 2025-26 in the 2024-25 State Budget due to latent conditions and challenges in land acquisition. ¹⁷⁵
More PET Scanners for Victorian hospitals (statewide)	Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure	Quarter 4 2025-26 ¹⁷⁶	Quarter 4 2028-29 ¹⁷⁷	The estimated completion date was revised to Quarter 4 2028-29 to accommodate a revised program schedule to align with major build programs.

¹⁷⁰ [2022-23 State Capital Program](#), p66¹⁷¹ [2025-26 State Capital Program](#), p64¹⁷² [2023-24 State Capital Program](#), p70¹⁷³ [2019-20 State Capital Program](#), p61¹⁷⁴ [2024-25 State Capital Program](#), p67¹⁷⁵ [2024-25 State Capital Program](#), p67¹⁷⁶ [2023-24 State Capital Program](#), p67¹⁷⁷ [2025-26 State Capital Program](#), p64

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Estimated completion date at announcement	Revised completion date as at 30 June 2025	Explanation
	Agencies: Department of Health, VIDA Health			
New Melton Hospital	Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health	Quarter 4 2021-22 ¹⁷⁸	Quarter 1 2029-30 ¹⁷⁹	The originally announced completion date was for the completion of the business case, land acquisition, procurement analysis and project development activities. The estimated completion date has been revised from quarter 4 2028-29 to quarter 1 2029-30 in line with the project schedule under the PPP agreement.
Northcote early parenting Centre (Northcote)	Output: Maternal and Child Health and Early Parenting Services Portfolio: Health Infrastructure Agencies: Department of Health, VIDA Health	Quarter 4 2025-26 ¹⁸⁰	Quarter 4 2027-28 ¹⁸¹	The estimated completion date was revised to Quarter 4 2028-29 due to land acquisition and delays with related approvals.
Providing additional bed capacity through modular facilities (metropolitan various)	Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure	Quarter 1 2023-24 ¹⁸²	Quarter 2 2024-25 ¹⁸³	The program reached practical completion on time in quarter 1 2023-24 but has been re-opened with a revised completion date of Q2 2024-25 to physically move and/or convert the modulars to permanent occupancy. ¹⁸⁴

¹⁷⁸ [2021-22 State Capital Program](#), p83

¹⁷⁹ [2025-26 State Capital Program](#), p64

¹⁸⁰ [2023-24 State Capital Program](#), p67

¹⁸¹ [2025-26 State Capital Program](#), p64

¹⁸² [2022-23 State Capital Program](#), p66

¹⁸³ [2024-25 State Capital Program](#), p67

¹⁸⁴ [2024-25 State Capital Program](#), p67

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Estimated completion date at announcement	Revised completion date as at 30 June 2025	Explanation
	Agencies: Department of Health, VIDA Health			
Publicly led fertility care services for Victoria (statewide)	Output: Non-admitted Services Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health	Quarter 4 2021-22 ¹⁸⁵	Quarter 4 2025-26 ¹⁸⁶	The first phase of the project, completion of a new laboratory and associated service delivery infrastructure at Royal Women's Hospital was delivered in Q4 2022-23. Further expansion of statewide laboratory capacity is in final stages of design and continues to be subject of consideration to stakeholder engagement and system need.
Redevelopment of Thomas Embling Hospital Stage 3 (Fairfield)	Output: Mental Health Clinical Care Portfolio: Mental Health Clinical Care, Health Infrastructure Agencies: Department of Health, VIDA Health	Quarter 4 2024-25 ¹⁸⁷	Quarter 4 2025-26 ¹⁸⁸	The estimated completion date was revised to quarter 4 2025-26 in the 2025-26 State Budget due to staging of refurbishment works
Royal Children's Hospital Expansion (Parkville)	Output(s): Admitted Services	Quarter 4 2021-22 ¹⁸⁹	Quarter 4 2026-27 ¹⁹⁰	The completion date was revised to Q4 2023-24 in the 2021-22 State Budget due to delays arising from COVID-19. ¹⁹¹

¹⁸⁵ [2021-22 State Capital Program](#), p81

¹⁸⁶ [2025-26 State Capital Program](#), p65

¹⁸⁷ [2022-23 State Capital Program](#), p66

¹⁸⁸ [2025-26 State Capital Program](#), p65

¹⁸⁹ [2019-20 State Capital Program](#), p61

¹⁹⁰ [2025-26 State Capital Program](#), p66

¹⁹¹ [2021-22 State Capital Program](#), p85

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Estimated completion date at announcement	Revised completion date as at 30 June 2025	Explanation
	Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health			The estimated completion date was further revised to Quarter 1 2025-26 in the 2024-25 State Budget due to design changes. ¹⁹² All additional points of care will be delivered within that date, however a further extension to Quarter 4 2026-27 was granted in 2025-26 to accommodate the need to stage refurbishment works around clinical service requirements.
Swan Hill District Hospital emergency department upgrade (Swan Hill)	Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health	Quarter 4 2024-25 ¹⁹³	Quarter 2 2026-27 ¹⁹⁴	The estimated completion date was revised to Quarter 2 2026-27 in the 2024-25 State Budget due to prolonged tender processes related to regional construction market conditions. ¹⁹⁵
Sustaining statewide health service delivery at The Alfred (Prahran)	Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health	Quarter 4 2027-28 ¹⁹⁶	Quarter 2 2029-30 ¹⁹⁷	The estimated completion date has been revised from quarter 4 2027-28 to quarter 2 2029-30 to accommodate the need to stage work around clinical service requirements.
The Alfred Hospital urgent infrastructure (Prahran)	Output(s): Admitted Services	Quarter 4 2023-24 ¹⁹⁸	Quarter 4 2029-30 ¹⁹⁹	The estimated completion date was revised to Quarter 4 2029-30 in the 2024-25 State Budget due to a revised strategy to deliver fire

¹⁹² [2024-25 State Capital Program](#), p68

¹⁹³ [2021-22 State Capital Program](#), p81

¹⁹⁴ [2024-25 State Capital Program](#), p68

¹⁹⁵ [2024-25 State Capital Program](#), p68

¹⁹⁶ [2024-25 State Capital Program](#), p63

¹⁹⁷ [2025-26 State Capital Program](#), p66

¹⁹⁸ [2018-19 State Capital Program](#), p62

¹⁹⁹ [2024-25 State Capital Program](#), p68

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Estimated completion date at announcement	Revised completion date as at 30 June 2025	Explanation
	Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health			safety compliance works without interrupting clinical service delivery. ²⁰⁰
Warrnambool Base Hospital Redevelopment (incl Warrnambool Logistics Hub) (Warrnambool)	Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health	Quarter 4 2025-26 ²⁰¹	Quarter 4 2026-27 ²⁰²	The estimated completion date has been revised to Quarter 4, 2026-27 in the 2023-24 State Budget due to unfavourable market pricing driving a longer than expected period to appoint the builder. This project is on track for completion in mid-2027. ²⁰³
Engineering infrastructure and medical equipment replacement program 2020-21 (statewide)	Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health	Quarter 4 2021-22 ²⁰⁴	Quarter 4 2025-26 ²⁰⁵	Grants programs are funded for a single year in Budget Paper 4 and once projects are allocated and milestones agreed with health services the program dates are re-baselined to reflect actual completion date of projects. Delivery of grants programs are led by health services. Completion dates are often required to be adjusted on the advice of health services, which enables health services to work through design, scope and cost alignment of proposals, and then implementation within a live operating environment.
Engineering infrastructure and medical equipment	Output(s): Admitted Services	Quarter 4 2021-22 ²⁰⁶	Quarter 4 2026-27 ²⁰⁷	

²⁰⁰ [2024-25 State Capital Program](#), p68

²⁰¹ [2021-22 State Capital Program](#), p85

²⁰² [2024-25 State Capital Program](#), p69

²⁰³ [2023-24 State Capital Program](#), p72

²⁰⁴ [2021-22 State Capital Program](#), p82

²⁰⁵ [2025-26 State Capital Program](#), p63

²⁰⁶ [2021-22 State Capital Program](#), p80

²⁰⁷ [2025-26 State Capital Program](#), p63

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Estimated completion date at announcement	Revised completion date as at 30 June 2025	Explanation
replacement program 2021-22 (statewide)	Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health			During the COVID-19 period, the delivery of health services took precedence over capital works, often requiring a pause in either procurement or delivery of the project. The impact of the pandemic on resource availability and supply chains has also been a factor in delaying projects for some of the older funding rounds.
Engineering Infrastructure Replacement Program 2022-23 (statewide)	Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health	Quarter 4 2022-23 ²⁰⁸	Quarter 2 2026-27 ²⁰⁹	
Engineering Infrastructure Replacement Program 2024-25 (statewide)	Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health	Quarter 4 2025-26 ²¹⁰	Quarter 4 2029-30 ²¹¹	
Medical equipment replacement program 2022-23 (statewide)	Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure	Quarter 4 2022-23 ²¹²	Quarter 4 2025-26 ²¹³	

²⁰⁸ [2022-23 State Capital Program](#), p65²⁰⁹ [2025-26 State Capital Program](#), p63²¹⁰ [2024-25 State Capital Program](#), p63²¹¹ [2025-26 State Capital Program](#), p63²¹² [2022-23 State Capital Program](#), p65²¹³ [2025-26 State Capital Program](#), p64

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Estimated completion date at announcement	Revised completion date as at 30 June 2025	Explanation
	Agencies: Department of Health			
Medical equipment replacement program 2024-25 (statewide)	Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure Agencies: Department of Health	Quarter 4 2024-25 ²¹⁴	Quarter 4 2027-28 ²¹⁵	
Mental Health and Alcohol and Drug Facilities Renewal 2020-21 (statewide)	Output: Mental Health Clinical Care Portfolio: Mental Health Clinical Care, Health Infrastructure Agencies: Department of Health, VIDA Health	Quarter 4 2022-23 ²¹⁶	Quarter 4 2024-25 ²¹⁷	
Mental Health and Alcohol and Drug Facilities Renewal 2022-23 (statewide)	Output: Mental Health Clinical Care Portfolio: Mental Health Clinical Care, Health Infrastructure	Quarter 4 2022-23 ²¹⁸	Quarter 4 2024-25 ²¹⁹	

²¹⁴ [2024-25 State Capital Program](#), p63

²¹⁵ [2025-26 State Capital Program](#), p64

²¹⁶ [2021-22 State Capital Program](#), p84

²¹⁷ [2024-25 State Capital Program](#), p66

²¹⁸ [2022-23 State Capital Program](#), p65

²¹⁹ [2024-25 State Capital Program](#), p66

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Estimated completion date at announcement	Revised completion date as at 30 June 2025	Explanation
	Agencies: Department of Health, VIDA Health			
Mental Health Capital Renewal Fund 2023-24 (statewide)	Output: Mental Health Clinical Care Portfolio: Mental Health Clinical Care, Health Infrastructure Agencies: Department of Health, VIDA Health	Quarter 4 2023-24 ²²⁰	Quarter 4 2025-26 ²²¹	
Mental Health Capital Renewal Fund 2024-25 (statewide)	Output: Mental Health Clinical Care Portfolio: Mental Health Clinical Care, Health Infrastructure Agencies: Department of Health, VIDA Health	Quarter 4 2024-25 ²²²	Quarter 4 2027-28 ²²³	
Metropolitan Health Infrastructure Fund (metropolitan various)	Output(s): Admitted Services	Quarter 4 2022-23 ²²⁴	Quarter 4 2026-27 ²²⁵	

²²⁰ [2023-24 State Capital Program](#), p67

²²¹ [2025-26 State Capital Program](#), p64

²²² [2021-22 State Capital Program](#), p85

²²³ [2025-26 State Capital Program](#), p64

²²⁴ [2021-22 State Capital Program](#), p84

²²⁵ [2025-26 State Capital Program](#), p63

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Estimated completion date at announcement	Revised completion date as at 30 June 2025	Explanation
	Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health			
Metropolitan Health Infrastructure Fund 2022-23 (metropolitan various)	Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health	Quarter 4 2022-23 ²²⁶	Quarter 4 2025-26 ²²⁷	
Metropolitan Health Infrastructure Fund 2023-24 (metropolitan various)	Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health	Quarter 4 2023-24 ²²⁸	Quarter 4 2027-28 ²²⁹	
Regional Health Infrastructure Fund (regional various)	Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure	Quarter 4 2019-20 ²³⁰	Quarter 4 2026-27 ²³¹	

²²⁶ [2022-23 State Capital Program](#), p66

²²⁷ [2025-26 State Capital Program](#), p64

²²⁸ [2023-24 State Capital Program](#), p67

²²⁹ [2025-26 State Capital Program](#), p65

²³⁰ [2018-19 State Capital Program](#), p65

²³¹ [2025-26 State Capital Program](#), p63

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Project	Output(s) and portfolio(s) and/or agency responsible for the project	Estimated completion date at announcement	Revised completion date as at 30 June 2025	Explanation
	Agencies: Department of Health, VIDA Health			
Regional Health Infrastructure Fund 2019-20 (regional various)	Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health	Quarter 4 2020-21 ²³²	Quarter 4 2026-27 ²³³	
Regional Health Infrastructure Fund 2020-21 (regional various)	Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health	Quarter 4 2023-24 ²³⁴	Quarter 4 2026-27 ²³⁵	
Regional Health Infrastructure Fund 2021-22 (regional various)	Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health	Quarter 4 2022-23 ²³⁶	Quarter 4 2024-25 ²³⁷	

²³² [2019-20 State Capital Program](#), p61

²³³ [2025-26 State Capital Program](#), p63

²³⁴ [2021-22 State Capital Program](#), p85

²³⁵ [2025-26 State Capital Program](#), p63

²³⁶ [2022-23 State Capital Program](#), p70

²³⁷ [2024-25 State Capital Program](#), p68

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Project	Output(s) and portfolio(s) and/or agency responsible for the project	Estimated completion date at announcement	Revised completion date as at 30 June 2025	Explanation
Regional Health Infrastructure Fund 2022-23 (regional various)	Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health	Quarter 4 2025-26 ²³⁸	Quarter 4 2027-28 ²³⁹	
Rural residential aged care facilities renewal 2019-20 (regional various)	Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health	Quarter 4 2019-20 ²⁴⁰	Quarter 4 2025-26 ²⁴¹	
Rural residential aged care facilities renewal 2020-21 (regional various)	Output: Aged and Home Care Portfolio: Aged Care, Health Infrastructure Agencies: Department of Health, VIDA Health	Quarter 4 2021-22 ²⁴²	Quarter 4 2026-27 ²⁴³	

*Scope*²³⁸ [2022-23 State Capital Program](#), p66²³⁹ [2025-26 State Capital Program](#), p64²⁴⁰ [2019-20 State Capital Program](#), p61²⁴¹ [2024-25 State Capital Program](#), p68²⁴² [2021-22 State Capital Program](#), p85²⁴³ [2025-26 State Capital Program](#), p63

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Scope at announcement	Details of scope change(s) and date(s) scope changes occurred
Ballarat Health Services expansion and redevelopment and the new Central Energy Plant (Ballarat)	Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health	The redevelopment will deliver a new emergency department, a women and children's hub, state-of-the art theatre suite and an extra 100 additional inpatient and short stay beds. A new and expanded critical care floor will bring together operating theatres, procedure rooms, an expanded intensive care unit, endoscopy suites and consulting rooms (2018-19)	In the 2021-22 State Budget, the Victorian Government approved increased scope to construct a new Central Energy Plant to be bundled with the existing project for procurement/delivery. ²⁴⁴ Project scope was further revised to include a helipad and a 400-space car park in the 2023-24 State Budget. ²⁴⁵
Building a world class hospital for Frankston families (Frankston)	Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health	Planning will commence on the redevelopment of Frankston Hospital that will provide new hospital beds, operating theatres, expanded child and maternal health services, a new oncology ward, oncology day clinic and areas dedicated to mental health services (2019-20)	Additional scope approved in the 2021-22 State Budget, includes mental health and alcohol and other drugs emergency department hub, new paediatric emergency department zone, and multi-deck carpark additions. ²⁴⁶ Final scope as announced following Contract Close in April 2022 included the above plus an all-new suite of 15 fully fitted-out operating theatres and support spaces, shell spaces for future expansion; a new hospital kitchen, new mortuary, expanded loading docks and a new rooftop helipad; a new childcare centre and community centre; additional sustainability enhancements including an all-electric energy solution for the new facility that supports the States Net Zero by 2050 target; and, a new pedestrian crossing on Yuillie Street and traffic lights at the main Hastings Road intersection. ²⁴⁷
Building a better hospital for	Output(s): Admitted Services	The new Footscray Hospital will provide 504 beds, acute and specialist facilities, clinical	It was announced in the 2022-23 State Budget that the new Footscray Hospital will replace the existing hospital with a capacity of 608 Points of Care (508 beds), an increase from the original 504 beds.

²⁴⁴ [2021-22 State Capital Program](#), p82²⁴⁵ [2023-24 State Capital Program](#), p68²⁴⁶ [2021-22 State Capital Program](#), p82²⁴⁷ [2022-23 State Capital Program](#), p67

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Scope at announcement	Details of scope change(s) and date(s) scope changes occurred
Melbourne's inner west (Footscray)	Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health	support spaces, and teaching, training and research spaces (2019-20)	Victoria University project components have been added to the project scope and will be reimbursed by Victoria University (reflected in the increased TEI in 2022-23). ²⁴⁸
Building emergency departments kids and families can count on (statewide)	Output(s): Emergency Services Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health	The original scope of the initiative comprised building paediatric emergency zones at Casey, Maroondah, Geelong, Northern and Frankston Hospitals (Budget Paper No.4 2021-22, p. 6) ²⁴⁹ (2021-22)	Project scope originally included five sites. The Geelong site was completed in October. It was announced in 2022-23 State Budget that the Casey and Frankston emergency departments are to be incorporated into the <i>Building a world class hospital for Frankston families and the Emergency Departments Expansion Program (Casey Hospital and Werribee Mercy Hospital)</i> initiatives. ²⁵⁰ In 2024-25 it was announced that the Northern Hospital Paediatric Emergency Department would be delivered as part of the wider redevelopment of the Northern Hospital. ²⁵¹ This is reflected in a reduced TEI.
Community hospitals to give patients the best care	Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health	The program provided funding to construct and expand 10 community hospitals in Craigieburn, Cranbourne, Pakenham, Phillip Island, Sunbury, Torquay, Mernda, Eltham, Point Cook and the inner south of Melbourne (2019-20).	In 2024-25 it was announced that the government is progressing seven of the Community Hospitals. Further service planning will be undertaken for the Eltham, Emerald Hill and Torquay areas to determine the optimal care models to best meet priority service needs in those communities. ²⁵²
Improving Energy Efficiency in Public	Output(s): Admitted Services	The program provided funding to improve the energy efficiency of Victorian Public Hospitals	The scope was expanded in the 2023-24 State Budget to incorporate other energy savings opportunities because LEDs had been installed already in most government health services via the Victorian Energy

²⁴⁸ [2022-23 State Capital Program](#), p67²⁴⁹ [2021-22 State Capital Program](#), p6²⁵⁰ [2022-23 State Capital Program](#), p68²⁵¹ [2024-25 State Capital Program](#), p65²⁵² [2024-25 State Capital Program](#), p65

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Project	Output(s) and portfolio(s) and/or agency responsible for the project	Scope at announcement	Details of scope change(s) and date(s) scope changes occurred
Hospitals (Melbourne)	Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA Health	through the installation of solar energy and LED lighting (2020-21)	Upgrades program. In addition, electrification was included to support the implementation of this emerging policy within the health portfolio.
Parkville precinct redevelopment (previously Redevelopment of Royal Melbourne Hospital and Royal Women's Hospital)	Output(s): Admitted Services Portfolio(s): Health, Health Infrastructure Agencies: Department of Health, VIDA HEALTH	The program provided funding to deliver new campuses of the Royal Melbourne Hospital and Royal Women's Hospital to meet our state's future healthcare needs. Located in Arden and Parkville, the new hospitals were to be accessed by the Metro Tunnel which is set to open in 2025. This will connect healthcare workers, patients and their families with the two hospitals and nearby vital healthcare services. This project will deliver more than 1,800 beds and treatment spaces with patients from across our state to benefit (2023-24)	In the 2024-25 State Budget, it was announced that the redevelopment will focus on the single site at Parkville. Detailed technical and feasibility studies indicated that the site at Arden was unviable for the development of the hospital and would be better used for more homes for Victorians ²⁵³

²⁵³ [2024-25 State Capital Program](#), p67

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Question 9 (all departments) Details of actual capital expenditure – completed projects (or expected to be completed)

Please provide the following details about asset investment projects that were completed in 2024–25:

- Project name, project objectives and Department(s), Output(s) and Portfolio(s) and/or Agency/Agencies responsible for delivery of the project
- Total Estimated Investment (TEI) at announcement
- Details of TEI changes between announcement and completion date, including when TEI was changed and what it was changed to
- Actual cost of project
- Estimated completion date at announcement
- Actual completion date
- Explanations for any variance in capital expenditure and/or completion date.

