



Department of Health and Human Services annual report 2019–20

The department proudly acknowledges Victoria’s Aboriginal communities and their rich culture and pays respect to their Elders past and present.

We acknowledge Aboriginal people as Australia’s first peoples and as the Traditional Owners and custodians of the land and water on which we rely.

We recognise and value the ongoing contribution of Aboriginal people and communities to Victorian life and how this enriches us.

We embrace the spirit of reconciliation, working towards the equality of outcomes and ensuring an equal voice.

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Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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In this document, ‘Aboriginal’ refers to both Aboriginal and Torres Strait Islander people. ‘Indigenous’ or ‘Koori/Koorie’ is retained when part of the title of a report, program or quotation.

ISSN 2205-5401 (online)

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Responsible body's declaration

Martin Foley MP
Minister for Health
Minister for Ambulance Services
Minister for the Coordination of Health and Human Services – COVID-19

The Hon. James Merlino MP
Minister for Mental Health

Gabrielle Williams MP
Minister for the Prevention of Family Violence

The Hon. Luke Donnellan MP
Minister for Child Protection
Minister for Disability, Ageing and Carers

The Hon. Richard Wynne MP
Minister for Housing

Dear ministers

In accordance with the *Financial Management Act 1994*, I am pleased to present the Department of Health and Human Services Annual Report for the year ending 30 June 2020.



Kym Peake
Secretary
Department of Health and Human Services

13/10/2020

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Secretary's foreword



I feel privileged to lead an organisation where I get to work with so many extraordinary, purpose-driven people, not only in the Department of Health and Human Services, but right across the state. I've felt this more strongly this year than any other.

Between the devastating bushfires that ravaged much of our state in the early part of 2020 and the coronavirus (COVID-19) pandemic, which has impacted every single Victorian in some way, our staff have been at the frontline of some of the most critical health and human services work of our lifetime. This annual report provides a snapshot of the significant efforts of hundreds of thousands of people working with our communities across the sector in 2019–20.

Although it has been an incredibly challenging year, our focus has remained on ensuring we fulfil our responsibility to keep Victorians safe, healthy and able to live a life they value.

Our focus

Over the last five years a key focus of our strategic plan has been building stronger connections between health and human services, to make a difference and improve people's health and wellbeing. Out of the tragedy of the pandemic, quantum steps forward have been made. Adopting a focus on population health and wellbeing, local clusters of health services have formed and enabled stronger collaboration between primary, community, specialist and acute care.

And these clusters have forged stronger relationships with community sector organisations to tackle risks of infection prevention and control and support people isolating at home or in residential facilities. Health, mental health and social care have been combined in novel ways to support the tenants of our public housing estates, our culturally and linguistically diverse communities, people living in communal housing in the community, and our aged care facilities.

A broad range of partners – local government, community health, primary health care networks, Aboriginal community and health services, and community sector partners – have worked together through incident management teams and cluster governance arrangements to engage with their local communities and rapidly design and deploy new service models. Technology has been used differently to connect people and support them to be safe and well at home.

Regional and local public health units will continue to be critical to our ongoing ability to prevent and contain coronavirus (COVID-19) outbreaks. And they will provide a basis for even stronger partnerships with local government on prevention and health protection for entire communities.

New departmental governance and emergency management operations have enabled sharing of evidence, data and intelligence on the ground. At the same time, crisis structures have enabled the rapid development, implementation and continuous improvement of policies and programs to support new ways of delivering services.

Not everything tried during the pandemic has worked or remains the best way to deliver services going forward. But many of the innovative service models have received positive feedback from our patients and clients and have reached more people than ever before.

As we emerge from the second wave of the pandemic, there is an enormous opportunity to build on the trust, partnerships and innovations of the last few months. We look not to retreating back to professional or sectoral silos, but to further developing and maturing new models of care and new forms of partnership to enable local planning and commissioning of services.

Our ongoing commitment

Our ongoing work has continued to build the capabilities of the workforces that deliver our services, creating jobs and strengthening the safety, quality, performance and design of our systems. We have continued to deepen our engagement with patients, clients, victim survivors, staff, funded agencies and communities to design

and improve our services and to strengthen our internal systems, equipping our staff to deliver better outcomes.

It is important to acknowledge that other vital work continued alongside our response to coronavirus (COVID-19). This included:

- > coordinating health-related relief and recovery efforts for the Victorian bushfires
- > establishing Mental Health Reform Victoria to lead the implementation of the Royal Commission into Victoria's Mental Health System recommendations
- > extending the medically supervised injecting room trial in North Richmond
- > launching Victoria's first strategy to support kinship, foster and permanent carers
- > introducing legislation to include people in religious ministry as mandatory reporters, further protecting vulnerable children
- > funding more than 780 new social housing dwellings across Victoria
- > delivering major capital investments, including the Barwon Health North facility, Phillip Island Health Hub and a multipurpose hub for health and community services in Kyneton
- > increasing community participation for Victorians with a disability through Victoria's first autism plan.

You can read more about our work in 2019–20 throughout this report.

Thank you

I would like to take this opportunity to acknowledge the significant impact of coronavirus (COVID-19) on families, communities and industries across the state. The response required has been a whole-of-community effort and one where Victorians have risen to the challenge. I have seen people act with kindness and solidarity as they support the vulnerable, their neighbours and families. This time has not been easy and my sympathies are with those who have lost a loved one.

My heartfelt thanks and appreciation go out to the thousands of dedicated staff across the department and our partners for their positivity and dedication to keeping Victorians safe and keeping hope alive. And, of course, to our communities for their unwavering commitment to helping us fight the coronavirus (COVID-19) pandemic.

I am eternally grateful to all our staff, partners, agencies and communities whose efforts, commitment and leadership continue to make a very real difference to the lives, health and wellbeing of Victorians.



Kym Peake
Secretary
Department of Health and Human Services

Introduction

Our vision

To achieve the best health, wellbeing and safety of all Victorians so that they can live a life they value.

Our values

Our values describe what we stand for at the department, how we want to make decisions and how we expect each other to behave.



We are respectful

- > We treat people with fairness, objectivity and courtesy.
- > We listen and communicate honestly and clearly.
- > We seek to understand others' perspectives, experiences and contributions.
- > We recognise and value people's diversity, equality and human rights.



We have integrity

- > We are trustworthy, and we do what we say we will do.
- > We are professional in all our dealings with others.
- > We stay true to our values when it is easy and when it is difficult.



We collaborate

- > We help each other as colleagues.
- > We generously share our knowledge, expertise and skills.
- > We work in partnership with people and organisations to find the best approach.
- > We are inclusive and seek people's input and involvement.



We care for people, families and communities

- > We involve people in decisions that affect their lives.
- > We value our colleagues, and we develop and support them to be resilient and effective.
- > We have empathy for people and seek to understand their perspectives.
- > We support and empower people through our work.



We are accountable

- > We each take ownership of the quality and demonstrable impacts of our work.
- > We ensure that our decisions and actions are evidence based and outcomes focused.
- > We are careful about and transparent in how we use public resources.



We are innovative

- > We are flexible, creative and responsive to changing needs.
- > We have the courage to take informed risks and try something new.
- > We are reflective and seek feedback to inform and shape our work.

The values are available in full at [Our values](https://www.dhhs.vic.gov.au/our-values) <<https://www.dhhs.vic.gov.au/our-values>>.

Victorian Public Service missions during coronavirus (COVID-19)

From April 2020 the most senior levels of the Victorian Public Service were structured so as to focus on a small number of core missions to help respond to the coronavirus (COVID-19) pandemic crisis, and to prepare for the recovery and post-crisis restoration of Victoria.

The Premier appointed Departmental Secretaries as Mission Leads in which roles they would be, responsible for the planning and delivery of the missions. Mission Leads engage with the Crisis Council of Cabinet (CCC) coordinating ministers and support the CCC as the core decision-making forum.

A Mission Coordination Committee, chaired by the Secretary of the Department of Premier and Cabinet and reporting to the CCC, was also established as the key officials' forum to support delivery of the missions. This mission structure has allowed the Victorian Public Service to effectively focus activity, share resources and coordinate coronavirus (COVID-19) responses across departments.

From June 2020, the initial eight public service missions were consolidated into six key missions, to support a more focused effort on the public health response and resilience, and the delivery of the deferred 2020–21 State Budget. These six key missions are:

Mission	Lead Secretary	Description
Public health resilience	Secretary, Department of Health and Human Services	Leadership of the ongoing public health response to Coronavirus (COVID-19) and hospital and system reform.
Economic management and preparation of the 2020–2021 Budget	Secretary, Department of Treasury and Finance	Leadership for monitoring economic and business conditions and managing the Victorian State Budget and financing including tax reform.
Economic program delivery, supply, logistics and procurement	Secretary, Department of Jobs, Precincts and Regions	Leadership and delivery for the economic programs needed to support business and employment Leadership for the supply and transport of essential goods, and the timely procurement of goods and services and potentially premises.
Restoration and reform of public services – People	Secretary, Department of Justice and Community Safety Secretary, Department of Health and Human Services Secretary, Department of Education and Training	Leadership for the recovery and reform of key government justice, education and human services.
Restoration and reform of public services – Economic (public sector)	Secretary, Department of Transport Secretary, Department of Environment, Land, Water and Planning	Leadership for the recovery and reform of key government economic services, including to support economic recovery by rapidly restarting and commissioning infrastructure projects.
Economic Recovery and growth	Secretary, Department of Jobs, Precincts and Regions CEO Invest Victoria	Leadership for the identification of recovery and growth strategies and actions for Victoria to recover economically.

Two enabling programs of work were also established to guide the state’s response to the pandemic, and support the six missions:

Enabling program	Lead Secretary	Description
Critical risks and opportunities	Secretary, Department of Premier and Cabinet	Leadership for the identification of critical risks, vulnerabilities and post-event reform opportunities for the public sector.
Behaviour change, social cohesion and communications	Secretary, Department of Premier and Cabinet	Leadership for the design and coordinated implementation of communication, community activation and engagement activities.

Strategic directions

The department has four strategic directions. The directions work together to generate improvements in the impact of our services and activities on the lives of Victorians.

The directions inform the department's three roles:

- > steward – how we develop and oversee policy
- > system manager – how we design funding and regulate
- > agent – how we deliver services and build capacity and influence.

A summary of each strategic direction is provided below.

1. Person-centred services and care

Person-centred services and care take into consideration all the influences on a person's health and wellbeing.

The department and its agencies have created new mechanisms to enable input from consumers, families and carers into the design of models of care and care pathways, while also supporting consumers to be partners in their own care.

Research has found that person-centred care can have a big impact on quality and efficiency – including by helping people to learn more about their health conditions and prompting them to better understand their own needs, be more engaged in their care and be more motivated and empowered to make changes in their own lives.

We are committed to elevating clients, patients, carers and families so that they are at the centre of our service and policy development processes.

We are engaging with patients and clients more than ever before – while supporting them to take up opportunities to be active partners in their own care.

Over the past 12 months, the department and its agencies have continued to progress this strategic direction. Some examples are detailed below.

- > The Client voice framework for community services was released on 7 November 2019. The framework was written with the help of people who have received care and support

through community services, so that every worker in the state can learn from their experiences. The framework will help ensure the voice of the client is front and centre in all the work we do – and as a result, improve the quality and safety of services, and the experience of those who use them.

- > The Victorian Government submitted 24 recommendations to the Royal Commission into Aged Care Quality and Safety in October 2019. The submission covered a range of areas focused around supporting choice and enabling personalised approaches to care, including in relation to supporting people to stay in their homes for as long as possible and reducing the use of physical and chemical restraint.
- > One hundred and twenty-four* Victorians suffering with a terminal illness accessed voluntary assisted dying in the 12-month period from June 2019 to June 2020. Victoria's nation-leading laws in this field are giving people with an incurable illness a compassionate choice over the timing and manner of their death, and relief from their suffering.
- > Family Safety Victoria continued to work in partnership with the Victim Survivors' Advisory Council and other people with lived experience of family violence to ensure their voices inform system reform.
- > This year, via the Victorian Government's Engage Victoria website the department has sought the views of the public to inform a range of initiatives. Seeking people's view in this way helps to ensure programs and services respond to service users' preferences and needs. Some examples of initiatives that involved public consultation via Engage Victoria this year include:
 - the review of assisted reproductive treatment in Victoria
 - the *Allied health National Disability Insurance Scheme capability framework*
 - the *Victorian cancer plan 2020–2024*
 - the Victorian sexual health services review
 - the community hospitals program
 - the future health care needs of Mildura
 - the future health care needs of the Mallee
 - planning for the new Footscray Hospital

* Source: [Premier of Victoria website – VAD laws giving more Victorians choice over their death](https://www.premier.vic.gov.au/vad-laws-giving-more-victorians-choice-over-their-death) – <<https://www.premier.vic.gov.au/vad-laws-giving-more-victorians-choice-over-their-death>> (for period June 2019 – June 2020)

- the Royal Commission into Victoria’s Mental Health System.
- > The statewide rollout of the Hospital Outreach Post-Suicidal Engagement (HOPE) program continued this year. The HOPE initiative offers enhanced support and assertive outreach for people leaving an emergency department or medical ward following treatment for an attempted suicide. HOPE provides intensive, person-centred support which is tailored to the unique needs and circumstances of the individual.
- > In October 2019, following close consultation with key stakeholders, the department launched *Strong carers, stronger children*, Victoria’s strategy to support kinship, foster and permanent carers. The strategy sets out six goals to improve the experience of Victoria’s dedicated carers, as well as the lives and futures of the children and young people they care for. Developed by carers, for carers, the strategy acknowledges the complex challenges carers face every day.
- > In 2019–20 the department continued to operationalise the principles of Aboriginal self-determination across the services it funds and delivers. Key work in advancing Aboriginal self-determination this year included:
 - Ongoing implementation of *Wungurilwil Gapgapduir*, which formalises our commitment to ensure all Aboriginal children and young people in Victoria are safe, resilient, thriving and living in culturally rich and strong Aboriginal families and communities.
 - Continuation of the Aboriginal Children’s Forum which meets quarterly to drive the safety and wellbeing of Aboriginal children in, or at risk of entry into out of home care.
 - Ongoing implementation of *Korin Korin Balit-Djak*, which details how the department will work with Aboriginal communities, community organisations, other government departments and mainstream service providers to improve the health, wellbeing and safety of Aboriginal people in Victoria.
 - Commencement of work on the Aboriginal Private Rental Assistance Program in line with the department’s policies of self-determination and the objectives identified in the *Victorian Aboriginal housing and homelessness framework* released in February 2020.
- In response to the Coronavirus (COVID-19) pandemic, the Victorian Government invested \$23 million in Aboriginal community-controlled organisations and Aboriginal community-controlled health organisations to provide culturally safer Coronavirus (COVID-19) services and public health information to Aboriginal Victorians. The funding supported self-determination by putting decision-making power back in the hands of Aboriginal communities.

2. Local solutions

Person-centred solutions work best when they are part of services that respond to the needs of local communities as a whole, not just individual clients.

We recognise that co-design and delivery should be taken into account at every level. By working with individuals and providers to guide policy, program and service design and delivery, we can better understand local communities and promote equitable access for people with diverse needs and identities.

A second type of local solution extends well beyond how services are provided. The conditions in which people are born, grow, live, work and age are intimately linked to place and recognised by the World Health Organization as the major causes of avoidable and inequitable health issues. Changing these conditions requires a new kind of partnership between government and local communities.

Some communities face seemingly intractable social disadvantage that cannot be solved by government acting alone. The scale and complexity of these challenges demand collective action across all levels of government and communities.

Over the past 12 months, the department has facilitated and supported local service responses through a range of community-led initiatives and targeted supports. Some examples are detailed below.

- > The Victorian Government continues to partner with Primary Health Networks to help local communities develop and implement coordinated place-based approaches to suicide prevention. Guided by a common agenda, operating model, communications, and evaluation frameworks, these trials are

harnessing local skills, expertise and resources to implement tailored, evidence-based initiatives in local communities. At each site, organisations, services and community work together and with the local Primary Health Network to develop a plan to reduce suicides and to deliver effective suicide prevention at a local level. Engaging with Aboriginal communities and exploring specific issues for Aboriginal people is an important component of these trials.

- > In 2018 the Department committed \$30 million to the Regional Estate Revitalisation program to renew and improve three regional public housing estates: Delacombe Estate (Delacombe, Ballarat), Virginia Hill Estate (Eaglehawk, Bendigo) and Benalla West Estate (Benalla). Each estate was allocated \$10 million in seed funding. This project seeks to improve housing, public areas and connections with the surrounding community and was introduced to the community in late 2019 with residents being asked what they like about their estate and what they'd like to see improved. In February 2020, a Consultative Committee was established at each site to provide residents and community groups the opportunity to take part in the project and provide detailed feedback. Community feedback was used to develop a set of proposed key directions to guide the masterplan. In March – April 2020, the community was consulted on the proposed key directions. The next phase will involve consultation with the community and other stakeholders on the draft masterplans.
- > The third *Victorian public health and wellbeing plan* was published in August 2019. It sets out a comprehensive approach to delivering improved public health and wellbeing outcomes for all Victorians. Public health and wellbeing plans are developed by local governments with their communities to address local factors in poor health, wellbeing and disease including by reducing injury, reducing smoking and improving mental wellbeing. They represent a tool the department uses to support the effective local development and delivery of health and wellbeing improvements.
- > Ten community consultative committees have been established to inform the design of the 10 community hospitals being developed in growth areas. Community consultative committees comprise local residents, business owners, service providers and interest groups

and they help project teams have meaningful and effective communication and discussions with the communities affected by the respective project. The inclusion of community members in the design of services is aimed at increasing the functionality and use of the community hospitals.

- > The Victorian Government has supported the development of resources to prevent elder abuse including the establishment of 10 local elder abuse prevention networks that aim to link local organisations, such as health centres, council home carers and seniors' clubs, so as to raise awareness of elder abuse and implement local prevention strategies.
- > A new 'outbreak unit' tasked with preventing, responding and limiting outbreaks of coronavirus (COVID-19) was established within the department's public health team. The unit includes new rapid response outbreak squads, staffed by public health specialists and clinicians, who ensure appropriate testing, contact tracing and deep cleaning are carried out as soon as a cluster is identified. The squads make proactive visits to high-risk facilities, businesses and industries and work with local services on infection control and prevention, ensuring the response is tailored and targeted to the relevant community.
- > Family Safety Victoria has continued to work closely with the Dhek Dja Partnership Forum and Aboriginal communities to design Aboriginal Orange Door Access Points. Following workshops held with local communities, the concept model and locations for Aboriginal access points were endorsed in January 2020. These access points will offer culturally safe places to help Aboriginal Victorians access family violence support.

3. Prevention and earlier intervention

Our data shows that for many Victorians, their first contact with health and human services is through an emergency department, child protection, crisis housing or family violence services. Even with great empathy and care from the dedicated professionals in these services, the experience of emergency and crisis services can be stressful and feel disempowering.

Effective prevention and early intervention are critical to reducing inequalities in health and social outcomes, arresting the intergenerational transfer

of disadvantage, and lessening the need for crisis and emergency services.

Successful early intervention requires new models of care that focus on the whole person or family. For people with complex or chronic needs, early intervention models need to take account of the range of social, economic and personal factors that affect their lives. A focus on building capacities – to recover from trauma or address early signs of mental health issues, or support family functioning – can reduce the need for crisis responses.

This strategic direction links to our emphasis on local solutions and joining up local services. All of our partners are working hard to break down the barriers in how care is provided within and across sectors – for example, between primary, secondary and acute health services; between physical and mental health services, between health, education and social services; between justice and social services; between paid staff and volunteers and between specialists and generalists.

This strategic direction also focuses on supporting universal services to be more confident in identifying and responding to risk and vulnerability and to promote safe, self-determining and healthy environments and behaviours at a population level.

This year, this strategic direction also encompasses the department's comprehensive coronavirus (COVID-19) response, which involved rapidly and decisively implementing initiatives aimed at intervening earlier and preventing the incidence, spread and severity of the disease.

Some examples are detailed below:

- > The department has led the Victorian Government's response to the coronavirus (COVID-19) pandemic, including by:
 - managing the rollout of public health directives and restrictions – necessary because they are the only evidence-based public health responses possible when there is no vaccine or other effective pharmaceutical treatment
 - stockpiling personal, protective equipment, ventilators and other essential medical supplies so Victorian health care workers protected and well supplied during the coronavirus (COVID-19) pandemic
 - expanding intensive care units (ICU), (including bed capacity, equipment, staff and physical space) to meet the expected surge in demand
 - rapidly growing the public health contact tracing team, to ensure all close contacts of coronavirus (COVID-19) positive cases are found and people received advice they needed
 - implementing a statewide coronavirus (COVID-19) testing blitz, to gain a better picture of community transmission in Victoria
 - providing hotels for heroes – free accommodation for frontline workers who have been exposed or tested positive to coronavirus (COVID-19) and cannot safely self-isolate at home
 - investing in new research to better understand transmission, immunity and the long-term health impacts of coronavirus (COVID-19)
 - rapidly expanding telehealth capacity to reduce transmission risks and support ongoing access to clinical services.
- > The department has also provided increased support for vulnerable children, families and individuals through universal services and evidence-based secondary prevention initiatives, such as:
- delivering the Healthy Mothers Healthy Babies program in 20 local government areas across Victoria, providing a range of supports to highly vulnerable pregnant women who are not engaged with maternal and child health services
 - delivering the Safer Baby Collaborative program to reduce stillbirth rates during the third trimester across 19 Victorian health services.
 - delivering Aboriginal Maternal and Child Health Services and Koorie Maternity Services across Victoria, ensuring Aboriginal families receive high-quality, culturally safe and integrated pregnancy, postnatal and maternal and child health care
 - continuing the trials of three evidence-informed models of out-of-home care that support vulnerable children to reach their potential: Keep Embracing Your Success (KEYS), Better Futures and Home Stretch
 - launching a proactive policy approach and framework to reduce the criminalisation of young people in out-of-home care

- launching *Strong carers, stronger children*. Victoria's first home-based care strategy to support kinship, foster and permanent carers
- continuing to pilot the group-based Caring Dads program for fathers who have exposed their children to family violence
- developing new family violence victim-survivor-focused tools and practice guides to help organisations embed the *Multi-agency risk assessment and management framework* and information sharing in their organisations, as well as starting to roll out the Tool for Risk Assessment and Management to non-Orange Door providers
- developing a wide range of resources to prevent elder abuse, as well as implementing an integrated model of care for responding to suspected elder abuse at five publicly funded health services
- launching the *Victorian autism plan* to increase opportunities for education, economic participation and access to assessment, diagnosis and early intervention for people with autism.
- > The department has taken steps to intervene earlier and ensure the mental health of all Victorians by:
 - establishing Mental Health Reform Victoria – a recommendation from the Royal Commission into Victoria's Mental Health System. The new agency will drive broader transformational change across the system over the medium to long term
 - providing surge funding to meet increased demand for mental health services during the coronavirus (COVID-19) pandemic and to ensure Victorians get the care they need to tackle stress, isolation and uncertainty
 - extending the medically supervised injecting room trial in North Richmond for a further three years. An independent review found the trial is saving lives and improving circumstances for people struggling with drug addiction.
- > The department provided earlier support for people experiencing homelessness through:
 - supporting people affected by the impacts of COVID-19 and those facing challenges in securing or maintaining their accommodation by:
 - Investing \$8.8 million in COVID-19 Isolation and Recovery Facilities to help keep people experiencing homelessness safe whilst also reducing the potential for community transmission of COVID-19
 - Allocating additional Private Rental Assistance Program and Housing Establishment Fund to homelessness services to help keep people in secure accommodation during the pandemic
 - Establishing Homelessness Emergency Accommodation Response Teams led by the homelessness local area service networks to ensure a coordinated response is delivered in each region to people residing in emergency accommodation
 - launching the \$2.6 billion *Homes for Victorians plan* which includes:
 - \$1 billion Social Housing Growth Fund to increase the supply of social and affordable housing with the latest tranche delivering 780 new social housing homes
 - \$1.1 billion in financial support for the social housing sector
 - Increased housing support for survivors of family violence through the \$152 million Family Violence Housing Blitz
 - An extra 913 social housing dwellings through the \$120 million Social Housing Pipeline
 - \$109 million to help move homeless Victorians into stable housing
 - \$33 million to help 4,000 Victorians get a private rental home.

4. Advancing quality, safety and innovation

As funders, regulators and stewards, we have legislative obligations on behalf of Victorians to ensure the professionals who work in our services and the organisations they work for are delivering safe and effective care.

This strategic direction affirms our commitment to advance patient and client safety, the effectiveness of interventions and the experience of the people relying on health and human services. Our focus is on embedding safe and just cultures in all of Victoria's health and human services while also strengthening our assurance and safeguarding capabilities.

We have a duty of care to ensure the safety and wellbeing of the people who use our services. Reviewing the Child Safe Standards, launching a new risk assessment framework for child protection and enhancing mandatory reporting legislation to further protect vulnerable children are all important to acquitting our duty of care.

This strategic direction also involves us working with our partners to innovate, make improvements and evaluate what we are doing, spread evidence of what works, ensure quality and reduce unacceptable variations in care and outcomes.

Over the past 12 months, we have progressed our work to further embed a quality and safety culture in our services, while continuing to innovate how we do what we do to improve health and wellbeing outcomes for the community. Some examples are detailed below.

- > Safer Care Victoria and the Victorian Agency for Health Information, the two key institutions for monitoring better and safer care in Victoria, have been critical to the department's coronavirus (COVID-19) response, including by:
 - using clinical networks to provide advice, share information and resolve issues
 - leading the personal protective equipment (PPE) taskforce to secure stock and supply, and to provide necessary upskilling to healthcare workers
 - providing important epidemiological and health service data.
- > The department also supported quality, safety and improvement in child and family services through:
 - completing a review of the Child Safe Standards in December 2019 to ensure they are as strong as possible, and that they better align with the recommendations of the Commonwealth Royal Commission into Institutional Responses to Child Sexual Abuse
 - launching the *SAFER children risk assessment framework* in September 2019, which provides practice guides, tools and templates to support all Victorian child protection practitioners in making more informed decisions which leads to better outcomes for children and their families
 - further protecting vulnerable children through new legislation that makes people in religious ministries mandated reporters to child protection and makes their failure to report child abuse a criminal offence, even if the abuse is disclosed during confession.
- > In addition to the third *Victorian public health and wellbeing plan* published in August 2019, new Public Health and Wellbeing Regulations came into *effect* in December 2019. The new regulations help to ensure health protection for airborne and vector-borne diseases, as well as prevent and minimise the spread of infectious diseases in childcare centres, primary schools and swimming pools, and through tattooing or cosmetic procedures.
- > VicHealth has developed its *Health Equity Strategy 2019–2023*, which aims to ensure that more than one million Victorians have better health and wellbeing by 2023. In releasing this strategy, VicHealth has committed to embedding health equity in everything it does across the organisation.
- > Safe Care Victoria has established a Care of Older People Clinical Network and has set up projects to improve the care of older Victorians.
- > The department has taken steps towards improving safety and reducing restrictive practices in formal care setting through:
 - trialling the Safewards model in emergency departments to determine its effectiveness in improving safety and reducing restrictive practices in these settings
 - reviewing the minimum quality and safety standards in the Victorian aged care sector, including in relation to the administration and management of medications, as specified in *Drugs, Poisons and Controlled Substances Act 1981* and the *Drugs, Poisons and Controlled Substances Regulations 2017*. The department has also added three new medication measures to its dedicated Quality Indicator Program for public sector residential aged care services
 - introducing a series of new information sharing provisions in *The Health Legislation Amendment and Repeal Act 2019*. The information sharing provisions are intended to enhance the quality and safety of the Victorian health system by allowing the sharing of health information between Safer Care Victoria and health services.

Outcomes

Our department is increasingly using outcomes to monitor, measure and improve the lives of Victorians and drive tangible improvements for some of our most complex and enduring issues. Focusing on outcomes allows us to better understand the impact our work has on the lives of people and communities and build the evidence for what works, what does not work, and why.

Our outcomes approach puts people at the centre of how we plan, design and evaluate services. Doing this allows us to adjust our efforts to ensure that services and supports are effective and delivered at the right place and at the right time. It complements the essential work of measuring inputs, activities and outputs, to assure value from public investment in our services.

The department's outcomes framework is the organising structure that communicates our key priorities in a way that is meaningful for Victorians. It also explains why our priorities matter and what success looks like. Our key results reflect the health, wellbeing, social, economic and safety outcomes that support people in living a life they value across the following five domains:

- > Victorians are healthy and well
- > Victorians are safe and secure
- > Victorians have the capabilities to participate
- > Victorians are connected to culture and community
- > Victorian health and human services are person centred and sustainable.

Monitoring outcomes increases our capability to measure the impact of our services for patients and clients, as well as track our global measures of population health, wellbeing and safety.

Better outcomes data provides greater transparency about our work, providing a continuous feedback loop of information that informs decision making. This data also informs how we work with government, the sector and community partners to cut across traditional policy boundaries and collaborate around shared outcomes.

Further information on the department's outcomes framework is available in [our strategic plan](https://dhhs.vic.gov.au/publications/department-health-and-human-services-strategic-plan) <<https://dhhs.vic.gov.au/publications/department-health-and-human-services-strategic-plan>>.

Purpose and functions

The department develops policies and programs and funds and delivers services that support and enhance the wellbeing of all Victorians.

These activities are in relation to social housing, disability, child and family services, public hospitals, community health, mental health, aged care, maternal and child health, and the prevention of family violence and violence against women in general.

Our services

Disability

The department works in partnership with people with a disability, their families and carers to achieve greater inclusion and improve their quality of life by providing a broad range of supports and community services. The *Absolutely everyone: state disability plan 2017–2020* was created in consultation with people with disability.

The plan commits the department to actions that will build inclusive communities and help increase access to affordable housing, public transport, schools and jobs.

One of the department's key priorities is managing the implementation of the National Disability Insurance Scheme (NDIS) and its interface with the health services system, child protection and housing. The NDIS represents a profound change in the way disability services are delivered, and Victoria has been transitioning to the NDIS since 2016–17.

Carers

Carers make an invaluable contribution to our community. They give their time, effort and love to care for a family member, partner or friend who needs them.

The department is working to improve the health and wellbeing of carers. In partnership with a range of community organisations, this includes providing access to respite, information and advice, financial services, transport concessions and sponsoring support groups.

Ageing

The department supports the needs of Victoria's ageing population, by creating opportunities for older people to maximise their health and

wellbeing, participate in society and activities they enjoy and remain engaged and connected in their communities.

The department's role also includes providing timely access to supports and services that enable older people to remain independent for as long as possible. The department is also the system manager for the largest public sector residential aged care sector in Australia.

Health

The health system provides all Victorians with public services to address their health needs. The department contributes to system leadership, policy, advancing quality and safety, and governance responsibility for the management of the public health system.

These contributions include responsibility for funding, performance monitoring and accountability, strategic asset management and system planning.

Ambulance services

Victorians expect timely responses to emergencies. Ambulance services provide emergency and non-emergency ambulance services to contribute to integrated and accessible health and community services for all Victorians.

Alcohol and other drugs

Drug and alcohol problems affect not just individuals, but their families, their friends and their communities. The department works with Victoria's alcohol and drug treatment and support services to develop policies and provide funding for the right drug treatment, support and harm-reduction services across Victoria.

Mental health

Mental health services support Victorians experiencing or affected by poor mental health, as well as their families and carers. The department is responsible for mental health policy, planning, strategy and programs that deliver prevention, early intervention, treatment and support. The department also supports the Royal Commission into Victoria's Mental Health System the first of its kind in Australia.

Housing

Having a safe, stable and secure home is essential for long-term health and wellbeing. A range of housing assistance is available to Victorians experiencing disadvantage, including long-term housing assistance in the form of public or community housing, private rental assistance and home ownership and renovation assistance. The department also works to reduce homelessness by increasing and improving the supply of crisis and long-term housing options in Victoria – particularly for those who need support to get their lives back on track.

Children and Families

Victoria's child and family services are providing vulnerable children and families with earlier and more connected support through a unified system. The department is designing a child and family services system that can respond to the changing needs of families. We are recruiting additional child protection practitioners – the largest ever expansion of the child protection workforce -and we are working to ensure every Aboriginal child has the opportunity to learn, practise, thrive and pass on their culture. We work with Victoria Police, Ambulance Victoria, across government and with a host of other support agencies to keep children safe.

Prevention of family violence

The department is working towards a Victoria free from family violence. Successful primary prevention of family violence, elder abuse and all forms of violence against women is a critical part of achieving this. The delivery of Orange Doors and behaviour change programs for perpetrator are major elements of our efforts to end family violence.

The department also funds a range of support services for victim-survivors of family violence and services that seek to engage perpetrators and support them to change their behaviour.

Leadership charter

Our leadership charter is an important part of shaping our culture.

It outlines the leadership behaviours our staff and stakeholders can expect of the executive leadership group and positions the department as a great place to work. It represents how the department's executive leadership group wish to

be known and to relate to each other and to our stakeholders.

The charter commits the executive leadership group to lead by example and ensure their behaviours and the way they approach their work embody the department's values. For example, executives are committed to being accountable for their actions and outcomes, sharing information with staff when it should be shared, and seeking out and valuing other perspectives.

The [leadership charter](http://dhhs.vic.gov.au/leadership-charter) is available on our website <<http://dhhs.vic.gov.au/leadership-charter>>.

Changes to the department

As part of the department's organisational transformation program, changes to the way the department was organised were implemented in 2019–20, including:

- > A new Infrastructure Division was established around the Victorian Health and Human Services Building Authority to provide a dedicated focus on strategic infrastructure initiatives.
- > Several service support functions in Community Services Operations were reorganised and consolidated across the state in response to the rollout of the National Disability Insurance Scheme and to maintain service system and operational support.
- > Health and Wellbeing Division established two dedicated groups focussed on policy and commissioning. This will strengthen policy development and forge a strong and purposeful commissioning cycle which will drive improvements in health services.
- > Legal and Executive Services Division consolidated specialist litigation and executive support functions. This will improve its capacity to deploy expertise to address key priorities.
- > Strategy and Planning Division consolidated a number of functions, aimed particularly at strengthening strategic and budget planning functions and implemented a new operating model to support the delivery of functions and strategic projects across the division.

- > Policy and program functions related to children, families, disability and community were brought together into a newly established Children, Families, Communities and Disability Division. This will allow for focus on cross-portfolio and program reform for pathways and models of care that address vulnerability and complexity.
- > The department's administrative offices also underwent organisational changes, as outlined in their respective annual reports. A new administrative office, Mental Health Reform Victoria, was also created.

From mid-March 2020, the department paused its transformation activity, including the formal restructuring processes with staff in consultation with the Community and Public Sector Union. This has enabled the department to focus its efforts on leading the public health response to the coronavirus (COVID-19) pandemic. Since April 2020, the department has continued to adapt its coronavirus (COVID-19) response structures to best manage the requirements of the response.

There were no changes to the department as a result of machinery-of-government or output structure changes in 2019–20.

Subsequent events

Subsequent to the reporting period, the Government announced:

- > On 26 September 2020, the portfolios of the Minister for Health, Minister for Ambulance Services, and Minister for the Coordination of Health and Human Services – COVID-19 was transferred from Jenny Mikakos MP to Martin Foley MP.
- > On 29 September 2020, the portfolio of the Minister for Mental Health was transferred from Martin Foley MP to James Merlino MP.

The department's ministers



Jenny Mikakos MP

Minister for Health
Minister for Ambulance Services
Minister for the Coordination of Health and Human Services – COVID-19

Jenny Mikakos MP was appointed as the Minister for Health and Minister for Ambulance Services in December 2018.

The Minister for Health and Minister for Ambulance Services is responsible for the health and wellbeing of all Victorians, ensuring a strong public health system and its continued growth and redevelopment. The Minister also leads the coronavirus (COVID-19) response activities for the department as the Minister for the Coordination of Health and Human Services – COVID-19.



Martin Foley MP

Minister for Mental Health

Martin Foley MP has been as the Minister for Mental Health since December 2014. He is also Minister for Equality and Minister for Creative Industries.

The Minister for Mental Health is responsible for managing the challenges created by the increasing demand for mental health services Victoria and ensuring Victorians with mental illness and addiction, along with their families, receive the treatment and support they need.



Gabrielle Williams MP

Minister for the Prevention of Family Violence

Gabrielle Williams MP was appointed as Minister for the Prevention of Family Violence in December 2018. She is also the Minister for Women and Minister for Aboriginal Affairs.

The Minister for the Prevention of Family Violence is responsible for delivering a better family violence system – one that protects and supports victim survivors and also holds perpetrators to account.



The Hon. Luke Donnellan MP

Minister for Child Protection
Minister for Disability Ageing and Carers

The Hon. Luke Donnellan MP was appointed as Minister for Child Protection and Minister for Disability, Ageing and Carers in December 2018.

The Minister for Child Protection and Minister for Disability, Ageing and Carers is responsible for residential aged care, carers and child and family services – in addition to supporting Victorians with a disability as they transition to the National Disability Insurance Scheme



The Hon. Richard Wynne MP

Minister for Housing

The Hon. Richard Wynne MP was appointed as the Minister for Housing in December 2018. He is also the Minister for Multicultural Affairs and Minister for Planning.

The Minister for Housing is responsible for increasing and renewing public and community housing, so more Victorians can gain access to safe, secure and stable housing.

Year in review

Over the past 12 months, we have had a strong focus on improving the quality, safety, accessibility and impact of our services.

We put empathy at the centre of our efforts to improve the delivery of care, consumers' experience of care, and the outcomes of that care. All our work is focused on partnerships with consumers, their families and carers, as well as addressing the social determinants of health and integrating care around the outcomes that matter most to Victorians.

Like every health and human services system, we constantly adapt to new opportunities and challenges. We are responding to changing consumer preferences, the sheer growth in demand for our services, the supply and distribution of our workforce (especially in regional Victoria) and, of course, how to maximise the value of our available resources for our patients, clients and victim survivors.

We faced two significant challenges this year – the intense bushfires that started in November 2019 and were brought under control in late February 2020, and the coronavirus (COVID-19) pandemic that quickly followed. Response to these challenges has required a whole-of-community effort and Victorians have risen to the challenge.

The department's Victorian bushfire recovery efforts

Over Christmas 2019 and into the new year, intense bushfires raged across Victoria, generating unprecedented levels of poor air quality due to smoke over eastern and north eastern Victoria for many weeks, with the Premier declaring a state of disaster on 2 January 2020 that covered East Gippsland Shire, Mansfield Shire, Wellington Shire, Wangaratta Rural Shire, Towong Shire, Alpine Shire, and Mount Buller, Mount Hotham, Falls Creek and Mount Stirling Alpine Resorts. As well

as causing significant property damage across Victoria – 300 homes were destroyed and 1.5 million hectares burnt – five Victorians tragically lost their lives and many thousands of people were evacuated, including in Mallacoota, where navy vessels evacuated residents from the beach in a dramatic rescue. Widely considered the worst bushfires and the costliest natural disaster in Australia's history, the 2019–20 eastern Victorian bushfires had a devastating impact on the Victorian economy, the environment, and the health and wellbeing of our communities.

The department played a vital role in health coordination and relief and recovery efforts during the 2019–20 eastern Victorian bushfires, including implementing the Victorian Bushfires Case Support Program. The department also led the provision of housing, health and mental health services, financial assistance and social connection support in regional areas impacted by the bushfires. A preliminary evaluation of the health burden generated by bushfire smoke in Victoria estimated health services provided an additional 331 hospitalisations for cardiovascular problems, 585 hospitalisations for respiratory problems and 401 emergency department presentations for asthma.*

The Victorian Government invested \$250 million in the bushfire recovery response, including the establishment of a new, dedicated agency – Bushfire Recovery Victoria. The joint state and Commonwealth-funded Bushfire Community Recovery Package provided an additional \$86 million for emergency mental health services, community recovery service hubs in remote areas, and recovery and resilience grants.

Once established, Bushfire Recovery Victoria assumed responsibility for several funding packages and response initiatives previously led by the department. Some departmental staff also transferred across to the new agency to continue their ongoing role in bushfire preparedness and recovery in Victoria.

* Arriagada, N, Palmer, A, Bowman D et al, 2020, Medical Journal of Australia, [Unprecedented smoke-related health burden associated with the 2019–20 bushfires in eastern Australia](https://doi.org/10.5694/mja2.50545), <<https://doi.org/10.5694/mja2.50545>>

The department's response to the coronavirus (COVID-19) pandemic in Victoria

Coronavirus (COVID-19) is a respiratory illness caused by the newly identified severe acute respiratory syndrome, coronavirus 2 (SARS-CoV-2).

Following an outbreak in China in late 2019, coronavirus (COVID-19) quickly spread around the world, causing the Australian Government to declare coronavirus (COVID-19) a communicable disease of national significance in late January 2020. The Chief Health Officer first alerted health services to the emerging situation on 10 January, and the first confirmed case of coronavirus (COVID-19) in Australia was in Victoria on 25 January 2020.

As the control agency for the Victorian Government's response to coronavirus (COVID-19), the department acted swiftly, initiating emergency management arrangements, providing the Victorian community with information about the public health risks of coronavirus (COVID-19), and implementing decisive responses aimed at slowing the spread of the virus.

Returned travellers were quarantined because most of the transmission in the community at that time could be linked to international sources. The department ramped up its testing, contact tracing and outbreak management capabilities. Policy, legal, operational and communication teams were mobilised to support the Chief Health Officer and the public health team as they made important, but difficult, decisions on restrictions aimed at containing community transmission and saving lives.

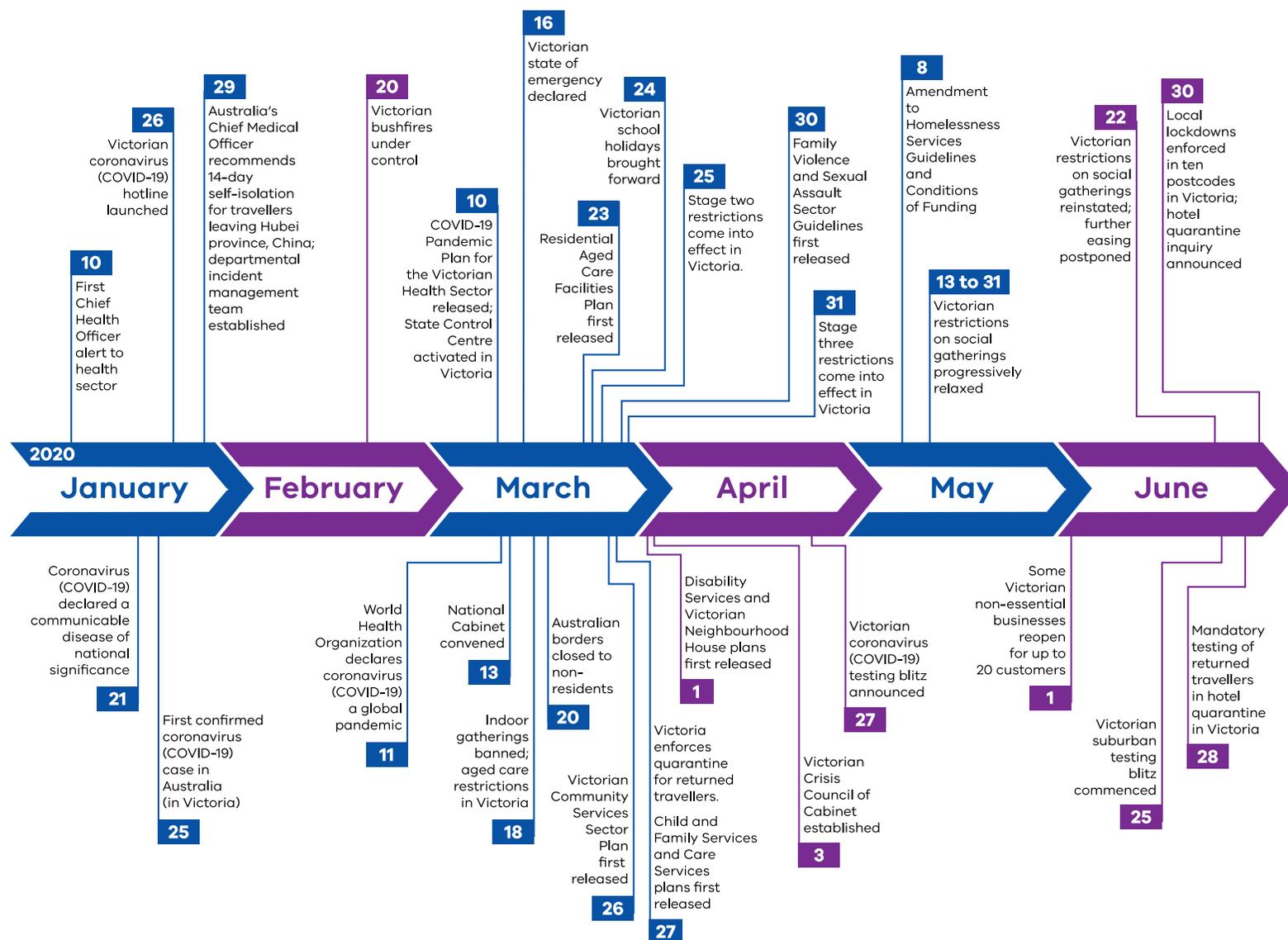
To further support the Victorian Government's response, the department needed to rapidly source and reprioritise staff and place them where they were needed most, while also continuing to deliver critical services. The department and agencies were mobilised to undertake coronavirus (COVID-19) direct response roles and support functions across the full breadth of coronavirus (COVID-19) response activities in contact tracing, finding housing for people experiencing homelessness, pop-up testing sites, community engagement, utilities relief, welfare checks, and other supports.

The rapid pivot of the department's priorities and workforce was delivered under the direction that anyone who could work from home, should work from home. Over a six-week period, up to 90 per cent of departmental employees transitioned from office-based to remote working arrangements. To enable this transition, the department worked tirelessly to fast track a number of IT projects that would improve the experience of working remotely, keep teams connected and productive, and provide opportunities for online professional development. Many of these innovative systems and changes to the way we work are likely to continue beyond the current crisis.

While undoubtedly challenging, overall, the department's response to the coronavirus (COVID-19) pandemic has ensured the sustainability of the health system throughout the crisis and bolstered its capacity to provide much-needed care to all Victorians. The implementation of stage three restrictions prevented between 9,000 and 37,000 additional cases of coronavirus (COVID-19) in July alone, and the potential for further deaths from this fatal disease.*

* Burnet Institute research published in the Medical Journal of Australia, [Victoria's response to a resurgence of COVID-19 has averted 9,000–37,000 cases in July 2020](https://www.mja.com.au/journal/2020/victorias-response-resurgence-covid-19-has-averted-9000-37000-cases-july-2020) <<https://www.mja.com.au/journal/2020/victorias-response-resurgence-covid-19-has-averted-9000-37000-cases-july-2020>>

Coronavirus (COVID-19) timeline



Objectives and outcomes

The department has five objectives for the 2019–20 financial year, as published in the Victorian Budget papers and in the department’s strategic plan. The five objectives map to the department’s [outcomes framework](#). They are also linked to our output initiatives for health and human services (programs, activities and services) and output indicators that measure how public funds have been applied.

The five objectives and the outcomes for each one are listed below.

1. Victorians are healthy and well

- > Victorians have good physical health
- > Victorians have good mental health
- > Victorians act to protect and promote health.

2. Victorians are safe and secure

- > Victorians live free from abuse and violence
- > Victorians have suitable and stable housing.

3. Victorians have the capabilities to participate

- > Victorians participate in learning, education and employment
- > Victorians benefit economically from strong health and human services and sport and recreation sectors
- > Victorians participate in the economy and have financial security.

4. Victorians are connected to culture and community

- > Victorians are socially engaged and live in inclusive communities
- > Victorians can safely identify and connect with their culture and identity, with their health and wellbeing advanced through self-determination.

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

- > Services are appropriate and accessible in the right place, at the right time
- > Services are inclusive and respond to choice, culture, identity, circumstances and goals
- > Services are efficient and sustainable
- > Services are safe, high quality and provide a positive experience.

COVID-19 Objectives

The department has five further objectives under the *COVID-19 pandemic plan for the Victorian health sector*.

- 1. Reduce the morbidity and mortality rates associated with coronavirus (COVID-19)**
- 2. Slow the spread of coronavirus (COVID-19) in Victoria through rapid identification, isolation and cohorting of risk groups**
- 3. Empower the Victorian community and health professionals to ensure a proportionate and equitable response**
- 4. Support containment strategies through accurate, timely and coordinated communication and community support**
- 5. Mitigate and minimise impacts of the pandemic on the health system and broader community**

These objectives were not a part of the department's four-year strategic plan. They have been reported on in the annual report to reflect the department's efforts at addressing coronavirus (COVID-19) throughout the second half of the 2019–20 financial year and to help demonstrate the impact of the department's coronavirus (COVID-19) response.

Objective 1: Victorians are healthy and well

Helping Victorians live longer, healthier lives is a priority for government and individuals alike.

The department has a vital role in delivering services to improve the health and wellbeing of all Victorians and to ensure they have equal access to these services.

Ensuring Victorians are healthy and well has never been more challenging for the department. The impact of the bushfires on Victorians has been significant – from December 2019 to February 2020 about 100,000 households were in scope for possible evacuation, and there were unprecedented levels of smoke across Victoria for a prolonged period. The department, alongside Bushfire Recovery Victoria, helped lead the bushfire recovery effort, including by providing case management, social connection, financial assistance and housing support.

Keeping Victorians healthy and well during the coronavirus (COVID-19) pandemic has challenged the entire health and human services workforce, but especially frontline health and aged care staff. It has challenged our public health and contact tracing teams, and impacted how hospitals, health services, and social and community services operate.

To address these challenges and ensure the health and wellbeing of all Victorians, the department pivoted its focus in early 2020. It formed entirely new public health teams and launched initiatives targeting coronavirus (COVID-19). Simultaneously, it continued to oversee and deliver all its critical healthcare and social services, often in entirely new ways.

Outcome 1.1: Victorians have good physical health

Victoria's population is expected to increase by about two-thirds in the next 40 years. At the same time, the population is ageing and becoming more diverse. This presents unique challenges to the Victorian health system.

In addition, the rapid emergence and spread of coronavirus (COVID-19) has presented an unprecedented challenge to the health of Victorians.

The long-term effects of coronavirus (COVID-19) on people's health (including heart, lungs and even brain function) are still unknown. Coronavirus (COVID-19) could represent a new chronic disease, where treatments are still to be found.

Progress against outcomes

As part of its response to coronavirus (COVID-19), the department purchased large stocks of medical supplies, such as personal protective equipment (PPE) and ventilators, expanded and built new intensive care units (ICU), extended the public health contact tracing team, and established mobile and pop-up testing sites across Victoria. Under the state of emergency declared by the Chief Health Officer on 16 March 2020, the department also managed the rollout of restrictions, an evidence-

based public health response made necessary due to the lack of a vaccine or other effective pharmaceutical treatment.

The impact of these and similar initiatives has been to prevent hospitals and the health system from being overwhelmed. It has been possible to provide care to Victorians with coronavirus (COVID-19) when needed, and the potential for further deaths has been reduced.

Despite the second wave of coronavirus (COVID-19), Burnet Institute research published in the Medical Journal of Australia shows the introduction of stage 3 coronavirus (COVID-19) restrictions in Victoria averted tens of thousands of new infections across the state throughout July.

Other modelling, undertaken by Monash University and the Doherty Institute, in collaboration with epidemiology experts in the department, found that if physical distancing restrictions had not been in place during the first wave of the pandemic, Victoria would have seen up to 58,000 new coronavirus (COVID-19) cases every day in April, overwhelming our health system.

The data also revealed that if a business-as-usual approach had been adopted, 10,000 intensive care beds would have been required and as many as 9,200 Victorians would have been presenting to hospital every day.

Due to these preparations and the imposition of stage 3 restrictions, Victoria's coronavirus (COVID-19) response was much more effective than that of other countries, where hospitals were not able to offer the appropriate care to everyone, where some people could not be cared for in ICU or ventilated when needed, and where the death rates were high.

Some of the department's key achievements in 2019–20 are outlined below.

Key result 1: Reduce the incidence of avoidable harm in Victorian hospitals

Better and safer care

Safer Care Victoria monitors sentinel events and reviews system and safety issues, responds to emerging issues, identifies and runs targeted improvement projects and develops clinical guidance.

In the past year Safer Care Victoria ran 44 wide-ranging improvement projects – from targeting high chronic obstructive pulmonary disease rates in one regional centre, to a statewide collaborative that reduced preventable stillbirths. It also released 25 pieces of clinical guidance for health care. This included guidance for managing outbreaks of infectious illnesses in aged care, released in April 2020.

In February 2020 it also released its guidance on adult extracorporeal membrane oxygenation, a rare and risky but lifesaving procedure which is used to provide temporary life support for critically ill patients with reversible respiratory and cardiac failure or who require a 'bridge' to transplantation. This new clinical guidance and governance and tiering system can improve outcomes for this procedure.

Similarly, the Victorian Agency for Health Information has continued to enhance quality and safety reporting in 2019–20, including on clinical and occupational health and safety incidents, which enables them to compare health services and identify areas for improvement.

Safer care and better data for coronavirus (COVID-19)

Safer Care Victoria and the Victorian Agency for Health Information have been actively involved in the response to the pandemic.

Safer Care Victoria has used its clinical networks to bring together more than 130 representatives of different technical groups who can provide advice and guidance, resolve issues and share up-to-date information about care and treatment for coronavirus (COVID-19) patients in a fast-moving environment.

Chief clinical officers from Safer Care Victoria also lead the PPE Taskforce to secure stock and supply, the Healthcare Worker Infection Prevention and Wellbeing Taskforce, and other key initiatives to support the health and wellbeing of the healthcare workforce.

The Victorian Agency for Health Information facilitated the development of the coronavirus (COVID-19) datamart. It provided epidemiological data and data on overall emergency department presentations, as well as data on respiratory-specific presentations at the health service level. It was also instrumental in brokering access to general practice data collected by three of Victoria's six Primary Health Networks, which provided more in-depth information for decision makers.

Further, the Victorian Agency for Health Information created the weekly *Impact of COVID-19 on mental health and alcohol and other drug treatment services in Victoria report*. This allows for a better understanding of how coronavirus (COVID-19) has impacted demand and the activity of public clinical mental health and alcohol and other drug service providers. It also reports on the effects of the different stages of coronavirus (COVID-19) restrictions on the mental health and wellbeing of Victorians.

Increased nurse to patient ratios in hospitals

A strong nursing and midwifery workforce is crucial to delivering the best care for Victorians. Nurse and midwife to patient ratios have assisted in maintaining the safety of Victorian patients since they were introduced in 2000.

As part of a second phase of improvements to ratios, the *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2020* was introduced into the Victorian Parliament on 2 June 2020. The bill outlines additional improvements to complement the changes introduced in 2019.

The legislation has amended particular nurse to patient and midwife to patient ratios on specified shifts in certain wards.

It also amended the *Child Wellbeing and Safety Act 2005* to require providers of maternal and child health services to employ or engage nurses for those services only if the nurses have a maternal and child health nursing qualification.

Key result 2: Reduce obesity and increase physical activity across Victoria

Every year, we invest in initiatives that contribute to obesity prevention and help support an increase in healthy eating and physical activity.

Supporting health and wellbeing in the community

The department is continuing to deliver key initiatives to support Victorians to be as healthy as they can be. This includes *the Healthy Schools, Healthy Workers and Healthy Early Years Achievement Program* – which is supporting over 3,000 organisations to create healthier places for children and workers – and the *Healthy Eating Advisory Service* – which is supporting hundreds of early childhood services, schools, hospitals and sport and recreation centres every quarter to provide and promote healthy food and drinks. The department is also delivering the *Life! Helping you prevent diabetes, heart disease and stroke* program, which is supporting over 5,000 Victorians every year to reach their health and wellbeing goals and reduce their risk of chronic disease.

Supporting health and wellbeing online

In response to the coronavirus (COVID-19) pandemic, the department has partnered with the YMCA to introduce the Virtual Y. This initiative offers free online health, wellbeing and mentoring support for young people, including access to physical activity videos, healthy eating recipes, family activities and a Youth Hub.

The Victorian Health Promotion Foundation (VicHealth) is also responding to help Victorians through this time. A new resource hub provides resources on everything from cooking healthy food and mental health to how to start jogging without getting injured and stay connected while remaining apart.

Key result 3: Increase the proportion of children with healthy birthweight – with a focus on reducing smoking during pregnancy

Smoking and stillbirth

Safer Care Victoria has teamed up with the Institute for Healthcare Improvement (IHI) and the Stillbirth Centre for Research Excellence (CRE) to reduce stillbirths by 30 per cent in participating maternity services.