Project	Original project objectives	Responsible Department(s), Output(s) and Portfolio(s) and/or Agency/Agencies	TEI at announcement (\$ million)	Details of TEI changes between announcement and completion date (\$ million)	Actual cost of project (\$ million)	Estimated completion date at announcement	Actual completed date	Variance explanation (\$ value variance and/or time variance)
A proudly multicultural Victoria	To purchase land for three multicultural residential aged-care facilities	Output: Aged and Home Care Portfolio: Aged Care, Health Infrastructure Agencies: Victorian Infrastructure Delivery Authority	21.750 ²⁵⁴	No change	21.60	Jun 2021 ²⁵⁵	Practical completion Dec 2024	The project was delayed due to COVID 19 restrictions impacting site access and completion of due diligence. The project was further delayed due to delays in the

²⁵⁴ [2019-20 State Capital Program p.61](#)

²⁵⁵ *ibid*

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Project	Original project objectives	Responsible Department(s), Output(s) and Portfolio(s) and/or Agency/Agencies	TEI at announcement (\$ million)	Details of TEI changes between announcement and completion date (\$ million)	Actual cost of project (\$ million)	Estimated completion date at announcement	Actual completed date	Variance explanation (\$ value variance and/or time variance)
		(VIDA) Health, Department of Health						settlement of the site in Tarneit because of subdivision requirements.
Medical equipment replacement program 2022-23 (statewide)	To replace critical medical equipment across Victoria.	Output: Admitted Services Portfolio: Health, Health Infrastructure Agencies: VIDA Health, Department of Health	35.000 ²⁵⁶	No change	32.69	Jun 2023 ²⁵⁷	Practical completion Mar 2025	Delivery of grants programs are led by health services. Completion dates are often required to be adjusted on the advice of health services, which enables health services to work through design, scope and cost alignment of proposals, and then implementation within a live operating environment.

²⁵⁶ [2022-23 State Capital Program p.65](#)

²⁵⁷ [ibid](#)

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Project	Original project objectives	Responsible Department(s), Output(s) and Portfolio(s) and/or Agency/Agencies	TEI at announcement (\$ million)	Details of TEI changes between announcement and completion date (\$ million)	Actual cost of project (\$ million)	Estimated completion date at announcement	Actual completed date	Variance explanation (\$ value variance and/or time variance)
Modernisation of metropolitan Melbourne Public Sector Residential Aged Care Services Strategy: Stage 3 Kingston Project (Cheltenham)	<p>To develop a new two storey 150-bed public sector residential aged care facility at the Monash Health Kingston Campus, Cheltenham.</p> <p>To provide contemporary models of aged care and 75 mental health beds to meet an increasing need.</p>	<p>Output: Aged and Home Care</p> <p>Portfolio: Health, Health Infrastructure</p> <p>Agencies: VIDA Health, Department of Health</p>	134.630 ²⁵⁸	139.630 ²⁵⁹	128.06	Jun 2026 ²⁶⁰	Practical completion Jun 2025	<p>The TEI has increased by \$5 million due to funding being redirected from the 'Wantirna aged care redevelopment (Wantirna)' initiative completed in the 2023-24 Budget.</p> <p>The project completed ahead of schedule.</p>

²⁵⁸ [2020-21 State Service Delivery p.81](#)

²⁵⁹ [2024-25 State Capital Program p.67](#)

²⁶⁰ *ibid*

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Project	Original project objectives	Responsible Department(s), Output(s) and Portfolio(s) and/or Agency/Agencies	TEI at announcement (\$ million)	Details of TEI changes between announcement and completion date (\$ million)	Actual cost of project (\$ million)	Estimated completion date at announcement	Actual completed date	Variance explanation (\$ value variance and/or time variance)
Providing additional bed capacity through modular facilities (metropolitan various)	To establish additional capacity at Werribee Mercy Hospital, Northern Hospital and Casey Hospital. To establish and staff modular units to alleviate demand on health service emergency departments by providing triage, assessment, respiratory clinic, and	Output: Admitted Services Portfolio: Health, Health Infrastructure Agencies: VIDA Health, Department of Health	54.900 ²⁶¹	44.900 ²⁶²	44.67	Sep 2023 ²⁶³	Practical completion Jun 2025	The TEI was reduced by \$10 million in the 2024-25 State Budget when uncommitted funds were redirected to the Werribee Mercy Hospital Emergency Department expansion (\$8 million) and Frankston hospital redevelopment (\$2 million) ²⁶⁴

²⁶¹ [2022-23 State Capital Program p.66](#)

²⁶² [2024-25 State Capital Program p.67](#)

²⁶³ *ibid*

²⁶⁴ *ibid*

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Project	Original project objectives	Responsible Department(s), Output(s) and Portfolio(s) and/or Agency/Agencies	TEI at announcement (\$ million)	Details of TEI changes between announcement and completion date (\$ million)	Actual cost of project (\$ million)	Estimated completion date at announcement	Actual completed date	Variance explanation (\$ value variance and/or time variance)
	urgent care clinic functions.							
Rural and Regional PSRACS Revitalisation Strategy Stage 1 (regional various)	To rebuild the Glenview Community Care aged care facility in Rutherglen to deliver 50 beds and expanded capacity. To enable improved models of care and ensure the community has access to safe and high-quality public sector aged care services. To undertake detailed	Output: Aged and Home Care Portfolio: Health, Health Infrastructure Agencies: VIDA Health, Department of Health	65.000 ²⁶⁵	No change	59.19	Jun 2025 ²⁶⁶	Practical completion Jun 2025	The project was completed on time and under budget. budget.

²⁶⁵ [2021-22 State Capital Program p.81](#)

²⁶⁶ [ibid](#)

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Project	Original project objectives	Responsible Department(s), Output(s) and Portfolio(s) and/or Agency/Agencies	TEI at announcement (\$ million)	Details of TEI changes between announcement and completion date (\$ million)	Actual cost of project (\$ million)	Estimated completion date at announcement	Actual completed date	Variance explanation (\$ value variance and/or time variance)
	planning and design work for the future redevelopment of the Camperdown and Cohuna public sector aged care facilities.							
Engineering infrastructure and medical equipment replacement program 2019–20 (statewide)	To replace critical engineering infrastructure that has reached the end of its useful life. To enable the continuity of health service delivery and compliance with	Output: Admitted Services Portfolio: Health, Health Infrastructure Agencies: VIDA Health, Department of Health	60.000 ²⁶⁷	No change	57.63	Jun 2020 ²⁶⁸	Practical completion Jun 2024 Financial completion Jun 2025	Delivery of grants programs are led by health services. Completion dates are often required to be adjusted on the advice of health services, which enables health services to work through design, scope and cost alignment of proposals, and then

²⁶⁷ [2019-20 State Capital Program p.61](#)

²⁶⁸ *ibid*

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Project	Original project objectives	Responsible Department(s), Output(s) and Portfolio(s) and/or Agency/Agencies	TEI at announcement (\$ million)	Details of TEI changes between announcement and completion date (\$ million)	Actual cost of project (\$ million)	Estimated completion date at announcement	Actual completed date	Variance explanation (\$ value variance and/or time variance)
	regulatory requirements.							implementation within a live operating environment.
Reforming Clinical Mental Health Services (Melbourne)	To establish six new emergency department mental health and alcohol and other drug crisis hubs, with six ambulatory services short-stay units to be built at Monash Medical Centre, St Vincent's, Geelong, Royal Melbourne, Sunshine and Frankston	Outputs: Admitted services, Emergency services, Mental Health Clinical Care Portfolio: Health, Health Infrastructure Agencies: VIDA Health, Department of Health	48.100 ²⁶⁹	40.000 ²⁷⁰ 34.741 ²⁷¹	34.19	Jun 2023 ²⁷²	Practical completion Aug 2023. Financial completion Jun 2025.	The project's TEI reduced by \$8.100 million in 2019-20 due to the Monash hub being delivered as part of the major project being delivered concurrently. The TEI reduced by a further \$5.259 million in 2022-23 due to funding for the Frankston hub being delivered as part of the major hospital redevelopment being

²⁶⁹ [2018-19-State Capital Program p.62](#)

²⁷⁰ [2019-20 State Capital Program p.64](#)

²⁷¹ [2022-23 State Capital Program p.70](#)

²⁷² [ibid](#)

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Project	Original project objectives	Responsible Department(s), Output(s) and Portfolio(s) and/or Agency/Agencies	TEI at announcement (\$ million)	Details of TEI changes between announcement and completion date (\$ million)	Actual cost of project (\$ million)	Estimated completion date at announcement	Actual completed date	Variance explanation (\$ value variance and/or time variance)
	hospital emergency departments.							delivered concurrently.
Royal Victorian Eye and Ear Hospital Redevelopment (Melbourne)	To meet the expected increase in demand for age-related eye and ear conditions and associated research. Initial funding is for planning and	Output: Admitted Services Portfolio: Health, Health Infrastructure Agencies: VIDA Health, Department of Health	165.000 ²⁷³	201.000 ²⁷⁴ 274.557 ²⁷⁵ 306.707 ²⁷⁶ 317.807 ²⁷⁷ 319.807 ²⁷⁸	319.807	Dec 2017 ²⁷⁹	Practical completion Sep 2024. Financial completion Jun 2025.	The TEI for this project has increased over the project lifecycle due to scope increases, considerable latent conditions and market conditions. The completion date was revised over the project lifecycle to accommodate staging

²⁷³ [2014-15 State Capital Program, p.36](#)²⁷⁴ [2017-18 State Capital Program p.57](#)²⁷⁵ [2019-20 State Capital Program p.64](#)²⁷⁶ [2021-22 State Capital Program p.85](#)²⁷⁷ [2022-23 State Capital Program p.70](#)²⁷⁸ [2024-25 State Capital Program p.70](#)²⁷⁹ [ibid](#)

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Project	Original project objectives	Responsible Department(s), Output(s) and Portfolio(s) and/or Agency/Agencies	TEI at announcement (\$ million)	Details of TEI changes between announcement and completion date (\$ million)	Actual cost of project (\$ million)	Estimated completion date at announcement	Actual completed date	Variance explanation (\$ value variance and/or time variance)
	project development.							of works in a live clinical setting.

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Question 10 (all departments) High-value high-risk projects, gateway reviews and business cases

Under the High Value High Risk (HVHR) Framework, a project will be classified as HVHR if it is a budget funded project that has a Total Estimated Investment (TEI) of over \$250 million. HVHR projects are subject to compulsory Gateway reviews, where Gates 1 through 6 are compulsory for all eligible projects: Gate 2 outlines the development of a business case.

Please list all projects included in 2024–25 that were allocated to the department and were classified as HVHR and the project objectives. Please also specify which Gateway reviews, if any, were completed during 2024–25 and business case details for each project.

HVHR Project	Original project objectives	Gateway review name/ Date completed	Date business case completed	Business case – publicly available? Y/N	Business case link (URL)
Additional acute mental health beds in regional Victoria	<ul style="list-style-type: none"> To update and expand the existing mental health facility to increase acute and community mental health services at Goulburn Valley Health. To acquire land and undertake detailed planning and design work to deliver additional acute mental health beds at Northeast Health Wangaratta and the Ballarat Base Hospital. 	None in 2024-25	January 2022	N	N/A
Austin Hospital Emergency Department Upgrade	<ul style="list-style-type: none"> To expand emergency department capacity and build a new dedicated paediatric emergency department zone. 	Gate 3 – Sept. 2024 Gate 4 – Apr. 2025	January 2024	N	N/A
Ballarat Health Services expansion and redevelopment and the new Central Energy Plant (Ballarat)	<ul style="list-style-type: none"> To provide additional capacity to meet increases in service demand, meet contemporary best practice, improve patient outcomes and experience and enhance operational efficiency. 	DTF Project Assurance Review in Nov 2024	January 2020	N	N/A
Barwon Women's and Children's Hospital	<ul style="list-style-type: none"> To expand women's and children's services at University Hospital Geelong. To increase capacity in paediatric outpatient services, operating theatres, birthing suites and Maternity Assessment and Short Stay Unit (Stage 1). 	None in 2024-25	January 2022	N	N/A

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HVHR Project	Original project objectives	Gateway review name/ Date completed	Date business case completed	Business case – publicly available? Y/N	Business case link (URL)
	<ul style="list-style-type: none"> To build a new inpatient tower with maternity, women's and paediatric services and Special Care Nursery (Stage 2). 				
Casey Hospital Emergency Department Expansion Project	<ul style="list-style-type: none"> To expand emergency department capacity at Casey Hospital 	None in 2024-25	January 2022	N	N/A
Community Hospitals to give patients the best care	<ul style="list-style-type: none"> To increase capacity, provide care closer to home and better distribute demand pressures across the system To ensure patient access to high-quality health care services in key growth areas. 	DTF Project Assurance Review in Mar. 2025	January 2021	N	N/A
Forensic Mental Health Expansion Project Stage 1 and 2	<ul style="list-style-type: none"> To allow timely and more effective therapeutic treatment in contemporary facilities that are safe for both patients and staff. To contribute to the Government's response to the Royal Commission into Victoria's Mental Health System reports. 	DTF Project Assurance Review in Sept. 2024	January 2021	N	N/A
Redevelopment of Thomas Embling Hospital – Stage 3	<ul style="list-style-type: none"> To plan and develop, including detailed design, for the future delivery of a men's high security unit, bed refurbishments and supporting infrastructure. 	DTF Project Assurance Review in Sept. 2024	January 2023	N	N/A
Frankston Hospital Redevelopment	<ul style="list-style-type: none"> To improve access to quality care To improve wellness and health outcomes To operate efficiently and flexibly To achieve value for money and sustainability To enable an integrated approach to service delivery and a strong focus on the patient families, staff and community experience. 	DTF Project Assurance Review in Sept. 2024	January 2019	N	N/A
Hospital Infrastructure Delivery Fund	<ul style="list-style-type: none"> To plan the delivery of major investments at seven hospitals across the State to boost capacity, improve infrastructure and ensure Victorians receive the highest quality health care. 	None in 2024-25	January 2023	N	N/A

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HVHR Project	Original project objectives	Gateway review name/ Date completed	Date business case completed	Business case – publicly available? Y/N	Business case link (URL)
	<ul style="list-style-type: none"> To fund service and capital planning to ensure the new and upgraded facilities meet the needs of the community To deliver enabling activities such as land acquisition, decanting and early works including upgrading engineering infrastructure To develop detailed business cases, informed by due diligence and design that confirm TEIs and cashflows in future budgets and procurement, market engagement and timelines for each hospital. 				
Monash Medical Centre Redevelopment	<ul style="list-style-type: none"> To construct a new tower to house additional in-patient beds, new operating theatres, more intensive care unit beds and expanded birthing suites and maternity in-patient beds. 	Gate 3 - Mar. 2025	January 2024	N	N/A
New Footscray Hospital	<ul style="list-style-type: none"> To provide acute and specialist facilities, clinical support spaces, teaching, training and research spaces, and carparking To cut wait times and reduce pressure on nearby hospitals To expand the capacity of the emergency department 	None in 2024-25	January 2019	N	N/A
New Melton Hospital	<ul style="list-style-type: none"> To deliver a critical uplift in the capacity of public health services in Melton, where demand for services is expected to more than double over the next 20 years To be a catalyst for the development of a vibrant Cobblebank precinct. 	None in 2024-25	January 2020	N	N/A
Northern Hospital Redevelopment	<ul style="list-style-type: none"> To build a new emergency department including a dedicated paediatrics zone, a mental health, alcohol and other drugs hub and additional in-patient beds. 	Gate 3 - Sept. 2024	January 2024	N	N/A
Redevelopment of the Royal Melbourne Hospital	<ul style="list-style-type: none"> To deliver significant upgrades to the existing Royal Melbourne Hospital and Royal Women's Hospital in Parkville, with a focus on emergency, trauma and acute care. 	A second Gate 2 was undertaken Nov. 2024	January 2023	N	N/A

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HVHR Project	Original project objectives	Gateway review name/ Date completed	Date business case completed	Business case – publicly available? Y/N	Business case link (URL)
and the Royal Women's Hospital (now Parkville Precinct Redevelopment)					
Warrnambool Base Hospital Redevelopment	<ul style="list-style-type: none"> To enhance the capacity of the emergency department, operating theatres and acute inpatient beds To relocate of supply and linen services to a new site and the development of a new regional logistics distribution centre. 	None in 2024-25	January 2020	N	N/A

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Question 11 (all departments) Public Private Partnership (PPP) expenditure – existing and completed

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

- a) The total estimated PPP investment value, the total actual expenditure from announcement to 30 June 2025, or the actual expenditure to 30 June 2025 and the benefits of using the PPP financing model when delivering/funding a project over other financing methods. Please provide specific benefits for each individual project.
- b) Where the estimated completion date at announcement is different to the completion date in the 2024–25 Budget, and an explanation for any variance.
- c) Where the scope of the PPP at announcement is different to the scope of the project as it is presented in the 2024–25 Budget.

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
- 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.
- reduced financial commitments at the delivery stage of the project by leveraging private capital, reducing reliance on public funds
- increased opportunity to harness private sector innovation in complementary site activation to enhance the experience for hospital users and the broader community
- As new or substantially redeveloped and purpose-built health facilities, all the PPP delivered projects deliver a range of general benefits including:
 - o a modern facility that supports the delivery of accessible, cost effective and high-quality patient services
 - o efficiently operating facility, capable of achieving health service plan targets and sustaining service levels into the future
 - o achievement of State sustainability policies/objectives including greenhouse gas and peak energy reduction, water conservation and waste
 - o enhanced patient safety and improved clinical outcomes
 - o flexible infrastructure capable of adapting to new technologies, clinical practice changes, changes in government policy and funding arrangements
 - o integration of teaching, training and research linking clinical areas, with health services, universities, and research institution

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Investment value and benefit of using PPP model

Project name (Project summary date)	Project objectives	Output(s) and portfolio(s) and/or agency	Total estimated PPP investment value at the start of the project (\$ million)	Total actual expenditure since the announcement to 30 June 2025 (\$ million)	Actual expenditure in year ending 30 June 2025 (\$ million)	Benefits of using PPP model versus other delivery/funding models
Royal Women's Hospital ²⁸⁰ (Partnership executed Apr. 2005)	To provide a modern facility that supports the delivery of accessible, cost effective and high-quality patient services to Victorian women and to their babies.	Output: Admitted Services Portfolios: Health, Health Infrastructure Agencies: Victorian Infrastructure Delivery Authority (VIDA) Health, Department of Health	1,123.01	710.2	52.6	Benefits are outlined in the Project Summary ²⁸¹ , and the funding model was adopted due to the benefits it offered in terms of: <ul style="list-style-type: none"> reduced operational exposure and obtaining increased certainty of outcome, due to the efficient allocation of risks 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. reduced financial commitments at the delivery stage of the project by leveraging private capital, reducing reliance on public funds increased opportunity to harness private sector innovation in complementary site

²⁸⁰ VAGO 2008, [The New Royal Women's Hospital - a public private partnership](#), p2

²⁸¹ [Royal Women's Hospital Project | dtf.vic.gov.au](#)

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Project name (Project summary date)	Project objectives	Output(s) and portfolio(s) and/or agency	Total estimated PPP investment value at the start of the project (\$ million)	Total actual expenditure since the announcement to 30 June 2025 (\$ million)	Actual expenditure in year ending 30 June 2025 (\$ million)	Benefits of using PPP model versus other delivery/funding models
						<p>activation to enhance the experience for hospital users and the broader community</p> <p>As new or substantially redeveloped and purpose-built health facilities, all the PPP delivered projects deliver a range of general benefits. These include:</p> <ul style="list-style-type: none"> • 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 • 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 institution.

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Project name (Project summary date)	Project objectives	Output(s) and portfolio(s) and/or agency	Total estimated PPP investment value at the start of the project (\$ million)	Total actual expenditure since the announcement to 30 June 2025 (\$ million)	Actual expenditure in year ending 30 June 2025 (\$ million)	Benefits of using PPP model versus other delivery/funding models
Royal Children's Hospital ²⁸² (Feb. 2008)	<ul style="list-style-type: none"> To support access and family-centred care which is culturally and spiritually sensitive To respect the dignity and developmental needs of children of all ages To engender an active learning environment, providing appropriate facilities for teaching and research within clinical areas. 	Output: Admitted Services Portfolios: Health, Health Infrastructure Agencies: VIDA Health, Department of Health	3,609.87	1,544.6	159.1	Benefits are outlined in the Project Summary, and the funding model was adopted due to the benefits it offered in terms of: <ul style="list-style-type: none"> reduced operational exposure and obtaining increased certainty of outcome, due to the efficient allocation of risks 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. reduced financial commitments at the delivery stage of the project by leveraging private capital, reducing reliance on public funds increased opportunity to harness private sector innovation in complementary site activation to enhance the experience for hospital users and the broader community As a new or substantially redeveloped and purpose-built health facilities, all the PPP

²⁸² [080228-RCH Project Summary FINAL](#)

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Project name (Project summary date)	Project objectives	Output(s) and portfolio(s) and/or agency	Total estimated PPP investment value at the start of the project (\$ million)	Total actual expenditure since the announcement to 30 June 2025 (\$ million)	Actual expenditure in year ending 30 June 2025 (\$ million)	Benefits of using PPP model versus other delivery/funding models
						<p>delivered projects deliver a range of general benefits. These include:</p> <ul style="list-style-type: none"> 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 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 institution.
Victorian Comprehensive	<ul style="list-style-type: none"> To deliver a world-class, purpose-built cancer research, treatment, care and education hub 	Output: Admitted Services	2,778.08	1,448.6	171.4	The VCCC was procured and delivered as a public private partnership (PPP) in accordance with the state's Partnerships Victoria framework.