The collaborative is focusing on five areas of practice, one of which is reducing smoking during pregnancy to reduce risk of stillbirth. The CRE has also partnered with QUIT to produce information about ways of safely stopping smoking during pregnancy.

Using the Institute's proven model for improvement partnering sites, from June 2019 to March 2020, have:

- > Increased smoking cessation rates from 11 per cent to 28 per cent
- > Increased referrals for smoking cessation from 17 per cent to 38 per cent, using the evidence-based Ask, Advise, Help approach.

Healthy Mothers Healthy Babies

Poverty, leading to lack of access to healthy food and homelessness, can contribute to low birthweight in babies.

The Healthy Mothers Healthy Babies program operates in 20 local government areas across Victoria, including Ballarat, Dandenong, Grampians, Hume, Shepparton and Wyndham.

It provides a range of supports to highly vulnerable pregnant women who are not engaged with Maternal and Child Health services.

This includes outreach and access to services such as peer support and non-judgemental care. The program also works with pregnant women to improve their health – for example, by giving advice on nutrition or how to give up smoking – as a way of improving birthweight and helping women to give their babies the best start in life.

As a result of this program women who might otherwise avoid government services can gain access to help that will improve their own and their babies' health.

Key result 4: Reduce infant mortality

Safer Baby Collaborative

Since June 2019, the Safer Baby Collaborative has been working with participating Victorian health services to reduce stillbirth rates during the third trimester. Twenty-three teams (19 health services) are participating in this improvement initiative.

Early results from June 2019 to March 2020 show a 27 per cent reduction in stillbirths (equating to 13 lives). Initiatives such as these have contributed to Victoria reaching its lowest stillbirth rate in 18 years. Safer Care Victoria teamed up with the Institute for Healthcare Improvement and the Stillbirth Centre for Research Excellence to improve outcomes for mothers and their babies.

The Institute's model for improvement is focused on five areas of practice:

- > improving rates of smoking cessation in pregnancy
- > diagnosing and managing fetal growth restriction
- > increasing public awareness of the importance of fetal movements
- > raising awareness of safe maternal sleep positions
- > promoting appropriate timing of birth and mitigating unintended consequences or harm.

Perinatal performance indicators

The *Victorian perinatal services performance indicators report* shows that for the last three years, the rate of severe fetal growth restricted babies undelivered by 40 weeks' gestation has decreased.

There has also been an increase in the rate of women attending their first antenatal visit by 12-weeks' gestation in both our public and private services.

These improvements can mean better health outcomes for mothers and babies, including the likelihood of fewer deaths and disability.

Key result 5: Reduce inequalities in premature death

In VicHealth's *Health equity strategy 2019–2023*, health equity is the notion that everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential if it can be avoided.

And yet, some people in Victoria are more likely to die earlier than others. In Victoria, sexuality,

disability, ethnicity, being Aboriginal, or having a lower income can be associated with poorer health outcomes.

To improve the health inequities and premature death rates of certain groups, VicHealth has a goal of having one million more Victorians with better health and wellbeing by 2023.

VicHealth has developed the *Health equity strategy 2019–2023* to deliver this goal and has committed to embedding health equity in everything it does across the organisation.

While health equity is a long-term goal, principles to address health inequity will be embedded in all VicHealth projects and programs, and they include giving priority to working directly with population groups who face the greatest barriers to health and wellbeing.

VicHealth is working with other health promotion agencies to strengthen the sector's ability to address health inequities that can lead to premature death.

Key result 6: Improve early childhood development milestones for vulnerable children

Aboriginal Maternal and Child Health Services

Aboriginal Maternal and Child Health services were first piloted in 2017–18. Building on the successful trials of the evidence-based universal Maternal and Child Health (MCH) program, this program provides flexible and culturally safe services for Aboriginal families and their children.

Aboriginal families are the focus, with delivery shaped around meeting families' needs.

The department works with Aboriginal community-controlled organisations and local government to deliver MCH services. Aboriginal families now have a choice to engage with Aboriginal staff after a baby is born.

As a result, some Aboriginal families will be more likely to participate in key ages and stages visits for their children, which will improve early intervention opportunities and health outcomes.

Koorie Supported Playgroups

Koorie Supported Playgroups are delivered in three locations across the state to connect families with young children to support and culture. Koorie Supported Playgroups work with Aboriginal

Maternal and Child Health Services to provide Aboriginal families with access to support in the critical early years of their child's development. Playgroups are available in metropolitan areas and rural Victoria.

Supported Playgroups

There is strong evidence that the early home learning environment has a significant impact on children's wellbeing and development.

Supported Playgroups have been implemented across the state and enable parents to learn evidence-based strategies to support their child's wellbeing and development in the first three years of life, along with qualified and trained facilitators who provide one to one coaching to parents to build their skills and confidence.

The smalltalk program has now been developed, with funding from the Victorian Government, to provide a 'light touch' cost-effective intervention to improve the quality of the early home learning environment for Victorian children and has been implemented in the Support Playgroups. Approximately 16,000 Victorian families are able to access a smalltalk Supported Playgroups each year.

A longitudinal follow-up of children who participated in smalltalk as toddlers is nearing completion and is showing positive effects on children's development at age seven.

Positive parenting seminars

As part of the initiative to provide more support to families in the Latrobe Valley, parenting seminars were provided to families with children aged from two to six years. The evidence-based Triple P program was delivered to parents to build their skills to respond positively to parenting challenges and support children to develop the skills for learning.

Staff employed in early childhood education and care services, kindergartens and primary school were also trained to provide evidence-based parenting support to families using their services.

Triple P Online

The Triple P Online program provides parents with new ways of responding to their children and was provided free to all Victorian families from May 2020. The program has recently been enhanced with a new module specifically focussing on parenting during the pandemic. The program was

accessed by 8,500 Victorian families in the first three months of it being made available.

What Were We Thinking

The What Were We Thinking (WWWT) program is an evidence-based program for new parents delivered in the first six weeks after a baby is born to assist them develop healthy and sustainable sleeping routines.

The program also assists couples renegotiate their relationship after the birth of a baby, including in relation to their support needs and domestic responsibilities. The program is evidence based and has been demonstrated to have a positive impact on maternal mental health.

This WWWT program was also made available to families in the Latrobe Valley.

Key result 7: Improve the oral health of school-aged children

School dental program

We have been working with Dental Health Services Victoria and the Department of Education and Training to implement free dental assessment and treatment for government school students.

The School Dental Program is a Victorian Government election commitment that provides free annual oral health check-ups and follow-up care for all children attending government primary and secondary schools. The \$321.9 million initiative includes teeth cleaning, fluoride applications, fillings and any other non-cosmetic treatments to make sure our kids have healthy teeth.

The program has been suspended temporarily as a result of the coronavirus (COVID-19) pandemic. However, it will continue to be progressively rolled out across the state once it is safe to do so.

Before the pandemic struck, Smile Squad dental vans visited 24 schools in terms three and four of 2019 as part of a trial.

A new schedule is being prepared so that vans can recommence visiting the more than 300 schools that have been invited to participate as soon as it is safe to do so.

Once they are fully operational, the Smile Squad vans will provide free check-ups and dental treatment for about 650,000 school kids every year. Around 500 dentists, oral health therapists and dental assistants will be employed to staff the vans.

Outcome 1.2: Victorians have good mental health

Almost half the Victorian population will directly experience a mental illness or disorder in their lifetime, and those who don't will have friends, family and work colleagues who have been affected.

The department is leading action to reduce suicide rates, provide better access to services, promote positive mental health and wellbeing, and prevent mental illness.

Progress against outcomes

A key priority for the department is to address Victoria's mental health system by supporting and responding to the recommendations of the Royal Commission into Victoria's Mental Health System.

We have been leading and coordinating whole-of-Victorian Government engagement with the Royal Commission. The Royal Commission Engagement Branch has been established to carry out this function and act as the key interface between the Victorian Government and the Royal Commission.

Some of the department's key achievements in 2019–20 are outlined below.

Establishment of Mental Health Reform Victoria

The Royal Commission will deliver its final report in February 2021. The government's response will be a once in a generation opportunity to fundamentally redesign and build a quality mental health system that supports Victorians and their families.

The Royal Commission handed down its interim report on 28 November 2019 to address immediate need and to prepare for broader transformational change to the system over the medium to long term.

Work on the interim recommendations has started already with a \$4.9 million allocation to meet the timeframes specified by the Royal Commission.

This has included establishing Mental Health Reform Victoria, which was formed in mid-February 2020.

Mental Health Reform Victoria will operate for two years to implement the Royal Commission's recommendations.

Additional funding for the Mental Health Complaints Commissioner

Additional funding means the Mental Health Complaints Commissioner can continue safeguarding rights, resolving complaints about Victorian public mental health services and recommending service and system improvements.

Surge funding for mental health services during coronavirus (COVID-19) pandemic

On 12 April 2020, the Victorian Government announced a \$59.4 million funding boost to support Victoria's mental health system and ensure Victorians get the care they need to tackle stress, isolation and uncertainty as demand for services spikes during the coronavirus (COVID-19) pandemic.

The funding allows for the first phase of the rollout of 170 extra youth and adult acute mental health beds – a key recommendation of the Royal Commission into Victoria's Mental Health System.

Nearly \$7 million will help mental health services deliver supports for people with severe mental illness via phone and video, to prevent relapse and emergency department presentations.

Online and phone counselling services through BeyondBlue, Lifeline, Kids Helpline and Suicide Line Victoria have been expanded.

Orygen Youth Health's new eOrygen platform has been fast tracked so young people now have online therapy and peer support.

The statewide coronavirus phone line has been expanded to proactively reach out to people known to be isolated or vulnerable – including senior Victorians. They will be provided with emotional and practical support and referred to appropriate services to keep them connected.

The package also includes funding for a range of specific initiatives to help veterans, seniors, new mums, Aboriginal Victorians, multicultural and faith groups, and the LGBTIQ community, as well as vulnerable cohorts, including people with eating disorders and victims of family violence.

These initiatives provide additional support to all Victorians during a difficult time, especially people who have a mental illness and have been unable to physically visit a mental health care facility.

Support for mental health and wellbeing after bushfires

In March 2020, the Victorian Government invested \$23.4 million in mental health support for people struggling with their mental health after the 2019–20 eastern Victorian bushfires. The package included:

- > \$8.75 million to expand mental health services, provide specialist early intervention mental health advice to GPs and community health clinicians, and provide post-disaster treatment and advisory services through leading research centres
- > \$6.6 million for practical mental health support programs such as:
 - training for local groups such as football clubs to recognise when teammates are developing mental illness
 - advice and training to parents to support their children through the long-term process of recovery
 - peer outreach programs for farmers, foresters and small business owners
 - health and wellbeing meetups, such as local exercise groups, social events, and camps for young people.
- > \$3 million for Aboriginal community-controlled health organisations to establish social and emotional wellbeing programs, aligned with the recommendation from the Royal Commission into Victoria’s Mental Health System.

The investment was on top of the \$14.4 million Victorian Bushfires Case Support Program, which provided support coordinators to work with local residents to provide practical support and link them with information and advice, mental health services and financial counselling, as well as a \$150,000 funding boost for Neighbourhood Houses in fire-affected communities.

Key result 8: Reduce the suicide rate

The department continues to deliver the *Victorian suicide prevention framework 2016–2025*, which commits to halving the suicide rate over the next ten years.

Under the framework, the Victorian Government is trialling two flagship suicide prevention initiatives.

Suicide prevention place-based trials

The Victorian Government continues to partner with Primary Health Networks to help local communities

develop and implement coordinated place-based approaches to suicide prevention.

Guided by a common agenda, operating model, communications, and evaluation frameworks, these trials are harnessing local skills, expertise and resources to implement tailored, evidence-based initiatives in local communities.

At each site, organisations, services and community work together and with the local Primary Health Network to develop a plan to reduce suicides and deliver effective suicide prevention at a local level. Engagement with Aboriginal communities and exploring specific issues for Aboriginal people is an important component of these trials.

Some key achievements in this program include:

- > the Dandenong trial, which is on track to be completed by June 2021. It is trialling Lifespan strategies. According to the Black Dog Institute, a Lifespan strategy is a comprehensive systems approach to suicide prevention comprising nine evidence-informed strategies
- > the service system improvement for youth mental health promotion, with the Loddon kit project van and application designs being completed and operational. The project was launched across six local government areas over October and November 2019. Bookings for the kit van opened in late 2019.

The overall impact of the initiative will be to provide comprehensive and locally responsive initiatives to support people at risk of suicide, families and communities in order to prevent and respond to suicide clusters.

HOPE

The statewide rollout of the Hospital Outreach Post-Suicidal Engagement (HOPE) program, another key recommendation of the Royal Commission, continues in Shepparton, Epping and Bairnsdale.

The HOPE initiative focuses on providing improved care following a suicide attempt. In collaboration with health services at 12 sites across Victoria, HOPE offers enhanced support and assertive outreach for people leaving an emergency department or medical ward following treatment for an attempted suicide.

It provides intensive, person-centred support which is tailored to the unique needs and circumstances of the individual.

Those eligible for the service will be contacted within 24 hours of hospital discharge, with support to continue for up to three months.

More than 800 people have already been assessed and supported through the program, which is currently in operation at Peninsula Health (Frankston Hospital), Alfred Health, St Vincent's Hospital, Barwon Health (Geelong Hospital), Eastern Health (Maroondah Hospital) and Albury Wodonga Health (Wangaratta Hospital).

Key result 9: Improve rates of self-reported health and wellbeing

Self-reported health is an internationally recognised indicator of objective health status.

Improving self-reported health requires a concerted effort across the whole population and a targeted effort regarding key population groups and sub-groups.

All the department's efforts in health and wellbeing support improvements in objective and subjective health and wellbeing.

One of the tools the department uses to support the effective local development and delivery of health and wellbeing improvements is the *Victorian public health and wellbeing plan*.

Public health and wellbeing plan

The third *Victorian public health and wellbeing plan* was published in August 2019. It sets out a comprehensive approach to delivering improved public health and wellbeing outcomes for all Victorians.

As a result, municipal public health and wellbeing plans are developed by local governments with their communities to address local factors, enhance wellbeing and minimise the risks for poor health and disease, including by reducing injury, reducing smoking and improving mental wellbeing.

For the first time, the plan also prioritises actions to tackle climate change and its impact on health, an issue recognised by the World Health Organization as a leading global threat to health.

Piloting a climate change adoption plan

The World Health Organization has described climate change as the greatest threat to global health in the 21st century. Victoria's *Climate Change Act 2017* establishes a legislative framework for action on climate change and requires government departments to develop

five-year adaptation action plans for systems that are vulnerable to the impacts of climate change or essential to ensure Victoria is better prepared. The first plans will be from 31 October 2021 to 31 October 2026. In December 2019, the department published its *Pilot health and human services climate change adaptation plan 2019–21* to assist the health and human services system to embed climate change considerations into policies, planning, guidelines and operations, and respond to the risks posed to public health and wellbeing.

Key result 10: Reduce the rates of people with mental illness in contact with the justice system

People with mental illness are over-represented among those who are arrested, who come before the courts, and who are imprisoned. There is an association between the presence of mental illness and risk of offending, however, other factors, including socio-demographic disadvantage and substance use, play a part in the association. The extent to which mental illness is a causal factor is the subject of ongoing debate. Most people with a mental illness, including those with major illnesses, do not commit crimes.

Mental Health Advice and Response

The Mental Health Advice and Response (MHARS) initiative incorporates and expands the Mental Health Court Liaison Service and the Community Correctional Service Mental Health Court Advice Service to provide clinical advice to magistrates on the mental health of people appearing before the court. This reduces delays in proceedings and remands and improves the appropriateness of mental health treatment and rehabilitation conditions applied to community corrections orders.

MHARS is operating in eight metropolitan magistrates' courts: Melbourne (including the Bail and Remand Court), Heidelberg, Dandenong, Ringwood, Sunshine, Broadmeadows, Frankston and Moorabbin Justice Centre and five regional courts: Geelong, Ballarat, Bendigo, Shepparton and Latrobe Valley. Where needed, immediate psychiatric intervention is provided, and a referral is made to appropriate mental health services. Priority is given to providing immediate responses to people presenting at court who are acutely unwell. The Children's Court MHARS provides clinical mental health assessment, advice and referrals in relation to accused young persons at the Melbourne Children's Court.

Community mental health support

The Forensic Mental Health in Community Health (FMHiCH) program provides community-based mental health assessment and treatment services for people who have a moderate severity mental health issue and are on a parole or a community correction order with a mandated condition to undertake mental health treatment. Services are being delivered through Ballarat Community Health, cohealth (partnered with Bendigo Community Health), Latrobe Community Health, Monash Health and Peninsula Health and associated partner agencies, including local Aboriginal community-controlled organisations. The service covers 23 Community Corrections locations across Victoria.

The Community Forensic Youth Mental Health Service provides primary and secondary consultation to support Child and Adolescent Mental Health Services and Child and Youth Mental Health Services in the provision of mental health support to young people who may have a mental illness alongside behaviours of concern. The service is delivered by Orygen (Melbourne Health) in North West Metropolitan Melbourne and Alfred Health in Southern Metropolitan Melbourne and provides secondary consultation to Child and Adolescent Mental Health Services and Child and Youth Mental Health Services across Victoria.

Custodial Forensic Youth Mental Health Service

The Custodial Forensic Youth Mental Health Service enhances clinical mental health assessment, treatment and support services for young people in Youth Justice facilities through provision of specialist mental health consultation and treatment by Orygen (Melbourne Health). The service also provides secondary consultation to other services in the custodial settings, including the primary health service and Youth Justice custodial staff.

Better support people using multiple services across justice, health and social services to reduce their justice contact

The department has progressed work with the Department of Justice and Community Safety (DJCS) and the sector to more effectively support people using multiple services across justice, health and social services to reduce their contact with the justice system.

Through this work, we hope to achieve better outcomes for clients by:

- > fostering social and cultural connections
- > listening and relating to clients so we focus on what matters to them
- > working with the whole family
- > multi-agency working
- > using data and evidence to connect people to supports earlier and to interventions that work
- > staying focused on outcomes.

As a starting point, four client groups have been identified to test system and practice changes. Two of these groups include cohorts experiencing mental health issues, specifically young men in youth justice experiencing complex mental health and drug and alcohol issues, and men with complex mental health and drug and alcohol issues in contact with the justice system.

Work commenced in February 2020 at four demonstration sites in Brimbank-Melton, Southern Melbourne, Goulburn and Central Highlands. At each demonstration site, local site executive committees have been established to engage with the workforce, clients and the sector to support strong partnerships. They will provide leadership and direction in responding to local priorities and challenges.

Outcome 1.3: Victorians act to protect and promote health

The department wants all Victorians to enjoy the highest attainable standards of health, wellbeing, development and participation at every age. Recognising the influential role of social, cultural and economic forces, as well as biological and environmental factors, on health and wellbeing, we consider the whole population and support community-led action wherever possible.

Progress against outcomes

Some of the department's key achievements in 2019–20 are outlined below.

New Public Health and Wellbeing Regulations

The Public Health and Wellbeing Regulations 2019 came into effect on 14 December 2019, replacing the Public Health and Wellbeing Regulations 2009. The regulations were drafted after an extensive sunset review and consultation process with a wide range of stakeholders.

The department incorporated the 82 submissions and 153 survey responses, which meant few changes to the exposure draft of the legislation were required. There was broad support for the new regulations, which provide a framework for businesses, local councils, individuals and the department to protect the health and wellbeing of Victorians.

The regulations cover a range of measures to prevent and respond to the spread of infectious diseases and minimise public health risks associated with certain businesses, such as aquatic facilities, cooling towers and businesses that perform skin penetration procedures.

Food-related anaphylaxis notifications

The department operates the Victorian Anaphylaxis Notifications System, which requires all Victorian public and private hospitals to notify anaphylaxis cases presenting to hospital, ensuring that possible sources can be confirmed and public health is maintained.

From July 2019 to June 2020, there were 1,838 anaphylaxis notifications received. Of these, 1,333 (61 per cent) were suspected to be caused by food. The department's food safety investigations resulted in 92 referrals of unpackaged food to councils for further action; two packaged food recalls and one product recall of an unpackaged food from council-registered food premises.

Mandatory vaccination of healthcare workers

The *Health Services Amendment (Mandatory Vaccination of Healthcare Workers) Act 2020* received Royal Assent on 24 March 2020. The Act amends section 42 of the *Health Services Act 1998*, allowing the Secretary to direct public hospitals and denominational hospitals to require healthcare workers engaged by the hospital to be vaccinated against or prove immunity to specific communicable diseases.

Reducing the impact of skin cancer in Victoria

Melanoma is the fifth most common cancer in Victoria, with 3,096 new cases diagnosed and 291 deaths in 2018.

Skin cancer is also one of the most preventable forms of cancer and the risk can be reduced by wearing sun smart clothing, sunscreen, sunglasses and providing shade.

The SunSmart Program invested \$8 million to increase shade protection and up to \$2 million for the provision of sun protection items (including sun-protective hats and sunscreen).

Currently in its fifth round, the Shade Grants Program aims to reduce Victorians' exposure to UV radiation by increasing shade in public places across the state and by promoting uptake of sun protective practices.

The program is offered once a year, across two grant categories:

- > School Shade Grants Program
- > Community Shade Grants Program.

As a result of this program, schools and other community spaces can continue to have sun smart spaces for children, reducing their risk of skin cancer later in life.

The program commenced in 2015 and has awarded 1,325 grants totalling over \$12 million to date.

More cancer research to improve screening rates

Victorian researchers have continued to make new breakthroughs in cancer prevention, treatment and care, with a focus on improving screening rates.

Twenty-two recipients from the Victorian Cancer Agency's latest grants round have shared in more than \$10 million in research grants to work on ground-breaking discoveries.

The Victorian Cancer Agency also awarded 18 fellowships to support clinicians and researchers at different stages of their career. Since 2006, more than \$225 million has been allocated towards cancer research.

The Victorian Cancer Agency is rapidly translating research into treatments and clinical care and is improving outcomes for Victorians with cancer.

IVF access for all Victorians

Victorians now have easier and fairer access to assisted reproductive treatment after legislation passed in June 2020, removing the requirement for women and their partners to undergo police and child protection order checks before accessing treatment.

This will impact an estimated 25,000 women and their partners who access assisted reproductive treatment in Victoria each year.

Medically supervised injecting room

In June 2020, the Victorian Government accepted all the recommendations of the independent review of Victoria's first medically supervised injecting room.

The 18-month review found that the medically safe injecting room in North Richmond received over 119,000 visits and saved at least 21 lives. It found it is changing lives in a positive way for people struggling with drug addiction.

The facility has safely managed 3,200 overdoses since it opened – taking pressure off emergency departments and reducing ambulance call outs. It has led to a decrease in reports of public injecting in the North Richmond area.

Staff have also provided more than 13,000 health and social support interventions for issues relating to mental health, housing and family violence – helping those suffering with addiction recover and rebuild their lives.

As a result of the findings, the review panel's expert advice was that the trial be extended for three years.

Key result 11: Reduce deaths resulting from misuse of prescription medicines

SafeScript

The Victorian Government has fully implemented its comprehensive real-time prescription monitoring system, SafeScript. SafeScript gives doctors, nurse practitioners and pharmacists access to up-to-the-minute information on the prescription histories of their patients. It monitors all Schedule 8 medicines, such as morphine and oxycodone, as well as Schedule 4 drugs of dependence, Z-group medicines and quetiapine.

Up-to-date, reliable patient data sources such as SafeScript support prescribers and pharmacists to make safer clinical decisions regarding the use of high-risk medicines for their patients.

The Victorian coroners' data report from 2019 shows that prescription medicine overdose deaths decreased for the first time in a decade, after ten years of year-on-year increases (405 deaths in 2019 compared to 424 in 2018). The report noted that the implementation of SafeScript is likely to have contributed to this reduction in overdose deaths.

Key result 12: Increase immunisation coverage rates at two years of age and at school entry

Protecting Victorians through flu vaccinations and immunisations

Each year the flu affects thousands of Victorians and puts an enormous amount of pressure on Victoria's health system. More than 3,500 avoidable deaths occur in Australia every year from complications of seasonal flu, including pneumonia.

In 2019–20, the department achieved:

- > the highest number of influenza vaccine doses ever distributed – 2,444,138 doses were distributed, which was 251,860 more doses than in 2018–19
- > Immunisation coverage of 97.65 per cent fully immunised for Aboriginal children turning five years of age
- > Immunisation coverage of 95.75 per cent fully vaccinated for children turning five years of age.

COVID-19 objective 1: Reduce the morbidity and mortality rates associated with coronavirus (COVID-19)

As effective medical treatments are still being developed and trailed to adequately address coronavirus (COVID-19) the department has ensured morbidity and mortality rates associated with it are reduced by restricting its spread. This has been achieved by ensuring that coronavirus (COVID-19) cases are identified, tested, traced and isolated as quickly as possible.

To support this approach the department has strengthened contract tracing and the public health team to ensure all relevant contacts are found and receive advice as soon as possible, while targeted testing and rapid response units have been implemented to ensure clusters across our communities are identified and responded to.

Rapid response unit

A new 'outbreak unit', tasked with preventing, responding and limiting outbreaks of coronavirus (COVID-19), was established within the department's public health team.

The unit includes new rapid response outbreak squads, staffed by public health specialists and clinicians, who ensure appropriate testing, contact tracing and deep cleaning are carried out as soon as a cluster is identified.

The squads make proactive visits to high-risk facilities, businesses and industries, and work with local services on infection control and prevention.

Pillars of disease control: contact tracing

Contact tracing is one of the major pillars of communicable disease control, along with primary prevention and timely case identification.

As part of its public health response to coronavirus (COVID-19), the Victorian Government rapidly invested in the department to scale up its response. This included an increase to the contact tracing and public health team from 57 people at the start of coronavirus (COVID-19) to 1,891 staff in June 2020.

The team of epidemiologists, public health clinicians, phone operators, logistics and data entry staff have been working 24 hours a day, calling people who have been diagnosed with coronavirus (COVID-19) to ensure all close contacts are found and people receive the advice they need as soon as possible.

Research from the Burnet Institute shows that if every case and all their contacts are isolated within 48 hours from the first test result being received, this can prevent 80 per cent of new infections.

To help achieve this level of tracing, the department's contact tracing team implemented a new contact system that sent daily messages to close contacts of confirmed cases and recently returned travellers, advising them of the need to isolate. The department has also strengthened its contact tracing performance by:

- > developing an entirely digital solution to support data generated from interviewing cases and close contacts, replacing the manual paper-based process
- > updating the Public Health Event Surveillance System
- > changing regulations to make it easier for laboratories and medical practitioners to notify new coronavirus (COVID-19) cases, using means such as online forms
- > establishing regional case and contact tracing teams in regional health services

- > initiating employer notifications for cases in workplace settings
- > providing clear guidance on the department website and over the phone to businesses regarding how to identify and notify close contacts.

The success of these measures is demonstrated by the results: by the week ending 6 October 2020, 98.6 per cent of new cases were interviewed within a day of the case being notified to the department, and a message was sent to 99.7 per cent of all known contacts within 48 hours of that notification, helping to prevent new infections.

Testing blitz

Broad access to symptomatic testing has been key to the department's coronavirus (COVID-19) response, ensuring that cases are identified and managed as soon as possible.

Initially, testing was tightly targeted to returning travellers and people with symptoms. This targeted approach was progressively relaxed as pathology supplies improved and broad surveillance was prioritised.

On 27 April 2020, the Victorian Government announced a statewide testing blitz to better understand how coronavirus (COVID-19) was spreading in the community.

The testing blitz introduced widespread and convenient symptomatic and asymptomatic testing at drive-through, walk-up and mobile testing locations, supported by community engagement teams who provided the latest public health advice.

As at 14 June 2020, more than 590,000 Victorians had come forward for testing, giving Victoria one of the highest testing rates in the world, however, the department began targeted testing in communities with low testing rates, high case numbers, high-risk workforces and vulnerable groups, ensuring we had a full picture when it came to tracking the virus.

These efforts made a real difference to the department's understanding of the spread of coronavirus (COVID-19) across a wide range of communities in Victoria.

New research and public health surveillance

Victoria's world-leading medical research institutes were allocated \$8 million to better understand transmission, immunity and the long-term health impacts of coronavirus (COVID-19).

Public health surveillance was also increased, with ongoing testing of sewage to track the virus in the community and provide early signposts of localised outbreaks.

Access to medicines

Emergency provisions in the *Drugs, Poisons and Controlled Substances Act 1981* have been utilised during coronavirus (COVID-19) to ensure that Victorians can continue to access the essential medicines they need during the pandemic.

The use of these provisions has allowed pharmacists to ensure continuity of treatment to Victorians where accessing a prescriber in time to obtain a prescription was impracticable. It has also ensured the ongoing supply of medicines, by curbing stockpiling and protecting reserve supplies for essential treatments or, in the event of a medicine shortage, allowing for the sale or supply of a specified substitute medicine.

COVID-19 objective 2: Slow the spread of coronavirus (COVID-19) in Victoria through rapid identification, isolation and cohorting of risk groups

The impact of coronavirus (COVID-19) can be unequal among the population. People working in casualised and lower-paid working environments, such as food logistics or meatworks, have been at higher risk of contracting coronavirus (COVID-19) and at greater risk of unemployment if they do not turn up to work.

Healthcare and aged care workers are more at risk of contracting the virus and passing it on to others if they cannot self-isolate at home. They are also at risk, and can put patients in their care at greater risk, if they work across multiple work sites.

Cohorting

For aged care services in Victoria, the department introduced cohorting. This is where people nominate a primary worksite and only work at that site, without working across multiple centres.

Restricting workers in high-risk settings to working at one site only where possible helps reduce the spread of coronavirus (COVID-19).

Hotels for Heroes

Hotels for Heroes provides free accommodation in hotels or apartments for frontline workers who have had exposure to coronavirus (COVID-19) or have a positive diagnosis and cannot safely self-isolate at home.

It recognises that healthcare and other frontline workers are currently more likely to be diagnosed with coronavirus (COVID-19) than any other workforce and are at greater risk of coming into close contact with someone with the virus.

Hotel quarantine for returned travellers

On 28 March 2020, following National Cabinet agreement, the Victorian Government began placing all overseas returned travellers into 14-day quarantine accommodation to help slow the spread of coronavirus (COVID-19).

The department, in conjunction with the Department of Jobs, Precincts and Regions, and with coordination support provided by the State Control Centre, rapidly developed a new service model for hotel quarantine. This model included supports, clinical pathways and critical incident monitoring, in an effort to make the experience as safe as possible, and to support the health and wellbeing of the people quarantined.

Objective 1: Indicator results

	2016–17	2017–18	2018–19	2019–20
Victorians have good physical health				
Persons completing the Life! – Diabetes and Cardiovascular Disease Prevention program	5,199	5,513	5,782	4,612
Unplanned/unexpected readmission for acute myocardial infarction	1.7	1.6	1.5	2.1 ^{E*}
Unplanned/unexpected readmission for heart failure	9.4	9.0	8.9	8.9 ^E
Unplanned/unexpected readmission for hip replacement	2.5	3.4	3.4	3.7 ^E
Unplanned/unexpected readmission for knee replacement	5.0	6.3	5.2	4.9 ^E
Unplanned/unexpected readmission for paediatric tonsillectomy and adenoidectomy	2.2	2.5	2.5	2.8 ^E
Source: Internal departmental data				
Proportion of adults who are overweight (self-reported)	30.6%	31.5%	29.9%	31.3%
Proportion of adults who are obese (self-reported)	19.1%	19.3%	21.3%	20.3%
Proportion of adults who were current smokers	16.7%	16.7%	17.6%	16.9%
Proportion of adults who smoked daily	12.3	12.4%	12.6%	12.4%
Proportion of adults with doctor-diagnosed high blood pressure	25.5%	25.4%	26.3%	26.0%
Proportion of adults diagnosed with type 2 diabetes	5.9%	5.5%	5.4%	5.7%
Proportion of adults who are sufficiently physically active	49.9%	50.9%	52.9%	51.1%
Source: Victorian Population Health Survey (VPHS, 2016–19)				
Victorians have good mental health				
Proportion of adults who had been diagnosed with anxiety or depression	24.5%	27.4%	29.1%	29.8%
Proportion of adults with high/very high psychological distress	14.8%	15.4%	15.0%	18.1%
Standardised rate of death from suicide (per 100,000 people)	10.1	9.6	9.1	Data available late 2020
Sources: VPHS; Australian Bureau of Statistics (ABS)				
Victorians act to protect and promote health				
Immunisation coverage: At school entry	93.0%	95.3%	95.7%	95.8%
Immunisation coverage: At two years of age	92.0%	91.0%	92.0%	92.3%
Percentage of Aboriginal children fully immunised at 60 months	92.0%	91.0%	96.5%	97.7%
Eligible newborns screened for hearing deficit before one month of age	98.5%	98.6%	98.7%	98.4%
Rate of <i>Staphylococcus aureus</i> bacteraemias (SAB) infections per 10,000 patient days	0.7	0.8	0.9	0.8 ^E
Healthcare worker immunisation – influenza	75.0%	80.0%	83.0%	87.7%

* ^E Measures have not been finalised and are estimated results.

	2016–17	2017–18	2018–19	2019–20
Rate of intensive care unit central line associated blood stream infections (CLABSI) per 1,000 device days	1.0	0.8	0.9	0.8 ^{E*}
Hand hygiene compliance	85.0%	85.0%	85.0%	87.5% ^E
Patient reported hospital cleanliness	New measure	70.0%	69.4%	71.0% ^E
Perinatal and child mortality reports received, reviewed and classified	New measure	100%	100%	99.3%
Perinatal mortality rate per 1,000 of babies of Aboriginal mothers using rolling three-year average	New measure	9.0	10.0	11.5
Smoking cessation of Aboriginal mothers	25.0%	23.7%	23.5%	24.1%

Source: Internal departmental data

The department is committed to measuring outcomes for all indicators set out in the Victorian budget papers. Further work is needed to test and validate measures to ensure departmental initiatives and policies are reflected by the performance indicators. As the outcomes approaches in the department mature, reporting will be provided against outcome measures and will inform the reporting of performance indicators.

* ^E Measures have not been finalised and are estimated results.

Objective 2: Victorians are safe and secure

This objective seeks to improve the safety and security of Victorians and to tackle the causes of violence and abuse.

A safe society is a basic requirement for all. The department, its agencies and its administrative offices are working together to change attitudes and behaviours that perpetuate violence and abuse. We want to stop cycles of family violence, elder abuse, child abuse and neglect and help children and adult victim survivors recover.

Alongside freedom from abuse, access to suitable and stable housing is an essential determinant of good health and wellbeing. It is a foundation from which people can stabilise their lives and participate in education, work and the community.

Our approach to family violence, child protection, homelessness and social housing recognises that cultural identity and community networks offer protection, connection and healing.

The Victorian bushfires from November 2019 to the end of February 2020 put families under enormous pressure, with people being evacuated from their homes. People were then restricted to their homes during the coronavirus (COVID-19) pandemic from March 2020 onwards. As a result of these two major events, Victoria has seen greater need for additional temporary housing and other social supports.

This objective seeks to ensure:

- > Victorians live free from abuse and violence
- > Victorians have suitable and stable housing.

Outcome 2.1 Victorians live free from abuse and violence

Victorians are safe from harm, fear and neglect in their homes and communities. Achieving this requires addressing the compounding effects of abuse and violence and improving support and recovery for both victim survivors and perpetrators.

Progress against outcomes

Our focus this year continues to be on improving outcomes for children, young people and families experiencing vulnerability.

We have continued to lead delivery of the Victorian Government's *Roadmap for Reform: strong families, safe children* agenda, with a strong focus on shifting the child and family system from a crisis response to early intervention and prevention. The key priorities are to improve access to early intervention, integrate and coordinate universal and specialist services and people's networks, including peer support, and shift the culture and practice toward driving outcomes and advancing Aboriginal self-determination. Through the three pathways model and a focus on Aboriginal self-determination we can deliver a significant shift in how and when child protection is engaged, connected and

integrated with services and the way child protection practice is undertaken to promote better outcomes.

Implementation of recommendations from the Royal Commission into Family Violence has also continued, with more than two-thirds of the 227 recommendations now complete.

In response to the coronavirus (COVID-19) pandemic, we have transformed the way we work with children and families to ensure their continued safety, as well as the safety of our staff.

Some of our key achievements in 2019–20 are outlined below.

Support for children who cannot live safely at home

For children who cannot live safely at home, our priority continues to be supporting them to have a consistent relationship with a caring adult and enabling them to build the capabilities they need to lead a good life.

This year we have continued trials of three innovative models of out-of-home care. These programs are helping to build the evidence base for initiatives that support children to reach their potential.

The Keep Embracing Your Success (KEYS) model has been successfully implemented in two care homes in the department's South Division. KEYS is an intensive transitional support service which brings together mental health and care service systems. The KEYS model was evaluated in October 2019 and the results indicate that the program is making strong progress towards its intended outcomes.

The department has also continued implementation of the Better Futures model, including the statewide rollout of the Home Stretch initiative in November 2019.

Better Futures is a new way of supporting care leavers and was rolled out statewide in November 2019. Better Futures engages with young people early in their transition to adulthood, and includes a worker to support the young person to have a voice in planning for their transition and who 'sticks with them' until 21 years of age to help them navigate housing, education, employment and other areas on their journey to adulthood.

Home Stretch, which is being delivered via the Better Futures model, also rolled out statewide in November 2019. Home Stretch is providing young people with a more gradual and supported transition from care and includes a living allowance to support young people to remain with their kinship or foster carers, or to support their transition to independent living up to age 21. It also includes case work support, and flexible brokerage funding.

In response to the coronavirus (COVID-19) pandemic, funding of more than \$4 million was announced in April 2020 to support young people turning 18 between 16 March and 31 December 2020 and otherwise due to leave care during the coronavirus (COVID-19) pandemic.

This investment will support approximately 220 such young people to stay with their carer or to move to other housing until 30 June 2021, supported by an allowance, case work support and flexible funding.

Key result 13: Reduce the abuse and neglect of children and young people

Protect children with new religious confession laws

In September 2019, with the *Children Legislation Amendment Act 2019*, the Victorian Parliament passed legislation to include people in religious ministry as mandatory reporters to child protection, without exemption for religious confessions.

This historic new law, which came into effect on 17 February 2020, means people in religious ministries will face criminal charges if they fail to report child abuse – including when it is disclosed during confession.

The commencement of this legislation has completed Victoria's implementation of the Royal Commission into Institutional Responses to Child Sexual Abuse recommendation to achieve national consistency in mandatory reporting by expanding mandatory reporter groups to include the identified minimum set of professional groups who should be mandated in all jurisdictions.

Police officers, registered medical practitioners, nurses and midwives, registered teachers (including kindergarten teachers), and school principals were already mandatory reporters in Victoria. Out-of-home care workers, early childhood workers, registered psychologists and youth justice workers commenced as mandatory reporters to Child Protection on 1 March 2019, and school counsellors on 31 January 2020.

National Redress Scheme for Victorian survivors of institutional child sexual abuse

On 1 July 2019, the Victorian Government joined the National Redress Scheme for people who have experienced institutional child sexual abuse. The ten-year scheme was established in response to recommendations of the Commonwealth Royal Commission into Institutional Responses to Child Sexual Abuse.

The Victorian Department of Justice and Community Safety is responsible for coordinating the Victorian Government's participation in the scheme and the department is responsible for operationalising it.

As part of the scheme, eligible survivors of institutional child sexual abuse will be able to seek a range of redress options including:

- > a redress payment of up to \$150,000
- > access to counselling services
- > direct personal responses (DPR) – such as an apology – from the institutions responsible for their abuse.

The department is also responsible for coordinating the Victorian Government DPR Program and counselling service for people in Victoria who accept an offer of redress. To date the department has recruited and trained 36 executive officers to deliver DPR and 9 facilitators to support the process.

As at 30 June 2020, 1,053 requests for information had been completed since the scheme commenced.

The department has established Restore, a state-wide consortium of specialist organisations, to provide access to counselling and Aboriginal cultural healing.

Child Safe Standards review

The Child Safe Standards are compulsory minimum standards which all Victorian organisations that provide services or facilities to children are required by law to comply with.

In December 2019, the department completed a review of the standards to ensure they are as strong as possible, and to consider what adjustments may be needed to better align them with the recommendations of the Commonwealth Royal Commission into Institutional Responses to Child Sexual Abuse.

The department is grateful to the many stakeholders, peak bodies, government departments and regulators who communicated information about the review, made written submissions, and sought the views and experiences of the children and young people that they provide services to.

The review made 15 recommendations, which fall into three categories:

- > amending the Victorian Child Safe Standards to align with the National Principles for Child Safe Organisations

- > amending the *Child Wellbeing and Safety Act 2005* to more clearly define which organisations are required to comply with the Child Safe Standards, and who is responsible for regulating those organisations
- > amending the Act to provide a consistent suite of compliance and enforcement tools to regulators.

The Victorian Government has endorsed all 15 recommendations and work is now underway to implement them.

Victorian organisations who provide services to children can now be well prepared to promote the safety of children, prevent child abuse and ensure effective processes are in place to respond to and report allegations of child abuse.

Child Protection Futures Project

The Child Protection Futures project is a key component of *Roadmap for Reform*. It directly contributes to the transition to a pathways system model and considers the scope and vision of a contemporary child protection program within the context of the reforms and how the workforce can be best supported to respond to the needs of vulnerable children and families.

To date, seven critical priorities for future action have been identified and are being gradually progressed through legislative, policy and practice reforms, including:

- > connecting children and families to the right service
- > strengthening integration and partnership approaches between services
- > providing tailored responses to children and their families
- > addressing the adversarial nature of the legislative framework and practice
- > recognising the criticality of permanency for children
- > redesigning the workforce that protects children
- > optimising practitioner capacity through technology and streamlining of processes.

SAFER Children Risk Assessment Framework

The *SAFER children risk assessment framework* guides child protection practitioners in their day-to-day work in identifying, assessing and managing the risk of harm to children, and facilitates planning for their safety and wellbeing.

The framework includes practice guides, tools and templates to support all Victorian child protection practitioners.

The framework was launched in September 2019. In 2019, 86 per cent of the child protection workforce attended the essentials professional training, and 95 per cent of child protection leaders completed the leadership professional training.

Through this work, child protection practitioners will be supported to make more informed decisions, leading to better outcomes for children and their families.

Key result 14: Reduce the rate of growth in out-of-home care – especially for Aboriginal children

Wungurilwil Gaggapduir: Aboriginal Children and Families Agreement and Strategic Action Plan

Wungurilwil Gaggapduir: Aboriginal Children and Families Agreement and Strategic Action Plan continues to serve as a landmark partnership between the Aboriginal community, government and community services organisations to commit to better outcomes for Aboriginal children and young people.

Wungurilwil Gaggapduir, which means ‘strong families’ in Latji, was developed in consultation with the Aboriginal community, as well as with the input of Aboriginal services and key mainstream child service organisations. The strategic action plan details the steps which the sector needs to take in addressing the over-representation of Aboriginal children and young people in the child protection and out-of-home care systems.

Wungurilwil Gaggapduir is guided by the Victorian Government’s vision to increase Aboriginal self-determination for Aboriginal people and to ensure that all Aboriginal children and young people are safe, resilient and can thrive in culturally rich and strong Aboriginal families and communities.

Key achievements of *Wungurilwil Gaggapduir*: include around 50 per cent of Aboriginal children now being case managed by an Aboriginal community-controlled organisation (ACCO) and two ACCOs fully authorised to undertake powers and functions usually undertaken by the Secretary.

The Aboriginal Children’s Forum

The Aboriginal Children’s Forum works to give practical effect to the implementation and monitoring of the *Wungurilwil Gaggapduir* to promote the safety, health and resilience of vulnerable Aboriginal children and young people.

Its key role is to eliminate the over-representation of Aboriginal children in child protection and out-of-home care and reduce the number that progress to the youth justice system.

As a part of self-determination, the Aboriginal Children’s Forum supports Aboriginal organisations to successfully transition the authority and services for all Aboriginal children to Aboriginal organisations.

It helps support Aboriginal children and young people leaving statutory systems to reconnect with family and community and provide a sustained Aboriginal community-based prevention and early intervention system to respond to vulnerability as and when it arises.

It works to reform the child and family services system to address systemic racism and individual and institutional bias and build culturally sensitive practice within mainstream services.

The Forum was established as a part of Victoria’s commitment to Aboriginal self-determination, under the *Victorian Aboriginal Affairs Framework 2018–2023*.

Family services evidence-based program trials

Throughout 2019–20 the department continued its trial of evidence-based programs in family services, initially funded as part of a \$101.7 million investment by the Victorian Government into family services and early intervention programs over 2018–19 and 2019–20. This initiative includes trialling a range of programs focused on preventing entry into care, including Multisystemic Therapy (Psychology) and Functional Family Therapy (Child Welfare).

Supporting vulnerable children at risk through the coronavirus (COVID-19) pandemic

In response to the coronavirus (COVID-19) pandemic, the Victorian Government announced \$77.5 million over two years for children and families, including \$46.2 million over two years to immediately build capacity of family services to provide outreach support to the most vulnerable children and families during the coronavirus pandemic. This included \$6.6 million in flexible funding to assist families cope with pandemic response restrictions by helping families to access things such as immunisation, childcare, kinder and school, while also supporting families with practical coping strategies and video conferencing technology to stay connected while 'stay-at-home' restrictions are in place.

An additional \$39.6 million was provided to support the delivery of intensive, evidence-based and therapeutic supports aimed at supporting vulnerable children to stay home with their family, through the delivery of the Victorian and Aboriginal Family Preservation Response. Building on the trial of evidence-based programs in family services and the Common Elements Approach, it seeks to further embed evidence-informed and culturally safe practice through the establishment and delivery of new Victorian Family Preservation and Reunification practice modules, including Aboriginal practice cultural elements. These modules can be used flexibly by practitioners to meet the needs of children and families.

The Response was developed in collaboration with the sector and members of the Roadmap Implementation Ministerial Advisory Group and the Aboriginal Children's Forum, through a series of rapid co-design sprints between April and May 2020. It will be delivered across the state and aims to develop a new way of working with Child Protection to support families during the coronavirus (COVID-19) pandemic to prevent children from entering care or to safely reunify families. An Aboriginal Response is to be implemented in each of the department's operational divisions.

Further, to address the risk and safety concerns of children and young people in residential care, more than \$15 million has been provided over two years to keep families and children safe. This investment enables the establishment of

emergency placements for young people who are required to self-isolate or are displaying complex behaviours as a result of coronavirus (COVID-19). This investment also supports extra staffing capacity and workplace safety measures in residential care homes. In addition, funding has been provided to clean and disinfect properties so as to reduce the risk of coronavirus (COVID-19) transmission in all residential care services. This will protect the children and young people in these services and the staff who continue to care for them.

Key result 15: Reduce the number of children in out-of-home care who live in residential care

Strengthen home-based care and support for carers

In October 2019, following close consultation with key stakeholders, the department launched *Strong carers, stronger children*, Victoria's strategy to support kinship, foster and permanent carers.

Strong carers, stronger children commits to:

- > maintaining children and young people's connection to family where possible, and finding appropriate care arrangements
- > ensuring carers are adequately prepared to support the children they care for
- > ensuring carers are well-informed, valued and empowered
- > providing relevant and timely training to enable carers to provide safe, stable, quality and culturally connected care
- > enhancing and improving the supports and systems available to carers
- > facilitating long-term stability for children and young people in care.

Strong carers, stronger children articulates a vision for the future where carers are supported and empowered to better respond to the changing needs of children and young people in care.

Strong carers, stronger children will be implemented over the next five years to 2025 through a series of three rolling action plans at fixed intervals of 12 to 18 months. It will guide and inform the future direction of home-based care, consistent with a reformed children and family service system detailed under the *Roadmap for Reform*.

Recognise and support carers through the coronavirus (COVID-19) pandemic

In response to the coronavirus (COVID-19) pandemic, the Victorian Government provided a one-off \$600 payment to foster and kinship carers for every child they care for. The payment acknowledges the important role these carers play in caring for some of our state's most in-need children and the additional challenges they face in response to the coronavirus (COVID-19) pandemic. In addition, flexible brokerage funds were increased for permanent carers to access should they require financial assistance.

The investment also bolstered phone support for carers, funding to increase much needed respite time, and increased efforts for identifying kinship options for children and young people.

Key result 16: Prevent family violence and reduce the continuing risk of harm associated with family violence

The department and Family Safety Victoria have continued to implement recommendations from the Royal Commission into Family Violence in order to enhance service responses for victim survivors and perpetrators. More than two thirds of the 227 recommendations have now been implemented. Some key achievements during 2019–20 are outlined in this key result.

Expansion of The Orange Door network

The Orange Door is a free service for adults, children and young people who are experiencing or have experienced family violence and families who need extra support with the care, wellbeing and development of children.

Work continued for the rollout of The Orange Door to an additional 12 areas across the state. With five already operating (in Barwon, Inner Gippsland, North East Melbourne, Bayside Peninsula and Mallee), Goulburn, Loddon and Central Highlands are the next three areas for the rollout of The Orange Door.

In 2019–20, more than 59,500 people were referred to The Orange Door or directly sought help for family violence or for support with the care and wellbeing of children. This includes more than 23,000 children.

Implementation of the Dhelk Dja Agreement

The *Dhelk Dja: Safe Our Way – Strong Culture, Strong Peoples, Strong Families Agreement* (Dhelk Dja), released in October 2018, commits Victorian Aboriginal communities and services and the Victorian Government to progress *Dhelk Dja's* five strategic priorities.

The three-year action plan 2019–2022, endorsed by the Dhelk Dja Partnership Forum in October 2019, is to progress strategic actions and investments over the next three years to bring *Dhelk Dja* and its vision to life – this is, of a future where Aboriginal people are culturally stronger, safer and self-determining, with families and communities living free from family violence.

Five sub-working groups were established by the Dhelk Dja Partnership Forum to progress critical actions under each of *Dhelk Dja's* five strategic priorities.

The action plan will inform the development of regional action plans by the 11 Dhelk Dja Action Groups representing Aboriginal communities across Victoria. Regional action plans are place-based mechanisms to drive local and regional action and partnerships to prevent and address family violence.

Family Safety Victoria is establishing Aboriginal Access Points (AAP) alongside The Orange Door network to strengthen referral pathways for Aboriginal people impacted by family violence. This ensures a choice of referral to either an Aboriginal or non-Aboriginal family violence service.

The AAP Concept Model was endorsed by the Dhelk Dja Partnership Forum in January 2020. Mallee, Bayside Peninsula and Barwon are the regions where the first AAPs will be established.

The design process to transition the concept model into operational service design elements will be informed by the contributions of key Aboriginal community stakeholders. This will ensure the AAPs meet the needs of Aboriginal communities as expressed through the principles of the *Nargneit Birrang* framework, and align with the strategic priorities of the child and families services sector to commit to better outcomes for Aboriginal children and young people as expressed through the objectives of *Wungurilwil Gapgapduir*.

New interventions for perpetrators of family violence

The 2019–20 State Budget provided funding to deliver seven community-based perpetrator interventions for diverse cohorts. Programs being trialled include specialised programs for people who use violence from diverse communities, including culturally and linguistically diverse, Aboriginal, and lesbian, gay, bisexual, trans, and/or intersex communities, men with acquired brain injuries and women who use force.

Ongoing funding was provided for perpetrator case management. Case management reduces the risk associated with a perpetrator's use of family violence by providing a tailored response to address the barriers to engagement.

An evaluation of the cohort-specific trials and case management in 2019 found that the interventions contributed to higher engagement from participants and a greater level of risk management when compared to existing interventions, and particularly for perpetrators with complex needs.

The Caring Dads program continues as a pilot across three sites in Victoria. Caring Dads is a group-based program that improves the parenting behaviour of fathers who have exposed their children to family violence. In February 2020, the University of Melbourne evaluated the program and found evidence of change among some fathers who completed the program.

These interventions provide an evidence base for working with people who use violence from diverse communities and/or with specific and complex needs. They sit within work being undertaken by the department and Family Safety Victoria to develop a system-wide approach to holding perpetrators to account and supporting changes in their behaviour and attitudes.

MARAM and information sharing

The implementation of the Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM) and the Family Violence Information Sharing Scheme has continued. MARAM is a set of tools and practice guides designed so services can identify, assess and manage family violence risks.

Key developments in MARAM in 2019–20 include:

- > publication of victim survivor-focused tools and practice guides to help organisations embed MARAM in their operations
- > the start of a phased rollout of the Tool for Risk Assessment and Management to non-Orange Door providers
- > development of perpetrator-focused assessment tools and practice guides, anticipated for release in December 2020 (tools and guides for non-specialists) and March 2021 (tools and guides for specialists)
- > completion of an early MARAM evaluation.

Targeted MARAM practice notes were developed to guide the approach to risk assessment and management during the coronavirus (COVID-19) pandemic.

As at 30 June 2020, over 18,500 workers, including from across family violence, community, child and family, mental health and alcohol and other drug services, have been trained in MARAM, the Family Violence Information Sharing Scheme and the Child Information Sharing Scheme. Face-to-face MARAM training was postponed in early March 2020 due to the pandemic and online training has been available from June 2020.

Elder abuse

The Victorian Government differs from some jurisdictions in that it treats elder abuse as a form of family violence.

The Victorian Government recognises that elder abuse is under-reported and that there are regulatory gaps and cultural barriers to reporting – for example, some older victims do not recognise their experience as elder abuse and may believe their treatment does not warrant police attention.

The Department of Health and Human Services has supported a number of key initiatives to prevent and respond to elder abuse, including the following:

- > the Elder Abuse and Safeguarding Advisory Group, which provides advice on the needs and rights of older Victorians.
- > ten local elder abuse prevention networks to prevent elder abuse in their local communities. These have been established to link local organisations such as health centres, council home carers, and seniors' clubs to raise awareness of elder abuse and implement local prevention strategies

- > Respect Victoria's elder abuse prevention campaign, *Respect Older People: Call it out*
- > a trial for an integrated model of care, offering specialist clinical advice and family counselling and mediation services from five locations across Victoria
- > training of financial counsellors to prevent and respond to elder abuse and raise awareness of the role they can have in the community
- > a statewide helpline, information, support, legal advice and education, provided by Seniors Rights Victoria, to help prevent elder abuse and safeguard the rights, dignity and independence of older people
- > an elder abuse family counselling and mediation service that interfaces with five Orange Doors, providing therapeutic options for older people and their families to address alleged or potential elder abuse.

Trial of an integrated model of care

In response to the findings of the Royal Commission into Family Violence, the Victorian Government is implementing an Integrated model of care for responding to suspected elder abuse which is being trialled at five publicly funded health services.

The integrated model of care aims to strengthen elder abuse responses and support within Victorian health services. It will do this by creating multiple entry points for older people and their carers and families that will allow them to access specialist support services and address suspected elder abuse.

The integrated model of care framework consists of four key funded components:

- > workforce training to build the capability of clinical staff of the trial health services and their respective community services to identify and respond to suspected elder abuse
- > a full-time liaison officer at each of the Aged Care Assessment Services auspiced by the trial health services
- > counselling (including financial counselling) and mediation services
- > an Elder Abuse Prevention Network in each catchment area of the trial health services.

Voices of lived experience – the Victim Survivors' Advisory Council

In December 2019, the inaugural Victim Survivors' Advisory Council ended its three-year term. New members, with diverse backgrounds and experiences, joined VSAC in February 2020 to continue the work to embed the voice of lived experience in family violence reform.

Recruitment and attraction campaign – growing the family violence workforce

One of the key initiatives within the 10-year industry plan is a recruitment and attraction campaign dedicated to growing the family violence workforce which was launched in May 2020. The campaign includes a Family Violence Jobs Hub to promote the diversity and breadth of roles in the sector, while a jobs portal links people wanting work in the sector with employers. The campaign arose from the Royal Commission into Family Violence, which recommended greater focus on growing the specialist family violence and prevention workforce, recognising specialist expertise and increasing diversity.

This strategy is part of a focus on recruitment and workforce supply, and aims to attract and retain a highly qualified workforce and strengthen the capacity of the system to meet demand for specialist family violence and prevention practitioners.

Embedding family violence prevention behaviours in our workforce

The department supported actions that reduce stigma around family violence in universal settings so that health practitioners are now more likely to inquire about family violence and victim survivors are more likely to share their experience. This leads to increased rates of identification and more 'wraparound' support for people experiencing family violence, including prioritisation for social housing. These actions have been supported by the following:

- > the Chief Psychiatrist has issued a guideline relating to family violence – including advice that family violence risk should be assessed when considering discharging or transferring care of a person receiving mental health services and when consulting with families or carers in relation to treatment planning. This guideline applies to all publicly funded clinical mental health services in Victoria across all

service settings, including services delivered in people's own homes.