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Project name (Project summary date)	Project objectives	Output(s) and portfolio(s) and/or agency	Total estimated PPP investment value at the start of the project (\$ million)	Total actual expenditure since the announcement to 30 June 2025 (\$ million)	Actual expenditure in year ending 30 June 2025 (\$ million)	Benefits of using PPP model versus other delivery/funding models
Cancer Centre (VCCC) ²⁸³ (May 2012)	<ul style="list-style-type: none"> To provide a new home for the Peter MacCallum Cancer Centre 	Portfolios: Health, Health Infrastructure Agencies: VIDA Health, Department of Health				<p>Benefits are outlined in the Project Summary, and the funding model was adopted due to the benefits it offered in terms of:</p> <ul style="list-style-type: none"> reduced operational exposure and obtaining increased certainty of outcome, due to the efficient allocation of risks 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. reduced financial commitments at the delivery stage of the project by leveraging private capital, reducing reliance on public funds increased opportunity to harness private sector innovation in complementary site activation to enhance the experience for hospital users and the broader community <p>As new or substantially redeveloped and purpose-built health facilities, all the PPP</p>

²⁸³ [VCCC-Project-Summary.pdf](#)

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Project name (Project summary date)	Project objectives	Output(s) and portfolio(s) and/or agency	Total estimated PPP investment value at the start of the project (\$ million)	Total actual expenditure since the announcement to 30 June 2025 (\$ million)	Actual expenditure in year ending 30 June 2025 (\$ million)	Benefits of using PPP model versus other delivery/funding models
						<p>delivered projects deliver a range of general benefits. These include:</p> <ul style="list-style-type: none"> • 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 • 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 institution.

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Project name (Project summary date)	Project objectives	Output(s) and portfolio(s) and/or agency	Total estimated PPP investment value at the start of the project (\$ million)	Total actual expenditure since the announcement to 30 June 2025 (\$ million)	Actual expenditure in year ending 30 June 2025 (\$ million)	Benefits of using PPP model versus other delivery/funding models
Bendigo Hospital ²⁸⁴ (Oct. 2013)	<ul style="list-style-type: none"> To expand provision of local health care services To maintain and expand Bendigo Health's teaching role for the Loddon-Mallee Region To ensure sustainability of local service provision To improve operational efficiency 	Output: Admitted Services Portfolios: Health, Health Infrastructure Agencies: VIDA Health, Department of Health	1,935.44	543.8	79.2	Benefits are outlined in the Project Summary, and the funding model was adopted due to the benefits it offered in terms of: <ul style="list-style-type: none"> reduced operational exposure and obtaining increased certainty of outcome, due to the efficient allocation of risks 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. reduced financial commitments at the delivery stage of the project by leveraging private capital, reducing reliance on public funds increased opportunity to harness private sector innovation in complementary site activation to enhance the experience for hospital users and the broader community As new or substantially redeveloped and purpose-built health facilities, all the PPP

²⁸⁴ [Bendigo-Hospital-Project-summary.pdf](#)

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Project name (Project summary date)	Project objectives	Output(s) and portfolio(s) and/or agency	Total estimated PPP investment value at the start of the project (\$ million)	Total actual expenditure since the announcement to 30 June 2025 (\$ million)	Actual expenditure in year ending 30 June 2025 (\$ million)	Benefits of using PPP model versus other delivery/funding models
						<p>delivered projects deliver a range of general benefits. These include:</p> <ul style="list-style-type: none"> 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 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 institution.
Casey Hospital (2002) and	<ul style="list-style-type: none"> To improve access to quality care To increase the provision of healthcare and hospital services to 	<p>Output: Admitted Services</p> <p>Portfolios: Health, Health Infrastructure</p>	<p>384.99</p> <p>81.63</p>	<p>307.1</p> <p>40.4</p>	<p>23.8</p> <p>8.6</p>	<p>Benefits are outlined in the Project Summary, and the funding model was adopted due to the benefits it offered in terms of:</p> <ul style="list-style-type: none"> reduced operational exposure and obtaining increased certainty of outcome, due to the efficient allocation of risks

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Project name (Project summary date)	Project objectives	Output(s) and portfolio(s) and/or agency	Total estimated PPP investment value at the start of the project (\$ million)	Total actual expenditure since the announcement to 30 June 2025 (\$ million)	Actual expenditure in year ending 30 June 2025 (\$ million)	Benefits of using PPP model versus other delivery/funding models
Casey Hospital Expansion Project ²⁸⁵ (Nov. 2017)	<p>Melbourne's under-serviced south-east growth corridor</p> <ul style="list-style-type: none"> To achieve wellness and health outcomes To operate efficiently and flexibly. To attract and retain quality staff at all levels To meet increasing demand for healthcare in Melbourne's outer south-east. 	Agencies: VIDA Health, Department of Health				<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. reduced financial commitments at the delivery stage of the project by leveraging private capital, reducing reliance on public funds increased opportunity to harness private sector innovation in complementary site activation to enhance the experience for hospital users and the broader community <p>As new or substantially redeveloped and purpose-built health facilities, all the PPP delivered projects deliver a range of general benefits. These include:</p> <ul style="list-style-type: none"> a modern facility that supports the delivery of accessible, cost effective and high-quality patient services

²⁸⁵ [Casey-Hospital-Expansion-Project-Summary-November-2017.pdf](#)

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Project name (Project summary date)	Project objectives	Output(s) and portfolio(s) and/or agency	Total estimated PPP investment value at the start of the project (\$ million)	Total actual expenditure since the announcement to 30 June 2025 (\$ million)	Actual expenditure in year ending 30 June 2025 (\$ million)	Benefits of using PPP model versus other delivery/funding models
						<ul style="list-style-type: none"> 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 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 institution.
Uncommissioned PPPs (expenditure is for State Project Delivery Only – not PPP related)						
Frankston Hospital ²⁸⁶ (Jun. 2022)	<ul style="list-style-type: none"> To enhance access to quality care, wellness and health outcomes operational 	Output: Admitted Services Portfolios: Health, Health Infrastructure	1,120.08			The State adopted a PPP model for the project, as it focussed on achieving value for money outcomes by allocating risks to the party, or parties, best placed to manage them, with the majority of design, construction, maintenance and facilities management services risks being

²⁸⁶ [Frankston-Hospital-Redevelopment-Project-Summary-FINAL.pdf](#)

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Project name (Project summary date)	Project objectives	Output(s) and portfolio(s) and/or agency	Total estimated PPP investment value at the start of the project (\$ million)	Total actual expenditure since the announcement to 30 June 2025 (\$ million)	Actual expenditure in year ending 30 June 2025 (\$ million)	Benefits of using PPP model versus other delivery/funding models
	efficiency and flexibility <ul style="list-style-type: none"> To ensure value for money and sustainability To enable an integrated approach to service To deliver a strong focus on the patient families, staff and community experience 	Agencies: VIDA Health, Department of Health				transferred to the private sector, thereby incentivising innovative and efficient whole-of-life solutions <ul style="list-style-type: none"> increasing opportunity for the State to harness private sector innovation in complementary site activation to enhance the experience for hospital users and the broader community incentivising delivery of the Project on time and within budget. Timely delivery and budget certainty were important factors given the complexity of the works and the value of the Project. Benefits to be delivered by the Frankston Hospital Redevelopment include improved local access to healthcare services for residents within the Mornington Peninsula, preventing the need for them to travel to other tertiary facilities for acute clinical services. The new Acute Tower also provides greater staffing efficiencies by reducing travel distances within the current campus, improving patient and clinical outcomes, and improving patient and staff experiences.

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Project name (Project summary date)	Project objectives	Output(s) and portfolio(s) and/or agency	Total estimated PPP investment value at the start of the project (\$ million)	Total actual expenditure since the announcement to 30 June 2025 (\$ million)	Actual expenditure in year ending 30 June 2025 (\$ million)	Benefits of using PPP model versus other delivery/funding models
New Footscray Hospital ²⁸⁷ (May 2021)	<ul style="list-style-type: none"> To provide acute and specialist facilities, clinical support spaces, teaching, training and research spaces, and carparking To cut wait times and reduce pressure on nearby hospitals To expand the capacity of the emergency department. 	Output: Admitted Services Portfolios: Health, Health Infrastructure Agencies: VIDA Health, Department of Health	1,998.61			<p>The decision to procure the Project as a PPP focuses on achieving value for money outcomes by:</p> <ul style="list-style-type: none"> allocating risks to the party, or parties, best placed to manage them, with the majority of design, construction, maintenance and facility management services risks being transferred to the private sector thereby incentivising innovative and efficient whole of life solutions increasing opportunity for the State to harness private sector innovation in complementary site activation to enhance the experience for hospital users and the broader community, and incentivising delivery of the Project on time and within budget. Timely delivery and budget certainty were important factors given the complexity of the works and the value of the Project. <p>Specific benefits to be delivered include:</p> <ul style="list-style-type: none"> additional hospital capacity beyond the minimum scope requirements with capacity to expand further in future that

²⁸⁷ [New-Footscray-Hospital-Project-Summary.pdf](#)

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Project name (Project summary date)	Project objectives	Output(s) and portfolio(s) and/or agency	Total estimated PPP investment value at the start of the project (\$ million)	Total actual expenditure since the announcement to 30 June 2025 (\$ million)	Actual expenditure in year ending 30 June 2025 (\$ million)	Benefits of using PPP model versus other delivery/funding models
						<p>includes Day 1 capacity of 608 points of care and shell space for further future expansion of 86 points of care</p> <ul style="list-style-type: none"> • a design that incorporates pandemic measures • an ecologically sustainable development measures to achieve long term sustainability and improved patient outcomes • a state-of-the-art healthcare precinct that is highly integrated and a valuable community asset for the Footscray and wider western region with a range of commercial as well other initiatives to activate and provide amenity for hospital users and the broader community; and • stimulate economic growth and employment in its construction and operation.
New Melton Hospital ²⁸⁸ (Feb 2025)	<ul style="list-style-type: none"> • To deliver a critical uplift in the capacity of public health services in Melton, where demand for services is expected 	Output: Admitted Services Portfolios: Health, Health Infrastructure	1,487.72			<p>The decision to procure the Project as a PPP focuses on achieving value for money outcomes by:</p> <ul style="list-style-type: none"> • allocating risks to the party, or parties, best placed to manage them, with the majority

²⁸⁸ [Attachment-1---new-melton-hospital-project-summary.pdf](#)

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Project name (Project summary date)	Project objectives	Output(s) and portfolio(s) and/or agency	Total estimated PPP investment value at the start of the project (\$ million)	Total actual expenditure since the announcement to 30 June 2025 (\$ million)	Actual expenditure in year ending 30 June 2025 (\$ million)	Benefits of using PPP model versus other delivery/funding models
	<p>to more than double over the next 20 years</p> <ul style="list-style-type: none"> To be a catalyst for the development of a vibrant Cobblebank precinct. 	Agencies: VIDA Health, Department of Health				<p>of design, construction, maintenance and facilities management services risks being transferred to the private sector, thereby incentivising innovative and efficient whole-of-life solutions</p> <ul style="list-style-type: none"> increasing opportunity for the State to harness private sector innovation in complementary site activation to enhance the experience for hospital users and the broader community incentivising delivery of the Project on time and within budget, noting that timely delivery and budget certainty were important factors given the complexity of the works and the value of the Project <p>The New Melton Hospital Project will deliver additional scope beyond what was initially announced including:</p> <ul style="list-style-type: none"> additional shell space and flexible masterplan which enables capacity for efficient, incremental future expansion provides a hospital that can respond to future demand and improve health outcomes for the local community commercial opportunities which deliver value and provide services for the benefit of Western Health staff, patients, visitors,

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Project name (Project summary date)	Project objectives	Output(s) and portfolio(s) and/or agency	Total estimated PPP investment value at the start of the project (\$ million)	Total actual expenditure since the announcement to 30 June 2025 (\$ million)	Actual expenditure in year ending 30 June 2025 (\$ million)	Benefits of using PPP model versus other delivery/funding models
						and the community, including several retail, food and beverage outlets <ul style="list-style-type: none"> on-site childcare centre

Completion date

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

Scope

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

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Question 12 (DTP only) Alliance contracting expenditure – existing and completed

Not applicable to the Department of Health

Section C: Revenue and appropriations

Question 13 (all departments and entities) Revenue – variances from previous year

Please explain any changes equal to or greater than $\pm 10\%$ or \$100 million between the actual result for 2023–24 and the actual result for 2024–25 for each revenue category detailed in your operating statement. Please also indicate what any additional revenue was used for or how any revenue reductions affected service delivery and then link it to the relevant output and portfolio.

Please also detail the outcomes in the community²⁸⁹ achieved by any additional expenses or the impact on the community of reduced expenses (if there was no impact, please explain how that was achieved).

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

If there were no revenue/income categories for the department/agency for which the 2024–25 expenditure changed from the prior year's expenditure by more than $\pm 10\%$ or \$100 million, you do not need to answer this question. If this is the case, please indicate 'no relevant line items' in the table(s) below²⁹⁰.

Revenue category	2023–24 actual (\$ million)	2024–25 actual (\$ million)	Explanations for changes $\pm 10\%$ or \$100 million	How the additional revenue was used/the impact of reduced revenue. If no impact, how was this achieved	Relevant output(s) and portfolio(s)
Output appropriations	14,689	16,861	The increase in output appropriations is due to additional funding for new policy initiatives approved by government and funding released from central contingency.	The additional revenue was used to fund health operations and offset rising costs.	Outputs: All Portfolios: Health,
Interest	181	208	The increase in interest revenue is due to higher interest rates on Health Services' cash deposits. Interest rates during 2024-25 compared to the previous year were higher.	The additional revenue was used to fund health operations and offset rising costs.	Outputs: All Portfolio: Health

²⁸⁹That is, the impact of service delivery on the community rather than a description of the services delivered.

²⁹⁰ [2023-24 Department of Health Annual Report](#), p221 and [2024-25 Department of Health Annual Report](#), p208

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Revenue category	2023–24 actual (\$ million)	2024–25 actual (\$ million)	Explanations for changes $\pm 10\%$ or \$100 million	How the additional revenue was used/the impact of reduced revenue. If no impact, how was this achieved	Relevant output(s) and portfolio(s)
Sales of goods and Services	1,759	2,026	The increase in Sales of goods and services is driven by increases in private patient fees generated by hospitals.	The additional revenue was used to fund health operations and offset rising costs.	Outputs: All Portfolio: Health
Grants	8,604	9,612	The increase in grants is mainly due to additional Commonwealth National Health Reform Agreement revenue received and cross –border receipts.	The additional revenue was used to fund health operations and offset rising costs.	Outputs: All Portfolio: Health

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Question 14 (all departments and entities) Revenue – variances from budget to actual

Please explain any variances equal to or greater than $\pm 10\%$ or \$100 million between the initial budget estimate (not the revised estimate) and the actual result for 2024–25 for each revenue category detailed in your operating statement. Please also indicate what any additional revenue was used for or how any revenue reductions affected service delivery and then link it to the relevant output and portfolio.

For departments, please provide data consolidated on the same basis as the budget portfolios outcomes statement in your annual reports²⁹¹.

Revenue category	2024–25 Budget estimate (\$ million)	2024–25 actual (\$ million)	Explanations for changes $\pm 10\%$ or \$100 million	How the additional revenue was used/the impact of reduced revenue. If no impact, explain why	Relevant output(s) and portfolio(s)
Output appropriation	13,050	16,861	The increase in output appropriation is due to additional funding for new policy initiatives approved by the government and funding released from central contingency.	The additional revenue was used to fund health operations and offset rising costs.	Outputs: All Portfolio: Health
Other income	843	1,121	Other income was higher than the published budget mainly due to increases in other private activity fees across most Health services.	The additional revenue was used to fund health operations and offset rising costs.	Outputs: All Portfolio: Health
Grants	8,734	9,612	The increase in grants is mainly due to additional Commonwealth National Health Reform Agreement revenue received and cross –border receipts.	The additional revenue was used to fund health operations and offset rising costs.	Outputs: All Portfolio: Health

²⁹¹ [2024-25 Department of Health Annual report](#) p 208

Section D: Expenses

Question 15 (all departments and entities) Expenses changed from previous year

Please explain any changes equal to or greater than $\pm 10\%$ or \$100 million with regards to the actual result for 2023–24 and the actual result for 2024–25 for each category of expenses detailed in your operating statement. Please explain any changes equal to or greater than $\pm 10\%$ or \$100 million with regards to the actual result for 2024–25 and the 2024–25 budget estimate. Please also detail the outcomes in the community²⁹² achieved by any additional expenses or the impact on the community of reduced expenses (if there was no impact, please explain how that was achieved).

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

Expenses category	2023–24 actual \$ million	2024–25 actual \$ million	Explanations for variances $\pm 10\%$ or \$100 million	Outcomes achieved by additional expenses/impact of reduced expenses. If no impact, how was this achieved
Employee benefits	18,346	19,469	The increase is mainly due to cost increases from Enterprise Bargaining Agreement (EBAs) outcomes, including a catch-up payment for the Nurses and Midwives EBA and an increase in full time equivalent (FTE) employees across health entities.	Increase to service delivery through additional staffing.
Depreciation and amortisation	1,509	1,903	The increase is driven by a higher asset base from the 2024-25 scheduled revaluation leading to increased depreciation and amortisation.	No impact on outcomes, as depreciation is a non-cash expense used to recognise the increased asset values over their useful lives.
Interest expense	246	297	The increase in interest correlates with the increase in financial liabilities on Footscray, Frankston and Melton Private Public Partnership.	No material impact on outcomes.
Grants and other transfers	1,249	1,869	The increase in current grants expense is due to the accrual of cross-border payments to other states and territories.	No impact to departmental output service delivery.
Other operating expenses	9,150	9,329	The increase is due to higher operating costs in health services, including expenses for supplies and consumables, medical supplies, nurse agency	Increase to service delivery through additional operating costs and medical supplies.

²⁹²That is, the impact of service delivery on the community rather than a description of the services delivered.

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			expenses, outsourced services and external contract staff.	
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Expenses category	2024–25 budget \$ million	2024–25 actual \$ million	Explanations for variances ±10% or \$100 million	Outcomes achieved by additional expenses/impact of reduced expenses. If no impact, how was this achieved
Employee benefits	17,645	19,468	The increase against published budget is mainly due to EBA outcomes, including a catch-up payment for the Nurses and Midwives EBA, as well as an increase in FTE across the health entities.	Increase to service delivery through additional staffing.
Depreciation and amortisation	1,586	1,903	The increase is driven by higher asset base from the 2024-25 scheduled revaluation leading to increased depreciation and amortisation.	No impact on outcomes, as depreciation is a non-cash expense used to recognise the increased asset values over their useful lives.
Grants and other transfers	1,439	1,869	The increase against published budget is due to grants from hospitals to private sector and non-profit organisations.	No impact to departmental output service delivery.
Other operating expenses	6,935	9,329	Other operating expenses were higher due to additional funding for Government policy decisions approved post 2024-25 Budget that resulted in corresponding increases in operating costs in health services, including supplies and consumables, medical supplies, nurse agency expenses, outsourced services and external contract staff.	The additional expenses achieved increased service delivery.

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Question 16 (all departments, PFC, PNFC and entities) Changes to service delivery from savings initiatives

- a) For each of the savings initiatives detailed in the 2023-24 and 2024–25 Budget please provide the following details of the impact on service delivery:
- Savings target in the 2023-24 and 2024–25 Budget and the amount of the savings target allocated to the department/entity.
 - Actual savings achieved in 2023–24 and 2024–25, the specific actions taken to achieve the savings target allocated, areas where savings were found and the impact of the measures taken to achieve the savings targets. Please include the link to the relevant output and portfolio impacted. Please be as specific as possible to your department or agency when providing your responses.