- > the department has coordinated a joint statement between the Office of the Chief Psychiatrist, the Royal Australian New Zealand College of Psychiatry and the Royal Australian College of General Practice that outlines a commitment to an ongoing family violence learning agenda that is in line with the Family Violence Capability Framework and links in with the Mental Health Workforce Strategy.
- > a package of accredited family violence training programs has been delivered through the Vocational Education and Training system for disability workers, with ongoing support as they transition to the National Disability Insurance Scheme.

Key result 17: Reduce the occurrence of occupational violence, bullying, assault and inappropriate behaviour in departmental and public health services

Building a positive and constructive workplace

The department strives to build a high-performing and positive workplace culture. To support improved workplace culture, the department's *People strategy 2020+* has a 'towards zero' target for bullying behaviour. In delivering on

the department's *People strategy 2020+*, the department will continue ongoing implementation of activities that focus on ethical leadership, including the Leading with Respect program. The program is aimed at growing the skills of people managers to lead with respect and to reduce the psychological harm from inappropriate behaviours through five modules, including:

- > building high-performing teams
- > ethical leadership
- > giving and receiving feedback
- > managing for team wellbeing
- > saying 'Yes' to the flexibility conversation.

The department also has a Joint Working Party on the Prevention of Bullying and Inappropriate Behaviour, consisting of the department, the Community and Public Sector Union and the Health and Community Services Union. As an action from this working party, a Positive Workplace Culture action plan has been developed with actions that serve to prevent bullying and inappropriate behaviour in the workplace, including the home safely everyday campaign, aimed at reminding staff of the potential health and wellbeing impacts of certain behaviours at work and the actions that all staff can take to create and maintain a positive working environment.

Outcome 2.2 Victorians have suitable and stable housing

Victorians should experience safe homes that provide emotional and physical sanctuary. Victorians should have security of tenure in houses that are appropriate and affordable. This outcome includes supports to address and reduce housing insecurity and homelessness, to enable suitable housing for all, and to achieve stability and permanency for children in care.

Progress against outcomes

Our focus this year has been to ensure every person in Victoria has safe, adequate and appropriate housing at a price within their means.

To achieve this, we have progressed our commitment to build new public housing properties and continued our work through *Homes for Victorians* to renew and replace ageing public housing estates with modern dwellings.

We have also continued work to facilitate early interventions and pathways for those who are homeless or are at risk of experiencing homelessness by building better connections between services and strengthening referral pathways and responses for priority groups.

The Victorian bushfires and coronavirus (COVID-19) pandemic have presented a unique challenge in 2020 and we have responded to ensure that all Victorians have access to safe and secure housing, including those experiencing homelessness and those facing an increased risk of family violence as people self-isolate in their homes.

Key achievements in 2019–20 are outlined below.

Expansion of Private Rental Assistance Program

The Private Rental Assistance Program Plus was launched in late 2019 in response to feedback from service providers of the need for increased support for some households accessing private rental.

It is an outreach intervention for households living in or entering private rental tenancies that require additional practical support to establish or maintain their housing.

Work has also commenced to progress the Aboriginal Private Rental Assistance Program in line with the department's policies of self-determination and the objectives identified in the *Victorian Aboriginal housing and homelessness framework*. The framework, *Mana-na, worn-tyeen maar-takoort: Every Aboriginal Person Has a Home*, was released in February 2020.

The framework aims to have 5000 or more additional social housing units for Aboriginal people by 2036.

Social Housing Growth Fund

The department has continued to progress work through the Social Housing Growth Fund. In May 2020 the latest tranche of funding was announced, which will deliver more than 780 new social housing dwellings across 25 locations in Melbourne and regional Victoria.

Key achievements in 2019–20 include:

- > a partnership between Common Equity Housing Limited and Affordable Rentals Victoria, which has delivered around 100 new and affordable homes
- > the conclusion of round one of the New Rentals Development Program and the selection of leasing projects from three registered community housing agencies through a competitive tender process.

Key result 18: Reduce the proportion of the population experiencing homelessness – especially victims of family violence and young people

Keeping Victorians in safe and stable homes during the coronavirus (COVID-19) pandemic

There has been increased family violence funding for crisis accommodation during coronavirus (COVID-19). The increased urgency, severity and complexity of housing challenges has also led to stronger collaboration across agencies.

In April 2020, the Minister for the Prevention of Family Violence and the Minister for Housing announced a \$40.2 million package over two years, including \$20 million in short-term accommodation for family violence victim survivors who do not feel safe isolating or recovering from coronavirus (COVID-19) at home.

Further coronavirus (COVID-19)-related housing investment and response measures have included:

- > providing emergency accommodation for people experiencing homelessness by investing \$6 million in March 2020 for the Private Rental Assistance Program and Housing Establishment Fund (HEF) to help homelessness services find temporary housing for those who need it most. An additional \$9.8 million was provided in June 2020, which included additional HEF to keep people in safe accommodation and additional specialist support workers, including drug and alcohol support
- > establishing four coronavirus (COVID-19) isolation and recovery facilities to ensure people experiencing homelessness have somewhere safe to isolate and recover. These facilities have now been partially repurposed to accommodate people experiencing homelessness who have chronic health needs
- > allocating additional funding to ensure people experiencing homelessness residing temporarily in emergency hotel accommodation continue to receive support and accommodation until the end of July 2020
- > increasing the quality and safety of social housing, investing \$500 million to build 168 new units and upgrade 23,000 dwellings through the \$2.7 billion Building Works investment package. This includes: funding for Aboriginal Housing

Victoria sites in Hampton Park and Dandenong, creating 12 homes; \$35 million for upgrades, maintenance and repairs of existing Aboriginal social housing; and \$10 million to accelerate and increase a range of new and existing activities to support women and children escaping family violence.

Building new homes to tackle homelessness

The Victorian Government announced in October 2018 that it would help more Victorians escaping family violence and homelessness by building 1,000 new public housing properties by 2022. The department has progressed this work, with construction commencing in December 2019.

Further key achievements under this project in 2019–20 include:

- > as at 31 December 2019, the completion of 623 upgrades
- > the completion of ten units in Geelong and Darebin in June 2020
- > the lodging of 173 town planning submissions awaiting council approval
- > the securing of nine additional sites in bushfire-affected areas.

While progress has continued this year, disruption to town planning processes for new public homes in some councils due to the coronavirus (COVID-19) pandemic has impacted delivery.

Objective 2: Indicator results

	2016–17	2017–18	2018–19	2019–20
Victorians live free from violence and abuse				
Children and young people who were the subject of a substantiated report within 12 months of the closure of a previous substantiated report	17.1%	17.9%	18.2%	19.8%
Number of Child FIRST assessments and interventions*	20,016	22,310	17,582	16,035
Reports to child protection services about the wellbeing and safety of children	110,987	115,641	122,963	122,179
Number of family violence victims who receive a refuge response	New measure	823	897	923
Children and young people in out-of-home care who have had two or less placements in the past 12 months (not including placements at home)	91.2%	91.3%	90.6%	91.7%
Daily average number of children in out-of-home care placements	9,446	10,305	11,363	12,188.1
Reduce the proportion of children in out-of-home care who live in residential care (daily average)	4.6%	4.1%	4.0%	Data not available due to coronavirus (COVID-19)
Proportion of Aboriginal children placed with relatives/kin, other Aboriginal carers or in Aboriginal residential care	76.0%	77.6%	78.8	75.6%
Source: Internal departmental data				
Percentage of departmental workforce who have experienced bullying in the past 12 months	24%	22%	20%	18%
Percentage of departmental workforce who have experienced sexual harassment in the past 12 months	10%	9%	9%	7%
Source: Internal People Matters Survey. Results are based on calendar year reporting.				
Victorians have suitable and stable housing				
Number of clients assisted to address and prevent homelessness	108,574	118,141	112,054	115,168
Number of clients provided with accommodation	New Measure	New Measure	27,845	29,293
Number of clients assisted to address and prevent homelessness due to family violence	New measure	57,136	50,375	53,136
Average waiting time for public rental housing for those clients who have received priority access housing allocation	10.4 months	10.5 months	11.6 months	12.0 months
Average waiting time for public rental housing for clients who have received a priority access housing or priority transfer allocation due to family violence	New measure	8.8 months	10.3 months	9.9 months
Source: Internal government sources				

The department is committed to measuring outcomes for all indicators set out in the Victorian budget papers. Further work is needed to test and validate measures to ensure departmental initiatives and policies are reflected by the performance indicators. As the outcomes approaches in the department mature, reporting will be provided against outcome measures and will inform the reporting of performance indicators.

* The reduction in Child FIRST assessments and interventions in 2018–19 reflects clients transferring into The Orange Door support and safety hubs, where Child FIRST assessments continue.

Objective 3: Victorians have the capabilities to participate

This objective focuses on building every Victorian's capacity to realise their full educational and economic potential.

Success in achieving this objective will require supporting people throughout all stages of life, and ensuring the right foundations are established in early childhood. It also requires giving children opportunities to achieve in education and preparing and supporting people to access meaningful employment opportunities.

Work under this objective is particularly important for the future success of the state, so that future generations can enjoy a better quality of life. The department can play a key role in this by helping to unlock the social, educational and economic potential of all Victorians, including those facing barriers to participation.

Work under this objective also recognises the important role the department has in contributing to Victoria's economic growth through the jobs our services and capital investments create, and the industries and workforces we support.

This objective seeks to ensure:

- > Victorians participate in learning, education and employment
- > Victorians benefit economically from strong health and human services sectors
- > Victorians participate in the economy and have financial security.

Outcome 3.1: Victorians participate in learning, education and employment

Victorians have equal opportunities and resources to learn, grow and develop through access to appropriate and relevant levels of education, and to participate in and contribute to meaningful employment.

Progress against outcomes

A focus for the department over the past year has been on strengthening support for home-based carers. We understand that home-based care and stability are associated with a range of better health, education, economic and wellbeing outcomes for children and young people.

In 2019–20, the department also continued work partnering with the Department of Education and Training and its LOOKOUT schools program, which works with young people in care to improve participation in education for vulnerable children and young people.

Some of our key achievements in 2019–20 are outlined below.

Key result 19: Increase educational engagement and achievement by children and young people in contact with departmental services – especially those in out-of-home care

Supporting the education of children and young people in out-of-home care

Strong carers, stronger children seeks to improve the experience of carers and, in doing so, to achieve better outcomes in the health, wellbeing and education of the children and young people they care for.

The strategy acknowledges that education is central to the development and wellbeing of children and seeks to provide support to carers to meet a child's educational and developmental needs.

Framework to reduce criminalisation of young people in residential care

In February 2020, the department released its *Framework to reduce the criminalisation of young people in residential care*. The new multi-agency approach will work to reduce the contact of young people in residential care with the criminal justice system.

Children removed from parents and placed in out-of-home care are in danger of being criminalised and over-represented in youth justice statistics.

The framework outlines a proactive policy approach to disrupt this trajectory.

It outlines guiding principles, a decision-making guide and the roles and responsibilities of different agencies.

The framework was signed by Victoria Police, the Department of Justice and Community Safety, the Victorian Aboriginal Child Care Agency, the Centre for Excellence in Child and Family Welfare, and the Department of Health and Human Services. The framework acknowledges the positive benefits of engaging with education and highlights this as an effective strategy to support young people in care at risk of contact with the criminal justice system.

Key result 20: Increase participation in three-and four-year-old kindergarten by children known to child protection

Giving three-year-olds access to kindergarten

Early Start Kindergarten provides eligible children with up to 15 hours of free or low-cost kindergarten each week, led by a qualified Victorian Institute of Teaching registered teacher.

Since 2017, rates of enrolment of out-of-home care children aged three years and over in the program have increased from 18 per cent to 36 per cent.

Outcome 3.2: Victorians benefit economically from strong health and human services sectors

Victorians have increased social and economic participation, especially those experiencing obstacles to participation, such as people with mental illness or disability, or experiencing family violence.

Progress against outcomes

In 2019–20 the department contributed to a stronger Victorian economy by creating jobs in the construction sector through major capital investments, including:

- > completion of Barwon Health North facility
- > completion of Phillip Island Health Hub
- > completion of a multipurpose hub for health and community services in Kyneton

- > commencement of the Sunshine Hospital emergency department expansion
- > Casey Hospital redevelopment
- > ongoing expansion of the Northern Hospital.

We also continued to expand our frontline services by recruiting more paramedics, purchasing new ambulances and upgrading and building new ambulance stations. This work ensures the community's access to ambulance services and strives to continuously improve patient outcomes, thereby improving the health status of Victorians.

In addition, the Victorian Government fast tracked the recruitment of 120 extra paramedics to boost the frontline of Victoria's coronavirus (COVID-19) response and ensure all Victorians get the health support they need when they need it.

Some of our key achievements in 2019–20 are outlined below.

Key result 21: Increase the satisfaction of those who care voluntarily for people with a disability, people with mental illness, and children in out-of-home care

Supporting Victorians with disability and their carers during the coronavirus (COVID-19) pandemic

In May 2020, in response to the coronavirus (COVID-19) pandemic, the government announced that around 600 carers of Victorians with disability would have access to an additional 11,000 hours of respite care in case they become ill and need to self-isolate.

The Home and Community Care Program for Younger People is also being extended, supporting young Victorians ineligible for the NDIS who need help with daily living due to physical limitations or chronic health conditions.

The program acknowledges the vital role that carers play in our community and the increased challenges they face during the pandemic.

Recognising and supporting Victorian kinship, foster and permanent carers

In Victoria, there are about 6,500 carers who open their homes to care for kids in need of a safe and nurturing home. Every day, there are more than 9,800 children living with a kinship, foster or permanent carer.

As Victoria's first home-based care strategy, *Stronger carers, stronger children* signals the Victorian Government's commitment to strengthening Victoria's home-based care system to support kinship, foster and permanent carers and to improve outcomes for children and young people in care.

Outcome 3.3: Victorians participate in the economy and have financial security

Victorians experience a state of economic wellbeing characterised by predictable and adequate income, ability to access a comfortable standard of living, and capabilities to access and manage finances effectively. There are equitable opportunities for economic participation and wellbeing for all, and barriers to participation are actively addressed.

Progress against outcomes

Improving the economic wellbeing of Victorians continues to be a priority for the department. This year we have focused on increasing economic opportunities for Victorians with disability through implementation of *Every opportunity: Victorian economic participation plan for people with disability 2018–2020 (Every opportunity)* and the release of the *Victorian autism plan*.

Through the coronavirus (COVID-19) pandemic we supported Victorians in mandatory self-isolation to ensure their financial security and access to food and essential supplies, and to provide alternative accommodation for those unable to isolate. We have also provided additional financial support for Victorians through:

- > worker support payments
- > coronavirus (COVID-19) test isolation payments
- > emergency relief packages
- > the Extreme Hardship Support Program
- > rent relief grants
- > the No Interest Loans Scheme.

In addition to meeting significant challenges during the coronavirus (COVID-19) pandemic, the department will continue to support Victoria's recovery. Our current and future program of infrastructure-based projects across both regional and metropolitan Victoria will improve health and wellbeing facilities and services in these

communities, as well as create thousands of new jobs through the Working for Victoria Fund, the Local Jobs First policy and the *Social procurement framework*.

Some of our key achievements in 2019–20 are outlined below.

Key result 22: Increase labour market participation by women, people with a disability, people with mental illness and people living in specified locations and communities

Supporting autistic people in Victoria

The department launched *the Victorian autism plan* in December 2019. A diverse range of autistic people, their families and supporters, and autism organisations were consulted to develop the plan.

The plan sets out actions to provide autistic people in Victorian greater opportunities for choice and community participation, backed by \$7.1 million in funding.

The plan's key commitments include improving community attitudes towards autistic people, and increasing opportunities for education, economic participation and access to assessment, diagnosis and early intervention.

Economic participation plan for people with disability

Developed under *Absolutely everyone: state disability plan 2017–2020*, *Every opportunity* is the Victorian Government's three-year plan to enhance the economic participation of people with disability. Key areas of focus in 2019–20 included:

- > supporting entrepreneurs with disability to grow their businesses through the launch of:
 - a dedicated disability stream of the Boost Your Business program in partnership with Small Business Victoria, with seven business owners with disability receiving vouchers to support the growth of their businesses
 - a dedicated capacity building program for entrepreneurs with disability to be run in partnership with LaunchVic in late 2020 supporting career pathways for young graduates with disability in regional Victoria through the Connect50 supported internship program.

Objective 3: indicator results

	2016–17	2017–18	2018–19	2019–20
Victorians participate in learning and education				
Clinical placement student days (medicine)	New measure	393,807	395,349	402,008
Clinical placements student days (nursing and midwifery)	New measure	406,330	428,864	435,731
Clinical placement student days (allied health)	New measure	158,461	159,709	159,172
Number of people trained in emergency management		2,000	2,783	2,923

Source: Internal departmental data

Victorians participate in and contribute to the economy and have financial security					
Funded postgraduate nursing and midwifery places at diploma and certificate level		832	832	865	1077 ^{E*}
Total funded FTE (early graduate) allied health positions in public system		670	700	745	691 ^E
Total funded FTE (early graduate) medical positions in public system		1,525	1,525	1,525	1,525 ^E
Total funded FTE (early graduate) nursing and midwifery positions in public system		1,591	1,591	1,618	1,956 ^E
Number of bonds issued to low income Victorians to assist access to the private rental market		11,584	9,321	8,754	9,256 ^E

Source: Internal departmental data

The department is committed to measuring outcomes for all indicators set out in the Victorian budget papers. Further work is needed to test and validate measures to ensure departmental initiatives and policies are reflected by the performance indicators. As the outcomes approaches in the department mature, reporting will be provided against outcome measures and will inform the reporting of performance indicators.

* ^E Measures have not been finalised and are estimated results.

Objective 4: Victorians are connected to culture and community

This objective seeks to enable Victorians to have inclusive communities where people feel a sense of belonging, are free of discrimination and stigma, and receive services they are entitled to and that meet their individual needs.

By linking individuals and families to community resources we can ensure that people can safely identify and connect with their culture and identity.

Close personal and social networks, social inclusion and participation, and connection to culture, identity and community can all lead to better health and wellbeing outcomes. The benefits of respectful relationships and the opportunities for meaningful involvement in community life provide foundations for Victorians to effectively deal with everyday life.

For Aboriginal Victorians, connection to Country can relate to all aspects of existence and requires a strong commitment to advancing Aboriginal self-determination.

For all Victorians, having a say in the services they use is vital. In partnership with local communities, families and individuals, the department aims to design services and supports that put the person's voice at the centre, driving program and service design.

The key outcomes we are working towards are:

- > Victorians are socially engaged and live in inclusive communities
- > Victorians can safely identify and connect with their culture and identity, with their health and wellbeing advanced through self-determination.

Outcome 4.1: Victorians are socially engaged and live in inclusive communities

Victorians are socially involved in their community and participation contributes positively to their wellbeing. Communities foster social inclusion and participation and diversity is celebrated and enabled.

Progress against outcomes

Key priorities for the department in 2019–20 in achieving this outcome were:

- > seeking to improve social connection and reduce social isolation and loneliness for vulnerable Victorians
- > facilitating place-based, community-led programs that build healthy social engagement and enhance peer support and outreach
- > supporting volunteering and participation in the community through Men's Sheds.

Some of our key achievements in 2019–20 are outlined below.

Key result 23: Increase rates of community engagement – especially for Aboriginal children and young people

Enhancing volunteerism in Victoria through the development and implementation of a volunteer strategy

The Victorian Government remains committed to developing and implementing the *Victorian volunteer strategy* to support and enhance volunteering and will return to this work later in 2020.

The strategy will be informed by consultation with a broad range of stakeholders across the Victorian public and volunteering community.

The volunteering community has already contributed to the strategy through surveys and by taking part in a workshop as a participant or a partner or by expressing interest in attending a workshop.

The ongoing community contribution of experiences and ideas will be vital to strengthening volunteering, and the department looks forward to further re-commencing consultations on the strategy.

Virginia Hill Estate

Through a Victorian Government investment of \$10 million, the Virginia Hill Estate, near Bendigo, will provide improved housing and public space for residents to enhance their comfort, safety and amenity.

The Victorian Government is committed to working with the community to ensure the plan for Virginia Hill Estate meets community needs and creates a vibrant and connected place.

The Virginia Hill Estate Consultative Committee, established in February 2020, provides residents and community groups with the opportunity to take part in the project and provide detailed feedback. The committee was established following an expression of interest process in late 2019.

Phase 1 of the consultation was finalised in April 2020 and a number of key directions to guide master planning for the renewal of the estate have been identified.

Phase 2 of the consultation process is planned towards the end of 2020. It will provide community and stakeholder feedback on the draft masterplan.

Men's Sheds program funding round 2019–20

Men's Sheds make a significant contribution to enhancing the health and wellbeing of men in Victoria, with positive flow-on effects for communities. There are now more than 360 Men's Sheds across Victoria.

Men's Sheds provide a space for men to connect to their community through shared interests, working together on joint projects, learning and teaching new skills. They also play an important role in communities experiencing social and economic change and assist them to recover after a natural disaster.

In 2019–20, the Victorian Government released a new round of funding of \$882,000 to support the continued growth of Men's Sheds.

Twenty-three Men's Shed groups were funded up to \$80,000 to build new sheds and to refurbish or replace existing sheds in 2019–20.

Outcome 4.2: Victorians can safely identify and connect with their culture and identity, with their health and wellbeing advanced through self-determination

Victorians can safely identify with their culture, express their identity and build support networks with people they trust. Cultural connection is valued and is a protective factor that enables them to thrive. The health and wellbeing of Aboriginal Victorians is enabled by self-determination across all aspects of their lives.

Progress against outcomes

The government's approach to Aboriginal affairs is guided by the *Victorian Aboriginal Affairs Framework 2018–2023*. The framework is grounded in the voices, perspectives and priorities of the Victorian Aboriginal community and renews the Victorian Government's commitment to self-determination. In 2019–20 the department continued to operationalise the principles of self-determination outlined in the framework across the services it funds and delivers.

The government is working alongside Aboriginal community-controlled organisations and community service organisations to support Aboriginal self-determination and acknowledges the work of community partners to improve health outcomes and meet the health needs of Aboriginal Victorians.

The department has actively supported Aboriginal self-determination through the implementation of *Korin Korin Balit-Djak: Aboriginal Health, Wellbeing and Safety Strategic Plan 2017–2027*; *Balit Murrup: Aboriginal Social and Emotional Wellbeing Framework 2017–2027*; *Dhelk Dja: Safe Our Way – Strong Culture, Strong Peoples, Strong Families*; *Wungurilwil Gapgapduir: Aboriginal Children and Families Agreement and Strategic Action Plan*; and the *Aboriginal Governance and Accountability Framework*.

Work continues on implementing the Aboriginal Children in Aboriginal Care program, which recognises the needs of Aboriginal children are best met by Aboriginal community services that are culturally attuned. Aboriginal community-controlled organisations are also best placed to reconnect Aboriginal children and families to their culture and identity, if there has been a disconnect.

Lakidjeka is an Aboriginal service that provides advice on the best interests of Aboriginal children and young people involved with the child protection system.

In response to coronavirus (COVID-19), digital and virtual platforms have been created to support innovative engagement with *Dhelk Dja* members and key stakeholders and their attendance at various *Dhelk Dja* governance structures.

There has also been targeted funding for Aboriginal community-controlled organisations to meet additional demand for family violence case management and crisis support.

Infrastructure and training have been provided to support capacity of the sector to shift components of their service delivery to telephone/online.

Some of our key achievements in 2019–20 are outlined below.

Key result 24: Increase cultural connection for children in out-of-home care – especially Aboriginal children

Transition Aboriginal children to Aboriginal care

The Victorian Government continues its commitment to transition the care and case management of Aboriginal children from government and non-Aboriginal organisations to Aboriginal community-controlled organisations.

Under the Aboriginal Children in Aboriginal Care program, Aboriginal community-controlled organisations undertake case planning and case management for children and young people subject to Children’s Court protection orders. The program aims to promote Aboriginal children’s cultural identity and promote their connection to family, Country, community and culture. These connections are fundamental to supporting the safety and identity of Aboriginal children.

Initiatives under this program are being developed and delivered through partnerships between the Victorian Government and Victorian Aboriginal communities, including through the Aboriginal Children’s Forum.

Implementation of the program has continued in 2019–20. At the end of June 2020, 49 per cent of Aboriginal children in care were case managed by Aboriginal community-controlled organisations and as a result have access to more culturally

appropriate supports and services. As part of the Victorian Government’s commitment to Aboriginal self-determination, as outlined in *Wungurilwil Gaggapduir*, the department has committed to transferring the responsibility for all Aboriginal children in care to Aboriginal community-controlled organisations by 2021.

Key result 25 (new): Increase the cultural safety of our department’s direct-delivered and funded services

Progressing Aboriginal self-determination

In 2019–20 the department continued to develop and implement policies to advance Aboriginal self-determination. The main policies to progress self-determination are listed below.

Korin Korin Balit-Djak adopts an approach based on cultural and social determinants of health and is guided by the principle of self-determination. It details how the department will work with Aboriginal communities, community organisations, other government departments and mainstream service providers – now and into the future – to improve the health, wellbeing and safety of Aboriginal people in Victoria.

The Korin Korin Balit-Djak Monitoring and Reporting project seeks to deliver a high-level overview of the implementation of the *Korin Korin Balit-Djak* strategy through an overarching monitoring tool. The tool will track all actions being implemented across the department.

Balit Murrup provides a self-determination and culturally based approach to improving mental health outcomes for Aboriginal Victorians. The framework aligns with a holistic and interconnected Aboriginal view of health which embraces social, emotional, physical, cultural and spiritual dimensions of wellbeing.

Dhelk Dja is the key Aboriginal-led Victorian agreement that commits the signatories – Aboriginal communities, Aboriginal services and government – to working together and being accountable for ensuring that Aboriginal women, men, children, young people, Elders, families and communities are stronger, safer, thriving and living free from family violence.

Wungurilwil Gaggapduir is a tripartite agreement between the Aboriginal community, Victorian Government and community service organisations. It outlines a strategic direction to reduce the

number of Aboriginal children in out-of-home care by building their connection to culture, Country and community.

The *Aboriginal Governance and Accountability Framework* provides guidance for how we partner with communities to take forward the work of *Korin Korin Balit-Djak* and *Balit Murrup*. It provides an Aboriginal-led mechanism for oversight and accountability of the department's commitment to advance self-determination and improve outcomes in health, wellbeing and safety.

Under the *Aboriginal Governance and Accountability Framework* a set of robust and interconnected governance mechanisms that extend across the department's operational divisions and areas has now been established.

The Aboriginal Strategic Governance Forum is the statewide governance mechanism of the *Aboriginal Governance and Accountability Framework*. It is a strategic decision-making forum focused on the resolution of high-level strategic and cross-sectoral sector development and policy implementation issues. It also oversees the monitoring of progress against the strategic directions and actions outlined in *Korin Korin Balit-Djak*.

The divisional Aboriginal Governance Committees provide advice and learnings from their local committees and communities into the Aboriginal Strategic Governance Forum.

The committees held their first divisional forums to progress the development of divisional action plans, outlining aspirations and challenges for local communities.

The area and divisional Aboriginal Governance Committees sponsor the allocation of *Korin Korin Balit-Djak* funding to initiatives.

Self-determination and prioritising funding

Research shows that when services are designed, developed and delivered by and for Aboriginal people, their health and wellbeing outcomes are improved.

In July 2017, the department launched the *Supporting Self-Determination: Prioritising Funding to Aboriginal Organisations* policy, with the overall objective of supporting Aboriginal self-determination and improving the health, wellbeing and safety outcomes of Aboriginal Victorians.

The policy aims to prioritise Aboriginal-specific funding to Aboriginal organisations who provide services that address their communities' health, wellbeing and safety needs and aspirations.

Recognising the complexity of implementing the policy across the broad health and human services sector with multiple funding streams, the department undertook a research and consultation project to consider how best to stage implementation.

Aboriginal Research and Evaluation Framework

The Victorian Aboriginal Child Care Agency will finalise the *Aboriginal Research and Evaluation Framework* and the monitoring, evaluation and accountability plans for each of the department's policies. Following the delivery of the plans, the Victorian Aboriginal Child Care Agency will focus on developing the high-level, intersectional theory of change to be included in the framework.

The implementation plan for the *Dhelk Dja* agreement sets out a monitoring and evaluation strategy for the Dhelk Dja Partnership Forum, including conducting an evaluation study, and oversees performance monitoring of key initiatives, programs and actions under the *Dhelk Dja* agreement.

Reporting on the implementation of actions in each three-year action plan will be formally monitored at Dhelk Dja Partnership Forum meetings. Indicators are being developed for reporting annually to enable the forum to track progress and make strategic decisions about priorities.

An evaluation of capacity building for the Preventing the Cycle of Violence Aboriginal Fund and the Aboriginal Community Initiatives Fund is underway.

The theory of change for *Wungurilwil Gappapduir* is now complete and indicators and measures of impact are being developed.

Stakeholder engagement is underway for the *Balit Murrup* and *Korin Korin Balit-Djak* theories of change.

Development of the Aboriginal Research Accord

The department has been progressing work on the development of an Aboriginal Research Accord to recognise and embed culturally sensitive practices and respect in medical research and to advance

Aboriginal research across all departmental services so that all models of care are informed with embedded cultural safety and responsiveness.

Trans and gender diverse health initiative

In 2018, the Victorian Government announced an investment of \$3.4 million to expand the health system's capacity to support and better meet the needs of trans and gender diverse Victorians.

To progress this work the government has commissioned two multidisciplinary clinics (outer metropolitan and regional), and a targeted statewide health professional training program focused on inclusive and responsive healthcare.

The clinics at Your Community Health in Melbourne's North and Ballarat Community Health provide primary care and gender affirmation services, including general practitioner services, sexual health, speech therapy and counselling. Trans and gender diverse peer navigators are a core component of the initiative. The new clinics provide coordinated referrals to Austin Health and other providers should they be required.

Thorne Harbour Health delivered a training program for healthcare staff across the state to provide inclusive services to the trans and gender diverse community. The training program was co-designed and delivered with trans and gender diverse people.

As part of this initiative, the Victorian Government is also partnering with Transgender Victoria to develop a peer support program, which will be designed by and delivered with trans and gender diverse community members.

The overall aim of this initiative is to ensure that trans and gender diverse people – and their families – have access to the appropriate healthcare and support they need, when they need it.

COVID-19 objective 3: Empower the Victorian community, health professionals and the community to ensure a proportionate and equitable response.

Supporting self-determination through Aboriginal-led, culturally safe responses to coronavirus (COVID-19)

On 16 June 2020, the Victorian Government announced \$23 million in funding for Aboriginal community-controlled organisations and Aboriginal community-controlled health organisations to

provide culturally safe coronavirus (COVID-19) services and public health information to Aboriginal Victorians, and to meet increased demand. The funding supports self-determination by putting decision-making power back in the hands of Aboriginal communities.

In addition, the Victorian Government established the COVID-19 Aboriginal Community Taskforce of which the Department of Health and Human Services is a co-chair and key contributor, along with Aboriginal Affairs Victoria, Department of Premier and Cabinet, and the Department of Justice and Community Safety. Comprising chief executive officers from peak and key Aboriginal community-controlled organisations, the taskforce raises community issues and assists in developing and delivering emergency management responses.

Supporting Victorians with a disability during coronavirus (COVID-19)

Coronavirus (COVID-19) poses an increased risk to people with disability. The department worked closely with the Victorian Disability Advisory Council and the COVID-19 Disability Taskforce to ensure it is responsive to the particular needs of people with disability during the pandemic, and the Victorian Government developed the coronavirus (COVID-19) Plan for the Disability Services Sector and provided an additional \$17 million funding to support the needs of people with disability.

The funding ensured that all Victorians with disability could access health services when they needed to, that disability advocacy services were available and that supports were available for the many people with disability in Victoria who do not have access to the National Disability Insurance Scheme.

The Victorian Government helped disability providers to increase their infection prevention and control expertise.

Through the National Cabinet the Commonwealth, Victorian and other state and territory governments agreed to the Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19) Management and Operational Plan for People with Disability, and the National Disability Insurance Scheme implemented increased funding flexibility.

COVID-19 objective 4: Support containment strategies through accurate, timely and coordinated communication and community support.

Coronavirus (COVID-19) public health information and directives

Victoria's public health team has worked closely with health services, local government and community organisations to ensure people have information about coronavirus (COVID-19) and where to get tested. Their efforts include the provision of a round-the-clock coronavirus (COVID-19) hotline and up-to-date public health information in multiple languages on the dedicated coronavirus (COVID-19) website.

Communication and information regarding the public health directives during the pandemic, such as orders to stay at home and practise social distancing, have also been of great importance to the Victorian community. The Chief Health Officer and relevant health officials have regularly attended daily press conferences with the Victorian Premier throughout the pandemic, explaining the directives and their importance and answering questions about them.

The department convened and has worked closely with a coronavirus (COVID-19) Accessible Communications Reference Group. The Group – which comprises representatives from the Victorian Disability Advisory Council, disability advocacy organisations, and the broader disability community – has guided work around providing coronavirus (COVID-19) related information in accessible formats and through a range of channels.

Objective 4: indicator results

	2016–17	2017–18	2018–19	2019–20
Victorians are socially engaged and live in inclusive communities				
Hours of coordination funding provided to Neighbourhood Houses	480,000	480,000	560,586	560,125
Reported children/young people in out-of-home care that had a strong relationship with someone in their care setting	-	-	97%	Data not available due to coronavirus (COVID-19)
Aboriginal children/young people in out-of-home care that have some contact with other Aboriginal children/young people outside their care setting	-	-	88%	Data not available due to coronavirus (COVID-19)

Source: Internal departmental data

Victorians can safely identify and connect with their culture and identity, with their health and wellbeing advanced through self-determination

Proportion of Aboriginal children placed with relatives/kin, other Aboriginal carers or in Aboriginal residential care	76.0%	77.6%	78.8%	75.6%
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Source: Internal departmental data

The department is committed to measuring outcomes for all indicators set out in the Victorian budget papers. Further work is needed to test and validate measures to ensure departmental initiatives and policies are reflected by the performance indicators. As the outcomes approaches in the department mature, reporting will be provided against outcome measures and will inform the reporting of performance indicators.

Objective 5: Victorian health and human services are person centred and sustainable

This objective aims to improve the safety, quality, efficiency and sustainability of our services as a key part of achieving outcomes for our patients and clients.

The safety, quality, responsiveness, efficiency and equitable distribution of services are crucial determinants of patient and client outcomes.

The way services are delivered is also important to improving outcomes. This includes strengthening system design and planning to respond to changes in population patterns and to be more responsive to need.

These actions seek to ensure:

- > services are appropriate and accessible in the right place, at the right time
- > services are inclusive and respond to choice, culture, identity, circumstances and goals
- > services are efficient and sustainable
- > services are safe, high quality and provide a positive experience.

Outcome 5.1: Services are appropriate and accessible in the right place, at the right time

Services can be accessed by Victorians where and when they are needed. Access is enabled by a health and human services system that is easy to navigate.

Progress against outcomes

Some of our key achievements in 2019–20 are outlined below.

Key result 26: Increase participation in universal and earlier intervention services – especially by Aboriginal Victorians

Koori Maternity Services

The Koori Maternity Services program offers flexible, inclusive, culturally appropriate pregnancy and postnatal care to Aboriginal and Torres Strait Islander women in Victoria.

The program was developed by the Victorian Government in partnership with the Victorian Aboriginal Community Controlled Health Organisation.

There are now 18 Koori Maternity Services located in Aboriginal community-controlled health organisations and public hospitals across Victoria.

Key result 27: Reduce the average wait time for people on the priority housing list

Homes for Victorians

The \$2.6 billion *Homes for Victorians plan* is increasing the number of social housing properties available and addressing homelessness.

The plan includes:

- > \$1 billion Social Housing Growth Fund to increase the supply of social and affordable housing, with the latest tranche delivering 780 new social housing homes
- > \$1.1 billion in financial support for the social housing sector
- > increased housing support for survivors of family violence through the \$152 million Family Violence Housing Blitz
- > an extra 913 social housing dwellings through the \$120 million Social Housing Pipeline
- > \$109 million to help move homeless Victorians into stable housing
- > \$33 million to help 4,000 Victorians gain a private rental home.

This is a long-term strategy to increase the availability of housing for Victorians.

Key result 28: Improve the timeliness of access to elective surgery, emergency department treatment, outpatient services, ambulance services and palliative care

Impacts of coronavirus (COVID-19 on elective surgery

On 15 March 2020 and before any caps were imposed on elective surgery activity, the Victorian Government announced an elective surgery blitz, recognising that as the pandemic progressed the system's capacity to undertake elective surgery would be compromised. The elective surgery blitz was intended to help prevent additional delays for vulnerable Victorians and free up hospital capacity for when it is needed most. Over this period, 632 additional procedures were completed.

On 25 March 2020, Victoria's public hospitals were directed to begin winding back all non-urgent elective surgery as preparations escalated for the health system to cope with the coronavirus (COVID-19) pandemic, in line with the directives of National Cabinet and the Australian Health Protection Principal Committee.

Review of private practice arrangements in public health services

In its report, *Managing Private Medical Practice in Public Hospitals*, the Victorian Auditor-General's Office raised concerns that health services and the department had not been effectively monitoring private practice arrangements to ensure compliance with the National Health Reform Agreement and the Commonwealth's *Health Insurance Act 1973*.

The department has accepted all VAGO's recommendations and has a plan in place to address them.

In June 2019 Professor David Watters was appointed by the Minister for Health to lead a review on private practice arrangements in our public health services. The review will inform any additional measures required to ensure fair and equitable access to treatment.

Professor Watters has complete discretion to identify any areas of non-compliance that require immediate action and make recommendations aimed at strengthening equity of access for all patients requiring elective surgery in public hospitals.

Expanding access to hospitals

The \$100 million boost to the Regional Health Infrastructure Fund supported 76 projects to provide safe and efficient care to rural and regional communities.

The \$115 million redevelopment of Wonthaggi Hospital will boost the capacity to treat an extra 26,000 emergency patients each year, meeting future demand for the growing Bass Coast Shire.

Construction continues on the \$162.7 million upgrade and expansion of the Northern Hospital, which is expected to be completed in 2021.

Increased ambulance services

Bacchus Marsh ambulance station was launched on 13 February 2020 and Bacchus Marsh paramedics now have the safe and modern facilities they need to respond to emergencies faster and save lives.

Winchelsea's first-ever ambulance station opened in December 2019. It will help the region's paramedics reach critical emergencies faster and save lives.

Tatura's first-ever ambulance station was also opened in late 2019. Ambulance Victoria are now operating out of all three stations.

Telehealth

In response to the coronavirus (COVID-19) pandemic Victorian public health services have rapidly expanded their telehealth capacity to reduce transmission risks and support ongoing access to clinical services usually provided face-to-face.

New guidance released by Safer Care Victoria will help allied health professionals use telehealth, now and into the future. In particular, it will help them understand how best to leverage this technology.

In addition, a Public Health Emergency Order was issued to enable transmission of a digital image of a paper prescription, ensuring patients in isolation could continue to obtain essential medicines.

Implementation of electronic prescribing was subsequently fast tracked. In May 2020, the first electronic prescription transmitted in Australia took place between a medical practice and pharmacy in Anglesea, Victoria.

In planning for the recovery phase post coronavirus (COVID-19), there is an opportunity to embed telehealth as 'business as usual' in public health

services, particularly in the delivery of allied health care.

More choice for end of life care

An extra \$23.4 million was provided in the 2018–19 budget to implement recommendations from an expert panel's review into palliative care funding.

This funding was allocated via one-off infrastructure grants in 2019 to 12 eligible community palliative care services in metropolitan Melbourne and peri-urban areas less than 100 km from Melbourne's central business district, where demand for services is increasing.

The grants provide for infrastructure to enable more efficient service provision and in so doing support more Victorians with life-limiting illnesses who would benefit from palliative care to access that care as close to home as possible.

In April \$2.4 million was provided to support projects that enable better integration between hospital and community palliative care services so that clients, their families and carers can access the best possible end of life and palliative care, irrespective of their care setting.

This funding has supported the development and testing of new models of care, workforce models and support systems to enable more efficient service provision aimed at improving the continuity of care across multiple care settings for Victorians with life-limiting illnesses.

Key result 29: Reduce unexplained variation in the care people receive – especially for disadvantaged groups

Everybody Matters: Inclusion and Equity Statement

Everybody matters: inclusion and equity statement, launched in April 2019, is a ten-year commitment that aims to build an inclusive, safe, responsive and accountable family violence system for all Victorians.

The statement is the first attempt to apply an intersectionality framework across an entire reform agenda. Achieving its vision requires all relevant government departments and sector partners to work together.

The Equity Blueprint will deliver actions required, over three stages, to achieve the long-term vision of the statement.

Optimal care pathways for people with cancer

The department commissioned Cancer Council Victoria to conduct a review of the optimal care pathways for specific tumour types such as bowel, breast and lung cancer.

The optimal care pathways were developed as part of the *National Cancer Plan* and have been endorsed by the National Cancer Expert Review Group, Cancer Australia, Cancer Council Australia, and the Australian Health Ministers Advisory Council.

They provide health professionals with an evidence-based resource which can quickly tell them what the clinically optimal care pathway is for a person, depending on the cancer type. This resource includes prevention information and optimal clinical care and next steps for a wide range of cancers, including breast, bowel and lung cancer.

Both detailed and quick reference guides have been developed and there is a specific guide for Aboriginal and Torres Strait Islander peoples.

As a result, people are receiving more informed and more accurate care when they are diagnosed with cancer, and it is hoped that this will improve outcomes for people with cancer in the longer term.

Outcomes 5.2: Services are inclusive and respond to choice, culture, identity, circumstances and goals

Services are person centred and respond to service users' needs and preferences, whether they are geographical, physical, social or cultural. Services are culturally safe and focus on prioritising user choice, self-determination, ownership and empowerment.

Progress against outcomes

Some of our key achievements in 2019–20 are outlined below.

Key result 30: Increase client and patient choice concerning the services and treatment they receive

Royal Commission into Aged Care Quality and Safety

The Commonwealth Government is the primary funder and regulator of aged care services in Australia. The Victorian Government has welcomed the Royal Commission to develop

recommendations on how best to support the delivery of high-quality and safe services for older Australians.

The Victorian Government's submission to the Royal Commission was made in October 2019. It has 24 recommendations, covering increasing choice for care, including supporting people to stay in their homes, better integrated health care into aged care, strengthening clinical governance, reducing use of restraint (including chemical restraint), keeping older people safe from abuse and exploitation, and managing outbreaks of respiratory illnesses better in residential settings.

The importance of these recommendations has been highlighted even more by the coronavirus (COVID-19) pandemic and its effects on people living in aged care facilities.

As of 5 August 2020, there had been 112 outbreaks of coronavirus (COVID-19) in aged care facilities in Victoria – 108 in privately run aged care facilities, and four in publicly funded facilities.

The Commonwealth Government oversees privately run aged care facilities, and Victorian health services operate 178 public sector residential aged care services.

Victorian-funded aged care facilities have a mandated nurse to patient ratio, ensuring a minimum number of qualified nursing staff.

Key result 31: Increase diversity of the department's workforce – especially Aboriginal people employed in senior roles

Aboriginal Cultural Safety Framework

The department is delivering its *Aboriginal Cultural Safety Framework* with three action phases and more detailed Area plans, which are in different stages of development.

There are a number of ways we seek to make Aboriginal staff feel safe working in the department. They include training for all staff and managers on cultural safety, cultural awareness and Aboriginal culture.

Wirrigirri reconciliation

The Wirrigirri reconciliation program has been established to support Aboriginal inclusion and a culturally safe workplace. It aims to build

knowledge and respect of the shared history and cultures of First People and to promote and build positive relationships with Aboriginal people. Wirrigirri (messengers) stand up for zero tolerance of racism and discrimination.

The Wirrigirri reconciliation program is an initiative of the department's *Aboriginal Employment Strategy 2016–2021*.

Key result 32: Increase citizen engagement in the design and delivery of services

Victoria's first Child Protection Ministerial Youth Advisory Group

The Child Protection Ministerial Youth Advisory Group was established in August 2019 in partnership with the CREATE Foundation to enable young people in the child protection system to have their voices heard directly by government. The group consists of young people aged 14 -25 years with a lived experience of child protection and care and meets directly with the Minister for Child Protection to provide advice on a range of matters identified by the Minister, department and young people.

Community consultative committees

A community consultative committee is a partnership between a project team and the local community impacted by the project.

It is a group comprising local residents, business owners, service providers and interest groups who can help a project team have meaningful and effective communications and discussions with the community affected by the project.

As new infrastructure projects take shape across the state, it is important the communities they will serve have a say in their design and services.

Ten consultative committees have been established to inform the design of the ten new community hospitals being developed in growth areas including Craigieburn, Cranbourne, City of Whittlesea, Eltham area, Fishermans Bend, Pakenham, Phillip Island, Point Cook, Sunbury and Torquay.

The inclusion of community members in the design of services can increase functionality and use.

Key result 33: Increase participation of service providers and staff in the design of services

Public participation and engagement

The department has developed a framework and toolkit to provide for a consistent and genuine engagement process with people to inform service design and delivery.

Public participation and stakeholder engagement are integral to the department's work in designing, implementing and evaluating services and policies.

To drive improvements across our programs and services, we must engage effectively with our patients and clients, workforce, sector and the broader community. To do this well, our stakeholder engagement activities need to shift from traditional methods of 'inform and consult' to 'involve and collaborate'.

The framework and tools help design for diversity, including how to respectfully and safely consult with Aboriginal people.

One of the ways the department seeks the views of the public is via the Victorian Government's Engage Victoria website. The website seeks the views of people from across the state on a variety of different issues.

The website has become particularly useful since physical distancing measures have been in place as part of the coronavirus (COVID-19) public health response.

Engage Victoria has been used for a large number of department and related consultations, including:

- > infrastructure response to the Royal Commission into Victoria's Mental Health System
- > planning the future of the Thomas Embling Hospital
- > Frankston Hospital redevelopment
- > planning the *Rural and regional public sector residential aged care revitalisation strategy* across Victoria
- > future of healthcare in Melton, including planning the new hospital in the west
- > rural and isolated practice nurses
- > *Allied health National Disability Insurance Scheme capability framework*
- > Albury Wodonga master planning

- > health and high-quality food in public hospitals and aged care service
- > Victorian sexual health services review
- > community hospitals program
- > review of assisted reproductive treatment in Victoria
- > future health care needs of Mildura
- > future health care needs of the Mallee
- > *Victorian cancer plan 2020–2024*
- > planning for the new Footscray Hospital
- > planning for new and refurbished early parenting centres.

The department has also established two coronavirus (COVID-19) taskforces: the Human Services and Health Partnership Implementation Committee Coronavirus (COVID-19) Response Group, and the COVID-19 Aboriginal Community Taskforce. Both of these are co-chaired by the department and key representatives, such as the Victorian Council of Social Services, and include members within government and across the community that the Victorian Government considers key to the response. The taskforces help coordinate key sections of the service system to enable a more streamlined and effective response, raise community issues and assist in developing and delivering emergency management responses.

5.3 Services are efficient and sustainable

Services are designed and delivered for maximum impact, enabling efficiencies in resource allocation and the management of complex and/or chronic conditions and needs. Efficiency is enabled by integrated and coordinated service delivery modalities and the sustainability of the system is enhanced by a well-trained and well-supported workforce.

Progress against outcomes

The department released guidelines for sustainability in capital works that set key sustainability principles of healing environments, passive design, minimising resource use and resilience to climate change for the department's healthcare capital works program and equivalent five Star NABERS design targets for new hospitals.

Some of our key achievements in 2019–20 are outlined below.

Key result 34: Reduce demand for acute services to manage complex and chronic conditions

Caring for people who have complex and chronic conditions

Chronic conditions have a major impact on quality of life and are a main cause of premature mortality for Australians. They contribute significantly to Australia's overall burden of disease, including death, disability and diminished quality of life, as well as accounting for a significant proportion of healthcare costs.

Ongoing actions on a long-term basis are required to manage chronic conditions, including adjusting to living with the social and emotional impact of chronic conditions. In most situations, ongoing involvement with healthcare providers and the community is required.

Community health services are ideally placed to help people with chronic or complex health conditions access services from a number of different public and private healthcare providers. They are locally situated and have well-developed local networks with other healthcare providers.

Care for people with chronic conditions: guidelines for the Community Health Program supports Community Health Program funded services to deliver coordinated, integrated and effective person-centred care. It includes evidence-based models of care and processes for working in partnership with other providers. It provides tools for assessing chronic and complex conditions.

The broad variation in the nature and complexity of conditions people experience requires community health services to provide person-centred service models that are grounded in current evidence and that address the needs of local populations.

Key result 35: Increase the proportion of service assets that are appropriately maintained

New asset management policies and frameworks

The Victorian Health and Human Services Building Authority has developed key policies and frameworks aligned to service delivery to apply best-practice asset management for the Victorian health asset portfolio.

The Asset Management policy outlines key principles that guide the decision-making approach in the management of the health asset portfolio.

Principles include:

- > maintaining assets to meet clinical service standards now and into the future
- > delivering sustainable health assets which reduce environmental impact over time and provide improved social outcomes
- > providing planning and asset management that takes into account full lifecycle costs of assets.

Victorian health asset management communities of practice

The Victorian Health and Human Services Building Authority established the communities of practice bringing together the functions of corporate, service delivery, finance, capital and facilities management to support health asset management practitioners to collaborate and share knowledge to improve asset management capability.

Four regional and six metropolitan local chapter events were held, with the development of technical advice for critical assets and asset key performance indicators.

Technical guidance

The department published guidelines for engineering for healthcare facilities that set the fundamental principles across four key disciplines: electrical and lighting, data communications and security, heating, ventilation and air-conditioning, and fire and hydraulics.

It also published technical guidance to assist health services with:

- > heating, ventilation and air conditioning system strategies to combat airborne infectious disease outbreaks
- > response to humidity control events in sterile areas
- > infrastructure activities during the coronavirus (COVID-19) pandemic
- > increasing bed capacity for coronavirus (COVID-19) patients.

The department conducted 46 condition assessments and reviewed 47 maintenance plans and 44 asset management plans.

Key result 36: Increase the proportion of capital projects delivered on time and on budget

Goulburn Valley Health Shepparton Hospital

The new inpatient tower at Shepparton Hospital was fast tracked, with construction completed eight weeks ahead of schedule.

The Victorian Health and Human Services Building Authority worked with Goulburn Valley Health and its construction partners to accelerate the work so that the hospital had sufficient capacity to respond to the coronavirus (COVID-19) pandemic.

The new inpatient tower includes:

- > 10 critical care unit beds
- > 64 inpatient beds
- > eight new operating theatres
- > a new kitchen.

In addition, a separate dialysis unit has also been built with 16 chairs, doubling the capacity for dialysis at the hospital.

The new tower is part of the \$229.3 million redevelopment of Goulburn Valley Health.

The Shepparton Hospital redevelopment will double the capacity of the emergency department, with 36 treatment spaces and nine short-stay beds for patients who need care for less than 24 hours.

It will also mean more mums can give birth and start a family closer to home, with a 12-bed maternity unit, a 10-cot special care nursery and a 12-bed paediatric ward. The project will deliver round-the-clock imaging capability in the expanded emergency department, including two new x-ray rooms, a CT scan room and an ultrasound room. An additional operating theatre is also being built, bringing the total to four new theatres.

Better management of VHHSBA projects

The Victorian Health and Human Services Building Authority (VHHSBA) has established a project management office, improving its ability to deliver timely and affordable capital projects. The office has developed a project management framework and specialised project management system to guide the work and next steps, including co-design and planning and development minimum requirements.

Key result 37: Improve alignment of our health, human services and community recreation assets with the needs of clients, patients and Victoria's growing population

Joan Kirner Women's and Children's Hospital

One year since the Joan Kirner Women's and Children's Hospital opened its doors to patients in Melbourne's west, more than 6,000 babies have been delivered at this world-class facility in St Albans.

The hospital has also treated 22,780 patients, including 10,434 children, in the year since it opened and has allowed local mums to give birth and access specialist services closer to home. People in Melbourne's western suburbs no longer have to travel or be transported for intensive or critical care.

The hospital provides women and families in Melbourne's western suburbs with state-of-the-art maternity and paediatric services and features the area's first neonatal intensive care unit.

It includes 20 maternity delivery rooms, 237 beds, 39 special care nursery cots, four theatres and additional clinics, and covers more floor space than the MCG.

Sunshine Hospital expansion

The expansion of Sunshine Hospital has commenced, with the \$29.6 million redevelopment of its emergency department.

At a cost of \$44.3 million, an additional 12 short-stay beds and 12 treatment cubicles will be included as part of the redeveloped emergency department.

A new Mental Health and Drug and Alcohol Centre is also being included as part of the redevelopment.

This expansion and redevelopment of emergency, mental health and drug and alcohol services will improve access to important health services and give families in Melbourne's west world-class health care.

Planning for new acute mental health beds

One of the recommendations of the Royal Commission into Victoria's Mental Health System interim report was for an additional 135 beds. The planning of this program has demonstrated the benefits of co-designing new services and the buildings that will enable them with those with lived

experience of mental illness. Through the careful design of therapeutic spaces that connect visually and physically to their surrounds, these facilities have been developed to project an image of safety and hope and will be delivered to meet the ambitious timelines set by the Royal Commission.

Voluntary assisted dying

Fifty-two Victorians suffering at the end of their lives with a terminal illness accessed voluntary assisted dying in the first six months after the legislation took effect. As at February 2020, more than 370 doctors – a third of them in regional Victoria – had either completed or were undertaking the mandatory training, and those numbers continue to rise.

Meeting the needs of regional Victoria

We have invested \$2.4 million to boost Victoria's rural and regional hospital workforce and keep young doctors, nurses and midwives at the start of their careers in country areas.

The funding will allow regional hospitals to offer two-year contracts to their medical interns for the first time so they can undertake more of their training in regional areas. More than 460 new nurses and midwives will start their careers in regional Victoria this year.

Improving quality and safety for older Victorians

Safe Care Victoria has established a Care of Older People Clinical Network and projects to improve the care of older Victorians.

A new screening process for frailty has been tested in five community settings and is now available for use.

Since its introduction, the rates of screening of older people for frailty have increased from 70 to 88 per cent. People screened reported improved function, better social interaction and greater independence afterwards. Clinicians reported increased knowledge and understanding of improvements.

Other major hospital redevelopments

The new Phillip Island Health Hub 24-hour Urgent Care Centre was completed at the end of 2019.

Casey Hospital's \$135 million expansion was completed in April 2020. The redevelopment consists of 128 new inpatient beds and the hospital's first intensive care unit in the new clinical tower, as well as six new operating theatres, a new day surgery unit, an upgraded pharmacy, pathology, back-of-house areas and expanded parking facilities.

The new intensive care unit will mean Casey Hospital is able to treat critically ill patients who present through the emergency department, rather than sending them to other Monash Health hospitals.

The full Casey expansion includes 160 additional beds and will enable Casey Hospital to treat an extra 25,800 patients, perform an extra 8,000 surgeries and procedures and support an extra 1,300 births every year.

Construction began on the \$76.3 million Monash Hospital emergency department project, which will create a new emergency department with a devoted area for the treatment of children and a new mental health and drug and alcohol hub.

The cutting-edge new emergency department will feature an additional 24 emergency department beds and 10 extra short-stay beds for patients requiring care for less than 24 hours.

The major redevelopment will pave the way for 18 extra emergency treatment spaces, three new operating theatres, a procedure room and a 32-bed inpatient ward.

Cobaw Community Health Services – Healthy Community Access Hub

The Victorian Government is investing \$9.7 million to develop a Healthy Community Access Hub within Cobaw Community Health Services in Kyneton.

The project will bring vital community health and family services together under one roof, providing better access to healthcare for people in the Macedon Ranges Shire and surrounding communities.

The purpose-built hub will offer 13 consult rooms for allied health, counselling, paediatric and family services. E-health technology will help link patients in remote areas with the healthcare they need. The hub will also provide community meeting spaces and dedicated areas for youth and children's services.

Melton hospital

Plans are progressing for the development of Melton Hospital, with planning underway to determine the new 24-hour hospital's location and size, and the range of services it will provide. The plans will also look at how the hospital will link into services at other public hospitals in the western region – including the \$1.5 billion new Footscray Hospital. It is Victoria's first post-pandemic hospital planning project, providing us all with a glimpse of the future of health infrastructure around the world.