Savings initiative in the Budget	Savings target allocated to the department/entity in 2024–25 \$ million	Actual savings achieved in 2024–25 \$ million	Specific actions taken to achieve the allocated savings target	Areas where savings were found	What was the impact as a result of the measures taken to achieve the savings target? <i>(e.g. frontline and/or other areas of business that saw the impact)</i> If no impact, how was this achieved	Which output(s) and portfolio(s) were impacted (if relevant)
2024–25 Whole of Government savings and efficiencies	106.4 ²⁹³	106.4	The department identified opportunities for efficiencies and back-office savings.	Savings were met through reduction in back office employee expenses, supplies and consumables (operating) expenses, and discretionary professional services.	Savings measures were targeted at back office functions – frontline staff were not within scope of the program.	Outputs: All Portfolios: All
2023–24 Labor's Financial Statement savings	19.4 ²⁹⁴	19.4	Targeted spending reductions on consultancy, labour-hire and discretionary professional services.	Reduction in the use of consultancy, labour hire and discretionary professional services.	No impacts on frontline service delivery or asset/infrastructure projects.	Outputs: All Portfolios: All
COVID Debt Repayment	49.6 ²⁹⁵	49.6	The department restructured to	Savings are the full financial year impact (ongoing benefit)	No impacts on frontline service delivery or	Outputs: All

²⁹³ [Budget Paper 3 2024-25](#) page 92

²⁹⁴ [Budget Paper 3 2023-24](#), page 118

²⁹⁵ [Budget Paper 3 2023-24](#), pages 6 and 118

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Savings initiative in the Budget	Savings target allocated to the department/entity in 2024–25 \$ million	Actual savings achieved in 2024–25 \$ million	Specific actions taken to achieve the allocated savings target	Areas where savings were found	What was the impact as a result of the measures taken to achieve the savings target? <i>(e.g. frontline and/or other areas of business that saw the impact)</i> If no impact, how was this achieved	Which output(s) and portfolio(s) were impacted (if relevant)
Plan – savings and efficiencies <i>(previously known as Whole of Government savings and efficiencies)</i>			streamline administrative and policy functions, and to align the new structure with core functions and deliverables.	of cost management strategies implemented across the department in 2023-24, including a reduction in FTE.	asset/infrastructure projects.	Portfolios: All

b) If any savings initiatives listed above were met in part by reducing Victorian Public Service (VPS) roles in 2024–25 please list:

- The applicable savings initiative and budget
- The number of roles reduced in 2024–25 by actual FTE number
- The actual savings achieved by reducing roles in 2024–25 (\$ million)
- The number of roles reduced by each VPS/Executive classification by actual FTE number
- The functions or roles impacted by the reduction
- The impact of role reductions on service delivery. If there was no impact, how this was achieved.

Savings initiative in the Budget	Number of roles reduced in 2024–25 (actual FTE)	Actual savings achieved in 2024–25 due to roles reduced \$ million	Number of roles reduced by VPS/Executive classification (actual FTE)	Functions or roles impacted by the reduction	Impact of role reductions on service delivery If no impact, how this was achieved
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PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

COVID Debt Repayment Plan – savings and efficiencies	323 FTE	49.6	18 SES 305 VPS	A new departmental structure was designed to deliver a range of administrative and departmental efficiencies while more closely aligning the work program with our priorities as set out in the 2023-2027 Strategic Plan.	As the department's restructure focused on delivery of core functions and responsibilities, there was no impact to service delivery.
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DH - UPDATED
PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Question 17 (all departments) Achievement of reprioritisation of existing resources

The 2024–25 Budget included targets for ‘reprioritisation and revenue offsets’ to fund new initiatives (2024–25 Budget Paper No. 2, p. 60). This is in addition to any savings or efficiencies resulting from expenditure reduction measures. For the department (including all controlled entities),²⁹⁶ please indicate:

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

Area of expenditure originally funded	Area of expenditure actually funded	Value of funding reprioritised in 2024–25 (\$ million)	Impact of reprioritisation of funding. If no impact, how was this achieved	Output(s) and portfolio(s) impacted (if relevant)
Portfolio-wide expenditure	Palliative care	4.9	Reprioritisation of funds was achieved through the reallocation of under-utilised funds in other parts of the portfolio e.g. where costs and/or demand were lower than originally estimated.	Output: Non-Admitted Services (Health) Portfolio: Health
Expansion of Victorian public fertility services	Pregnancy supports	1.0	No impact on other initiatives or service delivery. Funding was available due to under-activity in other public fertility services.	Output: Non-Admitted Services (Health) Portfolio: Health
Cancer Research	Improving cancer outcomes	2.1	No impact on other initiatives or service delivery. Funding was re-prioritised from non-frontline functions where capacity was available.	Output: Health Workforce Training and Development Portfolio: Health

²⁹⁶ That is, please provide this information for the department on the same basis of consolidation as is used in the budget papers.

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Area of expenditure originally funded	Area of expenditure actually funded	Value of funding reprioritised in 2024-25 (\$ million)	Impact of reprioritisation of funding. If no impact, how was this achieved	Output(s) and portfolio(s) impacted (if relevant)
Residual appropriation across the portfolio.	Bed-based services	2.7	No impact - re-prioritisation of funds was achieved through the use of unutilised funding from other parts of the portfolio where demand was lower than originally expected.	Output: Mental Health Clinical Care Portfolio: Mental Health
Priority suicide prevention and response efforts (2023-24 BP3 p. 55)	Suicide prevention initiatives	2.1	No impact - funded via rephasing of 2023-24 funding into 2024-25.	Output: Mental Health Clinical Care Portfolio: Mental Health
Portfolio-wide expenditure	Tailored care for refugees and asylum seekers	2.7	Reprioritisation of funds was achieved through the reallocation of under-utilised funds in other parts of the portfolio e.g. where costs and/or demand were lower than originally estimated.	Output: Community Health Care Portfolio: Health
Healthy Mothers Healthy Babies	Pregnancy supports	1.4	No impact on other initiatives or service delivery. Funding was re-prioritised from non-frontline functions where capacity was available.	Output: Community Health Care Portfolio: Health
Maternal and Child Health printed materials.	Meeting demand for Maternal and Child Health services	0.1	No impact on other initiatives or service delivery. Funding was re-prioritised from non-frontline functions where capacity was available.	Output: Maternal and Child Health and Early Parenting Services Portfolio: Children
Funding contribution from Federation Funding Agreement: Communicable Diseases of Public Health Concern - Access to HIV Treatment for People	Protecting the health of priority populations	5.1	No impact on other initiatives or service delivery. Funding was re-prioritised from non-frontline functions where capacity was available.	Output: Health Protection Portfolio: Health

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Area of expenditure originally funded	Area of expenditure actually funded	Value of funding reprioritised in 2024–25 (\$ million)	Impact of reprioritisation of funding. If no impact, how was this achieved	Output(s) and portfolio(s) impacted (if relevant)
who are not Eligible for Medicare.				

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Question 18 (all departments) Contractors, Consultants and Labour Hire Arrangements

- a) Please indicate how much the department spent on contractors (including labour hire) and consultant arrangements during 2022–23, 2023–24 and 2024–25. Labour hire arrangements include the cost of engaging the labour recruiting firm, plus additional costs paid to the labour recruiting firm for the provision of the services of the contractor. Please also explain variances equal to or greater than $\pm 10\%$ between years and list the business areas impacted and how.

Contractors (including labour hire)

2022–23 Actual \$ million	2023–24 Actual \$ million	2024–25 Actual \$ million	Explanation for variances (2022–23 over 2023–24) $\pm 10\%$	Explanation for variances (2023–24 over 2024–25) $\pm 10\%$	Which business areas were impacted/benefitted and how?	Please link your response to relevant output(s) and portfolio(s)
537.04	650.74	264.31	+21.17% The increase from 2022-23 to 2023-24 is attributable to construction related expenditure and investment within the Health Infrastructure portfolio, including services supporting major capital works primarily conducted through the Victorian Health Building Authority.	-59.34% The decrease from 2023-24 to 2024-25 is primarily attributable to the removal of Victorian Health Building Authority (VHBA) disclosures from DH. VHBA expenditure contributed approximately 50% of total DH expenditure for 2023-24. *	Spend on Contractors, including labour hire, involved 670 vendors in the 2024-25 financial year. This expenditure supported department operations broadly, including hospital and health service operations, and other services such as, ICT, drugs and pharmaceutical products.	Department spend in 2023-24 on external vendors to provide services classified as 'contractor, labour hire' supported delivery of department outputs across most current portfolios including: <ul style="list-style-type: none"> • Health • Mental Health • Ambulance Services • Ageing.

* As a result of a Machinery of Government change in 2023-24, the VHBA transferred to the Victorian Infrastructure Delivery Authority in early 2024. Figures for the Department of Health up to and including 2023-24 include VHBA expenditure. Reporting for 2024-25 onward is managed by the Victorian Infrastructure Delivery Authority.

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Consultants

2022–23 Actual \$ million	2023–24 Actual \$ million	2024–25 Actual \$ million	Explanation for variances (2022–23 over 2023–24) ±10%	Explanation for variances (2023–24 over 2024–25) ±10%	Which business areas were impacted/benefitted and how?	Please link your response to relevant output(s) and portfolio(s)
7.48	2.86	3.43	-61.76% The decrease from 2022-23 to 2023-24 is attributable to the conclusion of engagements under the previous Strategic Alliance head contracts and consultancy engagements relating to the Mental Health portfolio.	+19.9% The increase from 2023-24 to 2024-25 is due to an increase in volume of program evaluation and review services, noting the average expenditure per consultancy decreased during this period.	Spend on Consultants involved 17 vendors during the 2024-25 financial year, supporting delivery of evaluation and review services, strategic planning services, and other services that supported the department to undertake its responsibilities.	Department spend on external vendors to provide services classified as 'consultant' impacted most/all department outputs and current portfolios including: <ul style="list-style-type: none"> • Health • Mental Health • Ambulance Services • Ageing.

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Question 19 (PNFC and PFC entities only) Dividends and other amounts paid to the general government sector

Not applicable to the Department of Health.

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Section E: Overall financial performance

Question 20 (all departments) Impact of unforeseen events on financial performance – 2024–25

Please outline and quantify, where possible, the impacts of unforeseen events over 2024–25 on the department/agency's financial performance.

Line item in the comprehensive operating statement for the financial year ended 30 June 2025	2024–25 Budget	2024-25 Actual	Impact of unforeseen events
Total revenue and income from transactions	28,120	33,037	The impact of unforeseen events is not separately identifiable at the portfolio level. However, events such as incidents and emergencies with health and health system impacts have seen the reprioritisation of resources across the department. Examples of unforeseen events that occurred during this period were prolonged power outages, significant weather events (including storms and heat), extreme fire danger ratings, epidemic thunderstorm asthma responses, cybersecurity incidents and public health incidents.
Total expenses from transactions	27,876	32,865	
Net result from transactions (net operating balance)	244	172	

Section F: Public sector workforce

Question 21 (all departments and entities) Full Time Equivalent (FTE) staff by level and category

- a) Please provide total FTE as of 30 June 2023, 30 June 2024, 30 June 2025 and provide explanation for more than $\pm 10\%$ change in FTE between years. In the explanations of variance please list what categories and role types/functions variances predominantly applied to.

Table 1: Department of Health and Safer Care Victoria totals

Entity	30 June 2023 Actual FTE	30 June 2024 Actual FTE	30 June 2025 Actual FTE	Explanations of variance $\pm 10\%$ between 30 June 2023 and 30 June 2024 (including categories and role types/functions)	Explanations of variance $\pm 10\%$ between 30 June 2024 and 30 June 2025 (including categories and role types/functions)
Department of Health	3034.1	2171.0 ²⁹⁷	2279.4	Decrease of 28.4 per cent due to staffing reductions due to the implementation of a new, streamlined, organisational structure and Machinery of Government changes including 341 FTE who transferred to Victorian Infrastructure Delivery Authority (VIDA).	N/A
Safer Care Victoria	177.7	152.3	167.4	Decrease of 14.3 per cent due to the implementation of a new, streamlined, organisational structure.	N/A

- b) For 2024–25, please provide information regarding any staffing challenges faced by the department, including but not limited to: staff shortages by category or position name, positions that were hard to staff, positions that were vacant for 6+ months, positions that have not equalled or surpassed attrition.

Certain role types have consistently presented challenges in attracting suitable candidates through standard recruitment processes. These include:

- **Management and senior technical specialist roles in health**, such as epidemiologists, mental health managers, and public health managers
- **Senior IT roles**, including cyber security specialists and application leads
- **Legal roles**, including senior solicitors and solicitors.

²⁹⁷ [2024-25 Department of Health Annual Report](#), p.43, 46

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The recruitment market for these positions remains highly competitive. In response, the department is actively developing enhanced sourcing strategies to improve candidate attraction for these critical roles.

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Question 22 (all departments and entities) Salary by employment category

In the table below, please detail the salary costs for 2022–23, 2023–24 and 2024–25, broken down by ongoing, fixed-term and casual, and explain any variances equal to or greater than $\pm 10\%$ or \$100 million between the years for each category.

Employment category	Gross salary 2022–23 (\$ million)	Gross salary 2023–24 (\$ million)	Gross salary 2024–25 (\$ million)	Explanation for any year-on-year variances $\pm 10\%$ or \$100 million
Ongoing	311	355	303	Reduction of staff due to the implementation of a new, streamlined, organisational structure. Workforce stabilisation measures were undertaken to convert fixed term employees to ongoing where they were working in an ongoing position or met the criteria under the VPS Enterprise Agreement 2024.
Fixed-term	178	136	89	
Casual	14	11	1	
Total	503	502	393	

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PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Question 23 (all departments and entities) Executive salary increases

Please detail the number of executives who received increases in their base remuneration in 2024–25, breaking that information down according to what proportion of their salary the increase was, and explaining the reasons for executives’ salaries increasing in each bracket.

Increase in base remuneration	Number of executives receiving increases in their base rate of remuneration of this amount in 2024–25, apart from increases outlined in employment agreements			Reasons for these increases
	Female	Male	Self-described	
0-3%	0	0	0	
3-5%	0	0	0	
5-10%	7	4	0	<ul style="list-style-type: none"> 10 Total Remuneration Package (TRP) increase on contract renewal 1 mid-contract review
10-15%	3	0	0	<ul style="list-style-type: none"> 1 TRP increase on contract renewal 2 mid-contract review
greater than 15%	1	0	0	<ul style="list-style-type: none"> 1 TRP increase on contract renewal

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PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Question 24 (all departments and entities) Enterprise Bargaining Agreement (EBAs)

Please list the Enterprise Bargaining Agreements (EBAs) concluded in 2024–25 that had an impact for the department/agency. For each EBA, please show the number of employees affected and the change in employee expenses attributable to the EBA.

Enterprise Bargaining Agreement	Number of employees affected	Number of employees as a % of department/entity	Change in employee expenses attributable to the EBA (\$ million)	Change in employee expenses attributable to the EBA (\$ million) as a % of total employee expenses
VPS Agreement 2024 – Appendix 5 (main agreement is costed through DTF)	2629* ¹	85 per cent* ²	The VPS Enterprise Agreement 2024 has no net impact on the Victorian Budget at the aggregate level. The costs of the VPS Enterprise Agreement 2024 are offset by departmental indexation and other offsets over the life of the agreement.	The VPS Enterprise Agreement 2024 has no net impact on the Victorian Budget at the aggregate level. The costs of the VPS Enterprise Agreement 2024 are offset by departmental indexation and other offsets over the life of the agreement.

*¹ as at 24 September 2025

*² excludes SES

Section G: Government decisions impacting on finances

Question 25 (all departments and entities) Commonwealth Government and National Cabinet decisions

Please identify any Commonwealth Government and National Cabinet decisions during 2024–25 which had not been anticipated/not been concluded before the finalisation of the State Budget in 2024–25 and their impact(s) on the department's/entity's finances or activities during those years (including new funding agreements, discontinued agreements and changes to funding levels). Please quantify the impact on income and expenses where possible.

Commonwealth Government decision	Impact(s) in 2024–25	
	on income (\$ million)	on expenses (\$ million)
The Commonwealth released its 2024-25 budget on 14 May 2024, and Victoria released its Budget on 7 May 2024.		
National Health Reform Agreement		
Hospital services	7,164.4	7,164.4
Public health	142.4	142.4
<i>Figures are from the Commonwealth 2024-25 Budget (Final Budget Outcome, Table 3.13, p.70, Final Budget Outcome 2024-25)</i>		
Below are Intergovernmental Agreements (IGAs) that were either not anticipated under negotiation or had yet to be negotiated at the time of the finalisation of State Budget.		
<i>Funding amounts are from the 2024-25 Commonwealth Budget</i>		
<u>Commonwealth IGAs under negotiation (not reflected in the 2024-25 State Budget):</u>		
Smoking and vaping cessation activities	0.8	0.8
Supporting older Australian patients	49.1	49.1
<u>New IGAs announced in the Commonwealth 2024-25 Budget (Note - State allocations had not been determined at time of publication and no funding for these was included in the 2024-25 State Budget)</u>		
Eliminating cervical cancer in Australia	0.0	0.0
Expansion of colonoscopy triage services	0.0	0.0
Short-term workforce reforms – Kruk Review implementation	0.0	0.0

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Continuation of IGAs expiring 30 June 2024 but granted further funding in the Commonwealth Budget (Note - State allocations had not been determined at the time of publication and no funding for these was included in the 2024-25 State Budget)		
National bowel cancer screening program – participant follow-up function	0.0	0.0
OzFoodNet	0.0	0.0
Vaccine-preventable diseases surveillance	0.0	0.0
Lymphoedema garments and allied health therapy program	0.0	0.0
Specialist dementia care	0.0	0.0
Comprehensive palliative care in aged care	2.8	2.8
<i>Figures are from the Commonwealth 2024-25 Commonwealth Budget (Budget Paper No. 3, 'Health services' (p.22-32), 'Health Infrastructure' (p.33-36) and 'Other health payments' (p.40-44), Budget Paper No. 3)</i>		
<i>Source for active agreements: via the Federal Financial Relations website</i>		
National Cabinet decision	Impact(s) in 2024–25	
	on income (\$ million)	on expenses (\$ million)
Prime Minister Anthony Albanese's 6 December 2023 National Cabinet media release noted that First Ministers had agreed to a \$1.2b package of Strengthening Medicare measures, including funding for the health-related recommendations from the Independent Review of Health Practitioner Regulatory Settings (Kruk Review), Medicare Urgent Care Clinics, and supporting older Australians through avoided hospital admission and earlier discharge from hospital.		
See: National Cabinet statement from 6 December 2023 .		
The following intergovernmental agreements under Strengthening Medicare have since been negotiated and signed by the Commonwealth and Victoria*:		
Supporting older Australian patients	42.6	42.6
Medicare Urgent Care Clinics	37.8	37.8
Short-term workforce reforms – Kruk Review implementation	0.0	0.0
<ul style="list-style-type: none"> The Commonwealth signed the <i>Strengthening Medicare – Supporting Older Australians (Victoria) Federation Funding Agreement</i> on 28 January 2025. Victoria signed on 17 February 2025. The Commonwealth signed the <i>Medicare Urgent Care Clinics – Victoria Federation Funding Agreement</i> on 3 October 2024. Victoria signed on 2 December 2024. 		

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

- The Commonwealth signed the Federation Funding Agreement *Independent Review of Australia's Regulatory Settings Relating to Overseas Health Practitioners (Kruk Review) - Implementation of Recommendations (Recommendation 19 - multidisciplinary workforce planning funding)* on 22 May 2025. Victoria signed on 15 September 2025.

Note: the above agreements under Strengthening Medicare are also included in the section listing agreements under 'Commonwealth Government decision'.

- *Final figures are from the executed agreements which can be found on the [Federal Financial Relations](#) website*

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PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Section H: General

Question 26 (all departments and entities) Reviews/studies/evaluations undertaken

- a) Please list all internal² and external reviews/studies/evaluations, established, commenced or completed by or on behalf of the department/agency in 2024–25 and provide the following information:
- i. Name of the review/study/evaluation and which portfolio and output/agency is responsible
 - ii. Reasons for the review/study/evaluation
 - iii. Terms of reference/scope of the review/evaluation
 - iv. Timeline for the review/evaluation
 - v. Anticipated outcomes of the review/evaluation
 - vi. Estimated cost of the review/evaluation and final cost (if completed)
 - vii. Where completed, whether the review/study/evaluation is publicly available and where. If no, please provide an executive summary and please explain why the full document is not publicly available.

Name of the review (portfolio(s) and output(s) / agency responsible)	Reasons for the review / evaluation	Terms of reference / scope	Anticipated / actual duration and completion date	Anticipated findings and outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL If no, provide executive summary and explain why not available.
Evaluation of the Mental Health and Wellbeing Connect Centres [Health]	To inform policy design and program improvement	Process evaluation of the codesign, commissioning and establishment of the Connect centres. Early impact evaluation to assess the experiences of people	Dec 2024 - Sept 2026	To inform future delivery of the Connect centres.	\$478,411	N/A	Not yet complete

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Name of the review (portfolio(s) and output(s) / agency responsible)	Reasons for the review / evaluation	Terms of reference / scope	Anticipated / actual duration and completion date	Anticipated findings and outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL If no, provide executive summary and explain why not available.
		accessing the Connect centres and the peer workforce delivering the model.					
Long-term health study	Recommendation from the Hazelwood Mine Fire Inquiry. (State Budget 2015/16 Output Initiative - Hazelwood Mine Fire Inquiry / DHHS Health Protection output)	To investigate potential long-term health effects of exposure to smoke from the 2014 Hazelwood coal mine fire. General aims of the study related to heart and lung conditions, health and development of children, psychological distress, and the likelihood of developing cancers.	Oct 2014 - Jun 2025	To undertake a long-term study into the potential long term health effects of the Hazelwood coal mine fire.	\$24,991,921	\$24,976,043	Yes

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Name of the review (portfolio(s) and output(s) / agency responsible)	Reasons for the review / evaluation	Terms of reference / scope	Anticipated / actual duration and completion date	Anticipated findings and outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL If no, provide executive summary and explain why not available.
Adolescent and Youth Inpatient Care Service Experience Design Project	To inform the development of the Adolescent and Youth Mental Health Inpatient Care Framework	To engage adolescents (12-17 years) and young people (18-25 years) with lived experience of mental health challenges, and their families/carers and supporters Mental Health and Wellbeing Services and other and other relevant experts and organisations in a comprehensive	9 Dec 2024 – 30 Jun 2025	Report outlining reflections, insights, ideas and suggestions on how inpatient mental health care can be designed to better address the needs of adolescents and young people in the future. Report outlining intended outcomes, service principles and service model components of adolescent and youth acute inpatient care	\$399,836.80	\$399,836.80	No. For internal policy purposes only.

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Name of the review (portfolio(s) and output(s) / agency responsible)	Reasons for the review / evaluation	Terms of reference / scope	Anticipated / actual duration and completion date	Anticipated findings and outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL If no, provide executive summary and explain why not available.
		engagement process to gain insights into key principles and service model requirements for the delivery of quality, age-appropriate inpatient mental health care for adolescents and young people.					
Evaluation of the Metropolitan Customer Relationship Management program	To inform future investment decisions for the program.	Evaluation to examine the effectiveness, efficiency, cost effectiveness and sustainability of the program.	Mar 2025 - May 2025	Evaluation report and recommendations to guide future sustainability and scalability of the program with a clear assessment of current program	\$99,331	\$99,331	No. For internal policy purposes only.

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Name of the review (portfolio(s) and output(s) / agency responsible)	Reasons for the review / evaluation	Terms of reference / scope	Anticipated / actual duration and completion date	Anticipated findings and outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL If no, provide executive summary and explain why not available.
				impact for health services and stakeholders.			
Earn and Learn and Alcohol and Other Drugs (AOD) Traineeship joint evaluation	To inform policy design and service improvement.	To acquit on lapsing program requirements and examine effectiveness; cost and sustainability to consolidate and validate findings; and provide summative recommendation for future program delivery.	Apr 2024 – May 2025	The evaluation found that continued investment is critical for delivering workforce objectives. It also found that traineeships perform a critical function supporting structural workforce reform; traineeships build the supply of work-ready and committed individuals; and traineeships signal strong commitment by the Victorian Government to workforce reform.	\$177,981	\$177,981	No. For internal policy purposes only.

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Name of the review (portfolio(s) and output(s) / agency responsible)	Reasons for the review / evaluation	Terms of reference / scope	Anticipated / actual duration and completion date	Anticipated findings and outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL If no, provide executive summary and explain why not available.
Mental Health Scholarship Program	Program evaluation to determine appropriateness, efficiency and effectiveness and to drive improvements in program delivery.	To evaluate implementation and delivery as well as program improvement for recurrent scholarships within the program.	May 2025 - October 2025	Evaluation report including recommendations. Expected outcomes include that the Program is a critical component of workforce reform, that it is effectively building workforce skills and is having positive impacts for consumers.	\$148,052	n/a	No. For internal policy purposes only.
Evaluation of the Mental Health AOD Student Placement Support Program	To inform policy design and service improvement.	Evaluation of implementation and delivery to inform potential, future refinements of the program.	March 2024- May 2025	Outcomes found that DH should continue to support the MHAOD sectors and universities to increase the quality and quantity of MHAOD placements.	\$130,000	\$154,875	No. For internal policy purposes only.
Allied Health Advanced Practice Evaluation	To inform policy design, service improvement and inform future	Assess program effectiveness, cost-effectiveness	Completed in December 2024	The evaluation report assessed the efficiency and effectiveness of the Allied Health	\$172,626	\$172,626	No. For internal policy purposes only.

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Name of the review (portfolio(s) and output(s) / agency responsible)	Reasons for the review / evaluation	Terms of reference / scope	Anticipated / actual duration and completion date	Anticipated findings and outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL If no, provide executive summary and explain why not available.
	government investment.	and appropriateness.		Advanced Practice Grants Program and explored opportunities to expand statewide approaches for future system wide impact.			
Evaluation of Healthy Equal Youth (HEY) program [Health]	To inform policy design and future investment decisions.	Evaluation examined the program's continued need, effectiveness, funding, efficiency, risks, outcomes, and alignment with government priorities.	March 2024 – September 2024	The evaluation assessed the justification, efficiency and effectiveness in delivering the grants program, as well as future opportunities for improving the grants program - including enhanced governance and reporting against agreed targets and KPIs. Evidence utilised to support a future government investment decision.	\$150,000	\$119,974	No. For internal policy purposes only.

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Name of the review (portfolio(s) and output(s) / agency responsible)	Reasons for the review / evaluation	Terms of reference / scope	Anticipated / actual duration and completion date	Anticipated findings and outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL If no, provide executive summary and explain why not available.
Independent evaluation of the Child and Youth Hospital Outreach Post-suicidal Engagement (HOPE) program	To guide policy and service system reforms and investment. Acquit recs. of the Royal Commission into Victoria's Mental Health System.	Evaluation of program implementation, outcomes, access, service design, effectiveness and alignment with Royal Commission recommendations.	May 2022- Sept 2024	Analysis and findings to support program improvement.	\$592,695	\$592,694	No. For internal policy purposes only.
Evaluation of Drummond Street Services LGBTIQ+ Mentoring Program, Switchboard Victoria's Suicide Prevention program, and Switchboard's Rainbow Door program	To inform policy design, service improvement and future government investment decisions.	Independent review of two suicide prevention programs including a desktop review of evidence and past evaluations, and consultations with program and departmental staff.	Oct 2023- June 2025	Findings to support program improvements and inform State Budget decisions for continued funding.	\$34,986	\$34,986	No. For internal policy purposes only.

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Name of the review (portfolio(s) and output(s) / agency responsible)	Reasons for the review / evaluation	Terms of reference / scope	Anticipated / actual duration and completion date	Anticipated findings and outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL If no, provide executive summary and explain why not available.
Single Credentialling Platform Cost Benefit Analysis	To inform continuous improvement and inform policy decision-making.	An independent analysis on the credentialling process and opportunities to streamline into a centralised system for nurses, doctors, allied health professional and other relevant healthcare workers.	Jan 2025 to Apr 2025	Opportunities to streamline health workforce credentialling and job vacancy process, explored technology solutions, assessed costs and benefits, and engaged stakeholders to support the development of a centralised Health Workforce Portal and statewide credentialing system.	\$99,000	\$99,000	No. For internal policy purposes only.
Common education and employment checks cost benefit analysis	To inform continuous improvement and inform policy decision-making.	An independent analysis on the centralised solutions for both common education and employment checks.	Jun 2024 - Oct 2024	Opportunities to streamline both centralised solutions and employment checks, assessed costs and benefits, and engaged stakeholders to understand barriers and opportunities to	\$348,000	\$348,000	No. For internal policy purposes only.

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Name of the review (portfolio(s) and output(s) / agency responsible)	Reasons for the review / evaluation	Terms of reference / scope	Anticipated / actual duration and completion date	Anticipated findings and outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL If no, provide executive summary and explain why not available.
				scope options for a centralised solution.			
Strong Brother Strong Sister - Lapsing Program Evaluation	To inform policy design and future government investment decisions.	Evaluation examined the effectiveness and efficacy of the Strong Brother Strong Sister youth suicide prevention program in the Greater Geelong area.	Aug 2024 - Nov 2024	The evaluation provided recommendations to the department on the effectiveness and efficiency of the Strong Brother, Strong Sister program.	\$150,000	\$132,733	No. For internal policy purposes only.
Yarning Safe N Strong - Lapsing Program Evaluation	To inform policy design and future government investment decisions.	Evaluation examined the effectiveness and efficacy of the Yarning Safe N' Strong social and emotional wellbeing counselling helpline.	Aug 2024 - Oct 2024	The evaluation provided recommendations to the department on the effectiveness and efficiency of the Yarning Safe N' Strong program.	\$100,000	\$93,547	No. For internal policy purposes only.
Love the Game Sporting Club Program	To inform policy design and future	Survey across all professional	Dec 2019 - Sept 2024	The evaluation provided recommendations	\$44,000	\$44,000	Yes. LTG0090_LTG_Evalu

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Name of the review (portfolio(s) and output(s) / agency responsible)	Reasons for the review / evaluation	Terms of reference / scope	Anticipated / actual duration and completion date	Anticipated findings and outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL If no, provide executive summary and explain why not available.
Evaluation 2020-2022	government investment decisions.	and community partnerships addressing attitudes on sports gambling and the impact of the Love the Game program		for the future of the program.			ation_summary_2020-22_Final.pdf
Project Assurance Reviews over the lifecycle of the Hume Rural Health Alliance Patient Admin System project	To proactively identify project risks and support project delivery performance. Meets requirements of DGS ICT Project Quality Assurance Framework and supports VAGO recommendation.	Project assurance reviews at specified milestones over the lifecycle of the Hume Rural Health Alliance Patient Administration System project to proactively identify risks and recommend actions to support	Sept 2019 - May 2025	Improved project delivery outcomes, supporting realisation of agreed benefits.	\$411,000	\$497,322	No, For internal policy purposes only.

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Name of the review (portfolio(s) and output(s) / agency responsible)	Reasons for the review / evaluation	Terms of reference / scope	Anticipated / actual duration and completion date	Anticipated findings and outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL If no, provide executive summary and explain why not available.
		improved project delivery performance					
Partnering in healthcare Framework Refresh	Inform the update of the Partnering in healthcare framework (published in 2019).	Gather insights from both consumers and health service professionals regarding the frameworks use and utilise these perspectives to inform the design of a renewed framework aligned with current needs and system expectations	Jul 2024 - Nov 2024	Final report synthesised the findings of the consultation stages. Outcome supported the integrity of the framework and its value to consumers and health services. A focus on guidance for implementation was suggested. Key findings have been incorporated into the draft refreshed framework.	\$99,439	\$99,439	Not yet publicly available. The final report has been received. The refresh of the Partnering in healthcare framework is currently in draft and nearing completion.
Statutory Duty of Candour research evaluation: "A Mixed Methods Evaluation of the	To review how the Statutory Duty of Candour (SDC) is being used and	This research uses evaluation criteria from the UK's Duty	May 2024 - Sep 2025	This research is the first independent look at how the SDC is being used	\$164,034	\$164,034	Yes, but not open access: https://pubmed.ncbi.nlm.nih.gov/39936574/

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Name of the review (portfolio(s) and output(s) / agency responsible)	Reasons for the review / evaluation	Terms of reference / scope	Anticipated / actual duration and completion date	Anticipated findings and outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL If no, provide executive summary and explain why not available.
Statutory Duty of Candour in Victorian Health Services: Study Protocol"	affecting healthcare experiences in Victoria. This research evaluates the impacts of SDC in the two years since its implementation.	of Candour review to gather data that can be compared with UK findings and the disclosure experiences of patients in New South Wales, Australia.		<p>in healthcare. It explores:</p> <ul style="list-style-type: none"> • Patient and family awareness of the SDC • Its impact on accountability and patient experience after adverse events • How it supports transparency, safety culture and communication • Challenges faced by providers in the first two years. 			Open access: A Mixed Methods Evaluation of the Statutory Duty of Candour in Victorian Health Services: Study Protocol
Women's Health Pain Inquiry (3827 - Inquiry into Women's Pain - Data Table	This activity was an addendum to the Inquiry Report completed in December 2024.	Data from the Inquiry survey components to be displayed with key	Jun 2025 - Jul 2025	Increased transparency to the Victorian public regarding data collected as part of the Inquiry	\$19,883	\$19,883	Pending publication

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Name of the review (portfolio(s) and output(s) / agency responsible)	Reasons for the review / evaluation	Terms of reference / scope	Anticipated / actual duration and completion date	Anticipated findings and outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL If no, provide executive summary and explain why not available.
Production (Survey))		demographic variables within the Inquiry report to provide insight into priority population experiences of pain and navigation of the health care system.		into Women's Pain project, representing over 13,000 voices.			
Evaluation of Results-Oriented Projects as part of the Mental Health Improvement Program (MHIP)	Acquit against the Royal Commission recs. on the progress of the implementation of MHIP to Safer Care Victoria (SCV) and the start of the MHIP Royal Commission recs. Ability to demonstrate outcomes of the evaluation	MHIP evaluation: evaluate the implementation of MHIP to SCV in line with RCMHS recommendation and the progress of implementation for the four MHIP reform initiatives (RCMHS recs)	Jan 2025 - Jun 2025	Evaluation findings which can be used for public reporting. E.g. SCV annual report. Also supports the direction of the reform initiatives	\$1,300,000	\$1,247,524.55	No. This is an internal document to inform future program direction, evaluation, design and planning.

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Name of the review (portfolio(s) and output(s) / agency responsible)	Reasons for the review / evaluation	Terms of reference / scope	Anticipated / actual duration and completion date	Anticipated findings and outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL If no, provide executive summary and explain why not available.
	through SCV annual report.						
Doctors in training time in motion study	This study was undertaken to better understand the work being undertaken by doctors and the drivers contributing to overtime usage.	To document and classify the various activities performed by doctors in training. To develop a framework to differentiate between core, non-core, clinical and non-clinical duties. To use a task-based analysis of the work done by doctors in training to understand the drivers of overtime.	May 2025 - Sept 2025- Sept 2025	A repeatable methodology for capturing and analysing how doctors in training spend their time. Findings include identifying workload patterns, understanding drivers of overtime and identifying potential workforce policy implications.	\$144,862	\$144,862	No. This is an internal document to inform future workforce planning and policy.
Graduate Nursing Midwifery Program Match Review	Qualitative and quantitative analysis to determine opportunities for	This review will deliver findings and opportunities for	Jul 2025 - Aug 2025	The findings will inform future improvements and redesign of graduate matching	\$130,000	\$195,000	No. Final report is currently being reviewed.

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Name of the review (portfolio(s) and output(s) / agency responsible)	Reasons for the review / evaluation	Terms of reference / scope	Anticipated / actual duration and completion date	Anticipated findings and outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL If no, provide executive summary and explain why not available.
	improvement and redesign of the Match.	improvement informed by broad stakeholder engagement.		processes and enabling governance, policy and technology.			
LGBTI+ Capability Uplift (Rainbow Health)	Lapsing funding evaluation	Lapsing funding evaluation to consider the efficiency, effectiveness and timeliness of the project, as well as potential benefits and risks if funding was continued.	Completed October 2024	The How2 program has been redeveloped specifically for the mental health sector, building on its proven effectiveness in driving reform within the Victorian family violence sector. Delivered efficiently and within budget by Rainbow Health, the program supports departmental goals and aligns with Victoria's LGBTIQ+ strategy, with further funding enabling broader	\$0	\$0	No. Information was used for internal policy purposes only

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Name of the review (portfolio(s) and output(s) / agency responsible)	Reasons for the review / evaluation	Terms of reference / scope	Anticipated / actual duration and completion date	Anticipated findings and outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL If no, provide executive summary and explain why not available.
				implementation and capability development.			
Review of Rural ICT Alliance Policy and Joint Venture Agreements	Periodic review of Rural Health ICT Alliance arrangements to ensure they continue to be fit for purpose, and if policy changes/updates are required.	Review of the current Rural Health ICT Alliance policy and arrangements, and recommendations for improvements.	May 2025 - Oct 2025	Recommendations for policy changes.	\$318,536	N/A	No. For internal consideration only.
Public Intoxication Reform Health Evaluation	To inform ongoing improvements and future government investment decisions within DTF lapsing program evaluation framework.	The evaluation considers: cultural appropriateness, implementation, effectiveness and sustainability. The evaluation explores how effectively the reform has been implemented	Mar 2025 - Jun 2026	The final evaluation report will focus on the outcomes and impacts of the reforms, especially whether the health-led response met demands, and the secondary response option. The report will meet the Lapsing Program requirements and	\$409,874	N/A	Not yet complete

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Name of the review (portfolio(s) and output(s) / agency responsible)	Reasons for the review / evaluation	Terms of reference / scope	Anticipated / actual duration and completion date	Anticipated findings and outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL If no, provide executive summary and explain why not available.
		across local, regional and statewide levels and identifies opportunities for improvement, focusing on the health-led services.		will include an evaluation of the economic impact of the health-led element of the reforms.			
Project Assurance Reviews over the lifecycle of the Eastern Health Electronic Medical Record (EMR) Expansion and Mobility project.	To proactively identify project risks and support project delivery performance. Meets requirements of DGS ICT Project Quality Assurance Framework and supports VAGO recommendation.	Project assurance reviews at specified milestones over the lifecycle of the Eastern Health EMR Expansion and Mobility project to proactively identify risks and recommend actions to support improved	Mar 2025 - Jun 2026	Improved project delivery outcomes, supporting realisation of agreed benefits.	\$96,138	N/A	No. Report is to support departmental assurance activities and support project delivery teams.

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Name of the review (portfolio(s) and output(s) / agency responsible)	Reasons for the review / evaluation	Terms of reference / scope	Anticipated / actual duration and completion date	Anticipated findings and outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL If no, provide executive summary and explain why not available.
		project delivery performance.					
Social prescribing trials	To evaluate the impact of social prescribing trials, an initiative recommended by the Royal Commission into Victoria's Mental Health System.	To evaluate whether Local Connections is effective at: reducing social isolation and loneliness, strengthening pathways between the Mental Health and Wellbeing Locals and community initiatives, and supporting people to build community connections. To test the role of the link worker in supporting individuals and building	Apr 2023 - Oct 2025	Understanding of social prescribing's impact on consumers, families, carers and supporters; the extent Local Connections strengthened social connection in mental health and wellbeing services; and impact on improving community social connection literacy and capability to foster safe and inclusive spaces.	\$551,106	N/A	No. Not yet complete

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Name of the review (portfolio(s) and output(s) / agency responsible)	Reasons for the review / evaluation	Terms of reference / scope	Anticipated / actual duration and completion date	Anticipated findings and outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL If no, provide executive summary and explain why not available.
		community capacity.					
Review of the State Emergency Management Plan - Pandemic Sub-Plan	To review the Sub-Plans as required or at least every three years. The current Viral (Respiratory) Pandemic Sub-Plan (Pandemic Sub-Plan 2022) was approved in August 2022 and is being reviewed, updated and republished by December 2025.	Review of the plan as required under legislation.	Mar 2024 – Dec 2025	The Pandemic Sub-Plan has transitioned from a viral respiratory focused pandemic plan to an all-pandemics sub-plan to ensure preparedness for a broader range of infectious disease threats, guided by an all-hazards, all pathogens approach that supports the whole of government response. Findings and recommendations from COVID-19 reviews have been incorporated in the Pandemic Sub-Plan. Changes have been made to ensure alignment	Undertaken through internal staffing.	N/A	Not yet published

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Name of the review (portfolio(s) and output(s) / agency responsible)	Reasons for the review / evaluation	Terms of reference / scope	Anticipated / actual duration and completion date	Anticipated findings and outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL If no, provide executive summary and explain why not available.
				with the Australasian Inter-service Incident Management System and the Victorian emergency management structures to ensure effective interoperability in the multi-agency coordination when responding to pandemics.			
AOD Treatment models review	To review potential models of care for AOD treatment services, for redesign of the service delivery system.	Working in an iterative partnership through four stages with the department, UNSW will: establish principles for the design of a Victorian AOD treatment system; define service models	Jun 2025 - Jun 2026	An evidence-base for a modernised drug treatment system.	\$219,286	N/A	No. Report purpose is to support department activities and project delivery teams.

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Name of the review (portfolio(s) and output(s) / agency responsible)	Reasons for the review / evaluation	Terms of reference / scope	Anticipated / actual duration and completion date	Anticipated findings and outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL If no, provide executive summary and explain why not available.
		and outline models of care that achieve the agreed principles; identify a balance of low, medium and high intensity service models; and align service models to treatment settings.					
Safer Digital Healthcare Program Evaluation	To review effectiveness of the program and inform future investment decisions for the program.	Review the last 12 months of the Safer Digital Healthcare program.	Jul 2024 - Jun 2025	Recommendation to continue the Safer Digital Healthcare program.	\$80,000	\$80,000	No. For internal policy purposes only.
Targeted Review of Barwon Health Community EMR Project; focused on effectiveness of project	To proactively identify project risks and support project delivery performance. Meets	Targeted review of Barwon Health Community EMR project's governance,	Oct 2024 - Nov 2024	Improved project delivery outcomes, supporting realisation of agreed benefits.	\$86,423	\$86,423	No. Report is to support departmental assurance activities and support project delivery teams.