Community hospitals program

The Victorian Government has committed \$675 million to build ten community hospitals close to major growth areas. These community hospitals will provide more access to in-demand services, closer to home.

The investment will be used to upgrade or expand existing health services and build new services in growing suburbs, adding value in both suburban and regional Victoria.

Whilst providing services to growing communities, the community hospitals program will also act as a catalyst for improved suburban centres that promote walkability and meaningful engagement with place. In selecting locations for new facilities to be delivered, emphasis has been given to improving and creating connectivity with existing recreational and urban areas that will aid in the promotion of healthy lifestyles.

Community consultative committees have been established. The committees will provide a forum for members of each local community to participate in the planning and development of their community hospital through open dialogue and consultation.

The range of services provided in each community hospital will be driven by the health and wellbeing needs of the local community and the need to deliver services safely.

Service planning is underway in all 10 sites, with construction expected to begin in 2022.

Climate change strategy

In December 2019, the department released the *Pilot Health and Human Services Climate Change Adaptation Action Plan 2019–21*, as the first step in a long-term process of building resilience to climate change.

The plan will help the health and human services sectors to further embed climate change considerations into policies, planning and operations, and to respond to the significant risks climate change poses to health and wellbeing and the health and human services system.

The department is also preparing an emissions reduction plan to reduce greenhouse gas emissions in the department, and in health and human services funded agencies.

Together, the emissions reduction plan and the adaptation action plan will form an integrated climate change strategy, recognising that action in both these areas is urgently needed to protect the health and wellbeing of Victorians from the climate crisis.

Key result 38: Reduce waste arising from the use of inappropriate care

Geelong health hub

Geelong's new \$33 million health hub opened its doors in February 2020. Geelong's growing northern suburbs now have access to more high-quality health services with the opening of the new state-of-the-art Barwon Health North facility.

With this new facility, a wide range of health care services, such as urgent care, medical imaging facilities, child and family services, renal dialysis, pathology and specialty clinics, will be locally available.

By ensuring people get the right care at the right time, the Barwon Health North facility will reduce the wasteful use of other important health care services and free up emergency departments for use in crisis situations.

Clinical and related waste guidance

The department released the *Clinical and Related Waste Guidance Supplement* for healthcare staff to provide Victorian hospitals and health services with a practical decision-making process in clinical settings for identifying which waste items are clinical waste, landfill waste or recyclable.

The Victorian Health and Human Services Building Authority held seven 'Waste in Healthcare' workshops in Ballarat, Bendigo, Melbourne, Sale, Wangaratta and Warrnambool, in partnership with Sustainability Victoria. The workshops were attended by 167 staff from 40 public health services, 15 private hospitals and Ambulance

Victoria. These workshops assisted participants to develop plans for improving waste stream separation and recycling in their hospitals.

The Victorian Health and Human Services Building Authority conducted research to identify barriers and opportunities to improve waste management and increase resource recovery in clinical settings. Three health services were involved in the research with a series of interventions identified and trialled.

Outcomes 5.4: Services are safe, high quality and provide a positive experience

Services provide positive experiences for Victorians and allow users to participate in the system in an empowered and engaged way. Services of this kind are characterised by the safe delivery of care, strong leadership and workplace cultures, a skilled workforce, broad-based risk management, and a culture of continuous improvement and evidence-informed practice.

Progress against outcomes

Some of our key achievements in 2019–20 are outlined below.

Key result 39: Improve patient- and client-reported experiences of care and treatment

Patient experience during the pandemic

The Victorian Agency for Health Information has developed a Victorian Health Experience Survey (VHES) coronavirus (COVID-19) module, comprising two surveys which capture and report on patient experience during the pandemic.

The first survey focuses on changes to patient experience during the pandemic and has been designed to capture areas of feedback previously flagged for improvement by consumers.

It includes questions on delays to care, visiting arrangements and use of personal protective equipment by health service staff, as well as questions on the provision of support for anxiety and or concerns over coronavirus (COVID-19). This survey collected information on patient experiences in an adult inpatient, adult emergency department and maternity setting between April and June 2020. This survey will be extended into the 2020–21 financial year.

The second survey focuses on the use of telehealth during the pandemic and includes outpatients who had a telehealth consultation between April and June 2020. Further work is underway to examine how the questions from this survey will be incorporated in the ongoing VHES program, which is currently being redesigned.

For the first time survey results will be available in near real-time with interim data refreshed weekly on the VHES survey portal for Victorian public health services.

Client voice in community services

The *Client voice framework for community services*, launched in November 2019, seeks to elevate the client voice in community services delivery, design and review as well as in system-level policy and planning. The framework emphasises the critical link between quality governance, client voice and outcomes. It is intended to provide overarching principles and guidance for all Victorian community service organisations to actively seek, hear and respond to the client voice.

The *Client voice framework* provides the overarching framework for the Child and Youth Participation Model and associated resources developed through the Voice of the Child project, which aims to promote the voice of children and young people in the design of policy and services that affect them.

The Community Services Quality and Safety Office is committed to exploring client voice technologies to capture the views and experience of clients, including children in care, as well as developing client experience measures which will strengthen information already available through client complaint and feedback data.

Key result 40: Reduce restrictive practices in formal care settings

Safewards Victoria

Safewards is a clinical model developed in the United Kingdom that seeks to reduce conflict and the use of seclusion and other restrictive interventions in acute inpatient psychiatric wards. In Victoria, it has been used successfully in mental health inpatient units and is now being trialled in emergency departments to see if it is effective in improving carer experiences and safety and in reducing restrictive practices in emergency department settings.

Emergency departments at two health services, Peninsula Health (Frankston and Rosebud Hospitals) and Bendigo Health, are participating in the trial.

The Safewards model has also been trialled successfully on a medical ward at Peninsula Health, improving patient and staff safety and reducing restrictive practice.

Train the Trainer training for the emergency departments participating in the trial was completed in 2019.

The model and interventions are currently being implemented at the trial sites.

The Safewards trial in emergency departments is expected to end in December 2020.

Restraint in publicly funded aged care

Victoria is prioritising the reduction of physical restraint in public sector residential aged care services (PSRACS). The PSRACS Quality Indicator Program identified physical restraint as a priority area for action and, over several years, physical restraint in PSRACS has reduced by around 91 per cent. It is now rare in these services, despite the increasing complexity of need in public aged care.

Key result 41: Increase the transparency of service safety and quality

Medication management in publicly funded aged care – Monash University study

To support safe and appropriate use of all medicines in PSRACS, Victoria sought support from experts at the Centre for Medicine Use and Safety at Monash University.

The researchers worked with the sector and experts to suggest a range of strategies that could support services and prescribers in improving their practice. The finalised outcomes of the work included:

- > education resources and videos on the value of de-prescribing (rationalising the medicines being used by an older person)
- > a targeted data collection to support services in understanding their medicine use and how this may differ from other services
- > de-prescribing prescriptions to support health professionals, GPs and consumers in instigating a discussion about medicines
- > feedback on best-practice governance arrangements for medicines.

Medication management in publicly funded aged care – ongoing support

In addition to the research program with Monash University and the PSRACS Quality Indicator Program, the department has also sought to improve medication management and administration in publicly funded aged care by investing in:

- > reporting and investigation of catastrophic medicine errors
- > comprehensive training in health assessment of the older person, which teaches the importance of medicine reconciliation
- > a standardised care process on polypharmacy, which guides clinicians on up-to-date evidence on reducing unnecessary medicine use
- > a resident information sheet on medicines, to support residents and their families in a better understanding of the principles of quality use of medicines.

Medication management in aged care – a new approach

In its submission to the Commonwealth Government's Royal Commission into Aged Care Quality and Safety, the Victorian Government noted that medication management for older people could be improved through re-imagining opportunities for a multidisciplinary approach to medicine use and safety.

This approach would bring together consumers, primary care clinicians and providers to develop a model for improved medicine use, with a focus on:

- > improved partnering with consumers and better consumer health literacy
- > better use of pharmacists and nurse practitioners in oversight of quality use of medicines
- > enhancing GP-pharmacy relationships
- > investing in the development of datasets so GPs can get feedback on their prescribing patterns.

The Victorian Government is currently reviewing the minimum quality and safety standards in the Victorian aged care sector, including the administration and management of medications as specified in *Drugs, Poisons and Controlled Substances Act 1981* and the *Drugs, Poisons and Controlled Substances Regulations 2017*. This review is on top of support provided to improve medicine use in PSRACS.

Enhancing incident monitoring, reporting and action

The Victorian Health Incident Management System (VHIMS) is a standardised dataset designed to collect clinical and occupational health and safety (OH&S) incidents, non-clinical/non-OH&S incidents (hazards), and feedback in Victorian public health services. The information collected in VHIMS enhances the information available for health services to support improvements in the quality, safety and experience of health care.

In 2019–20 the VHIMS Central Solution was successfully implemented for 39 smaller Victorian public and community health services that have their incident reporting arrangements subsidised by the Victorian Government. These health services can now quickly and easily log and action their incidents and create reports to assess their performance.

The release of *VHIMS reported incidents: Inaugural statewide report, July 2017–December 2018* in November 2019 was also a milestone as it was the first statewide report in the program's 12-year history.

In response to the coronavirus (COVID-19) pandemic, the Victorian Agency for Health Information worked with representatives from the Victorian Directors of Clinical Governance to implement a new field in the system for health services to log, monitor and respond to pandemic-related incidents. This data will also contribute to statewide reporting.

Quality and safety governance

The department is delivering the new *Community Services Quality and Safety framework*, published in October 2018. The framework is supporting community services to establish quality governance that will prevent avoidable harm to people using community services.

It is focusing on the use of data and evidence in community services to foster a culture of continuous learning and improvement. The framework includes principles, domains, roles and responsibilities of quality governance and includes measures of success, and indicators of poor-quality governance.

The framework aligns with Safer Care Victoria's *Clinical Governance Framework*.

Data to improve safety

The Health Legislation Amendment and Repeal Bill 2019 introduced a series of new information sharing provisions.

These provisions are intended to enhance the quality and safety of the Victorian health system by allowing the sharing of health information between health services and Safer Care Victoria, the Victorian Agency for Health Information, the department and/or appointed 'special advisors' to improve safety.

By making it easier for health service entities to share confidential information, more information about incidents, risks and areas for improvement will be reported and shared, driving quality and safety improvements across the entire health system.

This is consistent with the recommendation made by *Targeting Zero: supporting the Victorian hospital system to eliminate avoidable harm and strengthen quality of care* to improve the flow of information in the health system so as to facilitate the identification of deficiencies in care and focus attention on opportunities for improvement.

Improving access to and transparency of quality and safety data

The evolution of the Victorian Agency for Health Information's (VAHI) Information Management Environment (VIME), including the VAHI portal, continued rapidly in 2019–20.

VIME provides the information management infrastructure that enables data storage, processing, analytics and enhanced online reporting capabilities to facilitate consistent access to timely data and enhanced data visualisations.

The new Victorian Health Services Performance (VHSP) website for the Victorian community was launched in November 2019. The website has improved users' experiences, with easier navigation, easy-to-understand language and improved data visualisations. Victorians can see results at a glance and drill down to more granular data if they wish.

The (authenticated access) portal was officially launched to all Victorian health services in March 2020, following a pilot period with selected health services. By 30 June 2020 the portal had 19,195 registered users, of whom 8,956 were authenticated users across health services.

Following its launch, the portal was rapidly repurposed to support Victoria's coronavirus (COVID-19) response, consolidating different data sources in a single platform. It provides Victorian health services, and other authenticated users, with data and reports relating to suspected coronavirus (COVID-19) emergency department presentations, testing and symptomatic cases by local government area, and surveillance of notifiable conditions in Victoria.

Key result 42: Reduce assault, exploitation and neglect of clients and patients cared for in formal settings

Improving care in residential services

This initiative, a partnership between the department, Safer Care Victoria and the Institute for Healthcare Improvement, commenced in January 2020. The foundation phase of the initiative involved the establishment of a steering committee and core project team, inclusive of young people with lived experience of residential services. Improvement methodology training and capability building for the core team was undertaken as well as completion of capability and readiness self-assessments by a broad range of people with knowledge and experience of residential care, including direct workers, peak bodies, young people and families and policy staff.

A comprehensive review and analysis of the current system was undertaken in order to determine the opportunities for specific improvement projects. This lays the foundation for phase two of the initiative, which will involve a design process with key stakeholders to establish the areas of focus, improvement teams, and data and reporting systems, alongside improvement methodology and capability coaching for department staff by the Institute for Healthcare Improvement.

COVID-19 objective 5: Mitigate and minimise impacts of the pandemic on the health system and broader community

COVID-19 pandemic plans

On 10 March 2020, the Victorian Government released the COVID-19 Pandemic Plan for the Victorian Health Sector, which set out a comprehensive, four-stage response to coronavirus (COVID-19) for the health sector.

The plan is based on a partnership approach, where Victoria works with all states, territories and the Commonwealth. Its four stages are:

- > Stage One: initial containment
- > Stage Two: targeted action
- > Stage Three: peak action
- > Stage Four: stand-down and recovery.

Some of the immediate measures introduced included dedicated screening clinics and increased testing at more Victorian laboratories – with healthcare workers who were unwell given priority so they could get the all-clear and get back to treating their patients sooner.

Further stages of the plan set out actions to slow the spread of coronavirus (COVID-19) in the Victorian community, manage demand on hospital resources, respond to a severe outbreak and recover as quickly as possible.

On 26 March 2020, the department also released the Coronavirus (COVID-19) Plan for the Victorian Community Services Sector, and a range of complementary sub-sector plans, to enable the ongoing provision of vital services to vulnerable and disadvantaged Victorians.

The department has continued to support sectors across Victoria by providing plans and guidance for coronavirus (COVID-19) including:

- > Coronavirus (COVID-19) Residential Aged Care Facilities Plan for Victoria (first released on 23 March 2020).
- > Plan for Child and Family Services, COVID-19 (first released on 27 March 2020)
- > Plan for Care Services – Out-of-Home Care (first released on 27 March 2020)
- > Family Violence and Sexual Assault Sector Guidelines (first released on 30 March 2020)
- > COVID-19 Plan for the Disability Services Sector (first released on 1 April 2020)
- > COVID-19 Plan for the Victorian Neighbourhood House Sector (first released on 1 April 2020)
- > COVID-19 Amendment to Homelessness Services Guidelines and Conditions of Funding (released on 8 May 2020)
- > COVID-19 Factsheet for Victorian Volunteers (first released on 15 May 2020)
- > Guidance for Coronavirus Planning in the Community Services Sector (first released on 1 June 2020)

In addition, a comprehensive communications strategy in the Aboriginal community-controlled sector has provided key health messages and promotes COVID-safe plans that have helped contain coronavirus (COVID-19) and manage potential outbreaks. By October 2020, communications under this strategy have included a web page with over 35,000 views, online publication of 14 guidance documents and videos, distribution of seven e-newsletters to over 600 Aboriginal community organisations, contacts and stakeholders, 14 digital forums attended by nearly 700 participants, and weekly radio broadcasts on 3KND, Melbourne's Aboriginal radio station.

Building health system capacity to prepare for coronavirus (COVID-19)

In April 2020, the Victorian Government invested \$1.9 billion in the state's hospitals to allow them to prepare for and respond to the coronavirus (COVID-19) pandemic – by building more critical care bed capacity, securing enough ICU equipment, staff and space to meet the expected surge in cases, bringing forward new paramedics and boosting access to and distribution of personal protective equipment (PPE).

Boosting inpatient capacity for health services was designed to help manage increased demand from the coronavirus (COVID-19) pandemic and ensure hospitals could continue to treat patients with other conditions. This approach included the following three projects to increase capacity for care to respond to coronavirus (COVID-19):

- > Bendigo Health has 45 new beds which are now in operation and the new hospital also has built-in capacity for 20 additional intensive care beds if they are required in emergency situations
- > Baxter House, the former Geelong Private Hospital, has undergone a rapid renovation to provide a new Acute Respiratory Assessment Clinic with 50 new beds and consulting rooms
- > The former Peter MacCallum Cancer Centre has works to provide a further 84 beds. Funding enabled the re-establishment of essential services such as plumbing and power and other works to get the building ready for patients again.

In addition, the Victorian Government struck a deal with the state's private hospital operators to ensure public and private hospitals worked together to respond successfully to the coronavirus (COVID-19) pandemic, and to facilitate a shared collaborative response in delivering safe, coordinated care during the response to coronavirus (COVID-19) and during subsequent recovery cases.

This deal was on top of a recruitment drive which invited healthcare specialists, including retired doctors, nurses, midwives, paramedics and allied health professionals, to register their interest and undertake training to refresh their skills, in order to return to work as part of the Victorian Government's coronavirus (COVID-19) response.

Stockpiling medical supplies and PPE

The provision and use of medical supplies and PPE, such as surgical masks, gloves, gowns, hand sanitiser and ventilators, have been critical to the coronavirus (COVID-19) response.

The department, in partnership with Health Purchasing Victoria and Monash Health, rapidly established a centralised statewide procurement and supply chain for critical PPE and equipment.

The central supply chain supplies PPE to:

- > all department-funded health services (including public hospitals and community-based services)
- > private hospitals (for their public activities such as coronavirus (COVID-19) treatment and public elective surgery)
- > GP assessment clinics
- > testing programs
- > quarantine hotels.

Over 132 million items of PPE have been supplied to the above services.

Prior to the pandemic, Victoria's health system was well equipped with ventilators and other emergency equipment, with approximately 1,100 ventilators across the system. In response to the coronavirus (COVID-19) pandemic, the Victorian Government has:

- > expended \$325 million to purchase a central stockpile of ICU equipment, including ventilators and other essential items
- > confirmed purchases of 5,194 new ventilators.

These purchases ensured Victorian healthcare workers were well supplied and protected throughout the coronavirus (COVID-19) pandemic.

In addition, more than 10 million gloves, 16 million surgical masks, two million masks, five million isolation gowns and more than two million face shields and eye protection arrived at a warehouse facility in April 2020. A further 551 million gloves, 100 million masks and 14.5 million gowns were ordered to prepare for the peak of the pandemic.

The 8,000 square metre warehouse was opened in August 2019 to allow for increased stock levels of critical hospital supplies and medical equipment, and for quick distribution to wherever it was most needed.

Family violence coronavirus (COVID-19) pandemic response and support

Protecting Victorians remains a top priority for the department throughout the coronavirus (COVID-19) pandemic. Family violence frontline services, including crisis accommodation, police and courts continue to operate to support adults, children and families.

Disaster events cause emotional, social and financial stress, and research shows this can compound the gendered drivers of violence and exacerbate the conditions that lead to violence. Additional supports announced in April and May 2020 recognise that self-isolation and increased stress during the coronavirus (COVID-19) pandemic will likely lead to an increase in family violence incidents.

Key initiatives and funding announced in response to the pandemic included \$40.2 million over two years to address the impacts of the coronavirus (COVID-19) pandemic. This included:

- > \$20.2 million to provide additional support services for victim survivors and service providers to adapt to the changing service delivery environment. This included the provision of new technology and protective equipment for up to 120 family violence and sexual assault organisations so they can adapt their services and keep their staff safe while protecting and supporting victim survivors, and targeted funding for Aboriginal community-controlled organisations to meet additional demand for family violence case management and crisis support

- > \$20 million for a coronavirus (COVID-19) Family Violence Housing Package for short-term accommodation for people who cannot safely isolate or recover from coronavirus (COVID-19) at home. To enable victim survivors to remain safely in their homes, the funding will also provide accommodation for perpetrators.

Relaunching of the Respect Women: Call it Out campaign. This public television campaign encourages men at risk of using violence to reach out for support. It builds on the original Respect Women: Call it out campaign seen by more than 11 million Victorians.

Rapid adaptation of departmental operations

In March 2020, the department began redeploying its staff to assist with the Victorian Government's response to the pandemic, all the while continuing to deliver critical health and social services. As of October 2020, the department has a workforce of over 7,406 staff working on the coronavirus (COVID-19) response. Of these, approximately 3,376 FTE, representing 80 per cent of the department's non-frontline staff, have been mobilised to undertake coronavirus (COVID-19) direct response roles and support functions across the full breadth of response activities. To support this redeployment, the Victorian Government repurposed its Jobs and Skills Exchange and the department's Career Mobility Pool to capture the relevant skills, profiles and interests of staff who were willing to support the coronavirus (COVID-19) response. Similarly, to ensure staff availability for the duration of the pandemic, staff contracts were extended until 30 June 2021.

The rapid pivot of the department's priorities and workforce was delivered under the public health direction that anyone who could work from home, should work from home. Over a six-week period, up to 90 per cent of departmental employees transitioned from office-based to remote working arrangements, with up to 10,000 concurrent users connected to the department's systems via Go Connect every day. To enable this, the department's Corporate Services Division, especially its Business Technology and Information Management and Organisational Transformation Division worked tirelessly to fast track a number of technology projects designed to improve the experience of working remotely, to keep teams connected and productive, and to provide

opportunities for online professional development. Such projects included:

- > full deployment of Microsoft Office365 and Microsoft Teams, enabling staff to work remotely, from any location and on any device, and to have highly secure access to departmental systems and tools
- > delivering all-staff forums and other team meetings remotely, using Teams Live events
- > working closely with Cenitex to improve the stability and capacity of the department's networking infrastructure (GoConnect)
- > introducing LinkedIn Learning and other webinar-based professional development
- > introducing the 'keeping in touch' initiative to keep track of the physical location of staff and current work assignments
- > introducing the 'Ways of Working' service
- > providing online access to the intranet
- > introducing OurService, OurPeople and OurBriefings software to support core business functions and new ways of managing briefs, papers and decisions in an increasingly online environment.

In addition, staff were permitted to take office equipment home to ensure safe and appropriate set-up of remote workspaces for the duration of the working-from-home directive.

Staff delivering critical services to Victorians have also innovated their practice. For example, the introduction of telehealth consultations for pharmacotherapy patients, telehealth for people with disabilities, and more regular phone-based welfare checks for older public housing residents have all proved very successful.

The rapid adaptation of departmental operations has been universally lauded. Internal 'Pulse' surveys found that the majority of staff working from home felt they had the supports they needed, and almost 80 per cent reported high levels of confidence working remotely. In light of this feedback, the department has committed to continuing many of these innovative systems and flexible practices beyond the current crisis.

Objective 5: indicator results

	2016–17	2017–18	2018–19	2019–20
Services are appropriate and accessible in the right place, at the right time				
Non-urgent (Category 3) elective surgery patients admitted within 365 days	95.0%	95.7%	96.2%	95.3%
Semi-urgent (Category 2) elective surgery patients admitted within 90 days	81.0%	80.6%	82.0%	76.1%
Urgent (Category 1) elective surgery patients admitted within 30 days	100%	100%	100%	100%
Emergency Category 1 treated immediately	100%	100%	100%	100%
Emergency patients treated within clinically recommended time to treatment	73.4%	72.3%	71.5%	73.4%
Source: Internal departmental data				
Services are inclusive and respond to choice, culture, identity, circumstances and goals				
Health Independence Program direct contacts	1,511	1,474	1,591	1,502
Patients treated in specialist outpatient clinics – unweighted	1,718	1,786	1,812	1,717
Post-acute clients not readmitted to acute hospital	93.0%	93.6%	93.9%	93.7%
Health Independence Program clients contacted within three days of referral	89.0%	89.8%	88.7%	90.8%
Source: Internal departmental data				
Services are efficient and sustainable				
Major trauma patients transferred to a major trauma service	85.0%	90.0%	91.9%	91.2% ^{E*}
Source: Internal departmental data				
Services are safe, high-quality and provide a positive experience				
Public hospitals accredited	100%	100%	100%	100%
Patient reported hospital cleanliness	New measure	70.0%	69.4%	71.0% ^E
Source: Internal departmental data				
Positive patient experience	92.0%	91.5%	92.4%	Data available late 2020
Discharge Experience Index	75.6%	75.3%	75.7%	Data available late 2020
Source: Victorian Health Experience Survey				

The department is committed to measuring outcomes for all indicators set out in the Victorian budget papers. Further work is needed to test and validate measures to ensure departmental initiatives and policies are reflected by the performance indicators. As the outcomes approaches in the department mature, reporting will be provided against outcome measures and will inform the reporting of performance indicators.

* ^E Measures have not been finalised and are estimated results.

Performance reporting

The 2019–20 output performance has been affected by the impacts of the bushfires and/or coronavirus (COVID-19). Many of the performance measures relied on physical and social interactions or were impacted by the emergency response. In addition, increased support provided to services and sectors in response to these events, as well as changes in demand for services, have created results that could not have been anticipated when the targets were set.

Results in the tables below are coded according to:

- ✓ Performance target achieved or exceeded
- Performance target not achieved – within five per cent variance
- Performance target not achieved – exceeds five per cent variance

Updated results will be provided on the department's annual report website when all actuals are available.

Acute Health Services

This output provides a range of timely and high-quality acute hospital inpatient, ambulatory, emergency, community-based and specialist services.

Performance measures	Unit of measure	2019–20 target	2019–20 actual	Variation (%)	Result
Admitted Services					
Quantity					
Palliative separations	number	7,700	7,950	3.2	✓
Sub-acute care separations	number	39,600	37,434	-5.5	■
The result was lower than target due to the coronavirus (COVID-19) restrictions imposed on elective surgery and related activities.					
Total separations – all hospitals	number ('000)	2,021	1,867	-7.6	■
The result was lower than the target as overall activity has been impacted by coronavirus (COVID-19).					
Weighted Inlier Equivalent Separations (WIES) – all hospitals except small rural health services	number ('000)	1,444	1,367	-5.3	■
The result was lower than the target as overall activity has been impacted by coronavirus (COVID-19).					
WIES funded separations – all hospitals except small rural health services	number ('000)	1,827	1,702	-6.8	■
The result was lower than the target as overall activity has been impacted by coronavirus (COVID-19).					
Perinatal mortality rate per 1000 babies of Aboriginal mothers, using rolling 3 year average	rate	11	11.5	4.5	○
Number of patients admitted from the elective surgery waiting list	number	203,020	171,068	-15.7	■
The result was lower than the target as overall activity has been impacted by the restrictions put in place due to coronavirus (COVID-19).					
WIES funded emergency separations – all hospitals	number ('000)	756	650	-14.0	■
The result was lower than the target as overall activity has been impacted by coronavirus (COVID-19).					

Performance measures	Unit of measure	2019–20 target	2019–20 actual	Variation (%)	Result
Quality					
Eligible newborns screened for hearing deficit before one month of age.	per cent	97	98.4	1.4	✓
Hand hygiene compliance	per cent	85	87.5	2.9	✓
Preliminary result. Actual end-of-year result will be available in late 2020.					
Healthcare worker immunisation – influenza	per cent	83	87.7	5.7	✓
The result was higher than target and is a positive result.					
Intensive Care Unit central line associated blood stream infections (CLABSI) per 1000 device days	rate	0	0.8	N/A	✓
Preliminary result. Actual end of year result is not available for 2019–20. While infection rates remain a key focus of Victorian health services, the requirement to report this measure has been paused from 1 April 2020 to allow health service staff to focus on care delivery.					
Major trauma patients transferred to a major trauma service	per cent	85	91.2	7.3	✓
Preliminary result. Actual end-of-year result will be available in late 2020. The result was higher than the target due to changes in demand caused by restrictions imposed due to coronavirus (COVID-19). This is a positive result.					
Percentage of patients who reported positive experiences of their hospital stay	per cent	95	92	-3.2	○
Preliminary result. Actual end-of-year result will be available by late 2020.					
Perinatal and child mortality reports received, reviewed and classified	per cent	95	99.3	4.5	✓
Public hospitals accredited	per cent	100	100	0.0	✓
Patient reported hospital cleanliness	per cent	70	71	1.4	✓
Preliminary result. Actual end-of-year result will be available by late 2020.					
Staphylococcus aureus bacteraemias (SAB) infections per 10 000 patient days	rate	1	0.8	-20.0	✓
Preliminary result. Actual end-of-year result is not available for 2019–20. While infection rates remain a key focus of Victorian health services, the requirement to report this measure has been paused from 1 April 2020 to allow health service staff to focus on care delivery.					
Unplanned/unexpected readmission for acute myocardial infarction	per cent	2	2.05	2.5	○
Preliminary result. Actual end-of-year result will be available by late 2020.					
Unplanned/unexpected readmission for heart failure	per cent	10	8.9	-11.0	✓
Preliminary result. Actual end-of-year result will be available by late 2020.					
Unplanned/unexpected readmission for hip replacement	per cent	2.5	3.7	48.0	■
Preliminary result. Actual end-of-year result will be available by late 2020. The result was higher than the target due to 14 health services not achieving the target. Safer Care Victoria has monitored all above-target performance to ensure that the risk of patient harm is minimised.					
Unplanned/unexpected readmission for paediatric tonsillectomy and adenoidectomy	per cent	2.2	2.8	27.3	■
Preliminary result. Actual end-of-year result will be available by late 2020. The result was higher than the target due to 10 health services not achieving the target for this measure. Safer Care Victoria has monitored all above-target performance to ensure that the risk of patient harm is minimised.					
Unplanned/unexpected readmission for knee replacement	per cent	6	4.9	-18.3	✓
Preliminary result. Actual end-of-year result will be available by late 2020.					

Performance measures	Unit of measure	2019–20 target	2019–20 actual	Variation (%)	Result
Timeliness					
Non-urgent (Category 3) elective surgery patients admitted within 365 days	per cent	95	95.3	0.3	✓
Semi-urgent (Category 2) elective surgery patients admitted within 90 days	per cent	83	76.1	-8.3	■
The result was lower than the target as the measure has been impacted by coronavirus (COVID-19) restrictions.					
Urgent (Category 1) elective surgery patients admitted within 30 days	per cent	100	100	0.0	✓
Cost					
Total output cost	\$ million	11,647.7	13,377.9	14.9	
The 2019–20 actual outcome primarily reflects higher than expected depreciation expense; realignment of Commonwealth National Health Reform revenue; additional government policy initiatives including the coronavirus (COVID-19) response; higher Commonwealth-related expenditure than estimated, partially offset by lower than expected Hospital Own Source revenue.					
Non-Admitted Services					
Quantity					
Health Independence Program direct contacts	number ('000)	1,599	1,502	-6.1	■
The result was lower than the target because overall activity has been impacted by coronavirus (COVID-19). Patients have been less willing to seek care; physical distancing restrictions have impacted throughput; and in some cases non-urgent care has been deferred to enable deployment of staff to aged care outbreaks. Clinics have continued to prioritise care to the most urgent patients.					
Patients treated in Specialist Outpatient Clinics – unweighted	number ('000)	1,975	1,717	-13.1	■
The result was lower than the target as overall activity has been impacted by coronavirus (COVID-19) restrictions.					
Quality					
Post-acute clients not readmitted to acute hospital	per cent	90	93.7	4.1	✓
Timeliness					
Health Independence Program clients contacted within three days of referral	per cent	85	90.8	6.8	✓
The result was higher than the target due to shift in hospital practices during coronavirus (COVID-19), where care was transferred from admitted to non-admitted services, to free up inpatient beds and minimise infection risk. The Health Independence Program focused on early follow-up and review of treatment options. This is a positive result.					
Cost					
Total output cost	\$ million	1,920.7	1,895.9	-1.3	
The 2019–20 actual outcome primarily reflects lower than expected Commonwealth revenue for highly specialised drugs and realignment of output budget related to National Health Reform funding (realigned to Admitted Services); partially offset by additional government policy initiatives					
Emergency Services					
Quantity					
Emergency presentations	number ('000)	1,913	2,006	4.9	✓
The result was lower than the target due to reduced demand for emergency department services during the coronavirus (COVID-19).					

Performance measures	Unit of measure	2019–20 target	2019–20 actual	Variation (%)	Result
Quality					
Emergency patients that did not wait for treatment	per cent	5	4	-20.0	✓
The result was lower than the target due to reduced demand in the fourth quarter. This is a positive result.					
Emergency patients re-presenting to the emergency department within 48 hours of previous presentation	per cent	6	5.2	-13.3	✓
The result is lower than the target due to a reduced overall demand in the emergency departments.					
Patients' experience of emergency department care	per cent	85	84	-1.2	○
Preliminary result. Actual end-of-year result will be available by late 2020.					
Timeliness					
Emergency Category 1 treated immediately	per cent	100	100	0.0	✓
Emergency patients treated within clinically recommended 'time to treatment'	per cent	80	73.4	-8.2	■
The result was lower than the target due to coronavirus (COVID-19) social distancing requirements and heightened hygiene practices within the emergency departments, resulting in reduced emergency department efficiencies.					
Emergency patients with a length of stay of less than four hours	per cent	75	68.6	-8.5	■
The result was lower than the target due to high number of Emergency Department presentations at the start of the year which was not offset by the significant improvement shown in the second half of the year.					
Proportion of ambulance patient transfers within 40 minutes	per cent	90	77.8	-13.6	■
The result was lower than the target due to high demand at the start of the year which was not offset by the significant improvement shown in the second half of the year.					
Cost					
Total output cost	\$ million	784.3	750.6	-4.3	
The 2019–20 actual outcome primarily reflects output realignment related to the National Health Reform funding (realigned to Admitted Services)					
Acute Training and Development					
Quantity					
Clinical placement student days (medicine)	number	385,000	402,008	4.4	✓
Clinical placement student days (nursing and midwifery)	number	385,000	435,731	13.2	✓
Clinical placement days are a demand-based measure.					
Clinical placement student days (allied health)	number	160,000	159,172	-0.5	○
Number of filled rural generalist GP procedural positions	number	15	15	0.0	✓
Preliminary result. Actual end-of-year result will be available by late 2020.					
Funded post graduate nursing and midwifery places at Diploma and Certificate level	number	1,077	1,077	0.0	✓
Preliminary result. Actual end-of-year result will be available by late 2020.					
Total funded FTE (early graduate) allied health positions in public system	number	700	691	-1.3	○
Preliminary result. Actual end-of-year result will be available by late 2020.					

Performance measures	Unit of measure	2019–20 target	2019–20 actual	Variation (%)	Result
Total funded FTE (early graduate) medical positions in public system	number	1,525	1,525	0.0	✓
Preliminary result. Actual end-of-year result will be available by late 2020.					
Total funded FTE (early graduate) nursing and midwifery positions in public system	number	1,956	1,956	0.0	✓
Preliminary result. Actual end-of-year result will be available by late 2020.					
Quality					
Learner satisfaction about their feeling of safety and wellbeing while undertaking their program of study at health services	per cent	80	94	17.5	✓
This measure was introduced in 2017–18 and has been consistently higher than the target. This is a positive result.					
Cost					
Total output cost	\$ million	314.5	292.7	-6.9	
The 2019–20 actual outcome primarily reflects output realignment related to the National Health Reform funding (realigned to Admitted Services) and lower expenditure than expected on government policy initiatives					

Ageing, Aged and Home Care

This output encompasses leading and coordinating the whole-of-government policy on issues affecting our ageing community. It includes a range of in-home, specialist geriatric residential care and community-based programs, such as Home and Community Care, that are targeted to older people, people with a disability, and their carers.

Performance measures	Unit of measure	2019–20 target	2019–20 actual	Variation (%)	Result
Seniors Programs and Participation					
Quantity					
New University of the Third Age membership growth	per cent	5	-0.4	-108.6	■
The result was lower than the target due to a decrease in membership numbers, which may be linked to coronavirus (COVID-19) and restrictions on face to face meetings.					
Seniors funded activities and programs – number approved	number	135–150	106	-2.1	○
The result reflects residual activities from the Seniors Participation Action Plan program including an expanded Seniors Festival and seniors online activities.					
Open rates for Seniors Card e-Newsletters	per cent	48	49	2.1	✓
Quality					
Eligible seniors in the Seniors Card Program	per cent	90	89.5	-0.6	○
Senior satisfaction with Victorian Seniors Festival events	per cent	90	95	5.6	✓
The result was higher than the target and is a positive result.					
Cost					
Total output cost	\$ million	8.9	11.4	28.2	
The 2019–20 actual outcome primarily reflects higher expenditure on the Seniors Card, Companion Card and Elder Abuse Prevention programs.					

Performance measures	Unit of measure	2019–20 target	2019–20 actual	Variation (%)	Result
Residential Aged Care					
Quantity					
Available bed days	days	1,152,417	1,142,016	-0.9	○
Quality					
Residential care services accredited	per cent	100	100	0.0	✓
Cost					
Total output cost	\$ million	433.0	380.5	-12.1	
The 2019–20 actual outcome primarily relates to lower than estimated Commonwealth revenue direct to hospitals, lower than budgeted resident contributions and an output realignment across the output group.					
Aged Care Assessment					
Quantity					
Aged care assessments	number	59,000	52,877	-10.4	■
The 2019–20 outcome for assessment volume was lower than the target, as it has been impacted by an overall reduced demand against the target. Coronavirus (COVID-19) has seen a general reduction in demand as people and their families delay assessments, while the bushfires impacted the ability of some specific services to respond during these incidents.					
Timeliness					
Average waiting time (calendar days) from referral to assessment	days	16	14.5	-9.4	✓
The result was higher than the target and is a positive result.					
Percentage of high priority clients assessed within the appropriate time in all settings	per cent	90	95.8	6.4	✓
The result was higher than the target as more people are being assessed within the appropriate timeframes. This is a positive result.					
Percentage of low priority clients assessed within the appropriate time in all settings	per cent	90	92.3	2.6	✓
Percentage of medium priority clients assessed within the appropriate time in all settings	per cent	90	99.5	10.6	✓
The result was higher than the target as more people are being assessed within the appropriate timeframes. This is a positive result.					
Cost					
Total output cost	\$ million	62.4	61.6	-1.3	
The 2019–20 actual outcome primarily reflects funding requested to be carried over into 2020–21 for the Commonwealth Aged Care Assessment Program					
Aged Support Services					
Quantity					
Individuals provided with respite and support services	number	13,250	13,709	3.5	✓
Preliminary result. Actual end-of-year result will be available by late 2020.					
Number of hours of respite and support services	number	261,250	176,750	-32.3	■
Preliminary result. Actual end-of-year result will be available by late 2020. Coronavirus (COVID-19) will likely impact on the final result. Coronavirus (COVID-19) has reduced demand for some in-home services, while some providers have reduced face-to-face respite in line with public health advice to limit the spread of coronavirus (COVID-19).					
Pension-level beds available in assisted Supported Residential Services facilities	number	1,816	1,795	-1.2	✓

Performance measures	Unit of measure	2019–20 target	2019–20 actual	Variation (%)	Result
Pension-level Supported Residential Services residents provided with service coordination and support/brokerage services	number	775	775	0.0	✓
Personal alert units allocated	number	29,121	29,121	0.0	✓
Victorian Eye Care Service (occasions of service)	number	75,800	66,545	-12.2	■
The result was lower than the target due to a decrease in the ability to provide services caused by the impact of coronavirus (COVID-19). Some practices stopped seeing clients and the remainder have experienced reduced activity while seeing urgent and essential clients only.					
Clients accessing aids and equipment	number	15,000	26,975	79.8	✓
The result was higher than the target due to more people accessing low-cost items, and includes ongoing oxygen and continence clients. This is a positive result.					
Quality					
Funded research and service development projects for which satisfactory reports have been received	per cent	100	100	0.0	✓
Clients satisfied with the aids and equipment services system	per cent	85	95.3	12.1	✓
The result is higher than the target due to timely and responsive service to clients. This is a positive result.					
Timeliness					
Applications for aids and equipment acknowledged in writing within 10 working days	per cent	90	100	11.1	✓
The result is higher than the target due to timely and efficient processing of applications. This is a positive result.					
Cost					
Total output cost	\$ million	122.0	142.6	16.9	
The 2019–20 actual outcome primarily reflects the additional budget transferred during the year for aids and equipment from Disability Services to Aged Support Services.					
Home and Community Care Program for Younger People					
Quantity					
Home and Community Care for Younger People – number of clients receiving a service	number	60,000	62,561	4.3	✓
Preliminary result. Actual end-of-year result will be available by late 2020.					
Home and Community Care for Younger People – hours of service delivery	number ('000)	1,000	931	-6.9	■
Preliminary result. Actual end-of-year result will be available by late 2020. The result deviates from the target due to agencies being unable to report services in the client database that were redirected to respond to client needs during coronavirus (COVID-19). Performance has also been impacted by NDIS transition in eight departmental areas and bushfires. The department will continue to monitor the impacts of coronavirus (COVID-19) on services available to this group.					
Cost					
Total output cost	\$ million	183.6	207.9	13.3	
The 2019–20 actual outcome includes expenditure under the Commonwealth Regional Assessment Services, which is partially offset by the transition of Home and Community Care Program for Younger People services to the National Disability Insurance Scheme.					

Ambulance Services

This output describes the units of activity for emergency and non-emergency ambulance services under the funding model introduced 1 July 2014. It includes a range of performance deliverables that measure the quality and timeliness of ambulance services expected over the period. The quality and timeliness measures identify expected clinical output measures and ambulance response times, which are important to ensure critically ill Victorians receive the care they need.

Performance measures	Unit of measure	2019–20 target	2019–20 actual	Variation (%)	Result
Ambulance Emergency Services					
Quantity					
Community Service Obligation emergency road and air transports	number	262,590	279,439	6.4	✓
The result was higher than target due to increased demand for ambulance services.					
Statewide emergency air transports	number	4,688	4,228	-9.8	■
The result was lower than target due to lower demand for services.					
Statewide emergency road transports	number	468,518	498,836	6.5	✓
The result was higher than the target due to the increased demand for ambulance services, despite a reduction in activity during lockdown coronavirus (COVID-19) restrictions.					
Treatment without transport	number	90,000	84,087	-6.6	■
The result is lower than target due to Ambulance Victoria's implementation of its revised clinical response model. This model is ensuring that patients are receiving care appropriate to their needs, and that emergency ambulances are less frequently dispatched to patients who do not need transport to hospital.					
Quality					
Audited cases attended by Community Emergency Response Teams (CERT) meeting clinical practice standards	per cent	90	100	11.1	✓
The result is higher than target, which is a positive result.					
Audited cases statewide meeting clinical practice standards	per cent	95	99.8	5.1	✓
The result is higher than target, which is a positive result.					
Proportion of adult patients suspected of having a stroke who were transported to a stroke unit with thrombolysis facilities within 60 minutes	per cent	90	97.9	8.7	✓
The result is higher than target, which is a positive result.					
Proportion of adult VF/VT cardiac arrest patients with vital signs at hospital	per cent	50	55.2	10.4	✓
The result is higher than target, which is a positive result.					
Proportion of patients experiencing severe cardiac or traumatic pain whose level of pain is reduced significantly	per cent	90	91.8	2.0	✓
Proportion of patients very satisfied or satisfied with overall services delivered by paramedics	per cent	95	97.6	2.7	✓
Timeliness					
Proportion of emergency (Code 1) incidents responded to within 15 minutes – statewide	per cent	85	82.3	-3.1	○

Performance measures	Unit of measure	2019–20 target	2019–20 actual	Variation (%)	Result
Proportion of emergency (Code 1) incidents responded to within 15 minutes in centres with more than 7 500 population	per cent	90	87.6	-2.7	○

Cost

Total output cost	\$ million	958.2	947.1	-1.2
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The 2019–20 actual outcome primarily reflects an output realignment from Ambulance Emergency Services to Ambulance Non-Emergency Services

Ambulance Non-Emergency Services

Quantity

Community Service Obligation non-emergency road and air transports	number	223,235	233,826	4.7	✓
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Statewide non-emergency air transports	number	2,363	2,003	-15.2	■
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The result was lower than target due to lower demand for services. This is an entirely demand-driven activity.

Statewide non-emergency road transports	number	273,514	306,794	12.2	✓
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The result is higher than target due to increased demand for non-emergency transport based on increasing population and demand for care.

Quality

Audited cases statewide meeting clinical practice standards	per cent	95	100	5.3	✓
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This is a positive result.

Cost

Total output cost	\$ million	161.8	172.7	6.7
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The 2019–20 actual outcome primarily reflects an output realignment to Ambulance Non-Emergency Services from Ambulance Emergency Services

Drug Services

This output includes programs and services aimed at promoting and protecting health by reducing death, disease and social harm caused by the use and misuse of licit and illicit drugs.

Performance measures	Unit of measure	2019–20 target	2019–20 actual	Variation (%)	Result
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Drug Prevention and Control

Quantity

Number of phone contacts from family members seeking support	number	14,300	10,682	-25.3	■
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Preliminary result. Actual end-of-year result will be available by late 2020. The result was lower than the target due to a change in preference for how clients access drug and alcohol information.

Needles and syringes provided through the Needle and Syringe Program	number ('000)	9,680	12,408	28.2	✓
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The result was higher than the target due to ongoing strong engagement by clients with the program. This is a positive result.

Number of telephone, email, website contacts and requests for information on alcohol and other drugs	number ('000)	2,000	4,885	144.3	✓
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Preliminary result. Actual end-of-year result will be available by late 2020. The result was higher than the target due to the high uptake of online drug and alcohol information services by clients. This is a positive result.

Performance measures	Unit of measure	2019–20 target	2019–20 actual	Variation (%)	Result
Quality					
Pharmacotherapy permits processed within designated timeframe (24 hours after receipt of the application).	per cent	100	100	0.0	✓
Timeliness					
Percentage of new licences and permits issued to health services or businesses for the manufacture, use or supply of drugs and poisons within six weeks following receipt of full information	per cent	100	100	0.0	✓
Percentage of treatment permits for medical practitioners or nurse practitioners to prescribe Schedule 8 drugs assessed within four weeks	per cent	75	100	33.3	✓
The result is higher than the target due to an improvement in processing. This is a positive result.					
Cost					
Total output cost	\$ million	46.2	34.3	-25.7	
The 2019–20 actual outcome primarily reflects an output realignment from Drug Prevention and Control to Drug Treatment and Rehabilitation.					
Drug Treatment and Rehabilitation					
Quantity					
Clients on the pharmacotherapy program	number	14,000	14,063	0.5	✓
Preliminary result. Actual end-of-year result will be available by late 2020.					
Commenced courses of treatment – community-based drug treatment services	number	8,319	10,238	23.1	✓
The result was higher than the target due to an ongoing increase in the delivery of a range of treatment types. This is a positive result.					
Number of drug treatment activity units – residential services	number	76,759	68,259	-11.1	■
The result was lower than the target due to the impact of coronavirus (COVID-19) social distancing measures on service delivery.					
Number of drug treatment activity units – community-based services	number	90,325	83,087	-8.0	■
The result was lower than the target due to the impact of coronavirus (COVID-19) social distancing measures on service delivery.					
Commenced courses of treatment – residential-based drug treatment services	number	6,848	0	-100.0	■
This measure is no longer applicable due to a change in how residential treatment services are funded. Refer to 'Number of drug treatment activity units – residential services' for a measure of the number of services delivered in 2019–20.					
Number of new residential withdrawal clients	number	2,309	2,043	-11.5	■
The result was lower than the target due to the continuation of a long-term trend of increasing client complexity, leading to lower overall throughput. This is due to more clients receiving multiple courses of treatment and having longer lengths of stay.					
Residential bed days	number	143,993	212,271	47.4	✓
The result was higher than the target due to an improvement in the way the department derives data for this measure. This is a positive result.					
Quality					
Workers complying with Alcohol and Other Drug Minimum Qualification Strategy requirements	per cent	85	85	0.0	✓

Performance measures	Unit of measure	2019–20 target	2019–20 actual	Variation (%)	Result
Percentage of new clients to existing clients	per cent	50	61.3	22.6	✓
The result was higher than the target due to an increase in the number of clients seeking drug treatment for the first time.					
Percentage of residential rehabilitation clients remaining in treatment for ten days or more	per cent	80	90	12.5	✓
The result was higher than the target due to the majority of clients remaining in treatment for at least the minimum time needed to achieve quality treatment outcomes. This is a positive result.					
Successful courses of treatment (episodes of care) – community-based drug treatment services	number	7,250	8,741	20.6	✓
The result was higher than the target due to the continual investment in community-based drug treatment services. This is a positive result.					
Percentage of residential withdrawal clients remaining in treatment for two days or more	per cent	80	95.9	19.9	✓
The result was higher than the target due to the majority of clients remaining in treatment for at least the minimum time needed to achieve quality treatment outcomes. This is a positive result.					
Percentage of residential rehabilitation courses of treatment greater than 65 days	per cent	50	34	-32.0	■
The result was lower than the target due to several service providers delivering treatment models with shorter courses of treatment, in line with evidence-based practice models. This measure is superseded by 'Percentage of residential rehabilitation clients remaining in treatment for ten days or more'.					
Successful courses of treatment (episodes of care): residential-based drug treatment services	number	6,351	0	-100.0	■
This measure is no longer applicable due to a change in how residential treatment services are funded. Refer to 'Number of drug treatment activity units – residential services' for a measure of the number of services delivered in 2019–20.					
Timeliness					
Median wait time between intake and assessment	days	10	7	-30.0	✓
The result was lower than the target due to clients receiving an assessment of their treatment needs within a reasonable time following intake. This is a positive result.					
Median wait time between assessment and commencement of treatment	days	20	13	-35.0	✓
The result was lower than the target due to clients accessing treatment within a reasonable time following assessment. This is a positive result.					
Average working days between screening of client and commencement of community-based drug treatment	days	3	8.4	180.0	■
The result was higher than the target due to the impact of coronavirus (COVID-19) social distancing measures on service delivery.					
Average working days between screening of client and commencement of residential-based drug treatment	number	6	11.7	95.0	■
The result was higher than the target due to the impact of coronavirus (COVID-19) related social distancing measures on service delivery.					
Cost					
Total output cost	\$ million	227.0	235.4	3.7	
The 2019–20 actual outcome primarily reflects an output realignment to Drug Treatment and Rehabilitation from Drug Prevention and Control.					

Mental Health

This output includes the provision of a range of inpatient, community-based residential and ambulatory services that target and support people with a mental illness and their families and carers, identifying mental illness early, and seek to reduce its impact through providing timely acute care services and appropriate longer-term accommodation and support for those living with a mental illness.

Performance measures	Unit of measure	2019–20 target	2019–20 actual	Variation (%)	Result
Clinical Care					
Quantity					
Clinical inpatient separations	number	27,000	27,216	0.8	✓
Total community service hours	number ('000)	1,403	1,437.8	2.5	✓
New case index	per cent	50	53.2	6.4	✓
The result was higher than the target, which is indicative of reaching new clients and also new cases being opened for current clients where their previous case was closed prematurely.					
Registered community clients	number	74,000	75,087	1.5	✓
Occupied Residential bed days	number	153,574	151,523	-1.3	○
Occupied Sub-acute bed days	number	191,724	197,849	3.2	✓
Quality					
Clients readmitted (unplanned) within 28 days	per cent	14	14.5	3.6	✓
New client index	per cent	45	44.5	-1.1	○
Number of designated mental health services achieving or maintaining accreditation under the National Standards for Mental Health Services	number	18	9	-50.0	■
Whilst the number of designated mental health services against the National Mental Health Standards is below target, all Victorian mental health services are accredited. Victorian health services are in transition to a single accreditation process – nine services were accredited under the National Mental Health Services while the remaining are transitioning to the new National Safety and Quality in Health Services Standards (second edition).					
Post-discharge community care	per cent	88	89.5	1.7	✓
Pre-admission community care	per cent	61	60.6	-0.7	○
Seclusions per 1 000 occupied bed days	number	8	9	12.5	■
The result is higher than the target. The measure is impacted by a higher number of events for a small number of adult patients with challenging behaviours and the limited number of adolescent units in the metropolitan area providing treatment for the entire state.					
Timeliness					
Emergency patients admitted to a mental health bed within eight hours	per cent	80	54.4	-32.0	■
This result is due to the increasing trend in the number of people presenting directly to Emergency Departments. The majority of rural services meet the 80 per cent of emergency patients admitted to a mental health bed within eight hours target. Results for metropolitan services most challenged by this measure impact negatively on the statewide results.					
Cost					
Total output cost	\$ million	1,631.8	1,650.0	1.1	

Performance measures	Unit of measure	2019–20 target	2019–20 actual	Variation (%)	Result
Mental Health Community Support Services (MHCSS)					
Quantity					
Bed days	number	58,000	51,029	-12.0	■
Bed days have decreased due to Youth Residential Rehabilitation Services being directed to leave a unit in each property vacant to respond to client/s who need to self-isolate due to suspected or diagnosed coronavirus (COVID-19).					
Client Support Units	number	41,900	128,007	205.5	✓
The result was higher than the target due to the unanticipated delay in the transition of funding committed to individualised client support packages to the NDIS.					
Clients receiving community mental health support services	number	1,600	5,818	263.6	✓
The 2019–20 target is based on the expectation that clients of in-scope NDIS programs would have fully transitioned to the NDIS by 30 June 2019. Due the NDIS delays, transition was completed on 31 March 2020.					
Quality					
Proportion of major agencies accredited	per cent	100	100	0.0	✓
Preliminary result. Actual end-of-year result will be available by late 2020.					
Cost					
Total output cost	\$ million	110.9	111.0	0.1	

Primary, Community and Dental Health

This output, through the provision of a range of in-home, community-based, community, maternal and child, early parenting, primary health and dental services, promotes health and wellbeing and prevents the onset of more serious illnesses.

Performance measures	Unit of measure	2019–20 target	2019–20 actual	Variation (%)	Result
Community Health Care					
Quantity					
Better Health Channel visits	number ('000)	40,000	51,419	28.5	✓
Visits to the Better Health Channel website remained strong at 51.4 million. This performance is attributable to new and updated content and improved organic search referrals, which resulted from changes to the Google search algorithm.					
Rate of admissions for ambulatory care sensitive chronic conditions for Aboriginal Victorians	Rate	14.4	14.4	0.0	✓
Preliminary result. Actual end-of-year result will be available by late 2020.					
Number of referrals made using secure electronic referral systems	number	75,000	75,000	0.0	✓
Preliminary result. Actual end-of-year result will be available by late 2020.					
Primary Care Partnerships with reviewed and updated Strategic Plans	per cent	100	100	0.0	✓
Preliminary result. Actual end-of-year result will be available by late 2020.					
Service delivery hours in community health care	number ('000)	1,060	1,060	0.0	✓
Preliminary result. Actual end-of-year result will be available by late 2020.					

Performance measures	Unit of measure	2019–20 target	2019–20 actual	Variation (%)	Result
Quality					
Agencies with an Integrated Health Promotion plan that meets the stipulated planning requirements	per cent	95	95	0.0	✓
Cost					
Total output cost	\$ million	294.0	334.4	13.7	
The 2019–20 actual outcome primarily reflects increases in government policy initiatives related to the coronavirus (COVID-19) response.					
Dental Services					
Quantity					
Persons treated	number	332,150	323,637	-2.6	○
Priority and emergency clients treated	number	249,100	263,243	5.7	✓
The result was higher than the target due to additional activity being delivered. This is a positive result.					
Children participating in the Smiles 4 Miles oral health promotion program	number	34,000	34,000	0.0	✓
Preliminary result. Actual end-of-year results will be available by early 2021.					
Timeliness					
Waiting time for dentures	months	22	17.8	-19.1	✓
The result was lower than the target due to additional activity being delivered. This is a positive result.					
Percentage of Dental Emergency Triage Category 1 clients treated within 24 hours	per cent	85	94	10.6	✓
The result was higher than the target due to a higher percentage of people requiring emergency care being treated within the appropriate time period. This is a positive result.					
Waiting time for general dental care	months	23	19.4	-15.7	✓
The result was lower than the target due to additional activity being delivered. This is a positive result.					
Cost					
Total output cost	\$ million	235.9	249.8	5.9	
The 2019–20 actual outcome primarily reflects the timing of expenditure for the Adult Public Dental Services National Partnership Agreement which was not included in the 2019–20 published Budget, and lower than estimated Hospital Own Source revenue which was impacted by lower demand as a result of the coronavirus (COVID-19) pandemic.					
Maternal and Child Health and Early Parenting Services					
Quantity					
Maternal and child health clients with children aged 0 to 1 year receiving additional support through enhanced maternal and child health services	per cent	15	15	0.0	✓
Preliminary result. Actual end-of-year result will be available before mid-2021.					
Total number of Maternal and Child Health Service clients (aged 0 to 1 year)	number	80,000	80,000	0.0	✓
Preliminary result. Actual end-of-year result will be available before mid-2021.					
Timeliness					
Children aged 0 to 1 month enrolled at maternal and child health services from birth notifications	per cent	99	99	0.0	✓
Preliminary result. Actual end-of-year result will be available before mid-2021.					