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Name of the review (portfolio(s) and output(s) / agency responsible)	Reasons for the review / evaluation	Terms of reference / scope	Anticipated / actual duration and completion date	Anticipated findings and outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL If no, provide executive summary and explain why not available.
governance, controls and reporting.	requirements of DGS ICT Project Quality Assurance Framework and supports VAGO recommendation.	controls and reporting to ensure fit for purpose, identify risk areas and recommend actions to support improved project delivery performance					
Evaluation of the Victorian Virtual Emergency Department (VVED)	To determine the benefits being delivered by the VVED and inform future investment decisions for the program.	Deliver an assessment of the clinical, system and cost-benefit of the VVED. Provide an evaluation framework for use across all domestic virtual models of care.	Jul 2023 - Jul 2025	The project assessed the growth of the VVED and the system benefit with regards to diversion of patients away from physical emergency departments. A series of statistical models were created that were able to demonstrate the impact it has had	N/A	N/A	No. Report is to support departmental assurance activities. Subsidiary peer-reviewed articles can be published after the evaluation has been considered by government.

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Name of the review (portfolio(s) and output(s) / agency responsible)	Reasons for the review / evaluation	Terms of reference / scope	Anticipated / actual duration and completion date	Anticipated findings and outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL If no, provide executive summary and explain why not available.
				on the state's emergency department demand, and a health economic analysis was done to quantify the avoided costs to the state through the implementation of the VVED.			
Patient survey to collect data for the Evaluation of the Community Pharmacist Statewide Pilot	Government commitment	Evaluation focused on the ability of the Pilot to meet its intended aims.	Jun 2024 - Dec 2024	To collect relevant data from patients accessing pilot services to inform the evaluation.	\$136,364	\$99,009	Yes. Victorian Community Pharmacist Statewide Pilot: Summary report health.vic.gov.au
Evaluation of the Diverse Communities Mental Health & Wellbeing Grants Program	To inform the department's acquittal of the government commitment to a flexible funding pool for community organisations and peak bodies as part of Recommendation	To explore whether grants were distributed efficiently, effectively and within budget and the grants program built the capacity of organisations and/or their	May 2025 - Sept 2025	The evaluation findings will provide an understanding of the efficiency of program design and inform future improvements in the design and delivery of programs to support diverse	\$49,436	\$49,436	No. A summary version of the report will be distributed to relevant external stakeholders.

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Name of the review (portfolio(s) and output(s) / agency responsible)	Reasons for the review / evaluation	Terms of reference / scope	Anticipated / actual duration and completion date	Anticipated findings and outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL If no, provide executive summary and explain why not available.
	n 34 of the Royal Commission.	communities to engage in mental health reforms. The scope of the Phase 2 grants program evaluation will be on the 20 Phase 2 grant recipients who delivered mental health & wellbeing programs and initiatives from 2023-2025.		communities. It will also highlight the impact of the grants program on improving mental health and wellbeing outcomes for our diverse communities.			
Social Inclusion Action Groups (SIAG)	Developmental and outcome evaluation of the first 10 SIAGs to report on fidelity of program model to RCMHS recommendation, efficacy of investment and early outcomes.	Implementation and outcomes evaluation of SIAG in 10 sites, with particular focus on the five sites that were first established.	Jun 2024 - May 2026 (possible extension)	SIAG evaluation provides independent review of program model and early outcomes. It enables validation and improvement of program model (to better meet needs of different LGAs, First Nations	\$431,614	N/A	No. Report not yet published.

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Name of the review (portfolio(s) and output(s) / agency responsible)	Reasons for the review / evaluation	Terms of reference / scope	Anticipated / actual duration and completion date	Anticipated findings and outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL If no, provide executive summary and explain why not available.
				communities and other priority groups) and provides a robust monitoring framework to support ongoing assessment of program efficacy and impact.			
SafeScript Review	Mid-term evaluation review of SafeScript proposed in 2018 at program inception.	Assess program effectiveness, identify unintended costs, issues and/or any other consequences that need to be managed, including impacts on health professionals.	Dec 2023 – Jul 2024	Evidence to support service improvements for the program including practical recommendations to the department.	\$218,234	\$218,234	No.
Japanese Encephalitis Virus (JEV) Surveillance - Wild Bird Testing	To inform policy design and future government	To understand JEV prevalence in wild bird populations	9 May – 31 October 2024	Greater understand of JEV host bird populations.	\$49,557	\$49,557	No. For internal policy purposes only.

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Name of the review (portfolio(s) and output(s) / agency responsible)	Reasons for the review / evaluation	Terms of reference / scope	Anticipated / actual duration and completion date	Anticipated findings and outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL If no, provide executive summary and explain why not available.
	investment decisions.						
Review of core recurrent Training and Development (T&D) funding arrangements	To inform policy design, service improvement and future government investment decisions.	A review of T&D investment and the appropriateness, impact, sustainability and efficiency of current investments and provision of recommendations to improve the future of the program.	Commenced July 2024, Concluded February 2025	The review made 16 recommendations to improve the future of the T&D program, and incorporated implementation of one of the recommendations to re-write T&D Guidelines with the inclusion of mental health workforce programs.	\$739,000	\$739,000	No. For internal policy purposes only.
Planned Surgery Recovery and Reform	To inform future government investment, policy design and service improvement.	Examine the effectiveness of the program and the effectiveness and efficiency of four key reform activities to support	Apr 2024 – Aug 2024 Apr 2024 – Aug 2024	Evaluation report including recommendations.	N/A – internal evaluation	N/A – internal evaluation	No. For internal policy purposes only.

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Name of the review (portfolio(s) and output(s) / agency responsible)	Reasons for the review / evaluation	Terms of reference / scope	Anticipated / actual duration and completion date	Anticipated findings and outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL If no, provide executive summary and explain why not available.
		system-wide approaches to address barriers to efficient and effective delivery.					
Clinicians Health Channel (CHC) User Needs Analysis	The analysis supports the current CHC tender by identifying gaps and duplication, aligning the platform with evolving user needs, and improving usability.	The analysis aimed to identify opportunities to improve the CHC by better aligning its purpose and content with user needs, addressing gaps and overlaps in resources, and enhancing design and functionality to support clinicians' workflows.	Aug 2024 – Feb 2025	The report highlights four improvement areas for the CHC platform: clarify its purpose and scope to guide procurement; use a prioritisation framework to curate relevant content; improve usability for easier navigation and access; and boost awareness, especially where white labelling hides its state-level role.	\$165,000	\$165,000	No. For internal use
Rapid evaluation of the introduction	To demonstrate the efficacy of	To utilise the MHIP	Jan 2025 - Jun 2025	Progress of implementation of	\$120,172	\$120,172	No, this is an internal document

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Name of the review (portfolio(s) and output(s) / agency responsible)	Reasons for the review / evaluation	Terms of reference / scope	Anticipated / actual duration and completion date	Anticipated findings and outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL If no, provide executive summary and explain why not available.
of Mental Health Improvement Program to Safer Care Victoria and the current stages of the MHIP initiatives by University of Melbourne	work to date to acquit against Royal Commission 52.2 and the Royal Commission allocated Mental Health reform initiatives: Reducing compulsory treatment, towards elimination of restrictive practice, Implementing the zero suicide frameworks, improving sexual safety in adult inpatient units, establishment of the MHIP Learning Health Network.	evaluation framework to conduct a rapid evaluation, establishing how the progress on the establishment of MHIP to SCV and the RC MHIP initiatives in their various levels of implementation.		the MHIP to SCV and various levels of implementation of reform initiatives allocated to the MHIP, in line with Royal Commission recommendation.			to assess progress and support the strategic development of the program.
Department of Health and WorkSafe Victoria systems thinking	The Mental Health Workforce Safety and	To use the Systems Thinking Analysis and	Jun 2023 - Dec 2025	The project will produce three maps: an ActorMap (who	\$200,000	\$200,000	No. Not yet complete

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Name of the review (portfolio(s) and output(s) / agency responsible)	Reasons for the review / evaluation	Terms of reference / scope	Anticipated / actual duration and completion date	Anticipated findings and outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL If no, provide executive summary and explain why not available.
analysis and recommendations on occupational violence and aggression project	Wellbeing Committee endorsed a joint project between the Department of Health and WorkSafe Victoria under Focus Area 3 of its Action Plan (physical and psychological safety).	Recommendations (STAR) approach to provide a detailed understanding of the complexity of occupational violence and aggression in adult and youth acute mental health settings, and insight into potential interventions.		influences the system), an AcciMap (what factors contribute to incidents), and a PreventiMap (where interventions can reduce risk). Any factors identified as reducing harm will be included as recommended safety interventions in the final report.			
Cardiovascular Disease (CVD) Program evaluation / Safer Care Victoria (SCV) contracted evaluation by Deloitte Touche Tohmatsu	SCVs Cardiovascular Program began in 2021 with five pilot projects funded by State and Commonwealth budgets. These aimed to reduce avoidable acute care admissions	The Evaluation Framework was developed in collaboration with Cardiovascular Program and explores the appropriateness, effectiveness,	Jun 2024 - Jul 2024	The evaluation found that the CVD Program delivered specialist cardiac care to 10,670 Victorians from March 2022 to February 2024. It achieved two key outcomes: reducing avoidable readmissions for	\$699,054	\$699,054	No. Contains commercially sensitive details. The journal article is in the public domain: Overview of Australia's state-wide cardiovascular program and reflections on its piloting between

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

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	and improve access to cardiac care for regional Victorians. A tender was released to evaluate these lapsing projects.	outcomes, value, and sustainability of Cardiovascular Program pilot projects. A deliverable of the evaluation was the drafting of an article which was published in the academic literature.		7,302 people through personalised support and referrals and improving access for 3,368 regional Victorians via local clinics and digital care pathways.			2021 and 2024 - ScienceDirect
Drug checking service evaluation	To review the initial implementation of the mobile Drug Checking Services and inform a lapsing program budget bid.	Internal lapsing program evaluation assessed the mobile Drug Checking sites delivered to date, with recommendations to guide future	Mar 2024 - Jun 2026	Recommendations for future funding, with data and insights for next budget bid. Recommendations for implementation at future festivals and regulatory changes	N/A– internal evaluation	N/A– internal evaluation	No. To inform internal policy implementation and budget purposes only.

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Name of the review (portfolio(s) and output(s) / agency responsible)	Reasons for the review / evaluation	Terms of reference / scope	Anticipated / actual duration and completion date	Anticipated findings and outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL If no, provide executive summary and explain why not available.
		funding, service delivery, and implementation decisions, and some scope to address regulatory issues.					
Local Public Health Unit (LPHU) Lapsing Program Evaluation	To assess the performance of the nine LPHUs against the DTF lapsing program evaluation questions over the period 1 July 2023 to 30 June 2024.	To assess the performance of the nine LPHUs against the DTF lapsing program evaluation questions over the period 1 July 2023 to 30 June 2024, informed by both qualitative and quantitative data.	Jun 2024 - Oct 2024	The report provided recommendations on the continuation of the LPHU network, and opportunities to improve the efficiency, effectiveness and delivery of the program.	N/A– internal evaluation	N/A– internal evaluation	No. For internal policy purposes only.
Adult Local Mental Health and	To guide policy and service system reforms	Evaluation to inform government of	Apr 2023 - Dec 2024	Assess whether program provided early intervention,	N/A– internal evaluation	N/A– internal evaluation	No. A summary version of the report will be distributed to

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Name of the review (portfolio(s) and output(s) / agency responsible)	Reasons for the review / evaluation	Terms of reference / scope	Anticipated / actual duration and completion date	Anticipated findings and outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL If no, provide executive summary and explain why not available.
Wellbeing (MHW) services Evaluation	and investment. Align with recommendations of the Royal Commission into Victoria's Mental Health System.	program appropriateness, fidelity, barriers, enablers, outcomes and efficiency of the usage of funds.		fostered collaboration among mental health providers, and achieved other program outcomes.			relevant external stakeholders.
Infant and Child Locals	Program evaluation to determine appropriateness, efficiency and effectiveness and to drive improvements in program delivery.	Phase 1 (2023) was a formative evaluation to consider the appropriateness of the service design, and early implementation challenges. Phase 2 (2024) was a summative evaluation, to understand the extent to which the services are meeting the needs of the	Phase 1 delivered Jan 2024; Phase 2 commenced Jan 2025, delivered April 2025.	The report provided recommendations on improving collaboration, strengthening practice, clarification of roles, and shared data management systems.	N/A– internal evaluation	N/A– internal evaluation	No. For internal policy purposes only.

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Name of the review (portfolio(s) and output(s) / agency responsible)	Reasons for the review / evaluation	Terms of reference / scope	Anticipated / actual duration and completion date	Anticipated findings and outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL If no, provide executive summary and explain why not available.
		target communities.					
Medicinal Cannabis Compassionate Access Scheme – University of Melbourne review.	Patient monitoring system for medicinal cannabis provided to children with intractable epilepsy under the Victorian Government's Compassionate Access Scheme.	Biannual reports providing aggregate safety and effectiveness data for children in the program, plus an open label study on the efficacy and tolerability of cannabidiol in paediatric epilepsy.	Apr 2022 - Jul 2025	Delivery of five 6-monthly reports on the Compassionate Access Scheme, plus an Open Label Study report. Report indicated sustained improvements in epilepsy and quality of life in patients, with discontinuation in patients where there was no benefit.	\$438,209	N/A	Biannual reports for internal use only. Open label study in process of journal publication.
Review of the Operation of Victoria's <i>Voluntary Assisted Dying Act 2017</i>	Review of the first four years of operation of the <i>Voluntary Assisted Dying Act 2017</i> .	Review of the first four years of operation of the <i>Voluntary Assisted Dying Act 2017</i> (June 2019 to June 2023). Scope included systems,	Apr 2023 - Feb 2025	Recommendations to improve operation of the Act, including addressing gaps in community awareness, raising literacy about voluntary assisted dying for people and their families,	N/A– internal evaluation	N/A– internal evaluation	Yes. https://www.health.vic.gov.au/voluntary-assisted-dying/five-year-review

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Name of the review (portfolio(s) and output(s) / agency responsible)	Reasons for the review / evaluation	Terms of reference / scope	Anticipated / actual duration and completion date	Anticipated findings and outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL If no, provide executive summary and explain why not available.
		processes and practices that facilitate the operation of the Act; equity of access; effectiveness of safeguards and protections; agency roles and other services and support programs.		supporting the workforce, and continuing to build strong leadership and accountability.			

b) Please outline the Department's/Agencies in house skills/capabilities/expertise to conduct reviews/studies/evaluations of the programs and services for which the Department /Agency is responsible.

In-House Evaluation and Review Capabilities:

The Department of Health has a dedicated in-house unit (Evaluation and Insights unit) responsible for the evaluation and review of departmental programs and services. This is a shared service with the Department of Families, Fairness and Housing (DFFH).

Evaluation and Insights (E&I) Unit:

The Evaluation and Insights (E&I) Unit, a unit within the Strategic Policy and Evidence, is the priority provider of evaluation services for the Department of Health and DFFH both departments. The unit's main focus is on delivering evaluations for strategic priorities, such as lapsing programs. In instances where the E&I Unit is unable to undertake specific evaluations due to capacity constraints, the departments address overflow demand by procuring services from external providers.

Expertise and Structure:

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The E&I Unit brings specialised knowledge of departmental policies and programs and is highly skilled in evaluation practice and delivery. The unit comprises approximately 40 full-time equivalent (FTE) staff, all of whom either hold a Masters-level qualification in evaluation or possess equivalent experience and expertise in conducting evaluations of government programs.

The E&I Unit is situated in a division that is separate from those responsible for program delivery. This organisational structure supports the provision of independent advice to the Secretaries. Additionally, the in-house delivery of evaluation services by the E&I Unit is estimated to cost significantly less than engaging external providers, resulting in significant internal savings.

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Question 27 (all departments) Climate change

- a) Under FRD 24 Reporting of environmental data by government entities, Victorian Government organisations must report their greenhouse gas emissions and other environmental impacts. Please list the department/entity's internal targets for reducing greenhouse gas emissions in 2024–25 and the department/entity's performance against these internal targets.

Internal target for reducing greenhouse gas emissions 2024–25	Performance against internal target as at 30 June 2025
<p>The Department of Health must meet the Victorian Government's <i>Financial Reporting Direction 24 – Reporting of environmental data by government entities (FRD 24)</i> and is working towards achieving the Victorian Government's net zero emissions target by 2045. The department has not set internal emission reduction targets.</p>	<p>For the 2024-25 reporting period, the Department of Health's environmental performance (including health services, cemeteries and office-based activities) saw:</p> <ul style="list-style-type: none"> a decrease in total greenhouse gas emissions from Victorian Health Services of 24,419 tonnes (746,112 tonnes of greenhouse gas emissions in 2024-25 down from 770,531 tonnes of greenhouse gas emissions in 2023-24). a decrease in total greenhouse gas emissions from office-based activities of 645 tonnes (2,964 tonnes of greenhouse gas emissions in 2024-25 down from 3,609 tonnes of greenhouse gas emissions in 2023-24). This can be partly attributed to a reduction in the department's FTE and the consolidation of office floorspace. an increase in total greenhouse gas emissions from cemeteries of 519 tonnes (4,751 tonnes of greenhouse gas emissions in 2024-25 down from 4,232 tonnes of greenhouse gas emissions in 2023-24). This can be partly attributed to improved data collection practices. <p>In 2024-25, Victorian health services saw:</p> <ul style="list-style-type: none"> a decrease in Scope 1 emissions, or direct emissions from vehicles and buildings of 3,216 tonnes (e.g. natural gas, diesel, medical gases) (210,201 tonnes of greenhouse gas emissions in 2024-25 down from 213,417 tonnes of greenhouse gas emissions in 2023-24). a decrease in Scope 2 emissions, or indirect emissions from purchased electricity, steam, heating and cooling of 15,506 tonnes (411,477 tonnes of greenhouse gas emissions in 2024-25 down from 426,983 tonnes of greenhouse gas emissions in 2023-24). This can be attributed to: <ul style="list-style-type: none"> a reduction in the carbon intensity electricity supplied through the grid (through increased renewable generation) energy efficiency upgrades the offset associated with the Barwon Health Power Purchasing Agreement. In 2024-25 11,025 megawatt-hour in large scale generation certificates were purchased resulting in an offset of approximately 10,100 tonnes of greenhouse gas emissions; and purchasing certified renewable energy under the Green Power scheme which increased in 2024-25 to 8,740 megawatt-hour from 7,037 megawatt-hour in 2023-24. an increase in onsite solar electricity generation: <ul style="list-style-type: none"> during 2024-25, the total amount of solar power generated by public hospitals was 18 gigawatt-hours, an increase from 15 gigawatt-hours in 2023-24. a 3.4 per cent decrease in greenhouse gas emissions from waste sent to landfill (27,402 tonnes in 2024-25 down from 30,470 tonnes in 2023-24). the recycling rate remained consistent at 22 per cent.

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- b) Please outline and quantify where possible the department's actions in 2024–25 that have contributed to the Whole of Victorian Government emissions reduction pledge.

The Department of Health continued to implement the \$40 million energy upgrades initiative across health services. In 2024–25, through the Victorian Health Building Authority, we:

- approved \$9.4 million in funding to deliver solar, lighting, mechanical and building control works across 27 health services in the Barwon Southwest, Grampians and Loddon Mallee regions. When fully operational, the works are expected to reduce annual electricity use by around 2,249 megawatt-hours.
- approved \$1.8 million in funding to install 1,277 kilowatt-peak of solar at Eastern Health, Grampians Health, Monash Health, Northern Health and Western Health. When fully operational, the works are expected to avoid 1,660 megawatt-hours of grid electricity and reduce greenhouse gas emissions by 1,489 tonnes.
- approved \$0.6 million in funding to deliver a building control upgrade at the Thomas Embling Hospital. This work is expected to reduce annual electricity use by around 170 megawatt-hours, natural gas use by 689 gigajoules and greenhouse gas emissions by 175 tonnes.
- approved \$0.175 million for the VACCHO to support employing a senior project officer to deliver the ACCO energy efficiency program.
- approved \$0.375 million to install solar arrays, batteries and heating, ventilation and air conditioning upgrades at 13 bush nursing centres²⁹⁸.
- completed energy upgrades at Dental Health Services Victoria, including installation of new air conditioning plant, new building controls, window tinting and installation of over 3,000 energy-efficient LED lights. These projects are expected to reduce annual electricity use by around 584 megawatt-hours, natural gas use by 208 gigajoules and greenhouse gas emissions by 678 tonnes.
- installed approximately 600-kilowatt peak rooftop solar at 58 ambulance stations, completed 24 domestic heat pump upgrades and replaced 117 air conditioners with more efficient systems at metropolitan and regional ambulance stations.
- continued to implement the Greener Government Building program by progressing detailed facility studies at Barwon Health and Northeast Health Wangaratta and releasing tenders for energy performance contracts at Western District Health Service, Central Gippsland Health Service and Swan Hill District Health.
- shutdown 18 megawatts of cogeneration systems at the Royal Melbourne Hospital and The Alfred after some 30 years of operation. This is expected to reduce annual gas use at these hospitals by around 315,000 gigajoules and associated greenhouse gas emissions by 16,200 tonnes.
- Completed technical sustainability reviews and provided specialist advice to 27 projects to ensure consistent application of the *Guidelines for sustainability in health care capital works*. The Guidelines set out minimum design targets for the department's healthcare capital works and provide advice and guidance on how to build sustainable and resilient health services and buildings.
 - Projects reviewed included the new Melton Hospital, Casey Hospital emergency department expansion, Monash Medical Centre tower expansion, Northern Hospital redevelopment, Warrnambool Base Hospital, and the early parenting centres program. The public sector aged care residential projects at Kingston and Rutherglen were completed and delivered as all-electric facilities.