Performance measures	Unit of measure	2019–20 target	2019–20 actual	Variation (%)	Result
Cost					
Total output cost	\$ million	115.0	109.5	-4.8	
The 2019–20 actual outcome primarily reflects impact of coronavirus (COVID-19) on the rollout of new programs.					

Public Health

This output encompasses services and support, including screening for health conditions and safety inspections, that promote and protect the health and wellbeing of all Victorians. These services are delivered in partnership with key stakeholders and communities.

Performance measures	Unit of measure	2019–20 target	2019–20 actual	Variation (%)	Result
Health Protection					
Quantity					
Calls to food safety hotlines	number	4,500	4,036	-10.3	■
The result was lower than the target due to coronavirus (COVID-19) and remote working. The phone mailbox messaging changed to encourage more people to communicate via email. A reduction in calls, which is desired, has occurred faster than the target.					
Inspections of cooling towers	number	1,300	779	-40.1	■
The result was lower than the target due to a number of staff diverted to assist with the coronavirus (COVID-19) response and insufficient numbers of staff to meet the target in the context of increasing volume and complexity of demands. One hundred and fifty-six targeted self-audits and surveys of licence holders have been conducted since April 2020 but these have not been included in the total number of inspections.					
Inspections of radiation safety management licences	number	480	138	-71.3	■
The result was lower than the target due to a number of staff diverted to assist with the coronavirus (COVID-19) response and insufficient numbers of staff to meet the target in the context of increasing volume and complexity of demands. One hundred and fifty-six targeted self-audits and surveys of licence holders have been conducted since April 2020 but these have not been included in the total number of inspections.					
Percentage of Aboriginal children fully immunised at 60 months	per cent	95	97.7	2.8	✓
Number of available HIV rapid test trial appointments used	number	2,875	2,120	-26.3	■
Preliminary result. Actual end-of-year result will be available by late 2020. The end-of-year results have been impacted by coronavirus (COVID-19).					
Women screened for breast cancer by BreastScreen Victoria	number	267,000	218,129	-18.3	■
The result was lower than the target due to coronavirus (COVID-19). BreastScreen Victoria paused service delivery temporarily between 25 March and 11 May 2020, and upon resumption operated at significantly reduced capacity due to the need to implement physical distancing and infection control measures to ensure the safety of staff and clients. Prior to March 2020, the number of women screened was at 99 per cent of target.					
Number of persons participating in newborn bloodspot or maternal serum screening	number	80,000	78,165	-2.3	○
Persons screened for prevention and early detection of health conditions – pulmonary tuberculosis screening	number	2,000	1,946	-2.7	○
Smoking cessation of Aboriginal mothers	per cent	25.2	24.1	-4.4	○
Quality					
Calls to food safety hotlines that are answered	per cent	97	99.2	2.3	✓

Performance measures	Unit of measure	2019–20 target	2019–20 actual	Variation (%)	Result
Immunisation coverage – adolescent (Year 7) students fully immunised for DTPa (diphtheria, tetanus and pertussis)	per cent	90	82	-8.9	■
The result was lower than the target as this is based on Year 7 adolescents vaccinated at a school session or where it is indicated on their returned consent card that they have previously had the injection elsewhere (general practice). It does not include School Year 7 adolescents that return consent cards declining vaccination at school and then proceed to have the vaccination elsewhere. Jurisdictions are currently lobbying the Commonwealth Department of Human Services to include a school year on individual records.					
Immunisation coverage – At school entry	per cent	95	95.8	0.8	✓
Immunisation coverage – At two years of age	per cent	95	92.3	-2.8	○
Public health emergency response calls dealt with within designated plans and procedure timelines	per cent	100	100	0.0	✓
Timeliness					
Average time taken from notification of a food complaint to commencement of appropriate action	number	24	24	0.0	✓
Preliminary result. Actual end-of-year result will be available by late 2020.					
Infectious disease outbreaks responded to within 24 hours	per cent	100	100	0.0	✓
Participation rate of women in target age range screened for breast cancer	per cent	54	49	-9.3	■
Preliminary result. Actual participation results for 1 July 2018 to 30 June 2020 will be available by early 2021 in line with Australian Institute of Health and Welfare reporting. The result was lower than the target due to the impact of coronavirus (COVID-19) on service delivery.					
Cost					
Total output cost	\$ million	218.2	292.4	34.0	
The 2019–20 actual outcome primarily reflects increases in government policy initiatives related to the coronavirus (COVID-19) response.					
Health Advancement					
Quantity					
Persons completing the Life! – Diabetes and Cardiovascular Disease Prevention program	number	5,616	4,612	-17.9	■
The result was lower than the target due to the impact of coronavirus (COVID-19) restrictions on program delivery.					
Number of training courses for health professionals on sexual and reproductive health	number	50	51	2.0	✓
Workplaces and pubs and clubs complying with smoke free environment laws	per cent	99	99	0.0	✓
Preliminary result. Actual end-of-year result will be available by late 2020.					
Quality					
Local Government Authorities with Municipal Public Health and Wellbeing Plans	per cent	100	100	0.0	✓
Cost					
Total output cost	\$ million	79.7	82.5	3.5	
The 2019–20 actual outcome primarily reflects increases in government policy initiatives related to the coronavirus (COVID-19) response.					

Performance measures	Unit of measure	2019–20 target	2019–20 actual	Variation (%)	Result
Public Health Development, Research and Support					
Quantity					
Number of people trained in emergency management	number	2,000	2,923	46.2	✓
The result was higher than the target as EmergoTraining (with health services) and summer preparedness forums (with local councils and agencies) were popular this year, attracting high attendance numbers. This is a positive result.					
Operational infrastructure support grants under management	number	12	12	0.0	✓
Cost					
Total output cost	\$ million	91.6	119.3	30.2	
The 2019–20 actual outcome primarily reflects increases in government policy initiatives related to the coronavirus (COVID-19) response and funding provided to the Walter and Eliza Hall Institute for the Protecting Victoria's Lead in Health and Medical Research program.					

Small Rural Services

This output includes a range of health and aged care services delivered in small rural towns. The funding and service delivery approach focuses on achieving a sustainable, flexible service mix that is responsive to local needs. Service providers include small rural hospitals, community health services, bush nursing centres, multipurpose services and public sector residential aged care services.

Performance measures	Unit of measure	2019–20 target	2019–20 actual	Variation (%)	Result
Small Rural Services – Acute Health					
Quantity					
Separations	number ('000)	35.8	31.6	-11.7	■
A number of small rural health services in bushfire-affected regions of the state experienced lower than expected admitted activity in the second and third quarters. The impact of the coronavirus (COVID-19) pandemic reduced admitted activity at small rural health services across the state.					
Small rural weighted activity unit	number	350,000	338,000	-3.4	○
Preliminary result. Actual end-of-year result will be available by late 2020.					
Quality					
Percentage of health services accredited	per cent	100	100	0.0	✓
Cost					
Total output cost	\$ million	385.0	414.0	7.5	
The 2019–20 actual outcome primarily reflects increases in government policy initiatives and higher than estimated Hospital Own Source revenue for patient fees.					

Small Rural Services – Aged Care

Quantity					
Small rural available bed days	number	701,143	701,143	0.0	✓
Quality					
Residential care services accredited	per cent	100	100	0.0	✓

Performance measures	Unit of measure	2019–20 target	2019–20 actual	Variation (%)	Result
Cost					
Total output cost	\$ million	212.8	198.9	-6.5	
The 2019–20 actual outcome primarily reflects lower than estimated Hospital Own Source revenue for nursing home and hostel residents.					

Small Rural Services – Home and Community Care Services

Quantity					
Home & Community Care for Younger People – hours of service delivery	hours	86,000	59,674	-30.6	■
Preliminary result. Actual end-of-year result will be available by late 2020. The result deviates from the target primarily due to agencies being unable to report services in the client database that were redirected to respond to client needs during coronavirus (COVID-19). Performance has also been impacted by NDIS transition in eight departmental areas and bushfires. The department will continue to monitor the impacts of coronavirus (COVID-19) on services available to this group.					

Cost					
Total output cost	\$ million	12.0	4.8	-60.3	
The 2019–20 actual outcome primarily reflects lower than estimated contribution to the National Disability Insurance Scheme (NDIS) due to a slower than anticipated transition to the NDIS in rural areas and lower than estimated Hospital Own Source revenue.					

Small Rural Services – Primary Health

Quantity					
Service delivery hours in community health care	number	91,500	96,948	6.0	✓
Preliminary result. Actual end-of-year result will be available by late 2020. The result is expected to be higher than the target due to the permissible use of funding from other Small Rural Services outputs to provide primary health services according to local needs. There is consistent over performance on this measure, which is a positive result.					

Cost					
Total output cost	\$ million	20.8	20.4	-2.1	
The 2019–20 actual outcome reflects an output realignment to the Primary and Dental Health Output group to reflect the transfer of funding from Small Rural Services to Primary Health services.					

Child Protection and Family Services

The Child Protection and Family Services output, through the funding of statutory child protection services, family support and parenting services, family violence and sexual assault services, adoption and placement care services and specialist support services, aims to ensure the safety and wellbeing of adolescents and children at risk of harm, abuse and neglect. This output aims to make a positive difference to Victorians experiencing disadvantage by providing excellent community services to meet clients' needs.

Performance measures	Unit of measure	2019–20 target	2019–20 actual	Variation (%)	Result
Child Protection and Family Services					
Quantity					
Daily average number of children in out-of-home care placements	number	11,868	12,188.1	2.7	✓
Number of Child FIRST assessments and interventions	number	8,064	16,035	98.8	✓
The result deviates from the target due to high demand and shows Child FIRST responsiveness to vulnerable families.					

Performance measures	Unit of measure	2019–20 target	2019–20 actual	Variation (%)	Result
Number of children in kinship care whose placements are managed by community service organisations The result was higher than the target and reflects the implementation of a new model of kinship care, which includes additional placements managed by community service organisations. This is a positive result.	number	1,434	1,707	19.0	✓
Number of families receiving an intensive support service The result is higher than the target due to high demand and shows intensive family services responsiveness to vulnerable families. This is a positive result.	number	1,823	2,055	12.7	✓
Number of investigations from reports to child protection services about the wellbeing and safety of children The result is due to strengthened early support and intervention services reaching vulnerable children. The result is also likely to have been impacted by coronavirus (COVID-19), where fewer reports have been received in some months.	number	39,100	34,570	-11.6	■
Number of family services cases provided to Aboriginal families The result was lower than the target. The department is working with Aboriginal community-controlled organisations to improve data systems and reporting.	number	3,445	3,218	-6.6	■
Reports to Child Protection Services about the wellbeing and safety of children This result is in part due to increased performance in Child FIRST/ Family Services and Orange Doors, which is providing referral pathways for vulnerable children and families to community based earlier intervention and supports, rather than being reported to Child Protection. In part it likely also reflects the impact of coronavirus (COVID 19) and the visibility of children in the community.	number	136,677	122,179	-10.6	■
Total number of family services cases provided The result is higher than the target due to high demand and shows Child FIRST and family services responsiveness to vulnerable families. This is a positive result.	number	33,235	40,451	21.7	✓
Quality					
Children and young people in out-of-home care who have had two or less placements in the past 12 months (not including placements at home)	per cent	90	91.7	1.9	✓
Children and young people who were the subject of a substantiated report within 12 months of the closure of a previous substantiated report The result was higher than the target as the measure was impacted by coronavirus (COVID-19). It is likely to reflect the increased risk to already vulnerable children as a result of various factors such as elevated risk of family violence.	per cent	17.5	19.8	13.1	■
Children and young people who were the subject of an investigation which led to a decision not to substantiate, who were subsequently the subject of a substantiation within three months of case closure The result is higher than the target due to a range of factors, including the impact of coronavirus (COVID-19), that new or cumulative evidence has subsequently become available, or a deterioration in family circumstances in subsequent investigations.	per cent	3	4.3	43.3	✓
Organisations that have successfully completed a certification review (family and community services) The result was higher than the target as all organisations that undertook a certification review achieved certification.	per cent	95	100	5.3	✓
Organisations that have successfully completed a certification review (specialist support and placement services) The result was higher than the target as all organisations that undertook a certification review achieved certification.	per cent	95	100	5.3	✓
Proportion of Aboriginal children placed with relatives/kin, other Aboriginal carers or in Aboriginal residential care	per cent	75	75.6	0.8	✓

Performance measures	Unit of measure	2019–20 target	2019–20 actual	Variation (%)	Result
Proportion of placements that are home-based care	per cent	92.5	96.4	4.2	✓
Timeliness					
Percentage of child protection investigations assessed as urgent, that were visited, or where attempts were made to visit, within two days of receipt of the report	per cent	97	96	-1.0	○
Cost					
Total output cost	\$ million	1,450.0	1,522.2	5.0	
The 2019–20 actual outcome is primarily due to increased demand for statutory child protection services and care services, and additional investment by government in response to coronavirus (COVID-19).					

Housing Assistance

This output aims to make a positive difference for Victorians experiencing disadvantage by providing excellent housing and community services to meet clients' needs. It does this through the provision of homelessness services, crisis and transitional accommodation and long-term adequate, affordable and accessible housing assistance, coordinated with support services where required, home renovation assistance and the management of the home loan portfolio.

Performance measures	Unit of measure	2019–20 target	2019–20 actual	Variation (%)	Result
Housing Assistance					
Quantity					
Number of bonds issued to low income Victorians to assist access to the private rental market	number	10,000	9,256	-7.4	■
The result was lower than the target due to a noticeable reduction in demand, particularly through quarter four due the economic impact on the private rental market of coronavirus (COVID-19). This has resulted in a significant reduction in demand for private rental.					
Households assisted with housing establishment assistance during year	number	36,000	38,458	6.8	✓
The result was higher than the target due to the unprecedented demand for emergency accommodation during coronavirus (COVID-19). To accommodate this demand additional Housing Establishment Funding was released from March 2020.					
Number of clients assisted to address and prevent homelessness	number	118,800	115,168	-3.1	○
Number of clients provided with accommodation	number	27,000	29,293	8.5	✓
The result was higher than the target due to the unprecedented demand for emergency accommodation during coronavirus (COVID-19). To accommodate this demand additional Housing Establishment Funding was released from March 2020.					
Number of households assisted with long term social housing (public, Aboriginal and community long-term tenancies at end of year)	number	77,900	77,900	0.0	✓
Preliminary result. Actual end-of-year result will be available by early 2021.					
Number of public housing dwellings upgraded during year	number	1,653	1,661	0.5	✓
Total number of social housing dwellings	number	87,749	85,111	-3.0	○
Preliminary result. Actual end-of-year result will be available by late 2020.					
Total social housing dwellings acquired during the year	number	1,133	1,097	-3.2	○
Preliminary result. Actual end-of-year result will be available by late 2020.					

Performance measures	Unit of measure	2019–20 target	2019–20 actual	Variation (%)	Result
Number of family violence victims who receive a refuge response The result was lower than the target due to modified work practices to comply with coronavirus (COVID-19) physical distancing requirements. As a result of physical distancing measures, some refuges are only able to accommodate one family at a time, rather than three to five families in business as usual.	number	1,012	923	-8.8	■
Number of nights of refuge accommodation provided to victims of family violence The result was lower than the target due to modified work practices to comply with coronavirus (COVID-19) physical distancing requirements. As a result of physical distancing measures, some refuges are only able to accommodate one family at a time, rather than three to five families in business as usual.	number	52,088	46,039	-11.6	■
Number of calls made to the statewide 24/7 family violence victim/survivor crisis service This result is lower than the target however this is partially due to increased efficiencies in service delivery. A reduction in overall call volume is partially attributable to decreased call abandonment rates, preventing the need for individuals to make multiple return calls to the service. It is also noted that this measure only reflects one way that service delivery is provided by SafeSteps. Responses to other types of referrals and outbound calls are not captured by this measure.	number	90,000	68,341	-24.1	■
Number of clients assisted to address and prevent homelessness due to family violence	number	53,000	53,136	0.3	✓
Social housing tenants satisfied with completed urgent maintenance works	per cent	85	89.7	5.5	✓
Quality					
Social housing tenants satisfied with completed non-urgent maintenance works The result was lower than the target due to the prioritisation of urgent and essential works during coronavirus (COVID-19). Ensuring safe practices during this period has also contributed to this result.	number	80	73.6	-8.0	■
Average waiting time for public rental housing for those clients who have received priority access housing allocation or a priority transfer The result was higher than the target due to a decrease in tenants moving out of public housing which has provided fewer opportunities for allocations of properties to people on the register.	months	10.5	12	14.3	■
Timeliness					
Average waiting time for public rental housing for clients who have received a priority access housing or priority transfer allocation due to family violence The result was lower than the target due to family violence service users being housed in social housing earlier than the target reflecting the focus on assisting family violence service users to access safe and secure housing options. This is a positive result.	months	10.5	9.9	-5.7	✓
Proportion of clients where support to sustain housing tenure was provided or referred	per cent	85	86.6	1.9	✓
Cost					
Total output cost	\$ million	648.3	672.2	3.7	
The 2019–20 actual outcome is primarily due to additional investment by government in response to coronavirus (COVID-19) and for the Haven Foundation, which is an initiative developing homes to support financially disadvantaged Victorians living with mental illness.					

Family Violence Service Delivery

This output leads and coordinates whole-of-government family violence policy and implements and delivers the government's family violence reform agenda. This includes establishing and operating Support and Safety Hubs, implementing information sharing legislation, and delivery of risk assessment and management programs.

Performance measures	Unit of measure	2019–20 target	2019–20 actual	Variation (%)	Result
Family Violence Service Delivery					
Quantity					
Workers trained in the Family Violence Risk Assessment and Risk Management Framework	number	10,000	10,553	5.5	✓
The number of workers trained in the Family Violence Multi-Agency Risk Assessment and Management Framework in 2019–20 is higher than the target despite coronavirus (COVID-19) restrictions impacting on access to face-to-face training delivery in the fourth quarter. This is a positive result.					
Support and Safety Hubs established	number	8	5	-37.5	■
The result was lower than the target due to the delay in service commencement in Central Highlands, Loddon and Goulburn. The delays in infrastructure and services due to coronavirus (COVID-19) have had a modest impact on opening dates for Loddon and Goulburn, with services now expected to commence in 2020–21. Central Highlands was impacted by coronavirus (COVID-19) restrictions and current physical distancing measures. The infrastructure is complete and all service prerequisites have been met. The service is therefore ready to commence as soon as coronavirus (COVID-19) restrictions are sufficiently eased.					
Total assessments undertaken at the Support and Safety Hubs	number	8,750	22,527	157.5	✓
This measure was updated in 2019–20 to count the total number of assessments undertaken, rather than the total number completed. The targets were based on prior years' performance, and reflect the operational experience of The Orange Door in its earliest phase of operation. It is important for context to note that in a small number of instances multiple assessments may be undertaken for a single client case, and these assessments are included in this count.					
Number of clients assisted by a Risk Assessment and Management Panel	number	650	506	-22.2	■
Preliminary result. Actual end-of-year result will be available late 2020. This result is lower than the target, which is positive as it reflects effective service delivery by Risk Assessment and Management coordinators, who facilitate well-coordinated system responses, therefore effectively diverting clients from a critical Risk Assessment and Management response.					
Number of children who receive a Sexually Abusive Behaviours Treatment Service response	number	1,150	1,022	-11.1	■
The result was lower than the target due to the coronavirus (COVID-19) pandemic, which limited capacity of Sexually Abusive Behaviours Treatment service delivery. Providers transitioned to delivery of services online or over the phone, with in-person services continuing only where the need is clinically indicated.					
Number of calls made to the statewide telephone help line for men regarding family violence	number	9,000	5,885	-34.6	■
This result is lower than the target which is positive. Changes in practice have resulted in decreased call abandonment rates, preventing the need for individuals to make multiple return calls to the service.					
Number of men participating in the men's behaviour change program	number	4,000	4,486	12.2	✓
The result was higher than the target due to demand for participation in men's behaviour change programs. These results demonstrate the sector's ability to respond to high levels of demand for perpetrator programs, despite coronavirus (COVID-19) restrictions limiting some service delivery. This is a positive result.					
Number of case management responses provided to perpetrators of family violence including those that require individualised support	number	1,300	1,371	5.5	✓
The result was higher than the target due to demand for perpetrator case management services. These results demonstrate the sector's ability to respond to high levels of demand for perpetrator programs. This is a positive result.					

Performance measures	Unit of measure	2019–20 target	2019–20 actual	Variation (%)	Result
Quality					
Satisfaction of workers with family violence training	per cent	80	97.2	21.5	✓
This is a positive result and reflects the high quality of family violence training provided to workers.					
Satisfaction of clients with Support and Safety Hubs services	per cent	80	97	21.3	✓
The result was higher than the target, although fourth quarter data could not be collected due to the changes in operations required during the coronavirus (COVID-19) health emergency. Phone-based surveys were unable to be run whilst staff were working remotely and paper-based surveys could not be distributed to clients. This is a positive result.					
Timeliness					
Assessments completed within agreed timeframes	per cent	80	66	-17.5	■
The result was lower than the target. It is expected that the percentage of family violence risk assessments completed within agreed timeframes will continue to improve due to better system controls in the Client Relationship Management system and an increased focus on practice guidance. Any referrals that indicate a higher risk receive an immediate response.					
Sexual assault support services clients receiving an initial response within five working days of referral	per cent	98	98	0.0	✓
Cost					
Total output cost	\$ million	268.3	287.5	7.2	
The 2019–20 actual outcome primarily reflects additional expenditure on key government initiatives such as the Central Information Point, and the coronavirus (COVID-19) response.					

Concessions to Pensioners and Beneficiaries

This output, through the development and coordination of the delivery of concessions and relief grants to eligible consumers and concession card holders, aims to make a positive difference for Victorians experiencing disadvantage by providing excellent community services to meet clients' needs.

Performance measures	Unit of measure	2019–20 target	2019–20 actual	Variation (%)	Result
Concessions to Pensioners and Beneficiaries					
Quantity					
Households receiving mains electricity concessions	number	922,177	922,580	0.0	✓
Preliminary result. Actual end-of-year result will be available by late 2020.					
Households receiving mains gas concessions	number	687,813	686,675	-0.2	○
Preliminary result. Actual end-of-year result will be available by late 2020.					
Households receiving non-mains energy concessions	number	24,811	23,238	-6.3	■
Preliminary result. Actual end-of-year result will be available by late 2020.					
Households receiving pensioner concessions for municipal rates and charges	number	436,613	436,048	-0.1	○
Preliminary result. Actual end-of-year result will be available by late 2020.					
Households receiving water and sewerage concessions	number	691,416	686,822	-0.7	○
Preliminary result. Actual end-of-year result will be available by late 2020.					
Number of Utility Relief Grants granted to households	number	42,884	49,575	15.6	✓
Preliminary result. Actual end-of-year result will be available by late 2020. The increase in the Utility Relief Grants is partially due to a new online application process that was implemented for the full financial year, while coronavirus (COVID-19) may have also contributed to an increase in applications.					

Performance measures	Unit of measure	2019–20 target	2019–20 actual	Variation (%)	Result
Number of clients receiving trustee services	number	14,600	15,026	2.9	✓
Preliminary result. Actual end-of-year result will be available by late 2020.					
Quality					
Percentage of customers satisfied with State Trustees Limited services	per cent	75	75	0.0	✓
Preliminary result. Actual end-of-year result will be available by late 2020.					
Percentage of Community Service Agreement performance targets that have been achieved by State Trustees	per cent	90	86	-4.4	○
Preliminary result. Actual end-of-year result will be available by late 2020.					
Timeliness					
Percentage of customer requests answered by State Trustees within the timelines set in the Community Service Agreement	per cent	90	90	0.0	✓
Preliminary result. Actual end-of-year result will be available by late 2020.					
Cost					
Total output cost	\$ million	591.8	577.2	-2.5	
The 2019–20 actual outcome is primarily due to reductions in household numbers brought about by improved retailer eligibility checks within mainly the annual electricity and gas concessions.					

Disability Services

This output, through the provision of continuing care and support services for people with disabilities, their carers and their families, aims to make a positive difference for Victorians experiencing disadvantage and provide excellent community services to meet clients' needs.

Performance measures	Unit of measure	2019–20 target	2019–20 actual	Variation (%)	Result
Disability Services					
Quantity					
Clients in residential institutions	number	0	0	N/A	✓
This result was due to the closure of Colanda Residential Services in Colac, the state's last institution for people with disability. All residents have been moved to new purpose-built community-based accommodation.					
Clients receiving case management services	number	215	222	3.3	✓
Clients receiving individualised support	number	0	5	N/A	✓
The result is higher than the target due to clients requesting a temporary delay of their NDIS planning meeting due to coronavirus (COVID-19).					
Hours of community-based respite	number	236,000	49,136.9	-79.2	■
The result is lower than the target due to the department's efforts to expedite the transition of people with disability to the NDIS, and consequently reducing the demand for state-funded respite services					
Number of respite days	number	20,125	8,317	-58.7	■
The result is lower than the target due to the department's efforts to expedite the transition of people with disability to the NDIS, and consequently reducing the demand for state-funded respite services					
Clients receiving forensic disability service	number	750	638	-14.9	■
The result was lower than the target due to the impact of coronavirus (COVID-19) on court processes and referrals.					

Performance measures	Unit of measure	2019–20 target	2019–20 actual	Variation (%)	Result
Quality					
Organisations that have successfully completed a certification review (accommodation supports)	per cent	95	0	-100.0	■
The result was lower than the target due to certification reviews being deferred as a result of transition of disability services to NDIS and coronavirus (COVID-19).					
Organisations that have successfully completed a certification review (client services and capacity)	per cent	95	100	5.3	✓
The result was higher than the target as all organisations that undertook a certification review achieved certification.					
Organisations that have successfully completed a certification review (individualised supports)	per cent	95	100	5.3	✓
The result was higher than the target as all organisations that undertook a certification review achieved certification.					
Timeliness					
Percentage of Specialist Disability Accommodation (SDA) services vacancies filled within 60 business days	per cent	100	0	-100.0	■
The result was lower than the target due to all Specialist Disability Accommodation (SDA) properties and residents in all areas in Victoria having transitioned to the NDIS. Filling of SDA vacancies relies on participants having SDA funding in their NDIS plan and securing SDA funding in a plan from the NDIS is taking up to 6 months for some participants. This is impacting on the department's ability to fill vacancies within the designated timeframe. Since March 2020, there has been a significant decrease in applications for SDA accommodation due to the impacts of coronavirus (COVID-19). Open for inspections have ceased as required by the care facilities directions and there has been a substantial reduction in enquiries about vacancies via SDA The Housing Hub.					

Cost

Total output cost	\$ million	632.2	563.4	-10.9
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The 2019–20 actual outcome primarily reflects higher than forecasted in-kind contributions to the National Disability Insurance Scheme from the Disability Services output and release of additional funding by government to support the transfer of departmental services to non-government organisations.

Victorian Contribution to National Disability Insurance Scheme

Quantity

National Disability Insurance Scheme participants	number	105,324	108,786	3.3	✓
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Cost

Total output cost	\$ million	1,448.9	1,579.3	9.0
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The 2019–20 actual outcome primarily reflects higher than forecasted contributions to the National Disability Insurance Scheme from extension of in-kind service arrangements of Disability Services provided to National Disability Insurance Scheme and participants.

Empowering Individuals and Communities

This output is delivered through funded programs that support community participation, including neighbourhood houses, Men's Sheds, community support projects and programs for people with a disability. Leadership is delivered for whole-of-government policy that will create an environment that encourages equity and improves all aspects of life.

Performance measures	Unit of measure	2019–20 target	2019–20 actual	Variation (%)	Result
Community Participation					
Quantity					
Hours of coordination funding provided to Neighbourhood Houses	hours ('000)	561,896	560,125	-0.3	○

Performance measures	Unit of measure	2019–20 target	2019–20 actual	Variation (%)	Result
Timeliness					
Grants acquitted within the timeframe specified in the terms and conditions of the funding agreement	per cent	92	92	0.0	✓
Cost					
Total Output Cost	\$ million	49.3	51.2	3.9	
The 2019–20 actual outcome primarily reflects increases in government policy initiatives related to the coronavirus (COVID-19) response.					
Office for Disability					
Quantity					
Number of Disability Advocacy clients	number	2,000	2,195	9.8	✓
The result was higher than the target due to the increased demand for advocacy resulting from Victoria's transition to the National Disability Insurance Scheme and the impacts of the coronavirus (COVID-19) public health emergency.					
Timeliness					
Annual reporting against the State disability plan within agreed timeframes	number	100	100	0.0	✓
Preliminary result. Actual end-of-year result will be available before mid-2021.					
Cost					
Total output cost	\$ million	10.9	11.1	1.7	

Finance and budgetary performance

Departmental five-year financial summary

Five-year financial summary (\$ millions)	2020	2019	2018	2017	2016
Income from government	18,971.9	17,696.3	16,373.1	15,089.9	14,242.9
Total revenue and income from transactions	22,028.4	19,417.0	17,921.1	16,678.6	15,939.8
Total expenses from transactions	(21,420.3)	(19,391.5)	(17,742.8)	(16,939.7)	(15,317.8)
Net result from transactions	608.1	25.5	178.3	(261.2)	622.1
Net result for the period	545.4	(9.0)	181.7	(266.3)	601.5
Net cash flow from operating activities	(96.9)	325.9	361.9	315.1	255.3
Total assets	34,865.9	33,372.5	34,380.8	29,831.5	28,163.2
Total liabilities	2,928.7	2,177.4	1,968.3	1,795.5	1,542.3

The Victorian Government considers the net result from transactions to be the appropriate measure of financial management that can be directly attributed to government policy.

This measure excludes the effects of revaluations (holding gains or losses) arising from changes in market prices and other changes in the volume of assets shown under 'other economic flows' on the comprehensive operating statement, which are outside the control of the department.

Departmental financial arrangements

The department's audited financial statements and the five-year summary exclude bodies within the department's portfolio that are not controlled by the department and are therefore not consolidated in the department's accounts.

To enable efficient production of financial information for smaller entities related to the department and to recognise the Director of Housing entity operating within the department's business structure, pursuant to s. 53(1) (b) of the *Financial Management Act 1994*, the Assistant Treasurer has granted approval for the department to prepare financial statements incorporating the following entities which form part of the Department of Health and Human Services reporting entity:

- > Mental Health Tribunal
- > Commission for Children and Young People
- > Director of Housing.

As a public non-financial corporation, the majority of income for the Director of Housing entity is derived from business operations primarily in the form of public housing rental, along with revenue provided by government through annual appropriation processes.

Detailed financial results for the Director of Housing are included in the appendices of the annual report, following the department's audited financial statements.

Financial performance and business review

The details below relate to the department's consolidated financial statements including the entities outlined above.

In 2019–20, the department recorded a net gain from transactions of \$608.1 million. This gain primarily relates to \$797.3 million surplus in the department, partly offset by a \$189.2 million deficit in the Director of Housing entity.

The \$797.3 million surplus in the department is mainly the result of the funding mechanism for the capital program in health services. The department is required to book revenue to fully cover the

depreciation expense related to assets that reside with health services. During the year, the department is only able to access and allocate depreciation equivalent funding to on-pass to health services to deliver the government's approved capital program. The depreciation-equivalent revenue that is not able to be allocated is booked as a receivable from the Victorian Government for application towards future capital program expenditure. In addition, there was an increase in funding for the implementation of policy initiatives announced in 2019–20 Budget, and additional Treasurer's advances and Commonwealth funding due to the coronavirus (COVID-19) pandemic.

The Director of Housing entity recorded a \$189.2 million deficit, which is a decrease of \$70.3 million compared to last year. This deficit is mainly due to an increase in depreciation of \$53.8 million compared to last year mainly caused by the accelerated depreciation resulting from the Public Housing Renewal Program demolitions, and a \$5.5 million increase in maintenance expenditure, largely caused by the gas heater replacement regime in properties owned by the Director of Housing.

Financial position – balance sheet

Total assets have increased by \$1.5 billion in 2019–20 compared to last year, and are mostly attributed to the increase in receivables, inventory and prepayments which are related to the coronavirus (COVID-19) state supply arrangement and an increase in the appropriated surplus earned on the provision of outputs in 2019–20. These asset increases are partially offset by decreases in cash at bank -please see explanation under Cash flows directly below.

Cash flows

The overall cash and term deposits position at the end of the 2019–20 financial year is a \$597.7 million surplus, which is a decrease of \$302.2 million compared to the beginning of the year. The overall decrease is mainly due to payments for grants to hospitals, including the coronavirus (COVID-19) Response, and for Director of Housing projects to support on-going initiatives approved by the Expenditure Review Sub-committee of Cabinet, including homelessness and family violence initiatives.

Governance

The department's senior executives at 30 June 2020

Kym Peake

Secretary

Kym Peake was appointed as Secretary of the Victorian Department of Health and Human Services in November 2015. The Secretary is responsible for ensuring the department's priority that all Victorians be safe, healthy and living a life they value.

Argiri Alisandratos

Deputy Secretary – Children Families Communities and Disability

Argiri Alisandratos was appointed as Deputy Secretary – Children Families Communities and Disability in July 2017. Argiri leads the design of legislation, policies, programs and practice advice that support the operations of the child protection program, family services and care services system which includes support for foster, kinship and permanent carers to better enable them to respond to the needs of vulnerable families.

Christina Asquini

Deputy Secretary – Community Services Operations

Chris Asquini was appointed as Deputy Secretary – Community Services Operations in September 2015. Chris leads the delivery of children and family services to Victorians, and for implementing operational policy and funding frameworks with a focus on children and families, housing and disability. Chris also oversees the provision of practice leadership, the management of critical incidents and child safety, and the monitoring and analysis of statewide service delivery standards and performance.

Greg Stenton

Deputy Secretary – Corporate Services

Greg Stenton was appointed as Deputy Secretary – Corporate Services in January 2019. Greg oversees the provision of a range of internally focused functions including finance, people and culture, information technology, procurement, records management, customer support and payroll along with the delivery of health technology services to hospitals.

Terry Symonds

Deputy Secretary – Health and Wellbeing

Terry Symonds was appointed as Deputy Secretary – Health and Wellbeing in July 2015. Terry oversees the policies, strategies, funding and performance of Victoria's hospital and healthcare system, including maternal and child health, early parenting centres, mental health, and alcohol and drug services.

Ben Rimmer

Deputy Secretary – Housing

Ben Rimmer was appointed as Deputy Secretary – Housing in December 2019. Ben leads the delivery of public housing and the funding of housing and homelessness assistance throughout the state. He is also overseeing a transformation of the Housing division and has various responsibilities as the Director of Housing.

In April 2020 he was also appointed as an Associate Secretary of the Department and oversees Infrastructure, Children and Families, Community Services Operations, Strategy and Planning, and Organisational Transformation.

Chris Hotham

Deputy Secretary – Infrastructure

Chris Hotham was appointed as Deputy Secretary – Infrastructure in December 2019. Chris leads the department's infrastructure program through the Victorian Health and Human Services Building Authority (VHHSBA), which is responsible for the planning, delivery and oversight of infrastructure projects. In addition, the division leads the department's strategic thinking and planning on the government's Priority Precincts agenda.

Jacinda de Witts

Deputy Secretary – Legal and Executive Services

Jacinda de Witts was appointed as Deputy Secretary – Legal and Executive Services in January 2019. The division is responsible for providing legal, privacy, conduct and complaints services and advice, and for supporting ministers and the department in meeting their statutory and integrity obligations. Jacinda is also the department's General Counsel.

Nick Chiam

Deputy Secretary – Organisational Transformation

Nick Chiam was appointed as Deputy Secretary – Organisational Transformation in January 2019. Nick leads the department's broad program of organisational change. The division works in collaboration with leadership and staff to build the organisation's collective skills, experience and creativity.

During the coronavirus (COVID-19) response, the division has been focused on supporting staff to adapt to remote working and establishing and sustaining new coronavirus (COVID-19) response operations.

Melissa Skilbeck

Deputy Secretary – Regulation, Health Protection and Emergency Management

Melissa Skilbeck was appointed as Deputy Secretary – Regulation, Health Protection and Emergency Management in June 2016. Melissa leads a division whose combined professional,

technological and epidemiological expertise protects the Victorian public from avoidable harm. It is also responsible for advancing public health, improving population health and wellbeing outcomes, supporting health and human services regulation, and ensuring emergency management, including contributing to whole-of-government actions to build community resilience and support social recovery in disaster-impacted communities.

Amity Durham

Deputy Secretary – Strategy and Planning

Amity Durham was appointed as Deputy Secretary – Strategy and Planning in October 2016. Amity leads cross-portfolio, evidence-based strategies and reforms that integrate a number of approaches to health and human services, advance government priorities and outcomes. The division is also responsible for data analysis and forecasting, evaluation, corporate planning and budget, corporate reporting, audit and risk, intergovernmental relations, and communications and media.

Eleri Butler

Chief Executive Officer – Family Safety Victoria

Eleri Butler was appointed as Chief Executive Officer of Family Safety Victoria in March 2020. She oversees the delivery of key initiatives to help protect, support and identify risk for those impacted by family violence, to hold perpetrators to account, and to coordinate access to services that support vulnerable children and families and victims of sexual assault.

Pamela Anders

Chief Executive Officer – Mental Health Reform

Pamela Anders was appointed as Chief Executive Officer – Mental Health Reform Victoria in February 2020. Pam is leading the work to reform our mental health system by overseeing and implementing the recommendations made by the Royal Commission into Victoria's Mental Health System.

Professor Euan M Wallace AM
MBChB MD FRCOG FRANZCOG
FAHMS

**Chief Executive Officer –
Safer Care Victoria**

Professor Euan Wallace AM was appointed as Chief Executive Officer – Safer Care Victoria in November 2016. Euan leads the state authority for overseeing and ensuring quality and safety improvement in health care. As well as monitoring and reviewing standards of care, Safer Care Victoria also works in partnership with consumers and their families, clinicians and health services to support the continuous improvement of healthcare.

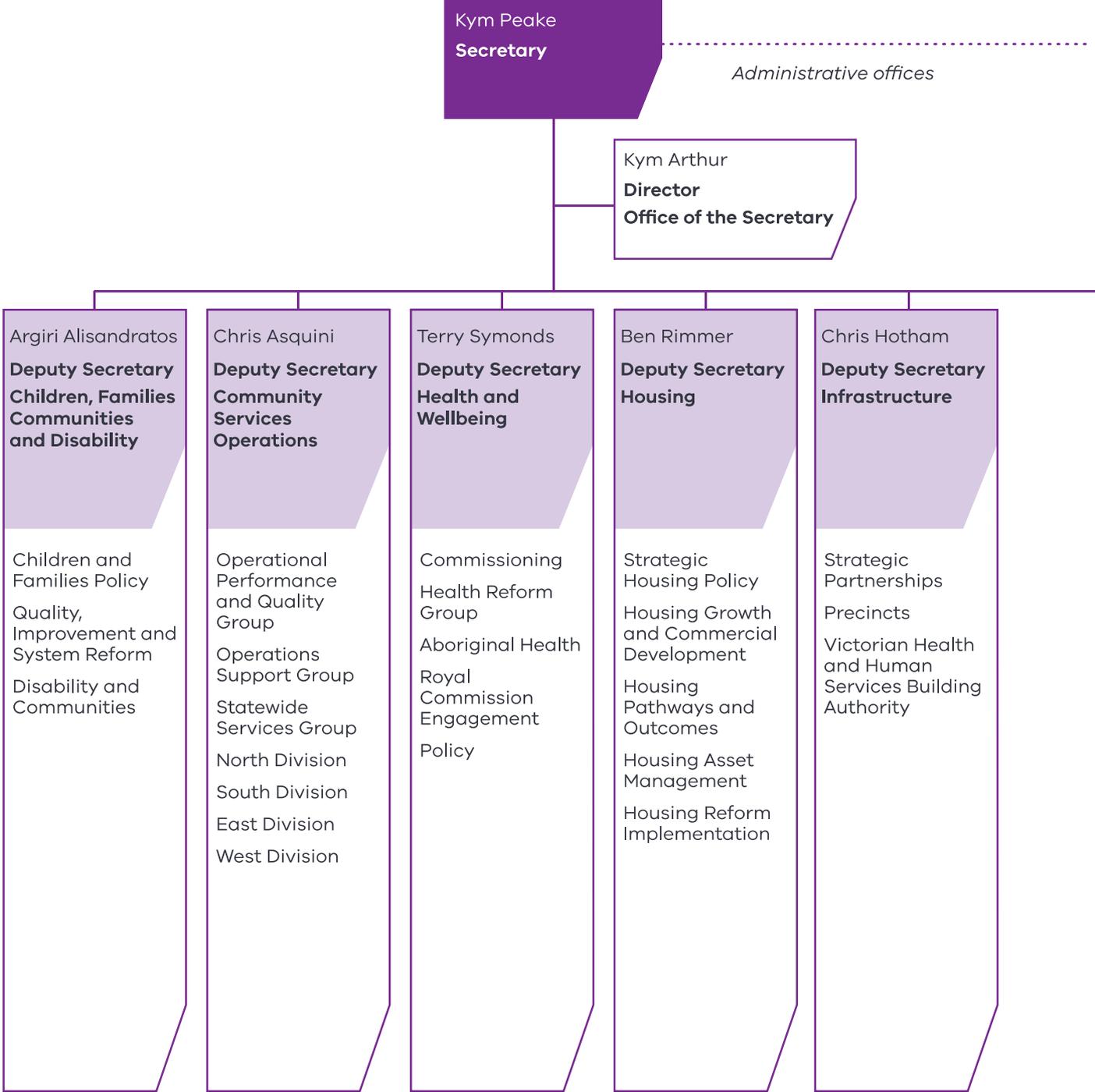
Dr Lance Emerson

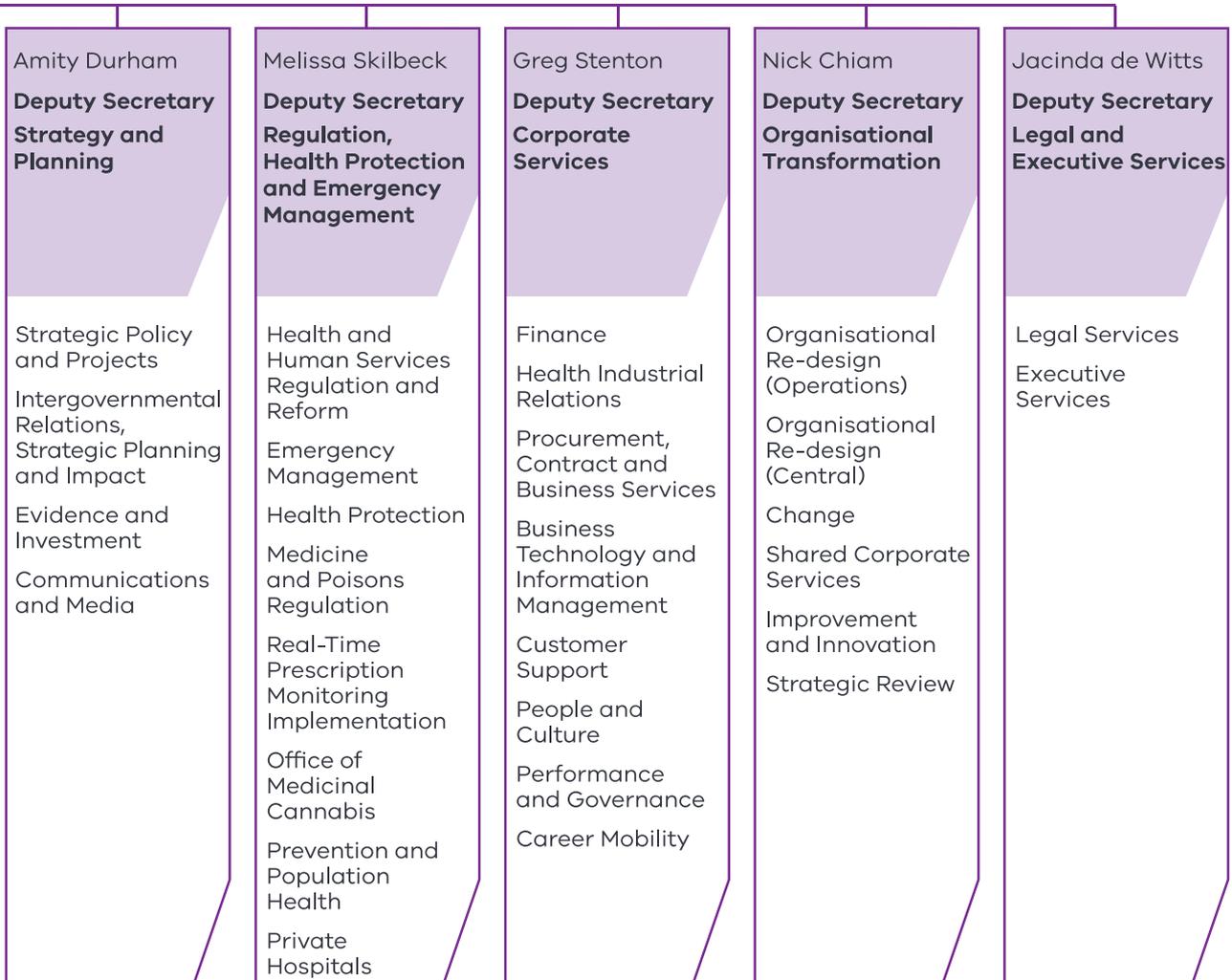
**Chief Executive Officer – Victorian
Agency for Health Information**

Dr Lance Emerson was appointed as Chief Executive Officer – Victorian Agency for Health Information in January 2018. Lance leads the agency in its role of providing accurate and meaningful safety and quality performance information on Victorian health services.

Organisation structure

As at 30 June 2020





Committee Structure

Executive Board

The Executive Board assists the Secretary with strategic leadership to meet the department's objectives (including vision, purpose and direction setting); improve performance and outcomes; and implement complex reform priorities.

The Executive Board operates under an approved charter and its members are the Secretary (as chair) and the deputy secretaries.

Seven ongoing subcommittees report to the Executive Board:

- > Aboriginal Health Wellbeing and Safety Subcommittee
- > Capital Subcommittee
- > Data Governance and Information Technology Subcommittee
- > Finance and Budget Subcommittee
- > Investment Subcommittee (IS) – new in 2020.
- > People and Culture Subcommittee
- > Performance and Reform Oversight Subcommittee (PROS) – new in 2020.
- > Quality, Safety and Experience Subcommittee.

In addition, three time-limited reform subcommittees also report to the Executive Board. Their focus is on implementing the government's reform agenda and complex departmental initiatives:

- > Health Reform Subcommittee
- > Integrated Community Services Subcommittee
- > NDIS Readiness Subcommittee
- > Organisational Transformation Subcommittee
- > Priority Reform Subcommittee.

Aboriginal Health Wellbeing and Safety Subcommittee

The Aboriginal Health Wellbeing and Safety Subcommittee considers and advises on Aboriginal health, wellbeing and safety priorities. It ensures that any of the department's strategic plans, frameworks and policies that have an Aboriginal focus work to improve outcomes for Aboriginal people through self-determination.

Capital Subcommittee

Capital Subcommittee is responsible for ensuring the department's capital priorities and proposals of the department align with service demand pressures and models of care, overseeing key program-wide risks and opportunities; and ensuring a strategic approach to uses of the department's land base.

Data Governance and Information Technology Subcommittee

The Data Governance and Information Technology Subcommittee provides governance and stewardship of business technology and information management members from across the divisions and an observer.

Finance and Budget Subcommittee

Provides stewardship of the department's finance and budget-related matters, including oversight and advice on the strategic development and coordination of departmental finance and budget policy.

Health Reform Subcommittee

Provides oversight and strategic direction regarding reform of the health system.

Integrated Community Services Subcommittee

Oversee and provide strategic direction regarding integration and reform of the Victorian community services system.

Investment Subcommittee – new in 2020

Established in 2020 it oversees the investment case development phase of the department's Planning, Investment and Implementation Cycle it provides assurance to the Executive Board that investment case proposals to be submitted for state Budget funding meet the department's needs and the ministers' expectations.

People and Culture Subcommittee

Provides advice, options and recommendations on matters related to people and culture.

Performance and Reform Oversight Subcommittee – new in 2020

Established in 2020 it oversees the implementation of major reform programs and the performance of strategic initiatives that contribute directly to the implementation of the department's Strategic Plan. It is also responsible for improving practice in project and program management across the department.

Priority Reform Subcommittee

Oversees and provides strategic direction regarding whole-of-system, cross-portfolio health and community service delivery reforms.

NDIS Readiness Subcommittee

Oversees the successful transfer of:

- > in-scope disability services, home and community care and mental health community support services to the National Disability Insurance Scheme
- > department-operated disability accommodation and respite services to the non-government sector.

Organisational Transformation Subcommittee

Considers and advises regarding ongoing organisational change, and how the alignment of transformation programs and initiatives enable the department to achieve its strategic objectives.

Quality, Safety and Experience Subcommittee

Provides a dual role of stewardship and strategic reform regarding the quality and safety of the health and community services system, and the experience of those who use it – clients, patients, consumers, workforce and volunteers.

Stand-Alone Legislative Committees

Three stand-alone committees support statutory assurance responsibilities and may include independent or non-executive members who provide expertise and advice:

- > Audit and Risk Management Committee
- > Executive Remuneration Committee
- > Health and Safety Consultation Committee.

Audit and Risk Management Committee

The Audit and Risk Management Committee is an independent committee established in accordance with the *Financial Management Act 1994* and the Standing Directions of the Minister for Finance (2016).

The committee operates under an approved charter and requires there are independent members with no departmental responsibility:

- > Helen Thornton, Chair (independent appointee)
- > Laurinda Gardner (independent appointee)
- > Peter Matthey (independent appointee).

The committee is integral to the department's approach to governance, ensuring that systems and processes for identifying and monitoring risks are operating as intended.

The committee's responsibilities cover the following areas:

- > annual financial statements
- > risk attestation
- > risk management and internal controls
- > fraud and corruption control
- > legislative and policy compliance
- > internal audit
- > external audit.

Executive Remuneration Committee

Ensures a consistent and rigorous approach is taken to setting and adjusting executive remuneration.

Health and Safety Consultation Committee

To oversee and provide strategic direction regarding integration and reform of the Victorian community services system.

Other Internal Committees

The department also has the following other ongoing internal committees:

- > DHHS Pride Network Committee
- > Divisional OHS Committees
- > Human Services and Health Partnership Implementation Committee
- > Future Sustainability Committee
- > Procurement Committee.

People

Employment and conduct principles

The values and employment principles that apply to the broader public sector are detailed in the *Public Administration Act 2004*.

The department complies with these employment principles and continually updates its policies and procedures to advance them.

The department's values are also aligned to those set out in the Act. It is committed to applying merit and equity principles to all employment policies, programs and resources and ensures its values are implemented throughout the department, including through performance planning and employee recognition processes.

Our People

The department's people work across a range of fields including aged care, mental health, public health and prevention, child protection, disability and housing support. The corporate and executive support functions play an essential enabling role across human resources, communications, information technology, finance and business services.

The department's strategic plan sets out the directions and priorities for service delivery.

People strategy 2020+

The department's People Strategy continues to be a key driver in enabling the delivery of services we provide to the community. To meet the changing needs of those we serve the People Strategy has been refreshed to ensure we continue to provide a working environment that support the need of our clients, patients, victim survivors, customers and stakeholders.

The People Strategy 2020+ is a road map for how we move into the future to achieve the department's vision. It is an ongoing commitment

to invest in developing and supporting our people that continues to focus on five core themes:

- > Build a diverse and high-performing workforce
- > Inspire and grow our people
- > Engage and advance our people
- > Provide purposeful leadership
- > Create a great people experience.

Key highlights for the year include:

- > continued delivery of the disability employment strategy, including implementation of the RISE@DHHS program to provide meaningful employment for people on the autism spectrum
- > achieving a bronze award in the Australian Workplace Equality Index (AWEI) – the national benchmark on LGBTQ workplace inclusion
- > continued implementation of the department's Aboriginal employment strategy including early achievement of the department's two per cent Aboriginal workforce target
- > development and implementation of a department-wide capability framework
- > delivery of the Leading with Respect program to enhance leadership capability to build a positive workplace culture
- > implementing the Performance and Goals module of the new OurPeople system.

Recognising our employees

The department recognised its employees through its annual staff excellence awards, which acknowledge the achievements and significant work undertaken across the department.

In 2019–20 there were 235 nominations received across seven categories:

- > Collaboration Award
- > Diversity and Inclusion Award
- > Innovation Award
- > People Management Award
- > Service Excellence Award (individual)
- > Service Excellence Award (team).

Building a stronger leadership culture

The department continued to strengthen its leadership pipeline by:

- > supporting 165 employees across all leadership levels to attend a broad range of intensive advanced leadership programs. These programs aim to broaden leadership skills, as well as give employees exposure to peers from other organisations, which strengthens networks and career mobility opportunities
- > continuing to strengthen peer and experiential learning opportunities through structured mentoring opportunities across all levels of the department and provision of networking opportunities for VPS 2–6 employees through structured meetups
- > supporting VPS 5, VPS 6 and executive employees to identify their career aspirations and opportunities for development through self-assessment and diagnostic feedback
- > supporting executives participating in cross-department leadership and new-to-role programs provided by the Victorian Leadership Academy. These programs are designed to build consistent leadership capability across the executive cohort
- > working with external providers to deliver five leadership programs virtually from April 2020. These programs are designed to build leadership capability for aspiring and current people leaders
- > introducing Short Hits of Thinking (SHOTs) to all leaders with links to online learning tailored to leading during coronavirus (COVID-19)
- > continuing to deliver the suite of five Leading with Respect programs. During 2019–20, 127 sessions were conducted (including 10 executive masterclasses) with 1,440 employees attending. Since the program began 624 people leaders have completed all five programs in the suite.

Capability development

Technology continues to shape the departments learning and development approaches with 28 new online courses being added to the eLearning portal. The courses offered are designed to support compliance and/or client service capability across the department's workforces and have been underpinned by the department's

compliance training framework. The introduction of facilitated virtual training using technology to meet the restriction requirements of coronavirus (COVID-19) has ensured that training continued during this time. More than 3,000 participants have attended the available training. Corporate training has also supported the coronavirus (COVID-19) surge workforce and have been instrumental in the provision of online general induction of more than 1,500 employees.

The departments activities to develop and grow capability were focused on:

- > client work
- > culture and values
- > health, safety and wellbeing
- > practice development
- > finance and procurement
- > management
- > leadership
- > writing and communication
- > software and systems
- > career development.

The department strengthened support for the learning and development of its frontline workforce through a range of initiatives, including by:

- > completing key actions under the child protection workforce strategy 2017–2020
- > establishing stronger governance arrangements for the development and delivery of learning and development
- > developing a capability framework for child protection to provide practice consistency
- > implementing a 12-month induction program for all newly recruited child protection practitioners
- > delivering learning strategies to support the final stages of the transfer of disability accommodation and transition to the National Disability Insurance Scheme
- > implementing learning programs identified through the Housing practice capability framework, and learning map project.
- > developing the Disability practice capability framework
- > providing strengthened opportunities to celebrate and promote excellent practice through improved communication activities, such as CP Symposium, CP Week, Housing Week, operational briefings and divisional newsletters.

Child protection workforce strategy

The *Child Protection Workforce Strategy 2017–2020*, launched in December 2017, was developed to build and sustain the expertise, wellbeing and professional identity of the child protection workforce to meet the future needs of the community. The strategy is dynamic and reviewed on an ongoing basis to support the current and future workforce and child protection operating model.

The strategy has five major priorities:

- > attracting and recruiting the best people
- > building a professional identity
- > growing and developing our people
- > engaging and retaining our people
- > ensuring the health, safety and wellbeing of our people.

The strategy provides a consistent vision for the growth and development of the child protection workforce.

Child protection's attraction and recruitment campaign

A key priority of the strategy was to attract and recruit the best people into the workforce by creating new, innovative entry pathways to the profession. One of these structured, targeted attraction initiatives introduced in 2019–20 was the pilot collaboration between the department, McArthur and the University of Southern California to specifically recruit advanced and senior child protection practitioners into regional and rural offices. Through this pilot, the department acquired four highly skilled and experienced social workers with strong backgrounds in child welfare and mental health who have been placed into various regional and rural offices throughout Victoria.

The pilot also allowed the department to strengthen its ability to attract and recruit a workforce that can meet statewide and local requirements across all practitioner levels, supported by tailored attraction strategies and candidate care.

Workforce inclusion policy

The department continues to attract the most capable people to build an exceptional, diverse and culturally safe workplace.

We are developing a workforce that reflects the communities we serve. We recognise and value the diverse skills and perspectives that people bring to the workplace because of their gender, age, language, cultural background, ethnicity, disability, religious belief, sexual orientation, educational level, socioeconomic background, caring and family responsibilities.

The department continued the CareerTrackers internship for Aboriginal university students and CareerSeekers for asylum seekers and refugees to allow them to gain valuable work experience from a paid twelve-week internship.

The rapid move to a remote workforce led to many of our diversity-related face-to-face training programs moving online, including Disability Confidence, Autism Awareness for Managers, Unconscious Bias and Cultural Safety.

Disability employment strategy

The department continued to deliver the *Disability employment strategy 2018–2020*. The strategy supports increased opportunities for people with a disability to work in the department, with targets of six per cent employment by 2020 and twelve per cent employment by 2025.

In addition, the strategy provides a focus for the department to ensure staff who identify as having a disability are supported appropriately through adjustments in the recruitment process and in the workplace.

The RISE@DHHS program continued to provide meaningful employment for people on the autism spectrum. The program established a set of services from data entry to document and mail digitisation that can be provided to customers across government.

The department continued the Stepping into Internship program for people living with disability. This program provides university students with valuable work experience, confidence and a chance to bridge the gap between university and graduate opportunities.

The All Ability Graduate Program continued to support skills and development of graduates with a disability alongside the wider VPS Graduate Recruitment Development program.

The department continued implementing disability employment initiatives, including:

- > Positive Action towards Career Engagement (PACE) mentoring program connecting jobseekers with a disability to mentors in the business
- > Accessibility Day to host jobseekers with disability for work experience toward employment outcomes.

The department also continued to work with the Australian Network on Disability at roundtable opportunities and to provide confidence training for employees with disability.

The department continued to provide regular six-week AUSLAN sign language workshops for work groups and weekly practice activities.

The Enablers Network for people with a disability at work continued supporting the needs, interests and concerns of employees with a disability to ensure a voice and fair and equitable outcomes.

Aboriginal employment strategy

The department continued implementing the *Aboriginal employment strategy 2016–21*, aiming for the following three outcomes by 2021:

- > a two per cent workforce target
- > Aboriginal employees across all classifications, with a corresponding increase in the Aboriginal workforce at the senior and executive level
- > progressing the department's commitment to be a diverse, inclusive and culturally safe employer of choice for Aboriginal people.

Increasing Aboriginal employment not only improves health and wellbeing, it is also a key driver for improving access to quality and culturally appropriate health and human services for Victoria's Aboriginal community.

Implementation of the strategy continues to track well in its third year, with current figures showing the department has achieved the two per cent June 2021 workforce target. The Aboriginal workforce is now represented across all classifications, including with an increase in senior and executive roles. A range of initiatives were implemented to support the department as a culturally safe employer of choice for Aboriginal people. These included allocating scholarships for secondary and tertiary students, the CareerTrackers' 12-week internships in

generalist and child protection program streams, the Aboriginal graduate program, leadership programs, mentoring and coaching for employees, and strengthening the Aboriginal Staff Network.

Work continued to boost the recruitment and retention of Aboriginal child protection practitioners. This included a focus on practitioner care and resulted in more than two per cent of the child protection workforce identifying as Aboriginal.

Aboriginal Yarning Circles also continued to provide culturally appropriate and safe employee supports for our Aboriginal and Torres Strait Islander child protection workforce.

The department's Wirrigirri reconciliation program continues to increase the numbers of allies for Aboriginal inclusion, awareness of Aboriginal significant dates and events and culturally safe workplaces.

Aboriginal and Torres Strait Islander cultural safety

The department launched the Aboriginal and Torres Strait Islander cultural safety framework in June 2019. The framework's vision to ensure the Victorian health, human and community service sector provides culturally safe practice and service provision that enables optimal health, wellbeing and safety outcomes for Aboriginal people. To achieve this vision the framework has three key domains:

- > culturally safe workplaces and organisations
- > Aboriginal self-determination
- > Leadership and Accountability.

The department is developing executive leaders and workforce to take ownership of cultural safety as part of their responsibility to ensure a culturally safe environment for Aboriginal workforce and that self-determination is embedded in policy, program and service provision. Dedicated learning and development and online resources have been implemented for all staff, managers and executive to ensure all employees are responsible for how they work with Aboriginal staff, health consumers and clients of community services. A cultural safety working group has been operating to support the implementation of the framework throughout the organisation. A dedicated Aboriginal peer support network has been developed using the principles of self-determination to support the health, wellbeing and safety of our Aboriginal workforce.

The department has been agile during the coronavirus (COVID-19) pandemic and continued to build capability by creating rapid e-learns for front-line health staff, virtual development sessions as well as building cultural safety into induction. Dedicated cultural safety advisors have been appointed to our contact tracing team. In addition, the department has worked collaboratively with Department of Education, Adult Multicultural Education Services and Koorie Heritage Trust to develop online community services cultural safety learning modules for job seekers under the Working for Victoria initiative.

Aboriginal Staff Network

The Aboriginal Staff Network (ASN) offers access to a supportive culturally safe community of practice. It is a place to share good practice and creative ideas, support each other through issues of concern, access opportunities for personal and professional development and provide input into the department's work, policies and processes to ensure they are inclusive of Aboriginal people.

The ASN annual conference was held in Creswick on *Dja Wurrung* Country. It brings together Aboriginal staff from across the state and is a key retention commitment of our *Aboriginal Employment Strategy 2016–2021*.

The department remains committed to self-determination, and the ASN is an important channel for amplifying the Aboriginal and Torres Strait Islander voice.

LGBTIQ inclusion

The department's LGBTIQ Inclusion Plan 2019–2020 continued initiatives and actions under six key result areas measured in the Australian Workplace Equality Index:

- > Inclusive policy and practice
- > Strategy and accountability
- > LGBTI training and education
- > LGBTI employee network
- > Visibility and inclusion
- > Community engagement.

The department implemented supportive processes for trans and gender diverse employees to affirm their gender identity in the workplace and to ensure their safety and inclusion and achieved bronze in the Australian Workplace Equality Index. The

department continued to provide unconscious bias training and to work with Pride in Diversity to provide employees with training and awareness.

The department's Pride Network provides a forum for all staff interested in, and supportive of, creating safe and inclusive workplaces for LGBTIQ employees. Part of a broader whole-of-Victorian-Government Pride Network, it offers a space for staff to promote positive LGBTIQ cultural awareness, sector-wide events, participate in professional development opportunities and contribute to the department's LGBTIQ diversity work.

Youth Employment Scheme

The department is active in providing job opportunities for disadvantaged job seekers through the Youth Employment Scheme (YES) which strongly promotes opportunities for disadvantaged groups targeting long-term unemployed people, Aboriginal young people and people with a disability, particularly in rural and regional Victoria.

The YES is a Victorian Government initiative that enables unemployed or otherwise disadvantaged young people aged 15 to 24 years to enter the workforce and build sustainable careers through traineeships while attaining a qualification.

During 2019–2020 the department engaged 53 YES trainees including 30 with placements in public hospital and 18 Aboriginal YES trainees.

Graduate recruitment

In 2019–20 the department engaged a total of six graduates from diverse academic backgrounds through the Victorian Public Service Graduate Recruitment and Development Scheme (GRADS).

Two Aboriginal graduates were recruited in 2019–20 through the department's Aboriginal Graduate program.

Graduates participating in the 12-month GRADS scheme completed three placements in the Victorian Public Service to develop core skills and gain a broad experience of working in the government sector. They commenced their ongoing roles within the department at the conclusion of the program.

Student placement program

The department offers students undertaking a tertiary qualification the opportunity to complete their fieldwork placement in health and human services as part of their course.

In 2019–20, 240 tertiary student placements were completed across child protection, disability services, housing, corporate services, health and secure welfare services. Most of the placements (190) were completed in child protection.

Child Protection Vacation Employment Program

The Child Protection Vacation Employment Program (VAC) offers fixed-term paid employment of 12 weeks or 450 hours to eligible students studying for a recognised degree. The 12-week rotation-based program enables VAC participants to receive a structured, quality learning experience while gaining hands-on work experience in child protection.

Participants who demonstrate the essential skills and attributes necessary for entry into a child protection practitioner role (CPP) may receive a conditional offer of employment for a CPP 3 position, subject to the successful completion of their recognised degree.

Based on the success of the 2016–17 VAC program in boosting the child protection workforce, the program was doubled for 2018 and 2019. Over the past four years, 126 of the 224 students who have completed the VAC program have subsequently been appointed to CPP positions.

Health, safety and wellbeing

The department makes the health, safety and wellbeing of its staff a priority. This commitment is embedded in the department's HSW policy and accountabilities, which are reflected in the performance and development plans of all staff and executive officers. We have also implemented HSW training for people managers called Home Safely Every Day – Leading with Our Values. This training helps managers understand their HSW accountabilities and provides practical guidance

and tools for managers to proactively support themselves and their staff to go home safely every day, both physically and psychologically.

The department offers a range of employee wellbeing supports to ensure the needs of our diverse workforce are met. Our Employee Wellbeing and Support Program offers a range of specialised employee support services that are proactive, holistic and preventative. Available to all employees and their immediate family members, the program is confidential and available at no cost. The program includes a Peer Support Network which provides informal, confidential support to employees using an active listening, clarification and referral model. Assistance is provided by peer supporters, department employees volunteer to support their colleagues. The department also has a workplace facilitator a designated independent, neutral person who provides impartial, off-the-record assistance to employees for the informal resolution of concerns and conflicts related to their job.

Gender equality

The department launched the Gender equality action plan in July 2019 to further work already underway to support our commitment to gender equality. The plan is not about how many women or men are employed at any particular level of the department. Rather it is about 'normalising' and embedding gender equality into all our practices and behaviours. In doing so, we further the department's vision: to achieve the best health, wellbeing and safety of all Victorians so that they can live a life they value.

The plan has five focus areas:

- > Attract a diverse and high-performing workforce
- > Inspire and grow our people
- > Engage and retain our people
- > Purposeful leadership
- > Create a great people experience.

These five focus areas are headlined by a genuine commitment to gender equality from senior leadership and underpinned by metrics and reporting on gender equality measures.

Comparative workforce data

Public sector values and employment principles

The *Public Administration Act 2004* established the Victorian Public Sector Commission (VPSC). The VPSC's role is to strengthen public sector efficiency, effectiveness and capability, and advocate for public sector professionalism and integrity.

The department introduced policies and practices that are consistent with the VPSC's employment standards and provide for fair treatment, career opportunities and the early resolution of workplace issues. The department advised its employees on how to avoid conflicts of interest, how to respond to offers of gifts and how it deals with misconduct.

Full-time equivalent (FTE) staffing trends from 2016 to 2020

June 2020	June 2019	June 2018	June 2017	June 2016
8,109	10,082	12,101	11,249	11,448

Summary of employment levels in June of 2019 and 2020

	Ongoing employees			Ongoing FTE	Fixed-term and casual employees
	Employees (head count)	Full-time (head count)	Part-time (head count)		FTE
June 2019	11,241	6,125	2,550	7,997.4	2085
June 2020	8,732	5,474	1,433	6,466.5	1,642.6

Department of Health and Human Services employment levels in June of 2020 and 2019

	June 2020						June 2019							
	All employees		Ongoing		Fixed term and casual		All employees		Ongoing		Fixed term and casual			
	Number (head count)	FTE	Full-time (head count)	Part-time (head count)	FTE	Number (head count)	FTE	Number (head count)	FTE	Full-time (head count)	Part-time (head count)	FTE	Number (head count)	FTE
Gender														
Women	6,328	5,781.3	3,732	1,300	4,626.1	1,296	1,155.2	8,075	7,125.3	4,115	2,092	5,624.2	1,868	1,501.1
Men	2,404	2,327.8	1,742	133	1,840.4	529	487.3	3,166	2,957.2	2,010	458	2,373.2	698	584.0
Self-described	na	na	na	na	na	na	na	na	na	na	na	na	na	na
Age														
15–24	327	291.1	117	9	123.7	201	167.4	491	422.2	185	39	214.4	267	207.7
25–34	1,881	1,770.9	1,115	184	1,238.9	582	532.0	2,234	2,044.3	1,158	329	1,388.3	747	656.1
35–44	2,284	2,091.5	1,319	488	1,656.3	477	435.2	2,731	2,433.7	1,409	692	1,906.5	630	527.6
45–54	2,164	2,031.1	1,482	373	1,746.5	309	284.5	2,903	2,632.1	1,711	697	2,240.2	495	391.9
55–64	1,710	1,596.0	1,190	298	1,398.0	222	198.1	2,393	2,139.8	1,399	642	1,881.7	352	258.1
65+	366	328.5	251	81	303.2	34	25.3	489	410.3	263	151	366.2	75	44.0
Classification														
VPS 1	15	10.6	0	1	0.2	14	10.4	24	20.5	0	1	0.2	23	20.3
VPS 2	380	324.3	172	97	236.6	111	87.7	458	389.6	196	100	261.9	162	127.7
VPS 3	658	606.9	397	82	455	179	151.9	680	643.0	431	98	497.5	151	145.5
VPS 4	999	939.7	602	139	697.5	258	242.2	942	897.0	611	130	702.0	201	195.0
VPS 5	1,719	1,618.3	1,080	280	1,280.8	359	337.5	1,748	1,642.7	1,048	297	1,265.5	403	377.1
VPS 6	1,078	1,042.0	731	123	824.4	224	217.7	1,064	1,023.4	734	126	828.1	204	195.3
Allied Health	84	77.4	51	23	68.0	10	9.4	111	100.6	59	32	81.8	20	18.8
Child Protection	2,200	2,047.5	1,459	357	1,697.4	384	350.0	2,271	2,107.2	1,480	318	1,689.6	473	417.5
Children, Youth and Families	261	230.0	156	43	184.6	62	45.4	273	238.5	137	57	176.8	79	61.7

	June 2020						June 2019							
	All employees		Ongoing		Fixed term and casual		All employees		Ongoing		Fixed term and casual			
	Number (head count)	FTE	Full-time (head count)	Part-time (head count)	FTE	Number (head count)	FTE	Number (head count)	FTE	Full-time (head count)	Part-time (head count)	FTE	Number (head count)	FTE
Disability Development and Support	359	305.0	159	112	239.9	88	65.1	2,675	2,119.4	804	1,185	1,736.4	686	383
Housing Services	528	490.1	366	108	438.9	54	51.2	552	503.5	337	132	425.1	83	78.4
STS	27	27.0	13	0	13.0	14	14.0	24	23.0	9	2	10.4	13	12.6
SMA	28	26.2	9	0	9.0	19	17.2	37	35.3	17	1	17.8	19	17.5
Executives	216	214.0	207	9	214.0	0	0.0	184	183.0	178	6	183.0	0	0.0
Other	180	150.0	72	59	107.2	49	42.8	198	155.7	84	65	121.1	49	34.6
Total employees	8,732	8,109.1	5,474	1,433	6,466.5	1,825	1,642.6	11,241	10,082.5	6,125	2,550	7,997.4	2,566	2,085

Notes:

na = not available

STS = Senior Technical Specialist

SMA = Senior Medical Advisor

Rounding errors may be present in FTE tables due to data being formatted to one decimal place.

Commission for Children and Young People and Respect Victoria data included in this table.

Victorian Health and Human Services Building Authority data included in this table.

Approximately 5,000 service delivery staff have been seconded to non-government providers as part of the National Disability Insurance Scheme.

'Other' classification group may include solicitors, nurses, trade assistants, scientists, external auditors.

Annualised total salary, by \$20,000 bands, for executives and other senior non-executive staff

Income band (salary)	Executives	STS	PS	SMA	SRA	Other
< \$160,000	2					
\$160,000–\$179,999	32	5		3		
\$180,000–\$199,999	65	10		7		
\$200,000–\$219,999	35	8		4		
\$220,000–\$239,999	34	4		5		
\$240,000–\$259,999	14			6		
\$260,000–\$279,999	6					
\$280,000–\$299,999	7			2		
\$300,000–\$319,999	7					
\$320,000–\$339,999	5					
\$340,000–\$359,999				1		
\$360,000–\$379,999	5					
\$380,000–\$399,999						
\$400,000–\$419,999	1					
\$420,000–\$439,999						
\$440,000–\$459,999	1					
\$460,000–\$479,999	1					
\$520,000–\$539,999						
\$540,000–\$559,999	1					
Total	216	27		28		

Family Safety Victoria employment levels

Summary of employment levels in June of 2019 and 2020

	Ongoing employees			Fixed-term and casual employees	
	Employees (head count)	Full-time (head count)	Part-time (head count)	FTE	FTE
June 2019	310	127	48	161.4	129.5
June 2020	268	135	37	162.7	93.4

Family Safety Victoria employment levels in June of 2020 and 2019

	June 2020						June 2019							
	All employees		Ongoing		Fixed term and casual		All employees		Ongoing		Fixed term and casual			
	Number (head count)	FTE	Full-time (head count)	Part-time (head count)	FTE	Number (head count)	FTE	Number (head count)	FTE	Full-time (head count)	Part-time (head count)	FTE	Number (head count)	FTE
Gender														
Women	222	211.1	112	31	134.6	79	76.4	262	243.7	104	45	135.9	113	107.9
Men	46	45.1	23	6	28.1	17	17	48	47.1	23	3	25.5	22	21.6
Self-described	na	na	na	na	na	na	na	na	na	na	na	na	na	na
Age														
15–24	4	3.3	0	2	1.3	2	2	10	9.4	1	1	1.6	8	7.8
25–34	53	52.2	29	2	30.4	22	21.8	64	62.1	23	4	25.8	37	36.3
35–44	107	99.8	47	21	62.7	39	37	127	115.2	43	29	63.5	55	51.8
45–54	70	67.7	41	9	48	20	19.7	78	74.1	43	11	51.2	24	22.9
55–64	29	28.2	15	3	17.3	11	10.9	27	26.1	14	3	16.3	10	9.8
65+	5	5	3	0	3	2	2	4	3.9	3	0	3	1	0.9
Classification														
VPS 1	1	1	0	0	0	1	1	1	1	0	0	0	1	1
VPS 2	7	7	7	0	7	0	0	6	6	4	0	4	2	2
VPS 3	34	30.7	14	8	18.8	12	11.9	31	27.4	10	8	14.7	13	12.7
VPS 4	30	29.5	14	2	15.7	14	13.8	37	35.7	10	3	12.2	24	23.5
VPS 5	81	77.1	31	12	40.5	38	36.6	113	105.8	36	18	49.5	59	56.3
VPS 6	77	74.5	41	10	49.4	26	25.1	82	77.3	38	13	48.3	31	29
Child Protection	15	13.5	9	4	11.5	2	2	14	11.9	9	5	11.9	0	0
STS	4	4	1	0	1	3	3	6	6	2	0	2	4	4
SMA	0	0	0	0	0	0	0	1	1	0	0	0	1	1
Executives	18	18	18	0	18	0	0	19	18.8	18	1	18.8	0	0
Other	1	0.9	0	1	0.9	0	0	0	0	0	0	0	0	0
Total employees	268	256.2	135	37	162.7	96	93.4	310	290.8	127	48	161.4	135	129.5

Notes:

na = not available

STS = Senior Technical Specialist

SMA = Senior Medical Advisor

Rounding errors may be present in FTE tables due to data being formatted to one decimal place.

'Other' classification group may include solicitors, nurses, trade assistants, scientists, external auditors.

Data as at 30 June 2020.

Annualised total salary, by \$20,000 bands, for executives and other senior non-executive staff

Income band (salary)	Executives	STS	PS	SMA	SRA	Other
< \$160,000						
\$160,000–\$179,999	4	1				
\$180,000–\$199,999	7	2				
\$200,000–\$219,999	3					
\$220,000–\$239,999	1	1				
\$240,000–\$259,999						
\$260,000–\$279,999	1					
\$280,000–\$299,999	2					
\$300,000–\$319,999						
Total	18	4				

Mental Health Reform Victoria employment levels

Summary of employment levels in June of 2020

	Ongoing employees			Fixed-term and casual employees	
	Employees (head count)	Full-time (head count)	Part-time (head count)	FTE	FTE
June 2020	9	6	0	6	3

Mental Health Reform Victoria employment levels in June of 2020

	June 2020							
	All employees			Ongoing			Fixed term and casual	
	Number (head count)	FTE	Full-time (head count)	Part-time (head count)	FTE	Number (head count)	FTE	
Gender								
Women	6	6	4	0	4	2	2	
Men	3	3	2	0	2	1	1	
Self-described	na	na	na	na	na	na	na	
Age								
35–44	3	3	1	0	1	2	2	
45–54	6	6	5	0	5	1	1	
Classification								
VPS 2	1	1	1	0	1	0	0	
VPS 5	2	2	1	0	1	1	1	
VPS 6	3	3	2	0	2	1	1	
Executives	3	3	2	0	2	1	1	
Total employees	9	9	6	0	6	3	3	

Notes:

na = not available

Rounding errors may be present in FTE tables due to data being formatted to one decimal place.

Data as at 30 June 2020.

Annualised total salary, by \$20,000 bands, for executives and other senior non-executive staff

Income band (salary)	Executives	STS	PS	SMA	SRA	Other
< \$160,000						
\$160,000–\$179,999						
\$180,000–\$199,999						
\$200,000–\$219,999						
\$220,000–\$239,999	1					
\$240,000–\$259,999						
\$260,000–\$279,999	1					
\$280,000–\$299,999						
\$320,000–\$339,999	1					
Total	3					

Safer Care Victoria employment levels

Summary of employment levels in June of 2019 and 2020

	Ongoing employees			Fixed-term and casual employees	
	Employees (headcount)	Full-time (headcount)	Part-time (headcount)	FTE	FTE
June 2019	131	64	28	83.8	36.5
June 2020	125	64	33	86.4	26.6

Safer Care Victoria employment levels in June of 2020 and 2019

	June 2020						June 2019							
	All employees		Ongoing		Fixed term and casual		All employees		Ongoing		Fixed term and casual			
	Number (head count)	FTE	Full-time (head count)	Part-time (head count)	FTE	Number (head count)	FTE	Number (head count)	FTE	Full-time (head count)	Part-time (head count)	FTE	Number (head count)	FTE
Gender														
Women	109	97.9	57	30	77.3	22	20.6	113	103.2	58	26	76.2	29	27
Men	16	15.1	7	3	9.1	6	6	18	17.1	6	2	7.6	10	9.5
Self-described	na	na	na	na	na	na	na	na	na	na	na	na	na	na
Age														
15–24	1	1	1	0	1	0	0	2	2	2	0	2	0	0
25–34	32	30.8	19	3	21	10	9.8	34	33	21	2	22.2	11	10.8
35–44	45	39.4	22	13	30.6	10	8.8	47	42.4	20	12	29.2	15	13.2
45–54	33	29.5	17	10	23.5	6	6	32	29.3	16	7	20.8	9	8.5
55–64	13	11.5	5	6	9.5	2	2	14	11.9	4	6	7.9	4	4
65+	1	0.7	0	1	0.7	0	0	2	1.7	1	1	1.7	0	0
Classification														
VPS 2	1	1	1	0	1	0	0	1	1	1	0	1	0	0
VPS 3	7	6.2	5	2	6.2	0	0	9	8.6	5	1	5.6	3	3
VPS 4	23	21.5	11	4	13.5	8	8	24	22.3	12	5	15.5	7	6.8
VPS 5	58	51.8	27	17	38.9	14	12.9	59	53.8	25	16	36.6	18	17.2
VPS 6	28	25.5	15	8	20.5	5	5	31	28.8	17	5	20.3	9	8.5
STS	1	0.7	0	0	0	1	0.7	1	0.5	0	0	0	1	0.5
SMA	0	0	0	0	0	0	0	1	0.5	0	0	0	1	0.5
Executives	7	6.3	5	2	6.3	0	0	5	4.8	4	1	4.8	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total employees	125	113	64	33	86.4	28	26.6	131	120.3	64	28	83.8	39	36.5

Notes:

na = not available

STS = Senior Technical Specialist

SMA = Senior Medical Advisor

Rounding errors may be present in FTE tables due to data being formatted to one decimal place.

'Other' classification group may include solicitors, nurses, trade assistants, scientists, external auditors.

Data as at 30 June 2020.

Annualised total salary, by \$20,000 bands, for executives and other senior non-executive staff

Income band (salary)	Executives	STS	PS	SMA	SRA	Other
< \$160,000						
\$160,000–\$179,999	2					
\$180,000–\$199,999	2	1				
\$200,000–\$219,999	2					
\$220,000–\$239,999						
\$240,000–\$259,999						
\$260,000–\$279,999						
\$280,000–\$299,999						
\$300,000–\$319,999						
\$320,000–\$339,999						
\$340,000–\$359,999						
\$360,000–\$379,999						
\$380,000–\$399,999						
\$400,000–\$419,999						
\$420,000–\$439,999						
\$440,000–\$459,999	1					
\$460,000–\$479,999						
\$520,000–\$539,999						
Total	7	1				

Victorian Agency for Health Information employment levels

Summary of employment levels in June of 2019 and 2020

	Ongoing employees			Fixed-term and casual employees	
	Employees (headcount)	Full-time (headcount)	Part-time (headcount)	FTE	FTE
June 2019	75	57	7	61.8	10.4
June 2020	85	58	10	65.1	16.6

Victorian Agency for Health Information employment levels in June of 2020 and 2019

	June 2020							June 2019						
	All employees		Ongoing			Fixed term and casual		All employees		Ongoing			Fixed term and casual	
	Number (head count)	FTE	Full-time (head count)	Part-time (head count)	FTE	Number (head count)	FTE	Number (head count)	FTE	Full-time (head count)	Part-time (head count)	FTE	Number (head count)	FTE
Gender														
Women	46	43.9	31	8	36.9	7	7	42	40	30	5	33.6	7	6.4
Men	39	37.8	27	2	28.2	10	9.6	33	32.2	27	2	28.2	4	4
Self-described	na	na	na	na	na	na	na	na	na	na	na	na	na	na
Age														
15–24	3	3	3	0	3	0	0	3	3	2	0	2	1	1
25–34	12	11.3	8	2	9.3	2	2	16	15.5	12	2	13.5	2	2
35–44	32	31	21	3	23	8	8	25	24.8	22	1	22.8	2	2
45–54	20	19.6	16	1	16.8	3	2.8	17	15.9	13	1	13.5	3	2.4
55–64	15	14.4	9	3	11.4	3	3	12	11.4	7	2	8.4	3	3
65+	3	2.4	1	1	1.6	1	0.8	2	1.6	1	1	1.6	0	0
Classification														
VPS 2	0	0	0	0	0	0	0	2	2	1	0	1	1	1
VPS 3	6	5.4	3	1	3.4	2	2	4	4	2	0	2	2	2
VPS 4	8	7	5	3	7	0	0	8	7.4	6	2	7.4	0	0
VPS 5	33	32.2	22	2	23.4	9	8.8	30	28.3	23	3	24.9	4	3.4
VPS 6	29	28.3	20	3	22.5	6	5.8	23	22.5	17	2	18.5	4	4
STS	2	2	2	0	2	0	0	2	2	2	0	2	0	0
Executives	6	6	6	0	6	0	0	6	6	6	0	6	0	0
Other	1	0.8	0	1	0.8	0	0	0	0	0	0	0	0	0
Total employees	85	81.7	58	10	65.1	17	16.6	75	72.2	57	7	61.8	11	10.4

Notes:

na = not available

STS = Senior Technical Specialist

Rounding errors may be present in FTE tables due to data being formatted to one decimal place.

Data as at 30 June 2020.

Annualised total salary, by \$20,000 bands, for executives and other senior non-executive staff

Income band (salary)	Executives	STS	PS	SMA	SRA	Other
< \$160,000						
\$160,000–\$179,999	1	1				
\$180,000–\$199,999	1	1				
\$200,000–\$219,999	2					
\$220,000–\$239,999	1					
\$240,000–\$259,999						
\$260,000–\$279,999						
\$280,000–\$299,999						
\$300,000–\$319,999						
\$320,000–\$339,999						
\$340,000–\$359,999						
\$360,000–\$379,999						
\$380,000–\$399,999	1					
Total	6	2				

Executive officer data

For a department, an executive officer (EO) is defined as a person employed as an executive under Part 3 of the *Public Administration Act 2004* (PAA). For a public body, an EO is defined as an executive under Part 3 of the PAA or a person to whom the Victorian Government's *Policy on executive remuneration in public entities* applies. All figures reflect employment levels at the last full pay period in June of the current and corresponding previous reporting year.

The definition of an EO does not include a statutory office holder or an Accountable Officer.

The following tables disclose the EOs of the department, its administrative offices and its portfolio agencies for 30 June 2020:

- > Table 1 discloses the total numbers of EOs, broken down by gender
- > Table 2 provides a reconciliation of executive numbers presented between the report of operations and Note 9.7 'Remuneration of executives' in the financial statements, which includes remuneration paid to executives at any time throughout the reporting period.
- > Table 3 provides the total executive numbers for all the department's portfolio agencies.
- > Tables 1 to 3 also disclose the variations, denoted by 'var', between the current and previous reporting periods.

Table 1: Total number of EOs for the department, broken down by gender

Class	All		Women		Men		Self-described	
	No.	Var.	No.	Var.	No.	Var.	No.	Var.
Secretary	1	0	1	0	0	0	0	0
EO-1	6	3	1	0	5	3	0	0
EO-2	71	7	39	3	32	4	0	0
EO-3	138	22	92	15	46	7	0	0
Total	216	32	133	18	83	14	0	0

The increase in FTE from June 2019 to June 2020 can be largely attributed to the significant program of work across Infrastructure and Housing resulting in a separation of the divisions and additional executives to support the department's response to the coronavirus (COVID-19) health pandemic.

The number of executives in the report of operations is based on the number of executive positions that are occupied at the end of the financial year. Note 9.7 in the financial statements lists the actual number of EOs and the total remuneration paid to EOs over the course of the reporting period. The financial statements note does not include the Accountable Officer, nor does it distinguish between executive levels or disclose separations. Separations are executives who have left the department during the relevant reporting period. To assist readers, these two disclosures are reconciled below.

Table 2: Reconciliation of executive numbers for the department

	2020	2019
Executives	214	216
Accountable Officer (Secretary)	1	1
Accountable Officer (Director of Housing)	1	1
Accountable Officer (Chief Executive Officer, Respect Victoria)	0	1
Less separations	(28)	(33)
Leave without pay	(0)	(2)
New starters, replacement of separated staff, return from leave without pay.	28	
Total executive numbers at 30 June 2020	216	184

Table 3: Total number of EOs for Family Safety Victoria, broken down by gender

Class	All		Women		Men		Self-described	
	No.	Var.	No.	Var.	No.	Var.	No.	Var.
EO-2	4	(2)	4	(1)	0	(1)	0	0
EO-3	14	1	14	1	0	0	0	0
Total	18	(1)	18	0	0	(1)	0	0

The number of executives in the report of operations is based on the number of executive positions that are occupied at the end of the financial year. Note 9.7 in the financial statements lists the actual number of EOs and the total remuneration paid to EOs over the course of the reporting period. The financial statements note does not include the Accountable Officer, nor does it distinguish between executive levels or disclose separations. Separations are executives who have left the department during the relevant reporting period. To assist readers, these two disclosures are reconciled below.

Table 4: Reconciliation of executive numbers for Family Safety Victoria

	2020	2019
Executives	21	22
Accountable Officer (Chief Executive Officer)	1	1
Less separations	(4)	(3)
Leave without pay	0	(1)
Total executive numbers at 30 June 2020	18	19

Table 5: Total number of EOs for Mental Health Reform Victoria, broken down by gender

Class	All		Women		Men		Self-described	
	No.	Var.	No.	Var.	No.	Var.	No.	Var.
EO-2	2	-	2	-	0	-	0	-
EO-3	1	-	1	-	0	-	0	-
Total	3	-	3	-	0	-	0	-

The number of executives in the report of operations is based on the number of executive positions that are occupied at the end of the financial year. Note 9.7 in the financial statements lists the actual number of EOs and the total remuneration paid to EOs over the course of the reporting period. The financial statements note does not include the Accountable Officer, nor does it distinguish between executive levels or disclose separations. Separations are executives who have left the department during the relevant reporting period. To assist readers, these two disclosures are reconciled below.

Table 6: Reconciliation of executive numbers for Mental Health Reform Victoria

	2020
Executives	3
Less separations	0
Total executive numbers at 30 June 2020	3

Table 7: Total number of EOs for Safer Care Victoria, broken down by gender

Class	All		Women		Men		Self-described	
	No.	Var.	No.	Var.	No.	Var.	No.	Var.
EO-1	2	1	0	0	2	1	0	0
EO-3	5	1	5	1	0	0	0	0
Total	7	2	5	1	2	1	0	0

The number of executives in the report of operations is based on the number of executive positions that are occupied at the end of the financial year. Note 9.7 in the financial statements lists the actual number of EOs and the total remuneration paid to EOs over the course of the reporting period. The financial statements note does not include the Accountable Officer, nor does it distinguish between executive levels or disclose separations. Separations are executives who have left the department during the relevant reporting period. To assist readers, these two disclosures are reconciled below.

Table 8: Reconciliation of executive numbers for Safer Care Victoria

	2020	2019
Executives	6	4
Accountable Officer (Chief Executive Officer)	1	1
Less separations	0	0
Total executive numbers at 30 June 2020	7	5

Table 9: Total number of EOs for Victorian Agency for Health Information, broken down by gender

Class	All		Women		Men		Self-described	
	No.	Var.	No.	Var.	No.	Var.	No.	Var.
EO-1	1	0	0	0	1	0	0	0
EO-2	1	0	1	0	0	0	0	0
EO-3	4	0	2	0	2	0	0	0
Total	6	0	3	0	3	0	0	0

The number of executives in the report of operations is based on the number of executive positions that are occupied at the end of the financial year. Note 9.7 in the financial statements lists the actual number of EOs and the total remuneration paid to EOs over the course of the reporting period. The financial statements note does not include the Accountable Officer, nor does it distinguish between executive levels or disclose separations. Separations are executives who have left the department during the relevant reporting period. To assist readers, these two disclosures are reconciled below.

Table 10: Reconciliation of executive numbers for Victorian Agency for Health Information

	2020	2019
Executives	5	6
Accountable Officer (Chief Executive Officer)	1	1
Less separations	0	(1)
Total executive numbers at 30 June 2020	6	6

Table 11: Number of executive officers for the department's portfolio agencies

Organisation	2020				2019				Annual change			
	Female	Male	Self-described	Total	Female	Male	Self-described	Total	Female	Male	Self-described	Total
Albury Wodonga Health	5	2	0	7	4	2	0	6	1	0	0	1
Alexandra District Health	1	0	0	1	1	0	0	1	0	0	0	0
Alfred Health	5	3	0	8	5	3	0	8	0	0	0	0
Alpine Health	0	1	0	1	0	1	0	1	0	0	0	0
Ambulance Victoria	8	14	0	22	6	15	0	21	2	-1	0	1
Austin Health	3	4	0	7	5	2	0	7	-2	2	0	0
Bairnsdale Regional Health Service	2	1	0	3	2	1	0	3	0	0	0	0
Ballarat General Cemeteries Trust	1	0	0	1	1	0	0	1	0	0	0	0
Ballarat Health Services	5	4	0	9	3	4	0	7	2	0	0	2
Barwon Health	6	3	0	9	5	5	0	10	1	-2	0	-1
Bass Coast Health	3	2	0	5	2	1	0	3	1	1	0	2
Beaufort and Skipton Health Service	1	0	0	1	1	0	0	1	0	0	0	0
Beechworth Health Service	0	1	0	1	0	1	0	1	0	0	0	0
Benalla Health	1	0	0	1	1	0	0	1	0	0	0	0
Bendigo Health Care Group	3	4	0	7	4	4	0	8	-1	0	0	-1
Boort District Health	0	1	0	1	0	1	0	1	0	0	0	0
BreastScreen Victoria	2	0	0	2	2	0	0	2	0	0	0	0
Casterton Memorial Hospital	0	1	0	1	0	1	0	1	0	0	0	0
Castlemaine Health	0	1	0	1	0	1	0	1	0	0	0	0
Central Gippsland Health Service	1	3	0	4	2	2	0	4	-1	1	0	0

Organisation	2020				2019				Annual change			
	Female	Male	Self-described	Total	Female	Male	Self-described	Total	Female	Male	Self-described	Total
Central Highlands Rural Health	1	0	0	1	0	0	0	0	1	0	0	1
Cobram District Hospital	0	0	0	0	0	0	0	0	0	0	0	0
Cohuna District Hospital	0	1	0	1	0	1	0	1	0	0	0	0
Colac Area Health	1	1	0	2	3	2	0	5	-2	-1	0	-3
Corryong Health	0	1	0	1	1	1	0	2	-1	0	0	-1
Dental Health Services Victoria	1	5	0	6	3	3	0	6	-2	2	0	0
Djerriwarrh Health Services	3	1	0	4	1	0	0	1	2	1	0	3
East Grampians Health Service	0	1	0	1	0	1	0	1	0	0	0	0
East Wimmera Health Service	0	1	0	1	0	1	0	1	0	0	0	0
Eastern Health	6	3	0	9	5	3	0	8	1	0	0	1
Echuca Regional Health	1	1	0	2	1	1	0	2	0	0	0	0
Edenhope and District Memorial Hospital	0	1	0	1	0	1	0	1	0	0	0	0
Geelong Cemeteries Trust	0	1	0	1	0	1	0	1	0	0	0	0
Gippsland Southern Health Service	0	1	0	1	0	1	0	1	0	0	0	0
Goulburn Valley Health Services	3	4	0	7	2	3	0	5	1	1	0	2
Great Ocean Road Health	0	0	0	0	0	0	0	0	0	0	0	0
Greater Metropolitan Cemeteries Trust	2	2	0	4	3	3	0	6	-1	-1	0	-2
Health Purchasing Victoria	2	4	0	6	2	4	0	6	0	0	0	0
Heathcote Health	0	1	0	1	0	1	0	1	0	0	0	0
Hepburn Health Service	0	0	0	0	0	0	0	0	0	0	0	0
Hesse Rural Health Service	0	1	0	1	0	1	0	1	0	0	0	0
Heywood Rural Health	1	0	0	1	1	0	0	1	0	0	0	0
Inglewood and Districts Health Service	1	0	0	1	1	0	0	1	0	0	0	0
Kerang District Health	0	1	0	1	0	1	0	1	0	0	0	0
Kilmore and District Hospital	1	0	0	1	1	0	0	1	0	0	0	0

Organisation	2020				2019				Annual change			
	Female	Male	Self-described	Total	Female	Male	Self-described	Total	Female	Male	Self-described	Total
Kooweerup Regional Health Service	0	1	0	1	0	1	0	1	0	0	0	0
Kyabram and District Health Services	1	0	0	1	0	0	0	0	1	0	0	1
Kyneton District Health Service	0	0	0	0	1	0	0	1	-1	0	0	-1
Latrobe Regional Hospital	2	5	0	7	2	5	0	7	0	0	0	0
Lorne Community Hospital	0	0	0	0	1	0	0	1	-1	0	0	-1
Maldon Hospital	0	0	0	0	0	0	0	0	0	0	0	0
Mallee Track Health and Community Service	1	0	0	1	1	0	0	1	0	0	0	0
Mansfield District Hospital	0	1	0	1	0	1	0	1	0	0	0	0
Maryborough District Health Service	0	1	0	1	0	1	0	1	0	0	0	0
Melbourne Health	4	2	0	6	4	3	0	7	0	-1	0	-1
Monash Health	17	20	0	37	16	18	0	34	1	2	0	3
Moyne Health Services	1	0	0	1	1	1	0	2	0	-1	0	-1
Nathalia Cobram Numurkah Health Services	1	0	0	1	0	0	0	0	1	0	0	1
Nathalia District Hospital	0	0	0	0	0	0	0	0	0	0	0	0
Northeast Health Wangaratta	2	1	0	3	2	2	0	4	0	-1	0	-1
Northern Health	9	11	0	20	9	6	0	15	0	5	0	5
Numurkah District Health Service	0	0	0	0	1	0	0	1	-1	0	0	-1
Omeo District Health	0	0	0	0	0	1	0	1	0	-1	0	-1
Orbost Regional Health	0	0	0	0	1	0	0	1	-1	0	0	-1
Otway Health & Community Services	0	0	0	0	0	0	0	0	0	0	0	0
Peninsula Health	5	2	0	7	5	4	0	9	0	-2	0	-2
Peter MacCallum Cancer Centre	8	1	0	9	7	2	0	9	1	-1	0	0
Portland District Health	1	1	0	2	1	1	0	2	0	0	0	0

Organisation	2020				2019				Annual change			
	Female	Male	Self-described	Total	Female	Male	Self-described	Total	Female	Male	Self-described	Total
Remembrance Parks Central Victoria	0	0	0	0	0	1	0	1	0	-1	0	-1
Robinvale District Health Services	1	0	0	1	1	0	0	1	0	0	0	0
Rochester and Elmore District Health Service	1	0	0	1	1	0	0	1	0	0	0	0
Royal Children's Hospital	5	3	0	8	5	3	0	8	0	0	0	0
Royal Victorian Eye and Ear Hospital	2	4	0	6	1	4	0	5	1	0	0	1
Royal Women's Hospital	6	2	0	8	6	2	0	8	0	0	0	0
Rural Northwest Health	0	1	0	1	0	1	0	1	0	0	0	0
Seymour Health	0	1	0	1	0	1	0	1	0	0	0	0
South Gippsland Hospital	0	1	0	1	1	0	0	1	-1	1	0	0
South West Healthcare	2	2	0	4	0	3	0	3	2	-1	0	1
Southern Metropolitan Cemeteries Trust	5	0	0	5	4	2	0	6	1	-2	0	-1
Stawell Regional Health	1	0	0	1	1	0	0	1	0	0	0	0
Swan Hill District Health	0	2	0	2	1	4	0	5	-1	-2	0	-3
Tallangatta Health Service	1	0	0	1	1	0	0	1	0	0	0	0
Terang and Mortlake Health Service	1	0	0	1	1	0	0	1	0	0	0	0
The Queen Elizabeth Centre	1	0	0	1	1	0	0	1	0	0	0	0
Timboon and District Healthcare Service	1	0	0	1	0	0	0	0	1	0	0	1
Tweddle Child and Family Health Service	1	0	0	1	1	0	0	1	0	0	0	0
Victorian Assisted Reproductive Treatment Authority	1	0	0	1	1	0	0	1	0	0	0	0
Victorian Health Promotion Foundation	1	3	0	4	1	1	0	2	0	2	0	2

Organisation	2020				2019				Annual change			
	Female	Male	Self-described	Total	Female	Male	Self-described	Total	Female	Male	Self-described	Total
Victorian Institute of Forensic Mental Health	4	2	0	6	1	3	0	4	3	-1	0	2
Victorian Pharmacy Authority	0	1	0	1	0	1	0	1	0	0	0	0
West Gippsland Healthcare Group	0	2	0	2	1	2	0	3	-1	0	0	-1
West Wimmera Health Service	2	2	0	4	2	2	0	4	0	0	0	0
Western District Health Service	0	1	0	1	0	1	0	1	0	0	0	0
Western Health	11	10	0	21	14	9	0	23	-3	1	0	-2
Wimmera Health Care Group	2	1	0	3	2	2	0	4	0	-1	0	-1
Yarram and District Health Service	1	0	0	1	1	0	0	1	0	0	0	0
Yarrawonga Health	1	0	0	1	1	0	0	1	0	0	0	0
Yea and District Memorial Hospital	0	0	0	0	0	0	0	0	0	0	0	0
Total	173	160	0	333	169	161	0	330	4	-1	0	3

Notes:

For the purpose of this table, Executive Officers are defined as employees who have significant management responsibility AND receive a TRP of \$185,711 or more.

All figures reflect employment levels as at last pay in June 2020 unless otherwise stated.

Excluded are those on leave without pay or absent on secondment, external contractors / consultants and temporary staff employed by employment agencies.

Castlemaine Health and Maldon *Hospital* share the same Chief Executive Officer

Goulburn Valley Health Services executives are shared among Mansfield and Yea and District Memorial Hospitals

Nathalia, Cobram and Numurkah have amalgamated to form Nathalia Cobram Numurkah Health Services

Lorne and Otway Health have amalgamated to form Great Ocean Road Health

Hepburn and Kyneton have amalgamated to form Central Highlands Rural Health

Health, safety and wellbeing

The department's commitment to health, safety and wellbeing is reflected in the department's People Strategy 2020+. The strategy integrates the department's HSW priorities within the broader context of its people priorities and articulates the vision and plan for progressively improving HSW leadership and management of health, safety and wellbeing in the department.

Improvement measures in 2019–20

In 2019–20, the department implemented and/or developed the following improvement measures:

implementation of health, safety and wellbeing accountabilities which apply to all levels within the department through inclusion in performance development plans for VPS and executive employees from 2019–20.

- > continued development, implementation and review of the department's health and safety management system
- > increased the HSW capability of our workforce through implementation of a training program targeted to people managers, and online and face-to-face orientation programs
- > conducted an independent Safety and Security Audit of all department workplaces to identify needs and options for improving safety and security for employees, contractors, clients and visitors attending department offices
- > continued implementation of an evidence-based, best-practice model for responding to critical incidents and trauma, supported by the delivery of psychological first-aid training across the organisation
- > continued implementation of best-practice, evidence-based vicarious trauma training across the organisation. Vicarious trauma training develops an increased awareness of the reality and occurrence of traumatic events and provides tools and strategies to recognise and manage workplace trauma. The training is complementary to new and existing initiatives
- > ongoing growth of the Peer Support Network across the state. This has included increasing the number of peers trained to provide support, improving access to network training through the adaptation of the training model to enable delivery via a virtual platform, development of culturally specific peer support network training for Aboriginal staff and the preparation to enable peer supporters to be deployed in emergency response efforts to provide wellbeing support to staff
- > embedding the Employee Wellbeing and Support Program. Grounded in best practice, the program has been well received by staff with an annual utilisation rate of 15.2 per cent – more than double the industry benchmark
- > development and implementation of three new streams of support within the Employee Wellbeing and Support Program – Executive Platinum Support, Proactive Manager Assist and Proactive Conflict Assist tailored to the unique needs of our workforce, ensuring proactive engagement with support is role modelled at a leadership level
- > re-imagined the way in which support is delivered in response to emergencies including a first-line response of a dedicated job number through the Employee Wellbeing and Support program for immediate telephone support to the development of employee and manager support guides and delivery of additional layers of support including welfare-check ins, wellbeing assessments, virtual onsite support and wellbeing webinar series
- > develop guidance material for employees and managers in relation to the family violence workplace supports available within the department
- > participation in the whole-of-government OHS improvement initiative led by WorkSafe, in partnership with unions and state government departments, to improve OHS performance in the public sector
- > establishment and leadership of a civility and respect working group under whole-of-government OHS improvement initiative to identify and recommend options for improving civility and respect in Victorian public sector workplaces to reduce the risk and incidence of mental injury in those workplaces
- > ongoing delivery of mental health and wellbeing training to executives and people managers as part of our ongoing commitment to support implementation of the Victorian public sector Mental health and wellbeing charter.

The department's performance against occupational health and safety management measures

Measure	KPI	2017–18	2018–19	2019–20
Hazards	No. of hazards ¹	N/A	786	682
	Rate per 100 FTE	N/A	7.40	7.96
Incidents	No. of incidents ⁸	6,086	4,271	1967
	Rate per 100 FTE	48.9	40.02	22.96
	No. of incidents requiring first aid ² and/or further medical treatment	N/A	864	367
Claims	No. of standard claims ³	273 ⁴	259 ¹¹	129
	Rate per 100 FTE	2.19	2.44	1.51
	No. of lost time claims	157	130	70
	Rate per 100 FTE	1.270	1.223	0.817
	No. of claims exceeding 13 weeks ⁵	85	69	48
	Rate per 100 FTE	0.682	0.649	0.560
Absenteeism	Total number of days absence due to injury or illness	114,654	98,835	67,596
	Rate per 100 FTE	920	930	789
Fatalities	No. of fatalities	0	0	0
Prosecutions	Total number of prosecutions ⁶	1	0	0
Claims costs ⁷	Average cost per standard claim ⁸	\$79,341	\$75,135	\$149,100

FTE: full-time equivalent; OHS: occupational health and safety.

- 1 Figures for 2017–18 and 2018–19 are total number of recorded hazards and incidents as at June 2020 and figures for incidents include incidents and hazards combined.
- 2 Figures for number of incidents requiring first aid and/or further medical treatment derived from eDINMAR where available.
- 3 Includes accepted, pending and rejected claims that met the standard claims threshold.
- 4 Number and rate per 100 FTE for 2017–18 exclude Youth Justice claims which were transferred to Department of Justice and Community Safety.
- 5 Data extracted with a six-month lag to allow for claims to reach 13 weeks compensation.
- 6 Refers to all health safety and wellbeing prosecutions.
- 7 Includes payments and estimated future costs.
- 8 Data extracted with a three-month lag to allow for the claims estimate to develop to give an accurate picture of associated costs. Figures for 2017–18 and 2018–19 are recorded incidents as at June 2020.

Measure	KPI	Performance
Management commitment	OHS policy statement and OHS criteria	<p>The department has a <i>Health safety and wellbeing policy</i> that outlines the department's commitment to employee health, safety and wellbeing. Health, safety and wellbeing accountabilities were included in all executive performance plans and into the performance and development plans for all employees from 2019–20.</p> <p>The department continued to support and participate in the whole-of-government OHS committee structure, established in partnership with unions and WorkSafe, to lead and improve OHS performance in the public sector. The department's contribution included establishment and leadership of the working group established under this initiative to improve civility and respect in public sector workplaces.</p> <p>The department's HSW governance arrangements were reviewed and revised to increase the focus on HSW accountability and due diligence, including greater visibility of HSW performance to the executive board.</p> <p>Consultation Committees continued to lead proactive and preventive activity to protect and improve the mental and physical health, safety and wellbeing of staff.</p> <p>Continued review and development of the department's health and safety management system content incorporates consultation with department employees, health and safety representatives and senior management.</p> <p>Workers compensation performance reports are provided to senior leaders on a monthly basis. Middle and senior managers have desktop access to health and safety performance reports through the department's corporate reporting tool.</p>
Consultation and participation	Designated work group structures and issue resolution procedures	<p>The department has in place a comprehensive cascading health and safety consultation structure comprising committees at the area, divisional and statewide level which all meet quarterly. Committee meetings are chaired by relevant Deputy Secretaries and Directors and follow a coordinated schedule to ensure timely escalation and resolution of any identified issues.</p> <p>The department continues to maintain an extensive network of 181 designated work groups with 261 health and safety representatives, 38 deputy health and safety representatives and 192 designated management representatives.</p> <p>The department has a model procedure for managers and employees to follow in resolving health and safety issues identified in department workplaces.</p>
Risk management	Regular internal audits conducted, and issues identified and actioned	<p>The department has an electronic employee health and safety incident reporting system (eDINMAR) in all locations. This system has resulted in increased rates of reporting, greater accountability and timelier follow-up and resolution of reported hazards and risks.</p> <p>The department has comprehensive procedures and tools for assessing and managing key risks and for undertaking regular workplace inspections.</p> <p>WorkSafe made 104 visits to department workplaces and issued 14 improvement notices.</p>

Measure	KPI	Performance
Training	Managers, health and safety representatives and other staff trained	<p>The department delivered Leading with Respect: Managing for team wellbeing programs to support ongoing implementation of the Mental Health and Wellbeing Charter, with a further 239 people managers having completed the program in 2019–20.</p> <p>The department commenced regular delivery of the revised primary prevention and management of occupational violence and aggression training program, Planning for Your Safety with 306 staff participating during the year.</p> <p>All health and safety representatives elected were encouraged and supported by the department to undertake the five-day health and safety representative training program.</p> <p>The department conducts an annual health and safety representative forum each year as a key activity to support and recognise our elected health and safety representatives. There were approximately 110 participants at the 2019 forum.</p>

Standard claims are those that have exceeded the employer excess (days or dollars) or are open claims that have been received but have no payments at the time of extraction and may be rejected.

A time-lost claim is one with one or more days compensation paid by the Victorian WorkCover Authority (that is, once the employer has paid the 10-day excess) at the time of extraction.

Thirteen-week claims are claims that involve 13 weeks or more of weekly benefits paid. The 13-week measure begins at day one (that is, employer excess and Victorian WorkCover Authority payments).

Disclosures

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Local Jobs First

The *Local Jobs First Act 2003* (formerly known as the *Victorian Policy Act 2003*), which commenced operation in August 2018, brings together the Victorian Industry Participation Policy (VIPP) and Major Project Skills Guarantee (MPSG) policy, which were previously administered separately.

Departments and public sector bodies are required to apply the Local Jobs First policy in all projects valued at \$3 million or more in metropolitan Melbourne or for statewide projects, or \$1 million or more for projects in regional Victoria.

MPSG applies to all construction projects valued at \$20 million or more.

The MPSG guidelines and VIPP guidelines will continue to apply to MPSG-applicable and VIPP-applicable projects respectively where contracts were entered into prior to 15 August 2018.

Projects commenced – Local Jobs First standard projects

During 2019–20, the department commenced twenty Local Jobs First standard projects totalling \$68.27 million. Of those projects, ten were located in regional Victoria, with a commitment of 99 per cent of local content, and eight in metropolitan Melbourne, with an average commitment of 97 per cent local content. Two statewide projects were commenced, with an average commitment of 98 per cent local content. The MPSG applied to three of these projects.

According to the commitments made, the outcomes expected from the implementation of the Local Jobs First policy to these projects where information was provided are as follows:

- > an average of 98 per cent of local content commitment was made
- > a total of 159 jobs (annualised employee equivalent (AEE)), including the creation of 31 new jobs and the retention of 128 existing jobs (AEE)
- > a total of 27 positions for apprentices, trainees and cadets, including the creation of 17 new apprenticeships, traineeships, and cadets
- > the retention of the remaining 10 existing apprenticeships, traineeships and cadets

- > a total of 2,000 hours to apprentices, trainees and cadets and the engagement of one apprentice in MPSG applicable projects.

Projects completed – Local Jobs First standard projects

During 2019–20, the department completed 19 Local Jobs First standard projects, totalling \$101.65 million. Of those projects, five were located in regional Victoria, with a commitment of 85 per cent local content, and 12 in metropolitan Melbourne, with an average commitment of 81 per cent local content. Two statewide projects were completed, with a local content requirement of 100 per cent. The MPSG applied to one of these projects.

According to the commitments made, the outcomes expected from the implementation of the Local Jobs First policy to these projects where information was provided, were as follows:

- > an average of 84 per cent of local content
- > a total of 534 jobs (AEE) were committed, including the creation of 61 new jobs and the retention of 473 existing jobs (AEE)
- > a total of 96 positions for apprentices, trainees and cadets, including the creation of 12 new apprenticeships, traineeships and cadets
- > the retention of the remaining 84 existing apprenticeships, traineeships and cadets
- > a total of 158,000 hours to apprentices, trainees, cadets and the engagement of 80 apprentices, trainees and cadets in MPSG applicable projects.

Projects commenced – Local Jobs First strategic projects

During 2019–20, the department commenced two Local Jobs First strategic projects, valued at \$171 million. The projects were based in metropolitan Melbourne representing 92 per cent of estimated local content. The MPSG applied to these projects.

According to the commitments made, the outcomes reported from the implementation of the policy where information was provided, were as follows:

- > an average of 92 per cent of local content commitment was made
- > a total of 6 (AEE) positions were committed
- > 8 new apprenticeships and traineeships were committed

- > Retention of 11 existing apprenticeships and traineeships
- > a total of 37,500 hours to apprentices, trainees and cadets and the engagement of 19 apprentices, trainees and cadets in MPSG projects.

Projects completed – Local Jobs First strategic projects

During 2019–20, the department completed one Local Jobs First strategic project, valued at \$135 million. This project was based in metropolitan Melbourne representing 85 per cent of estimated local content. The MPSG applied to this project.

The outcomes reported from the implementation of the policy where information was provided were as follows:

- > 85 per cent of local content outcome
- > the creation of a total of 92 (AEE) positions
- > the creation of five new apprenticeships, traineeships and cadets and the retention of 16 existing apprenticeships and traineeships
- > a total of 41,500 hours to apprentices, trainees, and cadets and the engagement of 21 apprentices, trainees and cadets in MPSG-applicable projects.

Reporting requirements – grants

For grants provided during 2019–20, a total of four interaction reference numbers were required, which entailed a conversation with the Industry Capability Network (Victoria) Ltd.

Reporting requirements – all projects

During 2019–20, there were nine small to medium-sized businesses that prepared a VIPP Plan or Local Industry Development Plan (LIDP) for contracts and were successfully appointed as principal contractor.