²⁹⁸ [Department of Health 2024-25 Annual Report](#) – p84

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- A key focus of the technical sustainability reviews in 2024-25 was to deliver projects with improved performance to reduce operational energy consumption, as well as enhanced indoor environment quality to promote and support healing and wellbeing, the reduction of embodied carbon, and optimising the recycled content of construction materials.

- c) **[Water corporations only]** Victoria's water corporations have targets related to greenhouse gas emissions and renewable electricity under the *Statement of obligations (Emissions reduction)*.²⁹⁹ For each individual water corporation please list applicable targets from the statement of obligations and progress toward or performance against the target as at 30 June 2025.

Applicable target	Progress toward or performance against target as at 30 June 2025
N/A	N/A

²⁹⁹ https://www.water.vic.gov.au/_data/assets/pdf_file/0029/668306/statement-of-obligations-emission-reduction-2022.pdf

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Question 28 (DTP, DE, DH, DEECA) Adaptation Action Plans

Please describe the progress made and actions taken to implement the department's Adaptation Action Plan in 2024–25. What measurable impact have these actions had on addressing the impacts of climate change?

Please provide information regarding all Adaptation Action Plans your department is responsible for.

The Health and Human Services Adaptation Action Plan (HHS AAP) 2022-26 was released in 2022 with three key focus areas:

- Improving the climate resilience of health infrastructure
- Increasing sector capability, and
- Enhancing community and stakeholder engagement on climate and health issues.

The HHS AAP is delivered in partnership with the Department of Families, Fairness and Housing and the Victorian Health Building Authority.

All actions within the HHS AAP are on track to be publicly acquitted by the end of 2026. Measurable impacts of the HHS AAP will be formally identified and reported following a planned interim evaluation in 2025.

Health actions completed or progressed in 2024-25 include:

- Three climate risk projects funded by Emergency Management Victoria grants which saw the:
 - delivery of a climate risk toolkit for Victorian health services to improve the identification, assessment and management of climate change risks
 - the progression of climate change assessments for 11 cemeteries to identify potential sector-wide threats and opportunities to strengthen the sector's resilience to climate change (completed August 2025), and
 - the progression of a climate risk project for Aboriginal Community Controlled Organisations will be completed in early 2026 and delivered in partnership with the Victorian Aboriginal Community Controlled Health Organisation
- Analysis of heat-related health impacts in Victoria, with publications in the Medical Journal of Australian and New Zealand Journal of Public Health.
- Publication of updated guidance to support local councils in Victoria to tackle climate change and its impacts on health through municipal public health and wellbeing planning
- Partnership with the Australasian Health Infrastructure Alliance to publish a Climate Resilience and Adaptation Guide
- Continued:
 - delivery of a quarterly climate change and public health local government newsletter as well as a monthly Climate Health Victoria newsletter to inform sector capability and stakeholder engagement on climate and health issues.
 - delivery of public health programs to protect Victorians from climate-sensitive hazards like extreme heat, including public health campaigns to minimise health and wellbeing impacts.
 - engagement with key stakeholders on climate adaptation matters including the Commonwealth Government on the National Health and Climate Strategy, and the National Health Adaptation Plan.

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Question 29 (all departments) Annual reports – performance measure targets and objective indicators

a) Please provide the following information on performance measures that did not meet 2024–25 targets.

Performance measure	2024–25 target (Budget)	2024–25 actual (Annual report)	Variance (percent)	Explanation	Output(s) and portfolio(s) impacted
Perinatal mortality rate per 1 000 of babies of Aboriginal mothers, using rolling 3-year average	8.7	10.2	17.2	Preliminary result. The result is higher than the target. The perinatal mortality rate for babies of Aboriginal mothers, based on the 2020–22 rolling three-year average, was 10.2 per 1,000 births. While this result did not meet the target of 8.7, it represents an improvement from the previous rolling rate of 11.2 for 2019–21. Due to the relatively small number of Aboriginal women and babies, year-to-year variability remains high. The Victorian Maternity Taskforce, established in October 2024, will focus on ensuring culturally safe maternity and newborn services, guided by Aboriginal communities and grounded in the principles of self-determination.	Output: Admitted Services Portfolio: Health
Sub-acute care separations	37,900	34,900	-7.9	The result is lower than the target. While admitted sub-acute care separations from hospitals have not met the target, the result shows continued recovery on historic admitted activity. Wider sector review shows growing non-admitted sub-acute activity across community-based programs supporting care closer to home, demonstrating overall growth across total admitted and non-admitted sub-acute activity.	Output: Admitted Services Portfolio: Health
Intensive Care Unit central line associated blood stream infections (CLABSI) per 1 000 device days	0.0	0.6	N/A	Preliminary result. The result was higher than the target. The Victorian Nosocomial Infection Surveillance System (VICNISS) have confidence that these numbers in isolation do not reflect any concerning trends. The rate from each quarter is so low that most variation is considered within expected variation. VICNISS have indicated that the zero target should be reviewed and adjusted to less than one case per 1000 device days. Performance trends in Victoria have shown sustained low rates of CLABSI that benchmark favourably to other jurisdictions but not at a sustained rate of zero.	Output: Admitted Services Portfolio: Health
Unplanned readmission after paediatric tonsillectomy and adenoidectomy	3.7	5.4	45.9	This preliminary result is higher than target due to an increase in patient complexity combined with a known clinical risk of clot lyses causing reactionary haemorrhage at five to ten days post operation. Given these factors the current target requires re-evaluation. Safer Care Victoria will continue to monitor this measure and engage directly with relevant health services regarding performance.	Output: Admitted Services Portfolio: Health

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Performance measure	2024–25 target (Budget)	2024–25 actual (Annual report)	Variance (percent)	Explanation	Output(s) and portfolio(s) impacted
Non-urgent (Category 3) planned surgery patients admitted within 365 days	95	87	-8.4	Timeliness of planned surgery is still recovering post COVID-19, where category 2 and 3 planned surgeries were paused periodically resulting in a backlog of patients and extended wait times. Timeliness performance has been progressively improving over the past two years. Timeliness performance has also been impacted by demand, with population growth and an ageing population increasing the demand for and complexity of planned surgery and placing pressure on inpatient beds.	Output: Admitted Services Portfolio: Health
Semi-urgent (Category 2) planned surgery patients admitted within 90 days	83	70.2	-15.4	Timeliness of planned surgery is still recovering post COVID-19, where category 2 and 3 planned surgeries were paused periodically resulting in a backlog of patients and extended wait times. Timeliness performance has been progressively improving over the past two years. Timeliness performance has also been impacted by demand, with population growth and an ageing population increasing the demand for and complexity of planned surgery and placing pressure on inpatient beds.	Output: Admitted Services Portfolio: Health
Emergency patients re-presenting to the emergency department within 48 hours of previous presentation	<6	6.5	8.3	The re-presentation rate of 6.5 per cent in 2024–25 represents a small increase from 6.3 per cent in 2023–24, remaining relatively stable despite a 2.5 per cent rise in overall emergency department presentations. The measure captures both planned re-presentations—such as wound reviews and imaging follow-ups—and unplanned representations, therefore does not solely reflect patient care quality or clinical risk.	Output: Emergency Services Portfolio: Health
Patients' experience of emergency department care	85	77	-9.4	Preliminary result. Consumers reported there are opportunities for improvement around wait times, access to specialists, communication and premature discharge in emergency department care. Safer Care Victoria (SCV) and the department are overseeing multiple projects that will impact patient experience in the emergency department. These include but are not limited to the Safer Together program and the Safer Care for Kids program.	Output: Emergency Services Portfolio: Health
Emergency patients treated within clinically recommended 'time to treatment'	80	71.6	-10.5	An additional 54,000 presentations were recorded in 2024-25, including a higher volume of high-acuity presentations (categories 1–3) that require more complex care and longer treatment times. This additional demand has impacted performance against target.	Output: Emergency Services Portfolio: Health

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Performance measure	2024-25 target (Budget)	2024-25 actual (Annual report)	Variance (percent)	Explanation	Output(s) and portfolio(s) impacted
Emergency patients with a length of stay of less than four hours	75	53.6	-28.5	Despite a slight improvement over the mid-year, the result reflects ongoing challenges associated with elevated winter demand. There were 54,000 more presentations recorded than the year prior, along with a rise in patient acuity.	Output: Emergency Services Portfolio: Health
Proportion of ambulance patient transfers within 40 minutes	90	67.7	-24.8	The result is below target, impacted by an additional 54,000 presentations, including a higher proportion of high-acuity cases (categories 1-3). These cases require more complex care and longer treatment times, affecting transfer times and inpatient capacity across the system. Despite these pressures, this represents the strongest winter performance since 2021, reflecting an improvement trajectory in ambulance handover times. This highlights the ongoing efforts of Ambulance Victoria and health services to enhance patient flow and timely access to care through local and system-wide improvement initiatives.	Output: Emergency Services Portfolio: Health
Number of filled Victorian Rural Generalist Year 3 positions	38	26	-31.6	The result is lower than target, reflecting lower than anticipated demand for positions. Mitigation strategies have already been implemented and early activity for 2025-26 is already improving.	Output: Health Workforce Training and Development Portfolio: Health
Number of undergraduate nursing and midwifery scholarships supported	5,000	4,705	-5.9	The result is lower than target because this measure is demand driven and based on eligibility criteria. The outcome reflects the number of scholarships approved for eligible individuals.	Output: Health Workforce Training and Development Portfolio: Health
Scholarships for refresher programs and re-entry to practice courses for nurses and midwives	250	228	-8.8	The result is lower than target due to lower than anticipated demand for refresher scholarships. Mitigation strategies have been put in place to ensure that program targets improve in 2025-26.	Output: Health Workforce Training and Development Portfolio: Health
Aged care assessments	-	63,870	N/A	No 2024-25 target was set for this measure due to uncertainty about the timing of changes to Commonwealth-led transition to a Single Assessment System. Therefore, a variance percentage cannot be determined.	Output: Aged and Home Care Portfolio: Ageing
Available bed days	1,153,718	1,091,638	-5.4	The result was lower than the target due to the redevelopments currently underway to modernise facilities and meet needs at local level.	Output: Aged and Home Care Portfolio: Ageing

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Performance measure	2024-25 target (Budget)	2024-25 actual (Annual report)	Variance (percent)	Explanation	Output(s) and portfolio(s) impacted
Clients accessing aids and equipment	27,002	22,967	-14.9	The result was lower than the target due to the increasing complexity and needs of clients as well as the impact on demand and need related to national aged care and disability reforms.	Output: Aged and Home Care Portfolio: Ageing
Victorian Eyecare Service (occasions of service)	75,800	69,986	-7.7	The result is lower than the target partly due to increasing cost of services delivered in regional locations, and differing data collection method across metropolitan and regional locations which does not allow for direct comparison. This measure will be replaced by two new metrics in 2025-26 to more accurately reflect the services provided.	Output: Aged and Home Care Portfolio: Ageing
Average waiting time (calendar days) from referral to assessment	-	37	N/A	No 2024-25 target was set for this measure due to uncertainty about the timing of changes to Commonwealth-led transition to a Single Assessment System. Therefore, a variance percentage cannot be determined.	Output: Aged and Home Care Portfolio: Ageing
Percentage of high-priority clients assessed within the appropriate time in all settings	90	83.3	-7.4	The result is lower than the target. Changes arising from the transition to the Commonwealth's new Single Assessment System implemented in December 2024 has impacted this result due to workforce capacity and training needs whilst implementing the new system. This impacted all measures for assessment, significantly contributing to not meeting performance targets for average waiting time for an assessment as well as low and high priority referrals. The department continues to provide additional support but will continue to see the ongoing impacts of the transition.	Output: Aged and Home Care Portfolio: Ageing
Percentage of low-priority clients assessed within the appropriate time in all settings	90	56	-37.8	The result is lower than the target. Changes arising from the transition to the Commonwealth's new Single Assessment System implemented in December 2024 has impacted this result due to workforce capacity and training needs whilst implementing the new system. This impacted all measures for assessment, significantly contributing to not meeting performance targets for average waiting time for an assessment as well as low and high priority referrals. The department continues to provide additional support but will continue to see the ongoing impacts of the transition.	Output: Aged and Home Care Portfolio: Ageing

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Performance measure	2024-25 target (Budget)	2024-25 actual (Annual report)	Variance (percent)	Explanation	Output(s) and portfolio(s) impacted
Community Service Obligation emergency road and air transports	283,266	262,375	-7.4	Reporting of activity against this measure has been impacted by protected industrial action between March and September 2024. Below-target activity levels reflect Ambulance Victoria's focus on targeted demand management strategies to connect people to care that is responsive to their needs while avoiding an emergency ambulance response. Key initiatives include expansion of Secondary Triage services, the Victorian Virtual Emergency Department and use of other alternate care pathways.	Output: Ambulance Services Portfolio: Ambulance Services
Community Service Obligation non-emergency road and air transports	230,376	184,113	-20.1	Reporting of activity against this measure has been impacted by protected industrial action between March and September 2024. Below target performance reflects the impact of Ambulance Victoria's better application of Non-Emergency Patient Transport (NEPT) eligibility criteria to ensure NEPT services are available for patients that need clinical monitoring or support. Performance below target is an intended outcome of this work.	Output: Ambulance Services Portfolio: Ambulance Services
Statewide emergency air transports	4,030	2,933	-27.2	Reporting of activity against this measure has been impacted by protected industrial action between March and September 2024. Air activity is entirely demand driven, with activity below target representing lower demand for air services.	Output: Ambulance Services Portfolio: Ambulance Services
Statewide emergency road transports	518,329	484,876	-6.5	Below target activity levels reflect Ambulance Victoria's focus on targeted demand management strategies to connect people to care that is responsive to their needs while avoiding an emergency ambulance response. Key initiatives include the use of Secondary Triage services, the Victorian Virtual Emergency Department and use of other alternate care pathways.	Output: Ambulance Services Portfolio: Ambulance Services
Statewide non-emergency air transports	3,400	2,818	-17.1	Reporting of activity against this measure has been impacted by protected industrial action between March and September 2024. Air activity is entirely demand driven, with activity below target representing lower demand for air services.	Output: Ambulance Services Portfolio: Ambulance Services
Statewide non-emergency road transports	309,922	257,513	-16.9	The lower than target result reflects Ambulance Victoria's application of NEPT eligibility criteria to ensure NEPT services are available for patients that need clinical monitoring or support. Performance below target is an intended outcome of this work.	Output: Ambulance Services Portfolio: Ambulance Services
Proportion of emergency (Code 1) incidents responded	90	69.2	-23.1	Ongoing elevated demand for Code 1 responses, along with increased patient acuity and system flow constraints, continue to impact resource	Output: Ambulance Services

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Performance measure	2024–25 target (Budget)	2024–25 actual (Annual report)	Variance (percent)	Explanation	Output(s) and portfolio(s) impacted
to within 15 minutes in centres with more than 7 500 population				availability and response times. Targeted initiatives aimed at increasing system flow efficiency and reducing demand for ambulance and emergency department services continue to be implemented, with other leading performance measures such as transfer times showing signs of improvement.	Portfolio: Ambulance Services
Proportion of emergency (Code 1) incidents responded to within 15 minutes – statewide	85	65.3	-23.2	Ongoing elevated demand for Code 1 responses, along with increased patient acuity and system flow constraints, continue to impact resource availability and response times. Targeted initiatives aimed at increasing system flow efficiency and reducing demand for ambulance and emergency department services continue to be implemented, with other leading performance measures such as transfer times showing signs of improvement.	Output: Ambulance Services Portfolio: Ambulance Services
Number of drug treatment activity units provided in residential-based services	78,845	67,481	-14.4	This result was lower than the target due to a range of issues including increasing client complexity.	Output: Drug Services Portfolio: Mental Health
Percentage of new clients accessing services (with no access in prior five years)	50	34	-32.0	The result was lower than the target due to high client complexity resulting in the need for longer treatment. This impacts services' capacity to take on new clients.	Output: Drug Services Portfolio: Mental Health
Median wait time between assessment and commencement of treatment	20	41	105.0	The result was higher than the target due to the continued high demand for alcohol and other drug (AOD) Brief interventions and bridging supports are offered by service providers to address client care during prolonged wait times.	Output: Drug Services Portfolio: Mental Health
Median wait time between intake and assessment	10	18	80.0	The result was higher than the target due to system demand pressures.	Output: Drug Services Portfolio: Mental Health
Clinical inpatient separations	31,599	26,977	-14.6	The result was lower than the target due to planned mental health bed closures as a result of Project Intensive Care Area (ICA) and other capital works and unplanned closures due to damage and workforce issues.	Output: Mental Health Clinical Care Portfolio: Mental Health
Number of community service hours (aged)	199	179	-10.1	The result was lower than the target as data reporting from February to June 2025 was impacted by industrial action. Consumers receiving an ambulatory	Output: Mental Health Clinical Care

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Performance measure	2024-25 target (Budget)	2024-25 actual (Annual report)	Variance (percent)	Explanation	Output(s) and portfolio(s) impacted
				service contact during this time may not have had their contact recorded and as such recorded activity will be lower than actual activity delivered.	Portfolio: Mental Health
Number of community service hours (child and adolescent)	355	333	-6.2	The result was lower than the target as data reporting activity from February to June 2025 was impacted by industrial action. Consumers receiving an ambulatory service contact during this time may not have had their contact recorded and as such recorded activity will be lower than actual activity delivered.	Output: Mental Health Clinical Care Portfolio: Mental Health
Percentage of occupied bed days (residential)	80	71	-11.3	The result was lower than the target due to residential aged care beds being used for consumers with dementia/behavioural issues rather than mental health concerns.	Output: Mental Health Clinical Care Portfolio: Mental Health
Percentage of consumers followed up within 7 days of separation – inpatient (CAMHS)	88	83	-5.7	The result was lower than the target as data reporting activity from February to June 2025 was impacted by industrial action. Consumers receiving an ambulatory service contact during this time may not have had their contact recorded and as such recorded activity will be lower than actual activity delivered.	Output: Mental Health Clinical Care Portfolio: Mental Health
Percentage of consumers who rated their overall experience of care with a service in the last 3 months as positive	80	-	N/A	The Your Experience of Service (YES) and Carer Experience Survey (CES) collection processes were delayed in this financial year. An upgrade of the survey collection methodology resulted in a one-off delay to data collection for this cycle. The YES and CES surveys are now being conducted on a continuous basis throughout the year with the change expected to provide a more accurate and timely picture of consumer and carer experience. Interim data, collected using the updated methodology, will be available from early October. However, due to changes in the collection approach, there are limitations when comparing results with previous cycles.	Output: Mental Health Clinical Care Portfolio: Mental Health
Percentage of families/carers reporting a 'very good' or 'excellent' overall experience of the service	80	-	N/A	The Your Experience of Service (YES) and Carer Experience Survey (CES) collection processes were delayed in this financial year. An upgrade of the survey collection methodology resulted in a one-off delay to data collection for this cycle. The YES and CES surveys are now being conducted on a continuous basis throughout the year with the change expected to provide a more accurate and timely picture of consumer and carer experience. Interim data, collected using the updated methodology, will be available from early	Output: Mental Health Clinical Care Portfolio: Mental Health

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Performance measure	2024-25 target (Budget)	2024-25 actual (Annual report)	Variance (percent)	Explanation	Output(s) and portfolio(s) impacted
				October. However, due to changes in the collection approach, there are limitations when comparing results with previous cycles.	
Percentage of families/carers who report they were 'always' or 'usually' felt their opinions as a carer were respected	90	-	N/A	The Your Experience of Service (YES) and Carer Experience Survey (CES) collection processes were delayed in this financial year. An upgrade of the survey collection methodology resulted in a one-off delay to data collection for this cycle. The YES and CES surveys are now being conducted on a continuous basis throughout the year with the change expected to provide a more accurate and timely picture of consumer and carer experience. Interim data, collected using the updated methodology, will be available from early October. However, due to changes in the collection approach, there are limitations when comparing results with previous cycles.	Output: Mental Health Clinical Care Portfolio: Mental Health
Percentage of mental health consumers reporting they 'usually' or 'always' felt safe using this service	90	-	N/A	The Your Experience of Service (YES) and Carer Experience Survey (CES) collection processes were delayed in this financial year. An upgrade of the survey collection methodology resulted in a one-off delay to data collection for this cycle. The YES and CES surveys are now being conducted on a continuous basis throughout the year with the change expected to provide a more accurate and timely picture of consumer and carer experience. Interim data, collected using the updated methodology, will be available from early October. However, due to changes in the collection approach, there are limitations when comparing results with previous cycles.	Output: Mental Health Clinical Care Portfolio: Mental Health
Percentage of mental health-related emergency department presentations with a length of stay of less than 4 hours	81	43	-46.9	The result was lower than the target due to multiple systemic and operational factors, including sustained high levels of complex mental health emergency department presentations, workforce shortages, and high demand for inpatient care.	Output: Mental Health Clinical Care Portfolio: Mental Health
Percentage of new consumers accessing services (with no access in prior five years)	45	37	-17.8	The result was lower than the target due to an increased number of existing consumers requiring intensive and ongoing care.	Output: Mental Health Clinical Care Portfolio: Mental Health
Percentage of re-admissions within 28 days of separation – inpatient (CAMHS)	14	18	28.6	The result is higher than target due to the disproportionate impact of re-admissions for a small number of highly complex young people, combined	Output: Mental Health Clinical Care