One hundred and fifty small to medium-sized businesses were engaged during 2019–20 through the supply chains of these projects.

The department commenced six contracts prior to 15 August 2019 with a total of 99 per cent estimated to be of local content for which a VIPP Plan or LIDP was not required, as the procurement activity was local by nature.

Department of Health and Human Services compliance with DataVic access policy

Consistent with the *DataVic access policy* issued by the Victorian Government in 2012, the information included in this annual report will be available in machine readable format at [Data Vic](http://www.data.vic.gov.au) <<http://www.data.vic.gov.au>>.

An extract of the department's information asset register is published on the department's website: [Information Asset Register – public](https://www.dhhs.vic.gov.au/department-health-and-human-services-information-asset-register-public) <<https://www.dhhs.vic.gov.au/department-health-and-human-services-information-asset-register-public>>. Contact details for requesting data are included against the assets.

Summarised data published by the department is available on numerous pages on the department's website. A significant amount of information is accessible via:

- > the [Victorian Agency for Health Information – Victorian Health Services Performance](http://performance.health.vic.gov.au) <<http://performance.health.vic.gov.au>>
- > [health.vic – Reporting, planning and data](https://www2.health.vic.gov.au/about/reporting-planning-data) <<https://www2.health.vic.gov.au/about/reporting-planning-data>>
- > [health.vic – Public health](https://www2.health.vic.gov.au/public-health) <<https://www2.health.vic.gov.au/public-health>>
- > [Health and Human Services – Reports, reviews and Data](https://dhhs.vic.gov.au/publications/reports-reviews-data) <<https://dhhs.vic.gov.au/publications/reports-reviews-data>> for corporate and human services information.

The websites above include information about:

- > service provision (including health service performance)
- > public health indicators
- > infectious disease surveillance
- > birth and birth defects
- > alcohol and drug services
- > housing
- > vulnerable children
- > disability.

As well as summarised data, the department maintains several de-identified datasets that researchers can access. These detailed datasets contain a wealth of information to support better understanding of Victoria's health and human services. Extracts can be requested through

procedures that ensure the data are shared to the maximum extent while protecting the privacy of individuals.

They include the:

- > Victorian Admitted Episodes Dataset, which contains information about all patients admitted to Victorian hospitals
- > Victorian Emergency Minimum Dataset, which contains information about emergency presentations at Victorian public hospitals
- > Elective Surgery Information System, which contains information about elective surgery waiting lists from the major Victorian metropolitan and rural public hospitals
- > Victorian Perinatal Data Collection, which contains information about mothers and babies born in Victoria
- > Victorian Alcohol and Drug Data Collection, which contains information about the clients and activities of government-funded alcohol and drug treatment services
- > Victorian Mental Health Data Collection, which contains information about inpatient, residential, and ambulatory community care provided by gazetted mental health facilities, and associated legal, diagnostic and outcome measurement information
- > Victorian Integrated Non-Admitted Health dataset, which contains information about a range of non-admitted services provided by health services, including specialist clinics (outpatients), health independence programs, community palliative care, and others
- > Community Health Minimum Dataset, which contains information about clients receiving government-funded community health services
- > Dental Health Program Dataset, which contains information about services provided by public dental agencies, including clients, treatments, referrals, and waiting lists
- > Notifiable Infectious Diseases Data, which contains information on conditions that must be reported to the department under the *Public Health and Wellbeing Act 2008*.

Researchers can request access to data via:

- > the [VAHI Data Request Hub](https://vahi.freshdesk.com/support/home) <https://vahi.freshdesk.com/support/home>

- > the [Centre for Victorian Data Linkages \(linked data only\)](https://www2.health.vic.gov.au/about/reporting-planning-data/the-centre-for-victorian-data-linkage/for-researchers) <https://www2.health.vic.gov.au/about/reporting-planning-data/the-centre-for-victorian-data-linkage/for-researchers>
- > the [Centre for Evaluation and Research \(human services data\)](https://www.dhhs.vic.gov.au/research-applications-external-organisations-and-individuals) <https://www.dhhs.vic.gov.au/research-applications-external-organisations-and-individuals>
- > the key contact or information administrator recorded against the dataset in the Information Asset Register.

Victorian health and human services data are also made available by other agencies, such as:

- > [Cancer Council Victoria](http://www.cancervic.org.au/research/registry-statistics/statistics-data) <http://www.cancervic.org.au/research/registry-statistics/statistics-data>
- > [Australian Institute of Health and Welfare](http://www.aihw.gov.au/data) <http://www.aihw.gov.au/data> and [MyHospitals](http://www.myhospitals.gov.au) <http://www.myhospitals.gov.au>.

Compliance with the Public Interest Disclosures Act 2012

The *Public Interest Disclosures Act 2012* encourages and assists people in making disclosures of improper conduct by public officers and public bodies. The Act provides protection to people who make disclosures in accordance with the Act and establishes a system for the matters disclosed to be investigated and rectifying action to be taken.

The department does not tolerate improper conduct by employees, nor the taking of reprisals against those who come forward to disclose such conduct. It is committed to ensuring transparency and accountability in its administrative and management practices and supports the making of disclosures that reveal corrupt conduct, conduct involving a substantial mismanagement of public resources, or conduct involving a substantial risk to public health and safety or the environment.

The department will take all reasonable steps to protect people who make such disclosures from any detrimental action in reprisal for making the disclosure. It will also afford natural justice to the person who is the subject of the disclosure to the extent it is legally possible.

Reporting procedures

Disclosures of improper conduct or detrimental action by the department or any of its employees may be made to any of the following department personnel:

- > The Secretary
- > public interest disclosure coordinators
- > manager or supervisor of the discloser
- > manager or supervisor of the person who is the subject of the disclosure.

Alternatively, disclosures may also be made directly to the Independent Broad-based Anti-corruption Commission:

Level 1, North Tower, 459 Collins Street
Melbourne VIC 3000
Phone: 1300 735 135
Internet: [Broad-based Anti-corruption Commission](https://www.ibac.vic.gov.au/)
<<https://www.ibac.vic.gov.au/>>
[Email IBAC](mailto:info@ibac.vic.gov.au) <info@ibac.vic.gov.au>.

Further information

The public interest disclosures policy and procedures, which outline the system for reporting disclosures of improper conduct or detrimental action by the department or any of its employees and/or officers, are available:

- > on the department's [public interest disclosures web page](https://providers.dhhs.vic.gov.au/public-interest-disclosure) <<https://providers.dhhs.vic.gov.au/public-interest-disclosure>>
- > by [emailing the public interest disclosure coordinators](mailto:public.interest.disclosures@dhhs.vic.gov.au) <public.interest.disclosures@dhhs.vic.gov.au>
- > by phoning a department public interest disclosure coordinator on the department's integrity hotline: 1300 131 431.

Disclosures under the *Public Interest Disclosures Act 2012* (formerly the *Protected Disclosure Act 2012*)

	2018–19 number	2017–18 number	2019–20 number
The number of disclosures made by an individual to the department and notified to the Independent Broad-based Anti-Corruption Commission	1	7	4

Family Safety Victoria – public interest disclosure procedure

For public interest disclosures relating to Family Safety Victoria, information can be located on the [Family Safety Victoria public interest disclosure procedure webpage](https://www.vic.gov.au/family-safety-victoria-public-interest-disclosure-procedure) <<https://www.vic.gov.au/family-safety-victoria-public-interest-disclosure-procedure>> or by [emailing the public interest disclosure coordinator](mailto:disclosures@familysafety.vic.gov.au) fsv.protected.disclosures@familysafety.vic.gov.au>

Building Act 1993

The department requires that appropriately qualified consultants and contractors are engaged for all proposed works on land controlled by the department or a health service agency, and that their work and services comply with current building standards. All such consultants and contractors are expected to have appropriate mechanisms in place to ensure compliance with the building and maintenance provisions of the *Building Act 1993*.

In relation to existing buildings, the department is responsible for the mandatory testing of all essential safety measures to comply with the requirements of Australian Standard 1851. Testing of emergency and exit lights, sprinklers, detection and other essential safety measures form part of this routine preventative maintenance with responsive works actioned through existing maintenance contracts.

The department continues to liaise with and contribute to the progress and outcomes of Cladding Safety Victoria for department-owned buildings. Relevant buildings owned by the department have been audited against the risk framework originally developed by the Victorian Cladding Taskforce and where non-compliant cladding has been discovered, assessed against that framework for a risk rating derived from one of the four risk categories.

These buildings are now being progressively rectified and/or remediated in accordance with that risk ranking and as resources and funding allows.

The department undertook 391 major works projects in 2019–20, was issued with 10 emergency orders, and secured 140 building permits, eight certificates of occupancy and 381 certificates of final inspection.

Compliance with the Carers Recognition Act 2012

The department has taken all practical measures to comply with its obligations under the *Carers Recognition Act 2012*. These include:

- > providing online and written information on the principles of the Act and their application
- > promoting the principles of the Act to people in care relationships who receive the department's services and to the wider community, such as:
 - distributing printed material about the Act at community events or service points
 - providing links to state government resource materials on the department's website
 - providing digital and/or printed information about the Act to the department's partner organisations.
- > supporting application of the Act's principles through Victorian Support for Carers Program service providers, ensuring carers have an awareness and understanding of the care relationship principles set out in the Act and what they mean for carers, and that carers provide input on improving processes, systems and services to better support them
- > considering the care relationship principles set out in the Act when setting policies and providing services. This is done by reviewing employment policies such as flexible working arrangements and leave provisions to ensure that these comply with the statement of principles in the Act, and developing a satisfaction survey for distribution at assessment and review meetings between workers, carers and those receiving care
- > launching *Recognising and supporting Victoria's carers: Victorian carer strategy 2018–22* in July 2018. In line with the Act, priority five: carers are recognised, acknowledged and respected, focuses on:
 - acknowledgement and recognition of carers across Victorian communities
 - better opportunities for hidden carers to access support and services that meet their needs
 - better involvement of carers in decision making about services and programs for the people for whom they care.

- > The department has continued to support the Act's principles through additional one-off funding for respite in the Support for Carers Program and two grants programs: Statewide Partnerships Grants for initiatives supporting carers, and Supporting Carers Locally Grants for local carers' networking and support
- > Victoria's Support for Carers Program service providers have adapted services to respond to carers' needs through coronavirus (COVID-19). Service providers have connected with carers through social media, supporting carers to access and use technology that keeps carers connected to services, each other and their families and friends. Support to carers has included regular welfare checks on social media, food and medication supplies, carer pamper packs and online entertainment access, access to health professionals, assistance with utility bills, online group education, training and carer networking, and online clubs to meet specific needs of diverse carers and of those receiving care.

National Competition Policy

Competitive neutrality requires government businesses to ensure where services compete, or potentially compete, with the private sector, any advantage arising solely from their government ownership be removed if it is not in the public interest.

Government businesses are required to cost and price these services as if they were privately owned. Competitive neutrality policy supports fair competition between public and private businesses and provides government businesses with a tool to enhance decisions on resource allocation. This policy does not override other policy objectives of government and focuses on efficiency in the provision of service.

The department is working to ensure Victoria fulfils its requirements on competitive neutrality reporting as required under the Competition Principles Agreement and Competition and Infrastructure Reform Agreement.

Details of consultancies

In 2019–20, there were 102 consultancies where the total fees payable to the consultants were \$10,000 or greater. The total expenditure incurred during 2019–20 in relation to these consultancies is \$29,630,986 (excluding GST).

In order to increase transparency, the department has presented the information under six categories:

- > capital, business and planning
- > information, data and technology
- > policy/program advice and delivery
- > probity, data integrity and audit
- > program assessment and evaluation
- > workforce support.
- > details of consultancies under \$10,000.

In 2019–20, there were 10 consultancies engaged during the year, where the total fees payable to the individual consultancies were less than \$10,000. The total expenditure incurred during 2019–20 in relation to these consultancies was \$42,360 (excluding GST).

Disclosure of major contracts

The department has disclosed, in accordance with the requirements of government policy and accompanying guidelines, all contracts greater than \$10 million in value entered into during the year ended 30 June 2020. Details of contracts that have been disclosed in the Victorian Government contracts publishing system can be viewed at [Victorian Government Purchasing Board <www.buyingforvic.gov.au>](http://www.buyingforvic.gov.au).

Contractual details have not been disclosed for contracts where disclosure is exempted under the Freedom of Information Act 1982 and/or government guidelines.

Improving procurement practice

The department is undertaking a number of activities to reduce reliance on consultancies, including building internal capabilities and improvements to procurement processes.

During 2019–20, the department:

- > continued strong management of consultant engagements through the department's Strategic Alliance framework with the five third-party providers across the health, community services and organisational improvement domains originally contracted in the previous financial year. The details of work undertaken through the framework and payments made in 2019–20 are included in the first part of the report below. These strategic consultancy relationships were leveraged to support capability uplift of our people and the transformational change of the department and our services, as well as to improve the quality of the strategic advice we received
- > established a number of 'free agent' DHHS staff who have been deployed to support a range of projects, initiatives or priority programs, instead of using consultants
- > developed internal capability through knowledge sharing with DHHS staff involved in Strategic Alliance projects as well as dedicated internal consulting, advisory and project-based programs to improve policy and program delivery
- > continued arrangements to ensure that all consultant engagements are considered and approved by the Secretary.

Improvements to procurement processes ensured that contracted solutions were competitive, used government and department panel contracts where appropriate, and undertook meaningful contract review processes to inform decisions on future engagements.

These arrangements continued to drive value for money, with a focus on ensuring the department used consultants and contracts appropriately and effectively.

Consultancies (valued at \$10,000 or greater)

Category	Consultant	Purpose of consultancy	Total approved project fee excl. GST	Expenditure 2019–20 excl. GST	Future expenditure excl. GST
Policy/Program Advice & Delivery	Ernst & Young Services Pty Ltd	Strategic Alliance (Community Services) included the following project payments in 2019–20:	8,181,818*	1,608,594	4,380,819*
Policy/Program Advice & Delivery		Dashboard development, Social Landlord Framework	69,245	69,245	0
Policy/Program Advice & Delivery		Forensic Disability System Design Project	227,273	227,273	0
Policy/Program Advice & Delivery		Legislative impact assessment, Reforms to Social Services Regulations	300,010	199,980	100,030
Policy/Program Advice & Delivery		Implementation, Three Pathways	309,000	308,180	820
Policy/Program Advice & Delivery		Continuing Disability and Community Care	199,980	86,908	113,073
Policy/Program Advice & Delivery		Child Protection Futures, Phase 2	353,372	353,372	0
Policy/Program Advice & Delivery		Disability Worker Regulations	363,636	363,636	0
Policy/Program Advice & Delivery	Nous Group Pty Ltd	Strategic Alliance (Community Services) included the following project payments in 2019–20:	2,727,273*	242,838	1,536,587*
Policy/Program Advice & Delivery		DHHS Regulation Model Options	90,909	53,859	37,050
Policy/Program Advice & Delivery		Human Services Standards	45,455	45,455	0

* Strategic Alliance totals represent whole of life status as at 30 June 2020

Category	Consultant	Purpose of consultancy	Total approved project fee excl. GST	Expenditure 2019–20 excl. GST	Future expenditure excl. GST
Policy/Program Advice & Delivery		Assessment, Financial Viability, Supported Residential Services	22,727	22,727	0
Policy/Program Advice & Delivery		Support, Regulation reform	103,600	36,272	67,328
Policy/Program Advice & Delivery		Regulatory reform phase 2 – Information Sharing and Mutual Recognition	54,545	52,707	1,839
Policy/Program Advice & Delivery		Legislative mapping and analysis	31,818	31,818	0
Policy/Program Advice & Delivery	KPMG	Strategic Alliance (Health) included the following project payments in 2019–20:	9,090,909*	3,615,069	4,199,185*
Policy/Program Advice & Delivery		Sector Leadership, Talent Management and Succession Planning	483,772	310,632	173,140
Policy/Program Advice & Delivery		Strategy, Public Health Workforce	212,805	84,381	128,425
Policy/Program Advice & Delivery		Review, Regulatory Role	152,628	61,729	90,899
Policy/Program Advice & Delivery		Digital Health Investment Roadmap	176,281	134,111	42,170
Policy/Program Advice & Delivery		Sleep and Settling Continuum of Support	85,758	85,758	0
Policy/Program Advice & Delivery		Productivity in the Victorian Acute Health System	137,280	137,280	0
Policy/Program Advice & Delivery		Advice, Prevention and Population Health	19,815	19,815	0

* Strategic Alliance totals represent whole of life status as at 30 June 2020

Category	Consultant	Purpose of consultancy	Total approved project fee excl. GST	Expenditure 2019–20 excl. GST	Future expenditure excl. GST
Policy/Program Advice & Delivery		Review, Aged Care Medication	189,735	87,735	102,000
Policy/Program Advice & Delivery		Review, Aboriginal Health	75,167	75,167	0
Policy/Program Advice & Delivery		Productivity in Victorian Acute Health	114,112	114,112	0
Policy/Program Advice & Delivery		Royal Commission – Mental Health System	181,818	40,374	141,444
Policy/Program Advice & Delivery		Review, Western Health	80,892	80,892	0
Policy/Program Advice & Delivery		Service Plan, Barwon Locality Health	192,901	189,668	3,233
Policy/Program Advice & Delivery		Funding Model, Community Health Dental Service	362,365	217,501	144,864
Policy/Program Advice & Delivery		Review, Primary Care Partnerships Program Model	140,371	140,371	0
Policy/Program Advice & Delivery		Analysis, Health Technology Solutions and IT Operating Model	148,000	134,145	13,855
Policy/Program Advice & Delivery		Service plan, Mildura and Northern Mallee	257,843	62,461	195,382
Policy/Program Advice & Delivery		Statewide Mental Health Demand Modelling	91,740	83,400	8,340
Policy/Program Advice & Delivery		Financial review, Victorian Public Hospitals Impacted by COVID-19	490,000	255,853	234,148
Policy/Program Advice & Delivery		Health Prevention Program Development Support Project	138,979	41,694	97,285
Policy/Program Advice & Delivery		Advisory services, Private Health Sector, COVID-19	4,000,000	1,257,990	2,742,010

Category	Consultant	Purpose of consultancy	Total approved project fee excl. GST	Expenditure 2019–20 excl. GST	Future expenditure excl. GST
Policy/Program Advice & Delivery	Boston Consulting Group	Strategic Alliance (Health) included the following project payments in 2019–20:	9,090,909*	5,676,196	1,135,550*
Policy/Program Advice & Delivery		Improved Health Service, Efficiency, Safety and Quality	5,481,196	5,481,196	0
Policy/Program Advice & Delivery		Health Reform	195,000	195,000	0
Policy/Program Advice & Delivery	Third Horizon Consulting Pty Ltd	Strategic Alliance (Organisational Improvement) included the following project payments in 2019–20:	9,090,909*	2,502,313	3,444,975*g
Policy/Program Advice & Delivery		Support, Operating Model Design	1,665,263	854,421	810,842
Policy/Program Advice & Delivery		Development, Master Plan and Roadmap support	148,509	19,680	128,829
Policy/Program Advice & Delivery		Organisational Structure Development	155,855	72,633	83,221
Policy/Program Advice & Delivery		Business Case Development, Contact Centre	340,857	340,857	0
Policy/Program Advice & Delivery		Develop Corporate Sizing Insights	219,418	213,789	5,629
Policy/Program Advice & Delivery		Detailed design, Corporate Services	283,645	240,661	42,984
Policy/Program Advice & Delivery		Operating model, Information, Communications and Technology	262,675	261,149	1,525
Policy/Program Advice & Delivery		Design support, Rural Health	200,000	135,945	64,055

* Strategic Alliance totals represent whole of life status as at 30 June 2020

Category	Consultant	Purpose of consultancy	Total approved project fee excl. GST	Expenditure 2019–20 excl. GST	Future expenditure excl. GST
Policy/Program Advice & Delivery		Design, Audit and Risk	45,769	45,769	0
Policy/Program Advice & Delivery		Operating model, Service Delivery Reform	49,783	22,544	27,239
Policy/Program Advice & Delivery		Contact strategy initiatives, Development and State Administration Unit	122,727	120,627	2,100
Policy/Program Advice & Delivery		Review, Organisation Transformation	71,818	69,846	1,972
Policy/Program Advice & Delivery		Coordination support, Organisational Change	65,650	63,545	2,105
Policy/Program Advice & Delivery		Coordination support, Future of the Organisational Transformation Division	36,563	26,325	10,237
Policy/Program Advice & Delivery		Organisational Transformation Leadership	53,411	14,520	38,891
Capital Business Case & Planning	Ernst & Young Services Pty Ltd	Business Case, Sustainable Central Information Point	1,703,382	1,621,327	0
Capital Business Case & Planning	Data Agility	Business Case, Genomics System Replacement	254,345	127,000	127,345
Capital Business Case & Planning	Boston Consulting Group	Investment modelling, Housing directions	295,500	302,539	0
Capital Business Case & Planning	Deloitte Touche Tohmatsu	Capital planning, Victorian Health and Human Services Building Authority	209,261	18,472	0
Capital Business Case & Planning	Solomon Advisory	Mental Health Services Strategy 2018–23, Funding Reform	228,760	128,884	0
Information, Data & Technology	Third Horizon Consulting Pty Ltd	Development, SAP Future Directions Strategy Project	279,024	120,224	0

Category	Consultant	Purpose of consultancy	Total approved project fee excl. GST	Expenditure 2019–20 excl. GST	Future expenditure excl. GST
Information, Data & Technology	Ernst & Young Services Pty Ltd	Review, Housing Financial Systems and Management	228,800	101,400	127,400
Information, Data & Technology	Ernst & Young Services Pty Ltd	Strategy, IT Resilience	550,000	285,581	264,419
Policy/Program Advice & Delivery	Christopher William Brook	Advisory services, Health systems	160,255	47,768	46,227
Policy/Program Advice & Delivery	Tim Bamford Consulting Pty Ltd	Advisory services, Health and Human Services Building Authority	147,840	11,550	136,290
Policy/Program Advice & Delivery	Ernst & Young Services Pty Ltd	Review and support for Koori Youth Justice Taskforce	60,928	58,969	1,959
Policy/Program Advice & Delivery	KPMG	Family Violence Sector Reform Narrative	136,255	102,192	0
Policy/Program Advice & Delivery	Centre for Evidence and Implementation	Development, Core Practice Elements in Children and Families Services	1,508,948	224,939	525,158
Policy/Program Advice & Delivery	Centre for Evidence and Implementation	Development, Technical Specifications for the Menu of Evidence-Informed Practices and Programs	169,075	11,460	0
Policy/Program Advice & Delivery	Ernst & Young Services Pty Ltd	Establishment of Project Management Office	5,232,000	2,359,256	613,454
Policy/Program Advice & Delivery	Jacobs Group Australia Pty Ltd	Asset Management Accountability Framework – Stage 2	253,088	63,075	190,012
Policy/Program Advice & Delivery	Deloitte Consulting Pty Ltd	Development, Victorian Early Parenting Centres Service Expansion	233,137	233,137	0
Policy/Program Advice & Delivery	Institute for Healthcare Improvement	Development, Community Services improvement	1,361,416	350,000	1,011,416
Policy/Program Advice & Delivery	The Shannon Company	Development, Communications approach, Health reform initiatives	50,500	50,500	0

Category	Consultant	Purpose of consultancy	Total approved project fee excl. GST	Expenditure 2019–20 excl. GST	Future expenditure excl. GST
Policy/Program Advice & Delivery	Infection Contrology	Development, Infection, prevention and controls, high risk workplaces	44,000	44,000	0
Policy/Program Advice & Delivery	Boston Consulting Group	Modelling, Housing Financials	2,468,100	2,168,100	300,000
Policy/Program Advice & Delivery	Deloitte Touche Tohmatsu	Financial and operating models, National Disability Insurance Scheme	5,733,188	1,146,582	443,451
Policy/Program Advice & Delivery	Porter Novelli	Strategic Communications, Mildura Base Hospital Transition	151,500	31,482	120,018
Policy/Program Advice & Delivery	Deloitte Touche Tohmatsu	Negotiation, Mildura Base Hospital	724,567	491,713	232,854
Probity & Data Integrity Audit	KPMG	Data integrity audits, Victorian admitted episodes dataset	2,943,112	436,198	453,563
Probity & Data Integrity Audit	Deloitte Touche Tohmatsu	Due Diligence, Mildura Base Hospital	477,138	464,866	12,272
Probity & Data Integrity Audit	Jenny Dwyer Associates	Inquiry, Services delivered by government	72,682	72,000	682
Probity & Data Integrity Audit	Holly Charles Ireland	Inquiry, Services delivered by government	26,260	25,510	750
Probity & Data Integrity Audit	AMCOSH Pty Ltd	Lead Environmental Investigations	43,636	21,325	14,557
Probity & Data Integrity Audit	Due Diligence Consultants Pty Ltd	Due Diligence Reporting	169,275	30,159	65,576
Program Assessment & Evaluation	HDAA Australia Pty Ltd	Standards Audit, Human Services Independent Monitoring (North Division)	112,883	32,325	743
Program Assessment & Evaluation	HDAA Australia Pty Ltd	Standards Audit, Human Services Independent Monitoring (South Division)	107,195	28,021	79,173

Category	Consultant	Purpose of consultancy	Total approved project fee excl. GST	Expenditure 2019–20 excl. GST	Future expenditure excl. GST
Program Assessment & Evaluation	HDAA Australia Pty Ltd	Standards Audit, Human Services Independent Monitoring (East Division)	103,077	30,923	0
Program Assessment & Evaluation	Victorian Aboriginal Child Care Agency Co-Op Ltd	Development, Aboriginal Health, Wellbeing and Safety Research and Evaluation Framework	605,905	316,097	0
Program Assessment & Evaluation	CSIRO	Evaluation, HealthLinks, Chronic Care	1,667,387	269,047	176,020
Program Assessment & Evaluation	Deloitte Touche Tohmatsu	Evaluation, Latrobe Valley actions framework (Hazelwood)	726,850	219,611	253,334
Program Assessment & Evaluation	Healthconsult	Evaluation, Integrated model of care trial, responding to suspected elder abuse	257,522	51,504	0
Program Assessment & Evaluation	Social Compass	Evaluation, Improving Mental Health Treatment Outcomes for Aboriginal and Torres Strait Islander People	183,000	10,025	0
Program Assessment & Evaluation	Deloitte Touche Tohmatsu	Evaluation, New Community Based Perpetrator Interventions and Case Management Trials	394,245	321,983	0
Program Assessment & Evaluation	Cube Group	Evaluation, Multi-Agency Risk and Management Framework implementation	426,750	229,150	61,750
Program Assessment & Evaluation	Pretty Neat Pty Ltd	Evaluation, Homelessness program	19,865	19,183	0
Program Assessment & Evaluation	The Systems School	System Expert, Homelessness Evaluation	77,273	25,167	52,106
Program Assessment & Evaluation	Institute for Healthcare Improvement	Victorian Patient Safety Program	10,207,681	2,713,638	3,545,168
Program Assessment & Evaluation	Monash University	Review, Family violence information sharing scheme	427,475	173,879	0

Category	Consultant	Purpose of consultancy	Total approved project fee excl. GST	Expenditure 2019–20 excl. GST	Future expenditure excl. GST
Program Assessment & Evaluation	K Murray Consulting	Review, Administration of the <i>Working with Children Act 2005</i>	68,000	45,050	0
Program Assessment & Evaluation	Lyn Walker and Associates	Review, Victorian Family Violence and Violence Against Women Prevention Activity (Phase 1)	70,000	31,818	0
Program Assessment & Evaluation	Professor David A K Watters	Review, Managing Private Medical Practice in Public Hospitals	82,000	31,000	51,000
Program Assessment & Evaluation	Paxton Partners	Development and review, Public health microbiology reference laboratory	32,448	30,788	1,660
Program Assessment & Evaluation	Ernst & Young Services Pty Ltd	Strategy, Budget Strategy Development	136,000	136,000	0
Workforce Support	Wise Workplace Solutions	Bullying and Harassment Independent Expert Panel	181,818	38,061	142,872
Workforce Support	Integrated Global Partners	Capability Review – Victorian Health and Human Services Building Authority	82,500	82,500	0

Government advertising expenditure

For the 2019–20 reporting period, there were seven government advertising campaigns with total media spend of \$100,000 or greater (exclusive of GST). The details of each campaign are outlined below.

Details of government advertising expenditure for 2019–20 (campaigns with a media spend of \$100,000 or greater) (\$ thousand)

Name of campaign	Campaign summary	Start/end date	Advertising (media) expenditure (excl. GST)	Creative and campaign development expenditure (excl. GST)	Research and evaluation expenditure (excl. GST)	Print and collateral expenditure (excl. GST)	Other campaign expenditure (excl. GST)	Total
SafeScript	Promote community awareness of the SafeScript real-time prescription monitoring system.	1 March 2020 to 17 May 2020	\$299.28	\$3.64	N/A	N/A	\$21.94	\$324.86
School Dental Program	Develop brand and imagery for Smile Squad school dental program election commitment and build community awareness in advance of January 2020 commencement	31 May 2019 to 31 March 2020	\$291.43	\$278.35	N/A	\$4.70	\$3.42	\$577.90
SuperCare Pharmacies	Promote community awareness of SuperCare Pharmacy locations, opening hours and services provided	1 July 2019 to 15 October 2019	\$129.35	N/A	N/A	N/A	N/A	\$129.35
Survive the Heat in Summer	Promote community awareness of health impacts of extreme heat and behaviour change to reduce risks to vulnerable community members.	1 December 2019 to 31 March 2020	\$489.23	N/A	N/A	\$4.24	\$9.19	\$502.66
Seasonal Influenza Campaign	Promote seasonal flu immunisation and other prevention measures to help reduce the impacts of seasonal influenza.	1 July 2019 to 30 June 2020	\$486.88	\$28.35	N/A	\$111.96	\$60.63	\$687.81

Name of campaign	Campaign summary	Start/end date	Advertising (media) expenditure (excl. GST)	Creative and campaign development expenditure (excl. GST)	Research and evaluation expenditure (excl. GST)	Print and collateral expenditure (excl. GST)	Other campaign expenditure (excl. GST)	Total
Disability Worker Regulation Scheme Public awareness campaign	Promote the new regulations including compliance obligations for Victorian disability workers commencing 1 July 2020	5 June to 30 June	\$310.00	\$214.05	\$12.35	N/A	N/A	\$536.40
Coronavirus (COVID-19) Managing This Together Campaign	In response to the coronavirus pandemic, the 'Managing This Together' campaign helped people understand the crucial behaviours required to protect themselves and the community during the pandemic.	21 March 2020 to 10 May 2020	\$4,134.48	\$1,854.43	\$17.00	\$15.07	N/A	\$6,020.98

* Emergency advertising for heat health alerts may be booked in March weather depending.

Details of information and communication technology (ICT) expenditure

For the 2019–20 reporting period, the department had a total ICT expenditure of \$428,014,093. The details are shown below.

(\$'000)				
All operational ICT expenditure		ICT expenditure related to projects to create or enhance ICT capabilities		
Business as usual (BAU) ICT expenditure	Non-business as usual (BAU) ICT expenditure	Operational expenditure	Capital expenditure	
(Total)	(Total = operational expenditure and capital expenditure)			
\$186,088	\$241,926 ⁽¹⁾	\$61,777		\$180,149

ICT expenditure refers to the department's costs in providing business-enabling ICT services within the current reporting period. It comprises business as usual (BAU) ICT expenditure and non-business as usual (non-BAU) ICT expenditure.

Non-BAU ICT expenditure relates to extending or enhancing the department's current ICT capabilities.

BAU ICT expenditure is all remaining ICT expenditure, which primarily relates to ongoing activities to operate and maintain the current ICT capability.

Note:

1. ICT expenditure for the 2019–20 reporting period included significant expenditure associated with Health Sector projects. This has been classified as capital expenditure.

Freedom of information

The *Freedom of Information Act 1982* aims to extend as far as possible the right of the community to access information held by the Victorian Government and other bodies subject to the Act.

The Act allows the department to refuse access, either fully or partially, to certain documents or information. Examples of documents that may not be accessed include cabinet documents; some internal working documents; law enforcement documents; documents covered by legal professional privilege, such as legal advice; personal information about other people; and documents relating to trade secrets.

The Act provides a 30-day period for processing requests. This time may be extended where consultation is required and by agreement with the applicant.

If an applicant is not satisfied with a decision made by the department, including a decision regarding whether the application fee is to be waived, the applicant has the right to seek a review by the Office of the Victorian Information Commissioner within 28 days of receiving a decision letter.

Making a request

Access to documents may be obtained through written request to the department's Freedom of Information Unit, pursuant to s. 17 of the Act.

In summary, the requirements for making a request are:

- > it must be in writing
- > it should provide such information concerning the document as is reasonably necessary to enable identification of the document
- > it should be accompanied by the application fee of \$29.60 (the fee may be waived in certain circumstances).

Requests for documents in the possession of the department should be addressed to:

Freedom of Information Unit
 Department of Health and Human Services
 GPO Box 4057
 Melbourne VIC 3001

Requests and payment of the application fee can also be lodged online with the [Office of the Victorian Information Commissioner](https://ovic.vic.gov.au/) <<https://ovic.vic.gov.au/>>.

Telephone enquiries can be made by calling 03 9096 8449.

Access charges for photocopying and search retrieval may also apply once the request has been finalised.

FOI statistics/timeliness

During 2019–20, the department received 2,125 applications. Of these requests, 52 were from Members of Parliament, 31 from the media, and the remainder from the general public.

The department made 1,722 FOI decisions and processed 89 per cent of requests within the statutory time period. Of the requests finalised, 69 per cent were granted in full or in part.

During 2019–20, 59 decisions were subject to review by the Office of the Victorian Information Commissioner and seven appeals were made to the Victorian Civil and Administrative Tribunal.

Requests for Family Safety Victoria documents

Requests for documents in possession of Family Safety Victoria should be addressed to the Freedom of Information Officer, Family Safety Victoria at the same postal address, or can be [emailed to Freedom of Information – Family Safety Victoria](mailto:foi@familysafety.vic.gov.au) <foi@familysafety.vic.gov.au>. Telephone enquiries can be made to (03) 9194 3447.

For public interest disclosures relating to Family Safety Victoria, information can be located on the [Family Safety Victoria Public Interest Disclosure Procedure webpage](https://www.vic.gov.au/family-safety-victoria-public-interest-disclosure-procedure) <<https://www.vic.gov.au/family-safety-victoria-public-interest-disclosure-procedure>> or by [emailing the public interest disclosure coordinator](mailto:fsv.protected.disclosures@familysafety.vic.gov.au) <fsv.protected.disclosures@familysafety.vic.gov.au>.

Cemeteries and Crematoria Act 2003

In 2009 the *Cemeteries and Crematoria Act 2003* was amended to require Class A cemetery trusts to pay a levy. The levy is intended to assist in defraying the cost of administering the Act, make improvements to cemetery trust governance and administration, and to provide services to the community.

The levy is set at three per cent, or a rate determined by the Minister for Health up to a maximum of five per cent, of each Class A cemetery trust's gross earnings from the previous financial year. The following table details the amount paid as levy, the amount appropriated and the matters on which the appropriated money was expended.

Collection of levy	2019–20
Metropolitan trusts	\$4,479,000
Rural trusts	\$351,466
Total amount collected	\$4,830,466

Departmental expenditure (category)	2019–20
Sector reform initiatives	\$0
Governance support	\$1,144,626
Sector grants	\$2,438,517
Sector policy, development and coordination	\$381,542
Insurance premiums and claims	\$1,675,569
Total expenditure	\$5,640,254

Public Health and Wellbeing Act 2008

The *Public Health and Wellbeing Act 2008* (the Act) and the Public Health and Wellbeing Regulations 2009 came into effect on 1 January 2010.

The Act promotes and protects public health and wellbeing in Victoria.

Under s. 21 of the Act, the Chief Health Officer has a number of functions and powers. These include:

- > to develop and implement strategies to promote and protect public health and wellbeing
- > to provide advice to the Minister for Health or the Secretary on matters relating to public health and wellbeing
- > to publish on a biennial basis and make available in an accessible manner to members of the public a comprehensive report on public health and wellbeing in Victoria
- > to perform any other functions or exercise any powers specified under this Act or any other Act or under any regulations made under this or any other Act.

Under the Act, the Chief Health Officer is also empowered to make certain orders that may impact on individuals in order to protect the community from infectious diseases. These include orders to compel a person to be examined or tested for an infectious disease or to refrain from certain activities that may pose a serious risk to public health.

The limited circumstances in which these orders may be made are clearly set out in the legislation and there are extensive human rights protections including rights to internal and external review.

The following table reports the number of orders made, and reasons for making them, as outlined in s. 143 of the Act.

Orders made by the Chief Health Officer from 1 July 2019 – 30 June 2020

Section	Order type	Number	Reason
113	Examination and testing order	0	
117	Public health order	0	To eliminate or reduce the risk of a person causing a serious risk to public health
118	Extension of public health order	2	To continue to eliminate or reduce the risk of a person causing a serious risk to public health
134	Orders for tests if an incident has occurred	0	

Ministerial Statements of Expectations

Ministerial Statements of Expectations for regulators articulate the Victorian Government's regulatory functions and priorities within each government department. The statements are issued by the responsible minister and aim to establish clear expectations for regulator performance and improvements.

The statements apply to the department's regulators and statutory authorities. They relate to areas such as medicines and poisons, food safety, tobacco control, radiation safety, safe drinking water and services provided and registered under the *Children, Youth and Families Act 2005*, the *Disability Act 2006* and the *Supported Residential Services (Private Proprietors) Act 2010*.

Statements of expectations for the period 1 July 2019 to 30 June 2021 are published on the department's website: [Ministerial Statements of Expectations](https://dhhs.vic.gov.au/ministerial-statements-expectations-regulators) <<https://dhhs.vic.gov.au/ministerial-statements-expectations-regulators>>.

The department will report on progress to achieve regulatory improvements on the department's website.

Human Services Standards

The Human Services Standards (gazetted as Department of Health and Human Services Standards) apply to the direct-client contact human services activities (children, youth and families, disability services, homelessness services, family violence and sexual assault services).

Compliance with the Standards is an obligation of the Service Agreement with the department, a requirement of registration for organisations registered under the *Children, Youth and Families Act 2005* or the *Disability Act 2006*, or both.

The implementation of the Standards includes a range of quality assurance activities including self-assessment, independent review and external accreditation/certification.

To assure compliance with the Standards, service providers need to:

- > demonstrate compliance with the Standards and the governance and management standards of a department-endorsed independent review body
- > be independently reviewed by a department-endorsed independent review body once every three years
- > gain and maintain their accreditation/certification with their independent review body.

In some circumstances, the department may exempt a service provider from independent review and instead require a self-assessment process be undertaken. A range of criteria is considered to determine whether the benefits of the review process outweigh the costs of the review.

Number of service providers

Type	Number
Organisations exempt from independent review and self-assessment	30
Organisations required to complete a self-assessment	16
Organisations required to undertake an independent review	383

Includes organisations registered under the *Disability Act 2006* that have not yet transitioned to the National Disability Insurance Scheme.

Reviews completed 2019–20

Type	Number
Number of independent reviews successfully completed	208
Number of independent reviews not successfully completed, or certification withdrawn	1

Note: Transition of organisations to the National Disability Insurance Scheme has resulted in fewer organisations being required to undertake an independent review compared to the previous year (2018–19).

Disability action plan

The *Disability Act 2006* requires Victorian agencies to develop a disability action plan to reduce barriers and enhance opportunities for people with disability.

The inaugural *Department of Health and Human Services disability action plan 2018–2020* (the plan) sets the standard for how we want to operate as a truly inclusive work, policy, and service environment. The plan provides a three-year framework for change, with publicly available annual implementation plans aligned to financial years, to maintain momentum. The *Department of Health and Human Services disability action plan 2018–2020: 2019–2020 implementation plan* sets out year two actions and includes progress reports against 2018–19 implementation plan (year one) actions.

The department has had to put disability action plan reporting on hold to focus its effort on the needs of people with disability during the COVID-19 public health emergency. However, many of the disability action plan actions have continued and/or are embedded in department practice, such as:

- > the extension of the People with Disability on Victorian Public Sector boards initiative
- > initiatives focussed on changing community attitudes towards disability
- > projects aimed at supporting LGBTIQ people with disability.

To find out more and access annual implementation plans, visit the department's website: [Disability Action Plan 2018–2020](https://www.dhhs.vic.gov.au/publications/disability-action-plan-2018-2020) <<https://www.dhhs.vic.gov.au/publications/disability-action-plan-2018-2020>>.

Registered disability service providers and community service organisations

Registration under the *Disability Act 2006* and the *Children, Youth and Families Act 2005* is managed by the Department of Health and Human Services' Human Services Regulator unit, which acts as an independent regulator within the department.

The launch of the National Disability Insurance Scheme saw an agreement between the Commonwealth and the Victorian Government for the existing quality assurance and safeguards of

the State of Victoria to remain in place until the National Disability Insurance Scheme Quality and Safeguards Commission commenced on 1 July 2019. Up to 30 June 2019, some organisations providing services for the National Disability Insurance Agency were required to be registered with the department and operate in accordance with the Disability Act. This included complying with the Human Services Standards (gazetted as the Department of Health and Human Services Standards) and where required, providing information to the Disability Services Commissioner and the Senior Practitioner.

Register of disability service providers

Section 46 of the Disability Act requires the Secretary of the department to keep a register and make available for public inspection a list of disability service providers. Funded organisations that deliver disability services are required to be registered and comply with the Human Services Standards. In addition, organisations that were registered for National Disability Insurance Scheme purposes were also required to comply with the Human Services Standards.

The register can be found on the department's website: [Registration requirements for disability service providers](https://providers.dhhs.vic.gov.au/registration-requirements-disability-service-providers) <<https://providers.dhhs.vic.gov.au/registration-requirements-disability-service-providers>>.

Register of community services

The *Children, Youth and Families Act* provides a strong focus on the quality of services delivered to children, young people and families. Funded organisations that deliver family and out-of-home care services are required to be registered and comply with the Human Services Standards.

Section 54 of the *Children, Youth and Families Act* requires the Secretary of the department to keep a register of community services. Section 57 of the Act requires that the Secretary must make a copy of the register of community services available for inspection on the department's internet site.

The register can be found on the department's website: [Registration requirements for community services](https://providers.dhhs.vic.gov.au/register-community-services) <<https://providers.dhhs.vic.gov.au/register-community-services>>.

Registration activity

During 2019–20, the department revoked the registration for a number of organisations under the Disability Act due to organisations transitioning to the National Disability Insurance Scheme. The following registration activities occurred.

Registration type	New registrations processed 2019–20	Renewals/ extensions processed 2019–20	Registrations lapsed/ revoked 2019–20	Total number registered at 30 June 2020
Registration under the <i>Disability Act 2006</i>	1	12	491	242
Registration under the <i>Children, Youth and Families Act 2005</i>	5	12	12	154

Report of the Commissioner for Senior Victorians

The Commissioner for Senior Victorians, Gerard Mansour, provides policy advice to the Victorian Government through the Minister for Disability, Ageing and Carers on key issues for senior Victorians such as prevention of elder abuse, end of life planning, ageing well, volunteering and carer needs.

The Commissioner met regularly with the Minister for Disability, Ageing and Carers, the Minister for Prevention of Family Violence, the Parliamentary Secretary for Carers and Volunteers and senior departmental executives on issues of importance to older people.

The Commissioner attended regular meetings to discuss the participation of seniors and the rights of older people with the Victorian Equal Opportunities and Human Rights Commissioner, Disability Services Commissioner, Chairperson of the Victorian Multicultural Commission, Victorian Treaty Advancement Commissioner, Gender and Sexuality Commissioner, the Victorian Public Advocate, Mental Health Complaints Commissioner and is member of the Commercial Passenger Vehicles Victoria Disability and Accessibility Forum 2019–20.

The Commissioner works with a range of peak bodies supporting the interests of older people. These include COTA Victoria, the Ethnic Communities Council of Victoria, U3A Network Victoria, Men's Sheds Victoria, the Municipal Association of Victoria, Leading Age Services Australia and Aged and Community Services Australia.

In response to a request from the Department of Health and Human Services to provide advice on what it means to 'age well' in Victoria, the Commissioner sought feedback from seniors in the community.

Senior Victorians from 27 Local Government Areas were invited to take part in one of four regional community consultations held in August 2019. A total of 231 older people attended the consultations, which were organised in partnership with Greater Geelong, Greater Shepparton, Manningham and Maribyrnong local councils. The Commissioner also met with Aboriginal and Torres Strait Island elders at the Aboriginal Community Elders Service and discussed needs of seniors from culturally diverse communities with the Chairperson of the Victorian Multicultural Commission.

In addition, 4,726 seniors completed an online survey, with support provided to complete the survey by local libraries and neighbourhood houses if required.

His report, *Ageing well in a changing world*, will be released later in 2020.

The Commissioner chaired the selection panel for the 2019 Victorian Senior of the Year Awards and participated in the 2019 Victorian Seniors Festival in events including a Social Isolation in our Ageing Communities, Causes and Responses discussion by the Country Women's Association of Victoria Social Issues Committee and a U3A Port Phillip Community Forum with the Minister for Ageing, Disability and Carers.

The Commissioner was a member of the selection panel for the 2019 Victorian Volunteer of the Year Awards and facilitated discussion at a workshop in Ballarat in early 2020 as part of consultations to inform the Victorian Volunteer Strategy.

The Commissioner presented to the 2019 Victorian Coroners Conference, Ageing and Mental Health Summit 2019 and the Chief Psychiatrist's Forum on Mental Health and Ageing.

The Commissioner contributed to a Mental health and older people workshop organised and attended by Commissioners from the Mental Health Royal Commission and attended a follow-up one-on-one meeting with the Royal Commissioners.

The Commissioner speaks regularly on Golden Days Radio and continues to engage with seniors through social media.

During 2019–20, his Facebook audience 'likes' increased 33 per cent from 871 to 1,308 likes, with 'follows' increasing by 22 per cent from 1,354 to 1,745 follows. Followers on LinkedIn increased by 82 per cent from 2,308 to 4,200. In August 2019, the Commissioner's inaugural newsletter was distributed through public libraries and mailed to seniors' community organisations.

The Commissioner's face-to-face community engagement activities in 2020 ceased in line with public health restrictions to stop the spread of coronavirus (COVID-19).

To provide information and respond to questions posed by senior Victorians to seniors during the pandemic, a Seniors and coronavirus – is it return to normal? webinar was held with the Minister for Disability, Ageing and Carers. More than 360 participants registered for the live webinar, which was viewed more than 950 times online after the event.

The Commissioner assisted with promoting an in-reach program of entertainment including streamed video and radio offerings as part of the Victorian Seniors Festival Reimagined. This included hosting meetings with aged care providers to encourage inclusion of the streamed programs as options for aged care residents.

The Commissioner successfully advocated to the Victorian Government for funding to support community TV Channel 31 to continue operating and to broadcast messages about coronavirus (COVID-19), particularly to senior Victorians from culturally diverse communities.

Ambassador for Elder Abuse Prevention

The Commissioner spoke at the 2020 World Elder Abuse Awareness Day webinar on preventing and responding to elder abuse during and post the coronavirus (COVID-19) pandemic organised by the Department of Health and Human Services and Seniors Rights Victoria. The Commissioner also participated in the Seniors Rights Victoria online Purple Tea: Stir A Cuppa for Seniors. The Commissioner contributed to the Rotary Safe Families initiative and features on the associated video that discusses elder abuse.

Other speaking engagements included the 2019 National Elder Abuse Conference, Rock the Boat, Older Wiser Know Your Rights Forum Colac and the Side Door Social Justice Hub Elsternwick.

The Commissioner is deputy chair of the Elder Abuse and Safeguarding Advisory Group and was a member of the Family Safety Victoria Diverse Communities and Intersectionality Working Group and the Victoria Police Human Rights Strategic Advisory Committee.

Social procurement framework

Social procurement achievements in 2019–20 included:

- > Coordinated the Social Procurement Strategy Working Group and the Subject Expertise Network
- > Facilitated development of the Social Procurement Strategy, Victorian Aboriginal Procurement Target 2019–20 Implementation Plan and related documents
- > Established procurement targets for the Procurement, Contract and Business Services Branch, Property and Asset Services Branch and Child, Family and Community Health Branch and the Victorian Health and Human Services Building Authority (VHHSBA)
- > Completed the annual Social Procurement Self-Assessment
- > Produced and updated the Social Procurement Strategy Implementation Plan and Record
- > Facilitated use of Local Jobs First mandated templates and processes
- > Developed and supported internal communications, supplier engagement, staff training and capability development

- > Facilitated data collection and reporting
- > Maintained current procurement policies, processes, templates and contracts on the department intranet to support social procurement.

Indirect procurement

There were nine suppliers engaged by the department during the reporting period, which are not social benefit suppliers, that have made social procurement commitments in their procurement contracts.

Overall social procurement activities

Total amount spent with social benefit suppliers during the reporting period	Number of social benefit suppliers engaged during the reporting period
\$9,006,740	173

Reporting against 2019–20 specified metrics

Social procurement framework objective	Outcome	Metric
Opportunities for Victorian Aboriginal people	Purchasing from Victorian Aboriginal businesses	(a) \$914,886 spent with Victorian Aboriginal suppliers (b) 50 Victorian Aboriginal suppliers engaged.
Opportunities for Victorians with disability	Purchasing from Victorian social enterprises and Australian disability enterprises	(a) \$1,669,599 spent with Victorian social enterprises led by a mission for people with disability ² and Australian Disability Enterprises (ADEs) (b) 37 Victorian social enterprises led by a mission for people with disability and Australian Disability Enterprises engaged.
Opportunities for disadvantaged Victorians	Purchasing from Victorian social enterprises providing job readiness and employment for one of the following: (a) long-term unemployed people (b) disengaged youth (c) single parents (d) migrants (e) refugees and asylum seekers (f) workers in transition	(a) \$1,806,150 spent with Victorian social enterprises led by a mission for the disadvantaged ¹ (b) 30 Victorian social enterprises led by a mission for the disadvantaged engaged.
Sustainable Victorian social enterprises and Aboriginal business sectors	Purchasing from Victorian social enterprises and Aboriginal businesses	(a) \$914,886 spent with Victorian Aboriginal suppliers (b) 50 Victorian Aboriginal suppliers engaged (c) \$7,959,924 spent with Victorian social enterprises ³ (d) 112 Victorian social enterprises engaged.

1 A Victorian Aboriginal business must be at least 50 per cent Aboriginal and/or Torres Strait Islander owned, undertaking commercial activity, and operates and has business premises in Victoria.

2 Victorian social enterprises led by a mission for at least one of five disadvantaged cohorts (long-term unemployed people, disengaged youth, single parents, migrants, refugees and asylum seekers, and workers in transition).

3 All types of Victorian social enterprises verified by Social Traders or listed on the Map for Impact, excluding social enterprises that are also Victorian Aboriginal businesses.

Social Housing Dwelling Stock ended 30 June 2020

Summary of changes to Social Housing Dwellings for 2019–20

Description	Units
Stock at 30 June 2019	85,626
Additions Total	1,097
New handovers	521
Spot Purchase	66
New short-term leases	293
Stock online	210
Transfers	7
Subtractions Total	1,612
Sales	62
Demolitions	538
Short-term lease hand backs	140
Stock offline	554
Stock conversion reductions	4
Transferred	314
Stock at 30 June 2020	85,111

Data includes Director owned units (including leases and other Director managed units) and community owned units.

Environmental sustainability report

Environmental performance and impacts

In 2019–20, the department made progress on reducing its environmental footprint and managing climate change risks across the sector despite significant challenges caused by COVID-19.

In particular, the collection of some environmental datasets and the completion of environmental targets were impacted by the unprecedented disruptions to workplace activities and service delivery. Environmental performance indicators for energy, paper and transportation were also affected by restricted access to office-based workplaces and the department-wide shift to remote working during the year.

Highlights

Highlights for the period included:

- > reducing annual reported greenhouse gas emissions in the public health sector by 5.8 per cent or 50,139 tonnes of carbon-dioxide equivalent (CO₂-e)
- > contributing to the whole of Victorian Government TAKE2 emissions reduction target, reducing our greenhouse gas emissions from office-based sources by 20 per cent year-on-year. Over the life of the five-year emissions reduction target, the department reduced its annual office-based emissions by 24 per cent or 7,125 tonnes CO₂-e from the 2014–15 baseline
- > completing delivery of energy-efficiency upgrades to 1,500 low-rise public housing properties under the EnergySmart Public Housing program. The program aimed to reduce energy costs and improve thermal comfort for participating public housing tenants. Initial evaluation of the project outcomes showed that participants experienced reductions to their energy consumption and costs through the upgrades to their homes
- > continuing the implementation of the Regional Health Solar Program. This included installation of 3,364 kW of solar panels at 35 health facilities across the Hume, Loddon-Mallee and Grampians regions. Once completed, estimates show that these arrays will generate around 5,000 MWh of electricity per annum and reduce emissions by 5,150 tonnes CO₂-e
- > working with the office landlord at 71 Moreland St, Footscray to support building upgrades including the installation of a 100-kW solar PV array for use by the tenancy. The solar installation is projected to generate 106 MWh per annum and reduce the department's emissions by 119 tonnes CO₂-e.

Energy

The department is committed to reducing energy consumption across its operations and to assisting our clients to reduce their own energy use.

In 2019–20, the department:

- > completed implementation of an automatic computer sleep-mode for all office-based computers and laptops. Departmental computers will now automatically sleep after two hours of inactivity while preserving a user's open work and programs. Measurement of the project outcomes prior to COVID-19 showed that the department's average weekly computer runtime and computing electricity use was reduced by approximately 40 per cent
- > achieved a National Australian Built Environment Rating System (NABERS) Tenancy Energy rating of five stars for the tenancy at 50 Lonsdale St, Melbourne
- > supported energy efficiency and solar projects in public hospitals and health facilities. These included providing LED retrofits, hot water upgrades and installation of solar PV and variable speed drives at multiple health service locations across Victoria
- > upgraded energy efficiency features in 60 high-rise units at 125 Napier St. Fitzroy. The upgrades included external wall and ceiling insulation, window double-glazing and low-emissivity coatings
- > completed works on four Family Community Care Facilities designed and constructed to achieve a seven-star Nationwide House Energy Rating Scheme (NatHERS) rating, with no natural gas supply to the premises. Design features included on-site rainwater harvesting and up to 6.5 kW of solar PV where practical
- > worked with the office landlord at 55 Hovell St, Wodonga to upgrade the tenancy lighting to LED. The upgrades are expected to reduce electricity usage by 34,000 kWh per annum and reduce emissions by 38 tonnes CO₂-e
- > published technical guidance notes to assist health services with the installation, maintenance and operation of solar arrays
- > set a target for all newly built public housing dwellings to exceed an average seven-star NatHERS rating and be specified with all-electric appliances and solar PV. A compliance rate of 48 per cent with these guidelines was achieved.

Office-based performance

In 2019–20:

- > office-based energy usage reduced by nine per cent. The decrease is attributed to the change in workplace arrangements since March 2020, when the majority of staff transitioned to remote working.

Targets

- > The 2020–21 environmental management system targets for energy are to:
- > design and construct all new public housing to achieve a NatHERS rating of at least seven stars (or seven-star average, six-star minimum for a multi-unit development) unless exempted
- > specify all single level and low-rise multistorey public housing (three stories or less in height) to include efficient all-electric appliances, including heat pumps for hot water and air conditioning, and rooftop solar PV unless exempted.

Water

The department continues to seek a better understanding of water consumption across our facilities and operations and encourages our clients to improve their own water efficiency.

The department also met the water efficiency target set for the period.

In 2019–20, the department:

- > developed a monitoring program for collection of pulse water-meter data from eight high-rise public housing buildings to identify water-efficiency opportunities. The program will involve regular review of water-meter data to identify any substantial variations to water consumption and water-efficiency opportunities within the high-rise housing portfolio
- > upgraded water-efficiency features in 60 high-rise units at 125 Napier St. Fitzroy. The upgrades included 4-star Water Efficiency Labelling and Standards (WELS) rated tapware and three-star WELS rated toilet cisterns.

Office-based performance

In 2019–20:

- > office-based water use increased two per cent due to the addition of new office worksites and increased water usage at major tenancies including 50 Lonsdale Street, Melbourne prior to the COVID-19 shutdown.

Targets

The 2020–21 environmental management system target for water is to:

- > continue the high-rise public housing water monitoring program in selected buildings and report on the results annually.

Procurement and paper

The department continues to integrate sustainability into its procurement activities, while seeking value for money outcomes in our business operations. We also continue to implement strategies to reduce the environmental impacts of printing and paper consumption.