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Performance measure	2024–25 target (Budget)	2024–25 actual (Annual report)	Variance (percent)	Explanation	Output(s) and portfolio(s) impacted
				with temporary bed closures in child and adolescent units due to capital improvements.	Portfolio: Mental Health
Rate of seclusion episodes per 1 000 occupied bed days – inpatient (CAMHS)	3	9.3	210	The result was higher than the target due to an increase in complex consumers and acuity. This has been exacerbated by planned bed closure during 2024-25 to upgrade safety on intensive care area units.	Output: Mental Health Clinical Care Portfolio: Mental Health
Rate of seclusion episodes per 1 000 occupied bed days – inpatient (adult and forensic)	6	10.7	78.3	The result was higher than the target due to a small cohort of complex consumers. Capacity to support complex consumers has been impacted by bed closures as part of capital works to upgrade the safety of intensive care area units. The rates are significantly higher at Forensicare due to a small number of forensic consumers who have required extensive periods of seclusion.	Output: Mental Health Clinical Care Portfolio: Mental Health
Percentage of departures from emergency departments to a mental health bed within 8 hours	80	46	-42.5	The result was lower than the target due to multiple systemic and operational factors, including sustained high levels of complex mental health emergency department presentations, workforce shortages, and high demand for inpatient care. This result is also impacted by planned bed closures as a part of capital works to upgrade the safety of intensive care area units.	Output: Mental Health Clinical Care Portfolio: Mental Health
Number of occupied bed days in community mental health support services providing residential services	62,744	54,318	-13.4	The result was lower than the target due to Youth Residential Recovery providers continuing to work with referring services to enhance program awareness.	Output: Mental Health Community Support Services Portfolio: Mental Health
Number of ACCOs who have transitioned to self-determined, outcomes-based funding	-	-	N/A	The initiative formerly known as the Outcomes-Based Funding project has undergone a strategic shift in direction, aligning with evolving community priorities and feedback. As a result, the associated performance measure is now considered redundant and could not be reported on for 2024–25. This measure has been formally discontinued for 2025–26.	Output: Community Health Care Support Services Portfolio: Health
Rate of admissions for ambulatory care sensitive	14.4	23.6	63.9	The result is higher than the target. Aboriginal Victorians state that a lack of cultural safety, racism and fear are barriers to seeking early intervention in the Victorian public health system. The outcome of the Voice Referendum	Output: Community Health Care Support Services

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Performance measure	2024-25 target (Budget)	2024-25 actual (Annual report)	Variance (percent)	Explanation	Output(s) and portfolio(s) impacted
chronic conditions for Aboriginal Victorians				and the Yoorrook Justice Hearings proceedings may have further dissuaded Aboriginal Victorians from seeking primary care from mainstream GPs which lead to higher rates of presentations in emergency departments. These factors are coupled with the fact that ACCHOs, who provide culturally safe health services to their communities, are experiencing high demand. The target for this performance measure was determined over a decade ago when less data was available. The department will take steps to amend the target in the future.	Portfolio: Health
Website visitation to gambling-related information and Gambler's Help support services	687,629	621,392	-9.6	The result was lower than the target due to a reduction in the volume of marketing campaign and paid advertising activities from when the target was established two years ago. The measure has been changed for 2025-26 to report domestic website traffic only.	Output: Mental Health Community Support Services Portfolio: Mental Health
Persons treated	332,150	281,622	-15.2	The result was lower than the target due to increased complexity of treatment (more visits) per client. Increased activity in Smile Squad and public dental workforce challenges have also affected the outcome. The department continues to support Oral Health Victoria to implement initiatives that increase the oral health workforce.	Output: Dental Services Portfolio: Health
Priority and emergency clients treated	249,100	214,498	-13.9	The result was lower than the target due to increased complexity of treatment (more visits) per client. Increased activity in Smile Squad and public dental workforce challenges have also affected the outcome. The department continues to support Oral Health Victoria to implement initiatives that increase the oral health workforce.	Output: Dental Services Portfolio: Health
Children participating in the Smiles 4 Miles oral health promotion program	60,000	54,726	-8.8%	The result was lower than the target due to one of the metropolitan agencies reducing their registrations by 50 per cent because of workforce capacity issues and difficulty in engaging with early childhood services.	Output: Dental Services Portfolio: Health
Hours of additional support delivered through the Enhanced Maternal and Child Health program	248,000	182,374	-26.5	The result is lower than target as the target was estimated based on limited available data at the time. The performance target will be reviewed in future years.	Output: Maternal and Child Health and Early Parenting Services Portfolio: Children

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Performance measure	2024–25 target (Budget)	2024–25 actual (Annual report)	Variance (percent)	Explanation	Output(s) and portfolio(s) impacted
Total number of Maternal and Child Health Service clients (aged 0 to 1 year)	80,000	73,002	-8.7	The result was lower than the target due to a lower than projected Victorian birthrate.	Output: Maternal and Child Health and Early Parenting Services Portfolio: Children
Inspections of cooling towers	1,300	1,148	-11.7	A combination of more targeted regulatory activity and resource limitations has led to the result being below the target.	Output: Public Health Portfolio: Health
Inspections of radiation safety management licences	480	432	-10.0	A combination of more targeted regulatory activity and resource limitations has led to the result being below the target.	Output: Public Health Portfolio: Health
Number of sales to minors test purchases undertaken	3,000	1,136	-62.1	Preliminary result. The result was lower than the target. 79 Victorian Councils may choose to opt-in to the sales to minors test purchase program – it is not compulsory for councils to participate. The underperformance against the target is likely due to safety concerns related to perceived or actual risks related to infiltration of illicit tobacco, vaping and organised crime.	Output: Public Health Portfolio: Health
Percentage of newborns having a newborn bloodspot screening test	98	91	-7.1	The result is lower than the target due to variations in data capture and definitions. Based on birth trend averages, the true participation rate is likely to be higher. A more reliable measure of total births in Victoria was recently identified for future reporting.	Output: Public Health Portfolio: Health
Persons screened for prevention and early detection of health conditions – pulmonary tuberculosis screening	2,000	1,822	-8.9	The result is lower than the target. Victoria maintains an active tuberculosis (TB) monitoring, case detection, and case management program. TB screening is undertaken only when contact tracing identifies that an individual has spent a defined period in a high-risk setting—such as a school or workplace—during their infectious period. The annual reported figure is within the expected range and reflects effective program performance and successful containment of TB transmission in Victoria.	Output: Public Health Portfolio: Health

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b) Please provide the following information for objective indicators where data was not available at publication of the annual report 2024–25.

Objective indicators stated in annual report for which data was not available at date of publication	Best available data for 2024–25 and relevant date	Explanation for the absence of data in annual report	Action taken to ensure timely data for 2024–25 annual report
Patients hospitalised for selected conditions who did not receive appropriate screening	There is no data available for the indicator in 2024-25.	Data unavailable at the time of publishing. The indicator relies on Medical Benefits Scheme (MBS) data from Services Australia. The data has not been provided to Victoria.	The MBS data was first requested from Services Australia in December 2023. Despite engagement with Services Australia since that time, Victoria has not received the data.

PAEC Inquiry into the 2024-25 Financial and Performance Outcomes

Question 30 (all departments and entities) Challenges experienced by department/agency

Please list a minimum of three main challenges/risks faced by the department/agency in 2024–25.

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

	Challenge experienced	Internal/ External	Causes of the challenge	Action taken to manage the challenge/risk
2.	Pressure on hospitals and Ambulance Victoria (AV) to provide timely emergency care and treatment	External	<ul style="list-style-type: none"> • <i>Emergency departments</i> <ul style="list-style-type: none"> • Continued increase in presentations at emergency departments (EDs), with demand growth varying widely across regions due to population shifts and settlement patterns. • Changes in patient complexity impact timeliness as the emergency system continues to manage deferred care and sicker patients • System-wide pressures – including delays in accessing inpatient beds – are impacting patient flow and length of stay. • <i>Ambulance services</i> <ul style="list-style-type: none"> • Elevated demand for ambulance services (Code 1 cases) and increased patient acuity is placing additional pressure on existing ambulance resources. • Broader system pressures are also reducing the availability of ambulances to respond to new patients requiring an ambulance response. Ambulances being dispatched to patients whose clinical needs could be met by an alternate service (such as Secondary Triage or VVED); increases in travel time to and from cases, delays experienced at some hospitals during periods of high demand and elevated 	<ul style="list-style-type: none"> • Work is underway across the system to reduce pressure on emergency care. This includes helping people access the right care for them away from ambulance and emergency department when they do not need it. • <i>Victorian Virtual Emergency Department</i> <ul style="list-style-type: none"> • The VVED provides free video consultations with emergency doctors and nurses for non-urgent conditions, delivering over 590,000 consultations since 2020¹⁸. • The VVED received 35,000 referrals from Ambulance Victoria in 2024–25 helping reduce emergency transports and avoidable ED presentations. • In 2024-25 the VVED contributed to the diversion of over 254,000 presentations to state physical emergency departments.¹⁹ • In December 2024, the VVED received almost 22,000 calls – more than the number of patients seen in many hospital EDs in an entire quarter.²⁰ • <i>Urgent Care Clinics (Formally called Priority Primary Care Centres – PPCCs)</i> <ul style="list-style-type: none"> • GP-led UCCs are open seven days a week and treat conditions that are urgent, but do not require an emergency response. 29 clinics across Victoria (12 state-funded). • There have been more than 800,000 visits to UCCs since launching in September 2022²¹ • To January 2025, clinics supported more than 7,800 visits per week with over half of patients responding to a patient survey, reporting they would have otherwise attended an ED.²² • <i>Secondary Triage</i> <ul style="list-style-type: none"> • Service for AV paramedics to connect patients to alternative care services at the point of call and infield.

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	Challenge experienced	Internal/ External	Causes of the challenge	Action taken to manage the challenge/risk
			paramedic clearing times at hospitals contribute to this pressure	<ul style="list-style-type: none"> Almost 20 per cent of Triple Zero callers were managed without an emergency ambulance or trip to an emergency department via Secondary Triage services³⁰⁰. <p><i>Medium Acuity Transport Services (MATS)</i></p> <ul style="list-style-type: none"> Ensuring less urgent calls in need of an ambulance response get the right care. 22 teams pairing graduate paramedics with experienced paramedics, ensuring less urgent calls requiring an ambulance response and preserving emergency ambulances for time-critical calls. MATS crews dedicated for less-urgent calls have attended more than 100,000 cases since starting in September 2021, freeing up more ambulances to respond to the most critically-ill patients³⁰¹. <p><i>Standards for Safe and Timely Ambulance and Emergency Care for Victorians</i></p> <ul style="list-style-type: none"> The Standards establish clear expectations and embed proven solutions that improve the timeliness of care across metropolitan and major regional services with emergency departments. Ambulance transfer times have reached their best performance in three years with 67.7 per cent of patients transferred from ambulance to emergency departments within 40 minutes in 2024-25. This means patients are being handed over to emergency department clinicians more quickly. <p><i>Timely Emergency Care 2 (TEC2)</i></p> <ul style="list-style-type: none"> Multi-year program to improve timeliness of emergency care in a partnership approach between the department and the Institute for Healthcare Improvement and health services to progress clinician-led improvements across emergency departments, wards and operations³⁰². Emergency Department Short Stay Unit stays dropped by 10 per cent, with patients discharged 54 minutes sooner³⁰³.

³⁰⁰ [Ambulance Victoria Annual Report 2024-25](#), p.82

³⁰¹ <https://www.ambulance.vic.gov.au/latest-ambulance-response-times-0>

³⁰² Department of Health, [Timely Emergency Care \(webpage\)](#).

³⁰³ [Department of Health Annual Report 2024-25](#), p. 20

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	Challenge experienced	Internal/ External	Causes of the challenge	Action taken to manage the challenge/risk
				<i>Better At Home</i> <ul style="list-style-type: none"> The Better at Home program continues to create additional inpatient capacity, by providing people with care at home In 2024-25, the Better at Home program has helped Victoria deliver more than 470,000 bed days at home.³⁰⁴
3.	Negotiation and finalisation of the next 5-year National Health Reform Agreement	External	<ul style="list-style-type: none"> In December 2023, National Cabinet agreed to long-term, system-wide structural reform across health and disability, including the commitment that states and territories would be better off overall. Agreement on these reforms for a 2025-2030 agreement was not achieved resulting in a one-year extension signed by all Australian governments. Negotiations of the next 5-year NHRA has commenced and Victoria (along with other states/territories) are concerned that this may not optimise financial and reform outcomes for our health system. 	<ul style="list-style-type: none"> Governance arrangements in place for Victoria to work effectively and negotiate at a national and state-level with a cross-portfolio approach involving DPC, DTF and DFFH.
4.	Long stay patients in hospital awaiting aged care beds/packages	External	<p>Delays in Commonwealth supply of and access to, appropriate Residential Aged Care, and Community Aged Care supports</p> <p>Home Care Package waiting list: as at 30 Mar 2025, nearly 18,000 Victorians were waiting for a home care package at their approved level.</p>	<i>Improved system data</i> <ul style="list-style-type: none"> Ongoing work with the Commonwealth to improve visibility of access to residential agenda care to better understand hot spots. Requested routine contemporary Aged Care Vacancy data from Commonwealth. Working with Health services to improve quality of routine data reported through the VAED to understand nature of HS impacts. Annual health service census for more granular data in the interim of improving VAED reporting. <i>Engagement with the Commonwealth</i>

³⁰⁴ [Victorian Health Service Performance Monitor, Statewide 2024-25](#), p.7 & [Victorian Agency for Health Information, Victorian Health Services Performance, Hospital admission and discharge](#)

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	Challenge experienced	Internal/ External	Causes of the challenge	Action taken to manage the challenge/risk
				<ul style="list-style-type: none"> • Executed the Strengthening Medicare – Supporting Older Australians FFA for \$144m over 4 years investment in responses to address delayed discharge. • Bilateral and Multilateral Action Plans focussed on improved system visibility, Commonwealth stewardship and Commonwealth action to address access and supply gaps. • Advocacy through funding reform and senior officials’ meetings. <p><i>Health system investment</i></p> <p>Health system investment supports hospital flow in Victoria including:</p> <ul style="list-style-type: none"> • Hospital diversion programs: Residential In Reach providing acute level care to older people in their residential aged care home. • Improved internal flow: timely hospital aged care assessments. • Stepdown services: The Transition Care Program offers both bed-based and community-based options, with over 50% of places being bed-based. This bed-based focus positively impacts hospital flow by facilitating smoother patient transitions. • Direct aged care services delivery: Public Sector Residential Aged Care Services PSRACS with capacity for aged persons mental health care, and those located in thin markets, provide a viable alternative to public hospitals serving as the providers of last resort for aged care. This contributes to improved patient flow and complements other hospital avoidance and step-down programs.

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Question 31 (all departments) Lapsed or abolished bodies

Please list all existing bodies (authorities, offices, commissions, boards and/or councils) within the department that either lapsed or were abolished in 2024–25 and provide the following information:

- Date body lapsed/abolished
- Reason for closure of the body
- How much money is expected to be saved (if any) by the organisation's abolition
- How many staff (FTE) are expected to be impacted by the organisation's closure

Name of the body	Date body abolished/lapsed	Reason for closure	Anticipated savings from closure	Number of staff (FTE) impacted
Victorian Assisted Reproductive Treatment Authority	31 December 2024	Functions have been removed from legislation or assumed by the Department of Health	0	10.5

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Question 32 (all departments) Newly created bodies

Please list all newly created bodies (authorities, offices, commissions, boards and/or councils) created within the department in 2024–25 and provide the following information:

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

Name of the body	Date body created	Expenditure in 2024–25	FTE staff	Purpose/function(s) of the body	Who the head of the newly created body directly reports to
Alcohol and Other Drugs (AOD) Ministerial Advisory Committee	1 January 2025	0	0	To improve the quality of AOD advice to government, reduce the reliance on project-specific governance, and support the delivery of priority commitments and initiatives. To Inform reform efforts and identify opportunities for collaboration and innovation.	The Minister for Mental Health
Parkville Youth Mental Health and Wellbeing Service (PYMHWS)	1 July 2024	0	More than 500 staff have transitioned from Melbourne Health to PYMHWS.	PYMHWS is Victoria's first dedicated youth mental health service, now overseeing the Orygen Specialist Program (OSP) previously run by Melbourne Health. It provides mental health care to young people aged 12–25 across	The Minister for Mental Health

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Name of the body	Date body created	Expenditure in 2024–25	FTE staff	Purpose/function(s) of the body	Who the head of the newly created body directly reports to
				Melbourne's north-west, including admitted care for those 18–25. It formally commenced operations 1 July 2025.	
Public Intoxication Reform Implementation Monitoring and Oversight Group (IMOG)	1 July 2024	\$9,000.00	0	The role of IMOG is to provide advice to relevant Ministers (Mental Health, Police, and Attorney General) on the performance of public intoxication reforms and potential improvements to the delivery of the reform. The IMOG has a distinct role in working closely with impacted communities and escalating critical issues directly to the Minister for Mental Health as lead Minister.	The Minister for Mental Health

Section I: Implementation of previous recommendations

Question 33 (relevant departments only)

- a) Please provide an update on the status of the implementation of each of the below recommendations that were made by the Committee in its Report on the 2023—24 Financial and Performance Outcomes and supported and supported-in-principle by the Government.

Department	Recommendations supported by Government	Actions taken at 30 September 2025
Department of Health	Recommendation 5: Departments and agencies make reports and studies listed in their Committee questionnaire responses or their annual reports publicly available wherever possible.	The Department of Health, where possible, provides hyperlinks to evaluation reports and studies, as demonstrated in this questionnaire and the department's annual report.
Department of Health	Recommendation 8: The Department of Health or the Mental Health and Wellbeing Commission publicly report on progress against each of the sub-components of the recommendations of the Royal Commission into Victoria's Mental Health System, including any revised implementation dates and reasons for delays. This information should be included as part of the consolidated annual reporting and more detailed reporting on its website.	The Department of Health reports on the progress and delivery of key reforms in response to the Royal Commission into Victoria's Mental Health System in the previous 12 months through the Chief Officer for Mental Health and Wellbeing annual report. The 2024-25 report is being prepared and will be delivered to the Minister for Mental Health by 31 October 2025. The Department of Health is continuing to identify further opportunities to report publicly on Royal Commission implementation progress.
Department of Health	Recommendation 13: The Department of Justice and Community Safety, Victoria Police and the Department of Health consider separately reporting on the specific actions taken to progress implementation of Recommendation 10 of the Royal Commission into Victoria's Mental Health System, including revised implementation dates and reasons for any delays.	<p>The Department of Health is progressing work to design improved services for people experiencing a mental health crisis, including crisis supports, telephone-based crisis response and community outreach, establishment of new drop-in centres (safe spaces), and a shift towards a health-led crisis response model.</p> <p>Recommendations to improve mental health and emergency service responses for people experiencing a mental health crisis require complex and integrated solutions. This package of reform is being developed in close collaboration with partners across government, including the Department of Justice and Community</p>

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Department	Recommendations supported by Government	Actions taken at 30 September 2025
		<p>Safety and Victoria Police. As noted in the <i>Next phase of mental health reform</i> released late in 2024, key initiatives across 2025-2027 in this work will focus on continued design and phased implementation of enhanced mental health crisis responses.</p> <p>As such, consideration is still ongoing to determine reporting processes.</p>

- b) Please provide an update on the status of the implementation of each of the recommendations that were made by the Committee in its Report on 2021–22 and 2022–23 Financial and Performance Outcomes supported and supported-in-principle by the Government.

Department	Recommendations supported by Government	Actions taken at 30 September 2025
Department of Health	Recommendation 37: Victorian Government Departments, the Parliamentary Departments and Court Services Victoria provide a breakdown of the additional funding received when accounting for discrepancies between budgeted and actual revenue in response to the Committee’s future general questionnaires.	The Department of Health, where available, has included detail on the differences between budgeted and actual revenue in the relevant questionnaire responses. Please refer to question 14 of this questionnaire.

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Question 34 (DTF only) Net cash flows from investments in financial assets for policy purposes – General Government Sector (GGS)

Not applicable to the Department of Health

Question 35 (DTF only) Purchases of non-financial assets – General Government Sector (GGS)

Not applicable to the Department of Health

Question 36 (DTF only) Revenue initiatives

Not applicable to the Department of Health

Question 37 (DTF only) Expenses by departments – General Government Sector (GGS)

Not applicable to the Department of Health

Question 38 (DTF only) Economic variables

Not applicable to the Department of Health