In 2019–20, the department:

- > ensured that 98 per cent of all office-based paper purchased consisted of 100 per cent recycled content
- > continued to utilise the TRIM electronic record management system and 'follow-me' printing solution to reduce the volume of hardcopy records printed and archived in the workplace.

Office-based performance

In 2019–20:

- > paper purchasing and associated emissions reduced by 37 per cent, attributable to COVID-19 and the transition to remote working arrangements.

Targets

The 2020–21 environmental management system targets for procurement and paper are to:

- > work with Sustainability Victoria to support the Buy Recycled directory to provide Victorian buyers with products containing recycled content and options to achieve positive environmental outcomes and support organisational sustainability goals
- > add energy-efficient heat pump hot water systems to the appliance procurement register for public housing.

Waste

The department is committed to the effective management of waste to reduce operational costs and environmental impacts, as well as potential public health risks to our staff, our clients and the broader Victorian community.

In 2019–20, the department:

- > continued the Simply Cups coffee-cup recycling program, diverting a further 87,000 cups from landfill. In total we have collected more than 458,000 cups since 2017
- > commenced a collections pilot for recycling of soft plastics at 50 Lonsdale Street, Melbourne. Collections were undertaken by the department's Future Sustainability Committee volunteer network and successfully diverted a variety of single-use plastics out of landfill waste, prior to COVID-19 disruptions. All soft plastics collected were transferred to Recycle drop-off points for processing
- > worked with the Vinyl Council of Australia to improve PVC recycling in Melbourne's public hospitals. PVC recycling is now occurring in 28 health services across Victoria
- > released the Clinical and Related Waste Guidance Supplement for healthcare staff to provide Victorian hospitals and health services with a practical decision-making process in clinical settings for identifying which waste items are clinical waste, landfill waste or recyclable
- > held seven 'Waste in Healthcare' Workshops in Ballarat, Bendigo, Melbourne, Sale, Wangaratta and Warrnambool, in partnership with Sustainability Victoria. The workshops were attended by 167 staff from 40 public health services, 15 private hospitals and Ambulance Victoria. These workshops assisted participants to develop plans for improving waste stream separation and recycling in their hospitals
- > conducted research to identify barriers and opportunities to improve waste management and increase resource recovery in clinical settings. Three health services were involved in the research with a series of interventions identified and trialed
- > set a target to develop a waste signage standard for office kitchens across the state however this was unachievable in the planned timeframe due to COVID-19 related disruptions and will be revisited when circumstances permit.

Office-based performance

In 2019–20:

- > office-based waste generation data was not able to be collected via waste audits as planned and has been postponed due to COVID-19 restrictions.

Targets

The 2020–21 environmental management system targets for waste are to:

- > continue single stream recycling programs including Simply Cups when regular office-based activities are resumed.

Sustainable transport

The department continues to build a more sustainable fleet and to support initiatives that encourage staff to seek alternative modes of transportation.

In 2019–20, the department:

- > achieved a decrease in vehicle fleet size due to the transfer of 429 vehicles to National Disability Insurance Scheme (NDIS) service providers as part of the transfer of government services:
 - continued to implement the Efficient Fleet Procurement Policy, giving preference to fuel-efficient and low-emission vehicles
 - completed a sustainable transport pilot at Eastern Health and Peninsula Health
 - expanded public health services reporting to include carbon emissions from regional public health service fleet vehicles
 - prepared a suite of resources to support health services to improve the efficiency of their fleets. This included a template fleet efficiency plan, guidance on switching to hybrid vehicles and infrastructure planning for electric vehicles.

Office-based performance

In 2019–20:

- > total kilometres travelled and emissions from the office-based vehicle fleet reduced by 30 per cent. These reductions are attributable to the transfer of disability accommodation services to the NDIS. The overall fleet efficiency improved due to most of the existing large diesel vehicles in the fleet being transferred.

Climate change adaptation

The department is committed to driving mitigation and adaptation initiatives and to proactively managing climate change risks for our clients, assets and services.

In 2019–20, the department:

- > commenced implementation of the *Pilot Climate Change Adaptation Action Plan 2019–2021*
- > included climate change as one of four key focus areas in the new Victorian Public Health and Wellbeing Plan 2019–2023. This focus area aims to achieve resilient and safe communities that are adapting to the public health impacts of climate change while decreasing health impacts associated with climate change and increasing action to reduce greenhouse gas emissions and realise health co-benefits
- > published new climate change and health resources on the Better Health Channel, to support community adaptation to the health impacts of climate change and encourage actions that the Victorian community can take to reduce emissions and stay healthy at the same time
- > undertook state-wide consultation with local councils across Victoria to inform the development of new guidance to tackle climate change and its impacts on health through municipal public health and wellbeing planning.

Targets

The 2020–21 environmental management system targets for climate change adaptation are to:

- > deliver the Climate Change and Social Determinants of Health and Wellbeing study. The study examines the costs arising from climate change impacts on the social determinants of health and wellbeing
- > publish new guidance for local councils to support them in combating climate change at a local level and mitigating impacts on community health.

Communications and behaviour change

The department promotes sustainable behaviour to all staff and aims to raise awareness and engagement with environmental issues in order to drive positive environmental outcomes.

In 2019–20, the department:

- > published a mid-year progress report on the implementation of the Environmental Sustainability Strategy 2018–19 to 2022–23 for healthcare
- > prepared a new environmental management plan template for health services aligned with the department's sustainability strategy. The template provides guidance to health services on preparing environmental management plans focussing on leadership, environmental performance, climate change, governance and reporting on outcomes of action plans
- > included dedicated sustainability pages on the new Victorian Health and Human Services Building Authority website providing information on sustainability projects, advice on embedding sustainability in capital works and other sustainability related resources
- > chairing the Australasian Healthcare Infrastructure Alliance ESD sub-group, with sustainability representatives from health jurisdictions around Australia and New Zealand. The discussion focused on the continued application of the NABERS Energy and Water hospital rating tools and the further development of a NABERS Waste tool for hospitals.

Environmental performance reporting

The following information has been prepared in accordance with Financial Reporting Direction (FRD) 24D and the Global Reporting Initiative (G4) environmental category.

The information relates to the department's impact on living and non-living natural systems, including land, air, water and ecosystems.

FRD24 requires that this report provide information relating to inputs (such as energy and water) and outputs (such as emissions and waste).

In addition, procurement, transport, product and service-related impacts are taken into consideration, as are environmental compliance and expenditure.

G4 environmental aspects are partially reported. This includes the indicators for materials (EN1, EN2), energy (EN3, EN5), water (EN8), emissions (EN15, EN18), waste (EN23), products and services (EN27) and transport (EN30). All departmental cost figures include GST, except where otherwise noted.

In 2019–20, the environmental performance reporting data include property and assets used in the delivery of the department's core functions, including corporate offices, residential housing, and public hospitals and health services. This report includes disability accommodation clients' residential energy usage and shared base-building energy and water in offices and public housing facilities. All figures have been forecast and adjusted to include the most up-to-date information. Where data was not available or estimated in previous years but has since become available, figures have been adjusted to best represent the building portfolio as at 30 June 2020.

At 30 June 2020, the department provided its administrated services from 62 office locations across the state. In addition, the department operates from operational centres providing secure services and disability residential services. Public housing energy and water data includes community facilities, general lighting and bulk hot-water equipment and potable water usage in high-rise apartment blocks, low-rise apartment blocks and general rental public housing stock.

Public hospital and health services energy and water data represents a summation of data reported by Victoria's 84 public hospitals and health services, including Ambulance Victoria.

To continually improve the accuracy of reporting, the department reviews data on an ongoing basis. Changes to previously reported data can therefore occur and can be attributed to changes in the number of facilities reporting, from decommissioning, expansion or new build, and/or better-quality data received from health services and/or suppliers. Bed days include in-patient occupied bed days (OBD) and public sector residential aged care bed days.

Greenhouse gas emissions

Total greenhouse gas emissions (tonnes CO ₂ -e) associated with:	2019–20 estimate	2018–19 estimate	2017–18 estimate
Public hospitals energy use	737,882	779,433	786,889
Housing services energy use	60,330	63,464	57,579
Office-based energy use	15,094	17,124	18,931
Public hospitals nitrous oxide	15,708	17,523	16,321
Vehicle fleet and air travel	7,008	10,543	9,605
Hospital emergency transport	21,160	23,885	21,684
Public hospital waste production	29,969	34,481	35,461
Health services vehicle fleet	6,479	6,015	5,916
Office-based paper and waste production	558	744	835
Total	894,187	953,211	953,221

Greenhouse gas emissions have been calculated in accordance with the National Greenhouse and Energy Reporting (Measurement) Determination 2008 (Schedule 1), the National Greenhouse Accounts Factors August 2019 revision, and Financial Reporting Directive 24D guidelines.

Greenhouse gas emissions from paper procurement have been calculated in accordance with EPA Victoria's *Greenhouse gas Inventory management plan 2012–13*.

Greenhouse gas emissions from air travel are provided by the supplier of travel management services under the state purchase contract.

Figures in previous years have been adjusted to include the most up-to-date data. Figures may differ from those estimated in previous years as a result.

1 terajoule equates to 1,000,000 megajoules and 1 gigajoule equates to 1,000 megajoules.

Staff and building reference data

Description	Government-owned buildings	Leased buildings	Total
Office-based FTE	847.0	7,437.3	8,284.3
Operational FTE			283.7
Total FTE			8,568.0
Number of office-based sites	16	46	62
Number of high-rise public housing sites	44		44
Office-based area (m ²)	20,461	137,614	158,075

Staff and building reference data include the roll-out of The Orange Door Family Safety Victoria hubs (eight buildings).

FTE (full-time equivalent staff member as of 30 June 2020)

Energy use

Office based

Description	2019–20 estimate	2019–20 estimate	2018–19 estimate	2018–19 estimate	2017–18 estimate	2017–18 estimate
Total energy usage segmented by primary source	Megajoules	Cost (\$M)	Megajoules	Cost (\$M)	Megajoules	Cost (\$M)
Electricity	50,107,150	\$3.14	54,186,574	\$3.47	60,756,822	\$3.25
Green power	0	\$0.00	0	\$0.00	0	\$0.00
Natural gas	17,407,775	\$0.25	19,763,764	\$0.30	16,937,819	\$0.23
Total	67,514,925	\$3.39	73,950,338	\$3.77	77,694,642	\$3.49

Description	2019–20 estimate	2018–19 estimate	2017–18 estimate
Total greenhouse gas emissions by primary source	Tonnes CO₂-e	Tonnes CO₂-e	Tonnes CO₂-e
Electricity	14,197	16,105	18,058
Natural gas	897	1,018	873
Total	15,094	17,124	18,931

Description	2019–20 estimate	2018–19 estimate	2017–18 estimate
Energy used per FTE (megajoules/FTE)	8,150	8,319	8,880
Energy intensity (megajoules/m ²)	427	477	567
Green power purchased	0.00%	0.00%	0.00%

Office-based electricity data represents 99 per cent of office-based FTE and 95 per cent of total office area.

Office-based gas data represents 73 per cent of office-based FTE and 57 per cent of total office area.

Office-based electricity data includes a 4 per cent estimate and office-based gas data includes a 39 per cent estimate in 2019–20 due to some data being unavailable from energy retailers at the time of reporting.

(\$M) Million

Housing services

Electricity

Description	2019–20 estimate	2019–20 estimate	2018–19 estimate	2018–19 estimate	2017–18 estimate	2017–18 estimate
Total energy usage segmented by primary source	Megajoules	Cost (\$M)	Megajoules	Cost (\$M)	Megajoules	Cost (\$M)
High-rise public housing electricity use	48,443,489	\$2.86	53,328,245	\$3.16	53,960,702	\$2.82
Other public housing electricity use	30,841,246	\$2.32	32,172,003	\$2.30	28,630,285	\$1.79
Disability housing electricity use	38,767,983	\$2.32	40,866,431	\$2.16	35,933,664	\$1.60

Description	2019–20 estimate	2019–20 estimate	2018–19 estimate	2018–19 estimate	2017–18 estimate	2017–18 estimate
Total energy usage segmented by primary source	Megajoules	Cost (\$M)	Megajoules	Cost (\$M)	Megajoules	Cost (\$M)
Youth and family welfare electricity use	1,819,730	\$0.12	1,888,050	\$0.12	1,442,672	\$0.09
Total electricity	119,872,449	\$7.62	128,254,729	\$7.75	119,967,323	\$6.30

Gas

Description	2019–20 estimate	2019–20 estimate	2018–19 estimate	2018–19 estimate	2017–18 estimate	2017–18 estimate
Total energy usage segmented by primary source	Megajoules	Cost (\$M)	Megajoules	Cost (\$M)	Megajoules	Cost (\$M)
High-rise public housing natural gas use	319,337,666	\$4.26	304,124,144	\$4.17	258,505,228	\$2.86
Other public housing natural gas use	97,722,430	\$1.49	93,039,490	\$1.38	79,594,839	\$1.06
Disability housing natural gas use	91,961,552	\$1.41	92,258,562	\$1.43	79,449,105	\$1.14
Youth and family welfare natural gas use	2,647,303	\$0.05	2,396,215	\$0.04	1,402,864	\$0.03
Total gas	511,668,951	\$7.21	491,818,411	\$7.02	418,952,035	\$5.08

Description	2019–20 estimate	2018–19 estimate	2017–18 estimate
Total greenhouse gas emissions	Tonnes CO₂-e	Tonnes CO₂-e	Tonnes CO₂-e
Electricity	33,964	38,120	35,990
Natural gas	26,366	25,343	21,589
Total greenhouse gas emissions	60,330	63,464	57,579

Housing services energy data represents consumption and cost for common-use areas and base-building services at 2,728 electricity-metered and 505 gas-metered sites.

Housing services electricity data includes an 18 per cent estimate and housing portfolio gas data includes a 31 per cent estimate in 2019–20 due to some data being unavailable from energy retailers at the time of reporting.

Public health services

Description	2019–20 estimate	2019–20 estimate	2018–19 estimate	2018–19 estimate	2017–18 estimate	2017–18 estimate
Total energy usage segmented by primary source	Terajoules	Cost (\$M)	Terajoules	Cost (\$M)	Terajoules	Cost (\$M)
Electricity	2,193	\$111.07	2,239	\$119.16	2,245	\$115.29
Natural gas	2,052	\$25.75	2,007	\$24.10	2,020	\$19.18
Co-generation steam	516	\$6.91	501	\$6.58	496	\$4.97
LPG	84	\$2.27	99	\$2.40	96	\$2.30

Description	2019–20 estimate	2019–20 estimate	2018–19 estimate	2018–19 estimate	2017–18 estimate	2017–18 estimate
Total energy usage segmented by primary source	Terajoules	Cost (\$M)	Terajoules	Cost (\$M)	Terajoules	Cost (\$M)
Diesel	8	\$0.09	3	\$0.07	1	\$0.02
Total	4,853	\$146.10	4,847	\$152.32	4,857	\$141.86

Description	2019–20 estimate	2018–19 estimate	2017–18 estimate
Total greenhouse gas emissions	Tonnes CO₂-e	Tonnes CO₂-e	Tonnes CO₂-e
Electricity	604,201	646,696	654,308
Natural gas	105,744	103,406	104,074
Co-generation steam	22,256	23,156	22,623
LPG	5,101	5,970	5,841
Diesel	580	205	48
Total greenhouse gas emissions	737,882	779,433	786,889

Description	2019–20 estimate	2018–19 estimate	2017–18 estimate
Energy used per separation (gigajoules/separation)	2.6	2.49	2.56
Energy used per bed day (gigajoules/bed day)	0.7	0.68	0.68
Energy used per unit of floor space (gigajoules/m ²)	1.36	1.35	1.36
Greenhouse gas emissions per separation (tonnes CO ₂ -e/separation)	0.42	0.43	0.44
Greenhouse gas emissions per bed day (tonnes CO ₂ -e/bed day)	0.11	0.11	0.12
Greenhouse gas emissions per unit of floor space (tonnes CO ₂ -e/m ²)	0.22	0.23	0.22

Public health services are GST-exempt organisations. Reported cost data for public health services is exclusive of GST. Public health greenhouse gas emission indicators include emissions associated with the use of nitrous oxide in public hospitals.

Public health services energy data includes a 3 per cent estimate in 2019–20 due to some data being unavailable from energy retailers at the time of reporting.

Water use

Office based

Description	2019–20 estimate	2018–19 estimate	2017–18 estimate
Total water used (kilolitres)	57,304	55,961	58,405
Total water usage and sewage charge (\$ million)	\$0.28	\$0.21	\$0.14
Total water used per FTE (litres/FTE)	7,566	6,959	7,064
Water used per unit of office space (litres/m ²)	461.2	478	484

Office-based water data represents 91 per cent of office-based FTE and 79 per cent of office-based area.

Office-based water data includes a 36 per cent estimate in 2019–20 due to some data being unavailable from water authorities at the time of reporting.

Housing services

Description	2019–20 estimate	2019–20 estimate	2018–19 estimate	2018–19 estimate	2017–18 estimate	2017–18 estimate
Total water usage and charges segmented by source	Kilolitres	Cost (\$M)	Kilolitres	Cost (\$M)	Kilolitres	Cost (\$M)
High-rise public housing water use	1,129,257	\$4.03	1,139,452	\$4.08	1,263,095	\$4.28
Other public housing water use	77,811	\$0.27	77,777	\$0.27	79,611	\$0.27
Disability housing water use	50,268	\$0.22	50,268	\$0.22	63,737	\$0.21
Youth and family welfare water use	2,901	\$0.01	3,501	\$0.01	2,674	\$0.01
Total water usage and sewage	1,260,238	\$4.53	1,270,998	\$4.58	1,409,117	\$4.78

Housing services water data represents potable water use at 77 water-metered sites.

Housing services water data includes a 12 per cent estimate in 2019–20 due to some data being unavailable from water authorities at the time of reporting.

Public health services

Description	2019–20 estimate	2018–19 estimate	2017–18 estimate
Total water used (megalitres)	4,501	4,473	4,368
Total water usage charge (\$ million)	\$19.12	\$18.31	\$18.00
Water used per separation (kilolitres/separation)	2.41	2.3	2.31
Water used per bed day (kilolitres/bed day)	0.65	0.62	0.61
Water used per unit of floor space (kilolitres/m ²)	1.26	1.25	1.22

Public health services are GST-exempt organisations. Reported cost data for public health services is exclusive of GST.

Public health services water data includes an 11 per cent estimate in 2019–20 due to some data being unavailable from water authorities at the time of reporting.

Waste production

Office based

Description	2019–20 estimate	2018–19 estimate	2017–18 estimate
Total units of waste disposed of by destination	Kilograms/year	Kilograms/year	Kilograms/year
Landfill	N/A	208,888	254,743
Recycling	N/A	261,308	334,833
Compost	N/A	24,594	33,741
Total	N/A	494,790	623,317

Description	2019–20 estimate	2018–19 estimate	2017–18 estimate
Total units of waste disposed of per FTE by destination	Kilograms/FTE/year	Kilograms/FTE/year	Kilograms/FTE/year
Landfill	N/A	23	29
Recycling	N/A	29	38
Compost	N/A	3	4
Total	N/A	56	71

Description	2019–20 estimate	2018–19 estimate	2017–18 estimate
Recycling rate (per cent)	N/A	58%	59%
Coffee cups recycled	87,724	159,765	191,009
Greenhouse gas emissions associated with waste to landfill (tonnes of CO ₂ -e)	301*	351	427

* Greenhouse gas emissions associated with waste to landfill for 2019–20 have been estimated using office-based energy usage as compared to the previous year as an indicator of office activity levels and resultant waste generation during 2019–20.

Public health services

Description	2019–20 estimate	2019–20 estimate	2018–19 estimate	2018–19 estimate	2017–18 estimate	2017–18 estimate	
Total units of waste disposed of by stream		Tonnes	Cost (\$M)	Tonnes	Cost (\$M)	Tonnes	Cost (\$M)

Description	2019–20 estimate	2019–20 estimate	2018–19 estimate	2018–19 estimate	2017–18 estimate	2017–18 estimate
Total units of waste disposed of by stream	Tonnes	Cost (\$M)	Tonnes	Cost (\$M)	Tonnes	Cost (\$M)
Clinical and related waste	4,756	\$8.08	4,773	\$8.33	4,641	\$8.02
Landfill	20,342	\$4.75	24,098	\$5.16	25,061	\$5.30
Recycling	8,208	\$1.63	9,815	\$1.86	9,133	\$1.83
Total	33,306	\$14.46	38,687	\$15.36	38,834	\$15.15

Description	2019–20 estimate	2018–19 estimate	2017–18 estimate
Recycling rate (per cent)	29%	29%	26%
Waste produced per patient treated (kilograms/PPT)	3.09	3.52	3.6
Greenhouse gas emissions associated with waste to landfill (tonnes of CO ₂ -e)	29,969	34,481	35,461

Public health services are GST-exempt organisations. Reported cost data for public health services is exclusive of GST.

Clinical and related wastes include clinical, sharps, cytotoxic, pharmaceutical, chemical and anatomical waste streams.

Recycling includes batteries, cardboard, co-mingled, e-waste, fluorescent tubes, grease traps, mattresses, metals, mobile phones, organics, PVC, packaging films/plastics, paper, polystyrene, sterilization wrap, toner and printer cartridges, and wood.

Data for some recycling streams was unavailable at the time of printing, so figures reported may not represent the full extent of materials recycled.

Waste produced per patient treated is an aggregation of in-patient bed-days, aged care bed-days, separations and emergency department presentations.

Transportation

Vehicle fleet

Description

Vehicle type	LPG	Hybrid	1–3 cylinder unleaded petrol	4-cylinder unleaded petrol	6-cylinder unleaded petrol	Diesel
Commercial	0	0	4	0	0	23
Executive	0	10	0	76	33	18
Passenger bus	0	0	0	58	0	20
Passenger car	0	356	0	296	319	88
Total (1,301 vehicles)	0	366	4	430	352	149

Description	Operational (per cent)	Executive (per cent)
LPG	0%	0%
Hybrid	27%	1%
1–3-cylinder unleaded petrol	0.3%	0%
4-cylinder unleaded petrol	27%	6%
6-cylinder unleaded petrol	25%	3%
Diesel	10%	1%
Total	89%	11%

Description	2019–20 estimate	2018–19 estimate	2017–18 estimate
Total energy consumption	Megajoules	Megajoules	Megajoules
LPG	0	353,621	2,488,685
Hybrid	12,513,196	21,353,557	29,020,551
Unleaded petrol	56,413,132	73,557,086	50,861,143
Diesel	15,315,737	30,363,493	35,125,363
State government vehicle pool	2,168,051	2,090,800	1,816,493
Total	86,410,116	127,718,558	119,312,235

Description	2019–20 estimate	2018–19 estimate	2017–18 estimate
Total vehicle travel	Kilometres	Kilometres	Kilometres
LPG	0	95,765	683,288
Hybrid	7,665,511	9,995,318	13,362,360
Unleaded petrol	14,280,192	19,433,669	12,035,131
Diesel	3,848,963	7,728,698	9,634,247
State government vehicle pool	840,085	830,763	679,268
Total	26,634,751	38,084,213	36,394,294

Description	2019–20 estimate	2018–19 estimate	2017–18 estimate
Total greenhouse gas emissions	Tonnes CO₂-e	Tonnes CO₂-e	Tonnes CO₂-e
LPG	0	22	153
Hybrid	872	1,488	2,023
Unleaded petrol	3,932	5,127	3,545
Diesel	1,080	2,141	2,476
State government vehicle pool	151	146	127
Total	6,035	8,923	8,324

Description	2019–20 estimate	2018–19 estimate	2017–18 estimate
Greenhouse gas emissions efficiency	Tonnes of CO₂-e per 1,000 kilometres	Tonnes of CO₂-e per 1,000 kilometres	Tonnes of CO₂-e per 1,000 kilometres
LPG	N/A	0.227	0.224
Hybrid	0.114	0.149	0.151
Unleaded petrol	0.275	0.264	0.295
Diesel	0.281	0.277	0.257
State government vehicle pool	0.180	0.175	0.187
Total	0.227	0.234	0.229

This data represents all operational and executive fleet vehicles. Energy use, distance travelled, and greenhouse gas emissions transport data is based on a 1 April to 31 March fringe benefit year.

Public health services

Hospital emergency transport	2019–20 estimate	2019–20 estimate	2018–19 estimate	2018–19 estimate	2017–18 estimate	2017–18 estimate
Total fuel usage segmented by primary source	Fuel volume (kilolitres)	Emissions (tonnes CO ₂ -e)	Fuel volume (kilolitres)	Emissions (tonnes CO ₂ -e)	Fuel volume (kilolitres)	Emissions (tonnes CO ₂ -e)
Gasoline – road vehicles	108	249	389	899	198	458
Diesel – road vehicles	3,695	10,057	4,206	11,449	3,688	9,982
LPG – road vehicles	0	0	0	0	1	1

Hospital emergency transport	2019–20 estimate	2019–20 estimate	2018–19 estimate	2018–19 estimate	2017–18 estimate	2017–18 estimate
Total fuel usage segmented by primary source	Fuel volume (kilolitres)	Emissions (tonnes CO ₂ -e)	Fuel volume (kilolitres)	Emissions (tonnes CO ₂ -e)	Fuel volume (kilolitres)	Emissions (tonnes CO ₂ -e)
Aviation fuel	4,201	10,854	4,466	11,538	4,352	11,244
Total	8,004	21,160	9,061	23,885	8,239	21,684

Data includes road ambulance, air ambulance, emergency support and administrative vehicles and non-emergency patient transport managed by Ambulance Victoria.

In 2019–20 it was identified the incorrect emissions intensity factor had been used for aviation fuel. This has been updated and applied retrospectively.

Health service vehicle fleet	2019–20 estimate	2019–20 estimate	2018–19 estimate	2018–19 estimate	2017–18 estimate	2017–18 estimate
Total fuel usage segmented by primary source	Fuel volume (kilolitres)	Emissions (tonnes CO ₂ -e)	Fuel volume (kilolitres)	Emissions (tonnes CO ₂ -e)	Fuel volume (kilolitres)	Emissions (tonnes CO ₂ -e)
Gasoline – road vehicles	1,901	4,396	2,054	4,750	1,994	4,611
E10 – road vehicles	12	0	151	1	145	1
Diesel – road vehicles	764	2,080	454	1,236	465	1,265
LPG – road vehicles	2	3	17	28	24	39
Total	2,679	6,479	2,676	6,015	2,628	5,916

Data includes corporate fleet vehicles managed by Ambulance Victoria, metropolitan health services and some rural and regional health services. Not all rural and regional health services reported fuel data to the department. 2019–20 figures represent data from 36 health services, an increase from 19 health services in 2017–18.

Air travel

Description	2019–20 actual	2018–19 actual	2017–18 actual
Total distance travelled (kilometres)	5,328,191	7,993,873	6,256,040
Base fare cost (\$ million)	\$1.29	\$1.94	\$1.73
Greenhouse gas emissions (tonnes of CO ₂ -e)	972	1,620	1,281

Air travel data represents all operational and office-based FTE. Base fare cost excludes GST.

Commuter travel

Percentage of employees regularly using sustainable travel (public transport, cycling, walking, car-pooling or working from home) to commute

	2019–20 estimate	2018–19 estimate	2017–18 estimate
Central business district	N/A	96%	95%
Metropolitan	N/A	67%	48%
Regional/rural	N/A	45%	26%
Total	N/A	88%	80%

Sustainable transport data is obtained from the department's annual staff travel survey. Due to the impact of COVID-19, no survey was undertaken in the 2019–20 financial year. Previous results exclude responses from surveyed staff who were on leave or did not travel to work during the survey period.

Procurement and paper

Procurement of office products and stationery with environmental considerations from departmental operations

Percentage of expenditure incorporating environmental considerations	2019–20 actual	2018–19 actual	2017–18 actual
Furniture	38%	32%	1%
Kitchen	20%	19%	16%
Facilities solutions	10%	27%	19%
Office products	11%	14%	14%
Total expenditure	16%	19%	12%

Office products and stationery data is obtained from the department's state purchase contract. Environmental consideration is based on the supplier's Planet Friendly category criteria for procured products.

Results include expenditure on office furniture, coffee and catering supplies, janitorial products, packaging, workplace safety supplies, educational supplies, computer hardware, office technology products, computer consumables, general office products, office filing and storage, office machines and electronics, and writing instruments.

Paper use from departmental operations

Description	2019–20 actual	2018–19 actual	2017–18 actual
Total units of paper used – A4 equivalent (reams)	67,890	106,925	110,762
Units of paper used per FTE (reams/FTE)	7.9	10.1	8.9
Greenhouse gas emissions associated with paper use (tonnes of CO ₂ -e)	256	393	408
Total cost of paper used (\$ million)	\$0.37	\$0.64	\$0.66

Percentage recycled content copy paper purchased	2019–20 actual	2018–19 actual	2017–18 actual
75–100 per cent recycled	98%	98%	98%
50–74 per cent recycled	0%	0%	0%
0–49 per cent recycled	2%	2%	2%
Certified fibre sourcing*	100%	99%	N/A

Paper usage data provided by whole-of-Victorian-Government supplier COS. Data represents all operational and office-based FTE. Total cost of paper used excludes GST.

* Certified fibre sourcing means that the supplier and/or manufacturer has asserted that the fibre sourced for the paper meets either an international Forestry Management standard and has a chain-of-custody certification linking the product and fibre sourcing. Accepted certification schemes are the Forestry Stewardship Council, Australian Forestry Standard or other country-specific standards endorsed by the Programme for the Endorsement of Forest Certification.

Paper use from public health services

Description	2019–20 actual	2018–19 actual	2017–18 actual
Total units of paper used – A4 equivalent (reams)	528,870	664,194	658,878
Units of paper used per FTE (reams/FTE)	6.4	7.3	7.7
Total cost of paper used* (\$ million)	\$2.06	\$2.43	\$2.37

Percentage recycled content copy paper purchased	2019–20 actual	2018–19 actual	2017–18 actual
75–100 per cent recycled	5%	3%	1%
50–74 per cent recycled	1%	4%	2%
0–49 per cent recycled	94%	93%	97%
Certified fibre sourcing*	100%	100%	99%

Public health services are GST-exempt organisations. Reported cost data for public health services is exclusive of GST.

Paper data is sourced from the statewide stationery contract managed by Health Purchasing Victoria and apportioned by FTE to those health services that do not procure office paper through this contract. FTE is the full-time equivalent staff employed by a public health service as of 30 June for the financial year.

* Certified fibre sourcing means that the supplier and/or manufacturer has asserted that the fibre sourced for the paper meets either an international Forestry Management standard and has a chain-of-custody certification linking the product and fibre sourcing. Accepted certification schemes are the Forestry Stewardship Council, Australian Forestry Standard or other country-specific standards endorsed by the Programme for the Endorsement of Forest Certification.

National pollutant inventory

The Commonwealth National Pollutant Inventory (NPI) provides the community, industry and government with information on substances emitted to the air, land and water. The inventory tracks the amount, in kilograms, of substances emitted by organisations that trigger the reporting threshold. The table below is an aggregation of substances reported by Victorian public health services through the NPI.

Description	2019–20 estimate	2018–19 estimate	2017–18 estimate
Total units of national pollutant inventory substances emitted	Emissions (kilograms)	Emissions (kilograms)	Emissions (kilograms)
Carbon monoxide	Not available	83,649	52,232
Oxides of nitrogen	Not available	126,226	115,150
Particulate matter (2.5 µm and 10 µm)	Not available	12,875	12,750
Total volatile organic compounds	Not available	6,536	5,934
Sulphur dioxide	Not available	916	915
Other substances*	Not available	47	1,138

* In 2018–19, other substances include hydrochloric acid that was not previously reported. Other substances include: acetaldehyde, arsenic and compounds, benzene, beryllium and compounds, 1,3-butadiene (vinyl ethylene), cadmium and compounds, chromium (III) compounds, cobalt and compounds, copper and compounds, formaldehyde (methyl aldehyde) lead and compounds, magnesium oxide fume, manganese and compounds, mercury and compounds, nickel and compounds, polycyclic aromatic hydrocarbon, polychlorinated dioxins and furans (TEQ), selenium and compounds, toluene (methylbenzene), xylenes (individual or mixed isomers) and zinc and compounds.

2018–19 is the most recent data available from the National Pollutant Inventory at the date of this printing.

Department of Health and Human Services: Financial statements for the financial year ended 30 June 2020

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Declaration in the financial statements

The attached financial statements for the Department of Health and Human Services (the department) have been prepared in accordance with Direction 5.2 of the Standing Directions of the Assistant Treasurer under the *Financial Management Act 1994*, applicable Financial Reporting Directions, Australian Accounting Standards including Interpretations, and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2020 and financial position of the department at 30 June 2020.

At the time of signing, we are not aware of any circumstance which would render any particulars included in the financial statements to be misleading or inaccurate.

We authorise the attached financial statements for issue on 18 September 2020.



Kym Peake
Secretary
Department of Health and Human Services

Melbourne
18 September 2020



Beth Gubbins
Acting Chief Finance and Accounting Officer
Department of Health and Human Services

Melbourne
18 September 2020

Financial Management Compliance Attestation Statement

I, Kym Peake, as the Responsible Body, certify that the Department of Health and Human Services has the following Material Compliance Deficiency with respect to the applicable Standing Directions under the *Financial Management Act 1994* and Instructions:

- The Victorian Health and Human Services Building Authority has a material compliance deficiency with Direction 4.2.3 (Asset Management Accountability Framework) Requirement 3.4.3 in relation to Asset Management Information Systems.
- The Victorian Health and Human Services Building Authority Asset Management Information System is in development but not yet established.
- The Victorian Health and Human Services Building Authority Asset Management Information System is expected to be operational in February 2021.



Kym Peake
Secretary
Department of Health and Human Services

Independent auditor's report



Independent Auditor's Report

To the Secretary of the Department of Health and Human Services

Opinion	<p>I have audited the financial report of the Department of Health and Human Services (the department) which comprises the:</p> <ul style="list-style-type: none">• balance sheet as at 30 June 2020• comprehensive operating statement for the year then ended• statement of changes in equity for the year then ended• cash flow statement for the year then ended• notes to the financial statements, including significant accounting policies• declaration in the financial statements. <p>In my opinion the financial report presents fairly, in all material respects, the financial position of the department as at 30 June 2020 and their financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the <i>Financial Management Act 1994</i> and applicable Australian Accounting Standards.</p>
Basis for Opinion	<p>I have conducted my audit in accordance with the <i>Audit Act 1994</i> which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the <i>Auditor's Responsibilities for the Audit of the Financial Report</i> section of my report.</p> <p>My independence is established by the <i>Constitution Act 1975</i>. My staff and I are independent of the department in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 <i>Code of Ethics for Professional Accountants</i> (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code.</p> <p>I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.</p>
Key audit matter	<p>I report key audit matters for those entities that are significant to the financial performance and position of the state. Key audit matters are those matters that, in my professional judgement, were of significance in my audit of your financial report of the current period. I have determined that there are no key audit matters to communicate in this report.</p>
Secretary's responsibilities for the financial report	<p>The Secretary of the department is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the <i>Financial Management Act 1994</i>, and for such internal control as the Secretary determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.</p> <p>In preparing the financial report, the Secretary is responsible for assessing the department's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.</p>

Auditor's responsibilities for the audit of the financial report

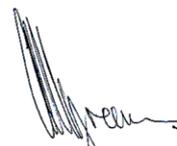
As required by the *Audit Act 1994*, my responsibility is to express an opinion on the financial report based on the audit. My objectives for the audit are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the department's internal control
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Secretary
- conclude on the appropriateness of the Secretary's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the department's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the department to cease to continue as a going concern.
- evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Secretary regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

MELBOURNE
24 September 2020



Andrew Greaves
Auditor-General

Comprehensive operating statement for the financial year ended 30 June 2020

	Note	2020 \$M	2019 \$M
Revenue and income from transactions			
Output appropriations	2.3	17,600.0	16,182.9
Special appropriations	2.3	1,371.9	1,513.4
Interest Income	2.4.1	6.9	13.2
Rental income and income from services	2.4.2	501.1	491.1
Grants and other income transfers	2.4.3	2,514.0	1,190.6
Fair value of assets and services received free of charge or for nominal consideration	2.4.4	3.6	10.1
Other revenue and income	2.4.5	30.9	15.7
Total revenue and income from transactions		22,028.4	19,417.0
Expenses from transactions			
Employee benefits	3.1.1(a)	1,200.2	1,479.7
Depreciation and amortisation	5.1.1	428.1	340.5
Interest expense	7.1.2	7.0	0.6
Maintenance		236.1	231.5
Grant and other expense transfers	3.1.2	17,308.0	15,131.5
Capital asset charge	3.1.3	1,319.8	1,266.0
Fair value of assets and services provided free of charge or for nominal consideration	3.1.4	32.3	121.3
Other operating expenses	3.1.5	689.4	611.3
Other property management expenses	3.1.6	199.3	209.1
Total expenses from transactions		21,420.3	19,391.5
Net result from transactions (net operating balance)		608.1	25.5
Other economic flows included in net result			
Net gain/(loss) on non-financial assets ⁽ⁱ⁾	9.2(a)	(4.5)	(6.5)
Net gain/(loss) on financial instruments ⁽ⁱⁱ⁾	9.2(b)	0.4	0.2
Impairment of joint venture	9.2(c)	(35.0)	-
Other gains/(losses) from other economic flows	9.2(d)	(23.6)	(28.1)
Total other economic flows included in net result		(62.7)	(34.5)
Net result		545.4	(9.0)
Other economic flows – other comprehensive income:			
Items that will not be reclassified to net result			
Changes in physical asset revaluation surplus	9.4	(19.2)	(1,205.3)
Remeasurement of superannuation defined benefit plans	3.1.1(b)	0.3	(2.5)
Total other economic flows – other comprehensive income		(18.9)	(1,207.9)
Comprehensive result		526.5	(1,216.8)

The comprehensive operating statement should be read in conjunction with the notes to the financial statements.

Notes:

- (i) 'Net gain/(loss) on non-financial assets' includes unrealised and realised gains/(losses) from revaluations, impairments, and disposals of all physical assets and intangible assets, except when these are taken through the asset revaluation surplus.
- (ii) 'Net gain/(loss) on financial instruments' includes bad and doubtful debts from other economic flows, unrealised and realised gains/(losses) from revaluations, impairments and reversals of impairment, and gains/(losses) from disposals of financial instruments.

Balance sheet as at 30 June 2020

	Note	2020 \$M	2019 \$M
Assets			
Financial assets			
Cash and deposits	7.3	597.7	799.9
Receivables	6.1	4,244.6	3,369.8
Loans	6.2	389.5	94.9
Short-term investments – term deposits	5.4	–	100.0
Total financial assets		5,231.8	4,364.6
Non-financial assets			
Inventories	6.6	411.8	–
Non-financial physical assets classified as held for sale	9.3	9.1	31.2
Property, plant and equipment	5.1	28,792.6	28,818.2
Intangible assets	5.2	134.4	108.4
Investments accounted for using the equity method	5.3	–	35.0
Other non-financial assets	6.3	286.2	15.1
Total non-financial assets		29,634.1	29,007.8
Total assets		34,865.9	33,372.5
Liabilities			
Payables	6.4	1,847.2	1,513.7
Borrowings	7.1	472.6	112.8
Employee related provisions	3.1.1(b)	484.0	455.0
Other provisions	6.5	124.9	95.9
Total liabilities		2,928.7	2,177.4
Net assets		31,937.2	31,195.0
Equity			
Accumulated surplus/(deficit)		2,145.0	1,599.3
Physical asset revaluations surplus	9.4	7,377.2	7,396.4
Contributed capital		22,415.0	22,199.3
Net worth		31,937.2	31,195.0

The balance sheet should be read in conjunction with the notes to the financial statements.

Cash flow statement for the financial year ended 30 June 2020

	Note	2020 \$M	2019 \$M
Cash flows from operating activities			
Receipts			
Receipts of output appropriations		16,894.8	16,032.3
Receipts of special appropriations		1,371.9	1,513.4
Receipts of funds from other authorities		2,358.8	1,143.5
Rent received		491.4	479.3
User charges received – rental properties		4.8	4.8
Interest received		7.1	13.8
Other receipts		33.5	16.6
GST recovered from Australian Taxation Office ⁽ⁱ⁾		601.6	528.6
Total receipts		21,764.0	19,732.4
Payments			
Payments of grants and other expense transfers		(17,567.2)	(15,558.2)
Payments for employee benefits		(1,216.9)	(1,429.4)
Payments for supplies and services		(1,299.8)	(694.1)
Interest and other costs of finance paid		(9.2)	(4.7)
Capital asset charge payments		(1,319.8)	(1,266.0)
Maintenance		(244.2)	(239.6)
Other property management expenses		(203.7)	(214.5)
Total payments		(21,860.8)	(19,406.5)
Net cash flows from/ (used in) operating activities	7.3.1	(96.9)	325.9
Cash flows from investing activities			
Proceeds from the sale of non-financial assets		105.0	71.0
(Purchase)/redemption of short-term investments – term deposits		100.0	434.8
Client loans repaid		14.9	14.7
Payment for non-financial assets		(585.4)	(460.5)
Client loans granted		(308.1)	(0.7)
Net cash flows from/ (used in) investing activities		(673.5)	59.4
Cash flows from financing activities			
Net receipts/(payments) for advances		307.4	(3.6)
Owner contributions by Victorian Government – appropriation for capital expenditure purposes		269.7	174.3
Payments of capital contributions		(61.2)	(120.5)
Repayment of borrowings and principal portion of lease liability (2019: finance leases) ⁽ⁱⁱ⁾		52.3	(18.7)
Net cash flows from/ (used in) financing activities		568.2	31.5
Net increase/(decrease) in cash and deposits		(202.2)	416.8
Cash and deposits at the beginning of the financial year		799.9	383.2
Cash and deposits at the end of the financial year	7.3	597.7	799.9

The cash flow statement should be read in conjunction with the notes to the financial statements.

Notes:

- (i) Goods and services tax (GST) recovered/paid from the Australian Taxation Office is presented on a net basis.
- (ii) The department has recognised cash payments for the principal portion of lease payments as financing activities, cash payments for the interest portion as operating activities consistent with the presentation of interest payments and short-term lease payments for leases and low-value assets as operating activities.

Statement of changes in equity for the financial year ended 30 June 2020

	Note	Physical asset revaluation surplus \$M	Accumulated surplus/ (deficit) \$M	Contributed capital \$M	Total \$M
Balance at 1 July 2018		8,601.7	1,610.8	22,197.5	32,410.1
Net result for the year		–	(9.0)	–	(9.0)
Remeasurement of superannuation defined benefit plans	3.1.1(b)	–	(2.5)	–	(2.5)
Changes in physical asset revaluation surplus	9.4	(1,205.3)	–	–	(1,205.3)
Administrative restructure – net assets received	4.3	–	–	11.0	11.0
Administrative restructure – net assets transferred	4.3	–	–	(44.1)	(44.1)
Capital contribution by Victorian State Government		–	–	163.2	163.2
Capital contributed from asset transfers		–	–	–	–
Capital contributions to agencies		–	–	(109.6)	(109.6)
Capital transferred to administered entity		–	–	(18.7)	(18.7)
Balance at 30 June 2019		7,396.4	1,599.3	22,199.3	31,195.0
Change in accounting policy (due to AASB 1059)	9.12	–	–	–	–
Restated balance at 1 July 2019 (after new accounting standards)		7,396.4	1,599.3	22,199.3	31,195.0
Change in accounting policy (due to AASB 15)	9.12	–	–	–	–
Restated balance at 1 July 2019		7,396.4	1,599.3	22,199.3	31,195.0
Net result for the year		–	545.4	–	545.4
Remeasurement of superannuation defined benefit plans	3.1.1(b)	–	0.3	–	0.3
Changes in physical asset revaluation surplus	9.4	(19.2)	–	–	(19.2)
Administrative restructure – net assets received	4.3	–	–	15.5	15.5
Administrative restructure – net liabilities transferred	4.3	–	–	3.0	3.0
Capital contribution by Victorian State Government		–	–	267.6	267.6
Capital contributed from asset transfers		–	–	–	–
Capital contributions to agencies		–	–	(61.2)	(61.2)
Capital transferred to administered entity		–	–	(9.2)	(9.2)
Balance at 30 June 2020		7,377.2	2,145.0	22,415.0	31,937.2

The statement of changes in equity should be read in conjunction with the notes to the financial statements.

Notes to and forming part of the financial statements for the financial year ended 30 June 2020

1. About this report

The Department of Health and Human Services (the department) is a government department of the State of Victoria, established pursuant to an order made by the Premier under the *Administrative Arrangements Act (No. 202) 2009*. It is an administrative agency acting on behalf of the Crown.

Its principal address is:

Department of Health and Human Services
50 Lonsdale Street
Melbourne VIC 3000

A description of the nature of its operations and its principal activities is included in the report of operations which does not form part of these financial statements.

Basis of preparation

These financial statements are presented in Australian dollars and the historical cost convention is used unless a different measurement basis is specifically disclosed in the note associated with the item measured on a different basis.

The accrual basis of accounting has been applied in the preparation of these financial statements whereby assets, liabilities, equity, income and expenses are recognised in the reporting period to which they relate, regardless of when cash is received or paid.

Consistent with the requirements of *AASB 1004 Contributions*, contributions by owners (that is, contributed capital and its repayment) are treated as equity transactions and, therefore, do not form part of the income and expenses of the department.

Additions to net assets which have been designated as contributions by owners are recognised as contributed capital. Other transfers that are in the nature of contributions to or distributions by owners have also been designated as contributions by owners.

Transfers of net assets arising from administrative restructurings are treated as distributions to or contribution by owners. Transfers of net liabilities arising from administrative restructurings are treated as distributions to owners.

Judgements, estimates and assumptions are required to be made about the financial information being presented. The significant judgements made in the preparation of these financial statements are disclosed in the notes where amounts affected by those judgements are disclosed. Estimates and associated assumptions are based on professional judgements derived from historical experience and various other factors that are believed to be reasonable under the circumstances. Actual results may differ from these estimates.

Revisions to accounting estimates are recognised in the period in which the estimate is revised and also in future periods that are affected by the revision. Judgements and assumptions made by management in applying Australian Accounting Standards (AAS) that have significant effect on the financial statements and estimates, relate to:

- > the fair value of land, buildings, infrastructure, plant and equipment (refer to Note 8.3.2)
- > superannuation expense (refer to Note 3.1.1(b))
- > assumptions for employee benefit provisions based on the likely tenure of existing staff, patterns of leave claims, future salary movements and future discount rates (refer to Note 3.1.1(b))
- > liability for outstanding insurance claims (refer to Note 6.5).

These financial statements cover the Department of Health and Human Services as an individual reporting entity and include all controlled activities of the department.

The following entities have been consolidated into the department's financial statements pursuant to a determination made by the Assistant Treasurer under s. 53(1) (b) of the *Financial Management Act 1994*. These entities are reported in aggregate and are not controlled by the department:

- > Mental Health Tribunal
- > Commission for Children and Young People
- > Director of Housing.

Where control of an entity is obtained during the financial year, its results are included in the comprehensive operating statement from the date on which control commenced. Where control ceases during the financial year, the entity's results are included for that part of the period in which control existed. Where entities adopt dissimilar accounting policies and their effect is considered material, adjustments are made to ensure consistent policies are adopted in these financial statements.

In preparing consolidated financial statements for the department, all material transactions and balances between consolidated entities are eliminated.

All amounts in the financial statements have been rounded to the nearest \$1,000,000 unless otherwise stated.

Where applicable, the comparative figures have been restated to align with the presentation in the current year.

A state of emergency was declared in Victoria on 16 March 2020 due to the coronavirus (COVID-19) pandemic. A state of disaster was subsequently declared on 2 August 2020. To contain the spread of the virus and to prioritise the health and safety of our communities, various restrictions were announced and implemented by the state government, which in turn has impacted the manner in which businesses operate, including the department. In response, the department implemented working from home arrangements where appropriate and started putting in place programs and initiatives as part of the state's response to the pandemic.

Compliance information

These general-purpose financial statements have been prepared in accordance with the *Financial Management Act 1994* and applicable AASs which include Interpretations issued by the Australian Accounting Standards Board (AASB). In particular, they are presented in a manner consistent with the requirements of AASB 1049 *Whole of Government and General Government Sector Financial Reporting*.

Where appropriate, those AAS paragraphs applicable to not-for-profit entities have been applied. Accounting policies selected and applied in these financial statements ensure that the resulting financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions or other events is reported.

These annual financial statements were authorised for issue by the Secretary of the Department of Health and Human Services on 18 September 2020.

2. Funding delivery of our services

Introduction

The department's overall objective is to develop and deliver policies, programs and services that support and enhance the wellbeing of all Victorians.

To enable the department to fulfil its objective and provide outputs as described in section 4 'Disaggregated financial information by output', it receives income (predominantly accrual-based parliamentary appropriations). The department also receives income from the supply of services and tenancy agreements.

Significant judgement: Grants revenue

The department has made judgement on the recognition of grants revenue as income of not-for-profit entities where they do not contain sufficiently specific performance obligations. Income from grants that are enforceable and with sufficiently specific performance obligations and accounted for as revenue from contracts with customers is recognised when the department satisfies the performance obligation by providing the relevant services to the agencies. Income from grants to construct the capital assets that are controlled by the department is recognised progressively as the asset is constructed. The progressive percentage costs incurred is used to recognise income because this most closely reflects the progress to completion as costs are incurred as the works are done.

Structure

- 2.1 Summary of revenue and income that fund the delivery of our services
- 2.2 Appropriations
- 2.3 Summary of compliance with annual parliamentary and special appropriations
- 2.4 Revenue and income from transactions
 - 2.4.1 Interest income
 - 2.4.2 Rental income and income from services
 - 2.4.3 Grants and other income transfers
 - 2.4.4 Fair value of assets and services received free of charge or for nominal consideration
 - 2.4.5 Other income
- 2.5 Annotated income agreements

2.1 Summary of revenue and income that fund the delivery of our services ⁽ⁱ⁾

	Note	2020 \$M	2019 \$M
Output appropriations	2.3	17,600.0	16,182.9
Special appropriations	2.3	1,371.9	1,513.4
Interest Income	2.4.1	6.9	13.2
Rental income and income from services	2.4.2	501.1	491.1
Grants and other income transfers	2.4.3	2,514.0	1,190.6
Fair value of assets and services received free of charge or for nominal consideration	2.4.4	3.6	10.1
Other revenue and income	2.4.5	30.9	15.7
Total revenue and income from transactions		22,028.4	19,417.0

Note:

(i) Includes coronavirus (COVID-19)-related funding in 2020 from the Victorian and Commonwealth Governments.

Revenue and income that fund delivery of the department's services are accounted for consistently with the requirements of the relevant accounting standards in the following notes.

Impact of COVID-19 on revenue and income

The department has received additional funding from the Victorian and Commonwealth Governments to meet coronavirus (COVID-19)-related costs and to provide additional funding to the health agencies and other organisations to assist with their coronavirus (COVID-19) response.

2.2 Appropriations

Once annual parliamentary appropriations are applied by the Treasurer, they become controlled by the department and are recognised as income when applied to the purposes defined under the relevant Appropriations Act.

Output appropriations: Income from the outputs the department provides to the government is recognised when those outputs have been delivered and the relevant Minister has certified delivery of those outputs in accordance with specified performance criteria.

Special appropriations: Under ss. 3.6.11, 4.4.11, 4.6.8, 5.4.6, and 6A.4.4(1) of the *Gambling Regulation Act No. 114 of 2003*, and s. 114 of the *Casino Control Act No. 47 of 1991*, income related to the Hospitals and Charities Fund and Mental Health Fund is recognised when the amounts appropriated for that purpose are due and payable by the department. The department also receives special appropriations for various purposes approved under s. 10 of the *Financial Management Act 1994*.

2.3 Summary of compliance with annual parliamentary and special appropriations

The following table discloses the details of the various annual parliamentary appropriations received by the department for the year.

In accordance with accrual output-based management procedures 'provision of outputs' and 'additions to net assets' are disclosed as 'controlled' activities of the department. Administered transactions are those that are undertaken on behalf of the state over which the department has no control or discretion (refer to Note 4.2).

	Appropriations Act			Financial Management Act 1994				Total parliamentary authority	Appropriations applied	Variance
	Annual appropriation	Advance from Treasurer	Section 3(2)	Section 29 ⁽ⁱ⁾	Section 30 ⁽ⁱⁱ⁾	Section 32	Section 35 advances			
	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M
2020										
Controlled										
Provision of outputs	15,590.5	1,431.8	–	847.4	42.1	51.8	–	17,963.6	17,600.0	363.6 ⁽ⁱⁱⁱ⁾
Additions to net assets	261.6	243.5	–	3.6	(42.1)	–	–	466.6	266.6	200.0 ^(iv)
Administered										
Payments made on behalf of the state	63.8	0.7	–	–	–	–	–	64.5	64.5	–
Total	15,915.9	1,675.9	–	851.0	–	51.8	–	18,494.6	17,931.1	563.5
2019										
Controlled										
Provision of outputs	15,246.7	491.6	–	1,007.7	30.1	54.4	–	16,830.5	16,182.9	647.6 ^(v)
Additions to net assets	305.3	14.0	–	2.6	(30.1)	–	–	291.7	159.2	132.5 ^(vi)
Administered										
Payments made on behalf of the state	62.3	–	–	–	–	–	–	62.3	62.3	–
Total	15,614.3	505.6	–	1,010.3	–	54.4	–	17,184.5	16,404.4	780.1

Notes:

- (i) Refer to Note 2.5 for further detail.
- (ii) Transfer from the additions to net assets authority to appropriation for provision of outputs mainly relates to capital projects that are delivered via non-portfolio agencies and result in output appropriation costs to the department.
- (iii) The provision of outputs variance of \$363.6 million comprises \$44.9 million relating to funding for services and projects that will be sought in 2020–21, and \$318.7 million relating to output appropriation authority not applied in 2019–20. The unapplied authority primarily reflects unutilised Advance to Treasurer, savings and funding re-cash flowed to deliver outputs in 2020–21 and outyears.
- (iv) The additions to net assets variance of \$200 million comprises \$40.3 million relating to funding for capital projects that will be sought in 2020–21 and outyears and \$159.7 million relating to appropriation authority not applied in 2019–20. The unapplied authority reflects utilisation of current year depreciation equivalent instead of additions to net assets and unutilised Advance from Treasurer.
- (v) The provision of outputs variance of \$647.6 million comprises \$56.9 million relating to funding for services and projects that were sought in 2019–20, and \$590.7 million relating to output appropriation authority not applied in 2018–19. The unapplied authority primarily reflects lower gaming revenue received and conversion of output appropriation authority to section 29 for the new National Housing and Homelessness Agreement.
- (vi) The additions to net assets variance of \$132.5 million comprises \$1 million relating to funding for capital projects that were sought in 2019–20 and outyears and \$131.5 million relating to appropriation authority not applied in 2018–19. The unapplied authority primarily reflects utilisation of current year depreciation equivalent instead of additions to net assets.

The following table discloses the details of compliance with special appropriations:

Authority	Purpose	Appropriation applied	
		2020 \$M	2019 \$M
Section 4.4.11 and 4.6.8 of the <i>Gambling Regulation Act No. 114 of 2003</i>	Contribution to the Hospitals and Charities Fund	108.7	68.4
Section 5.4.6 of the <i>Gambling Regulation Act No. 114 of 2003</i>	Contribution to the Hospitals and Charities Fund and Mental Health Fund	563.8	541.9
Section 114 of the <i>Casino Control Act No. 47 of 1991</i>	Contribution to the Hospitals and Charities Fund	13.9	16.5
Section 3.6.11 of the <i>Gambling Regulation Act No. 114 of 2003</i>	Contribution to the Hospitals and Charities Fund	675.4	880.7
Section 6A.4.4(1) of the <i>Gambling Regulation Act No. 114 of 2003</i>	Contribution to the Hospitals and Charities Fund	3.9	5.2
Section 10 of the <i>Financial Management Act 1994</i>	Access to various Commonwealth grants – provision of outputs	6.1	0.7
Total special appropriations – Provision of outputs		1,371.9	1,513.4
Section 10 of the <i>Financial Management Act 1994</i>	Access to various Commonwealth grants – ATNAB	1.0	4.0
Total special appropriations – Additions to net assets		1.0	4.0
Total special appropriations		1,372.9	1,517.4

2.4 Revenue and income from transactions

2.4.1 Interest income

	2020 \$M	2019 \$M
Interest from financial assets		
– Interest on short-term deposits	6.4	12.6
– Interest from loans	0.5	0.6
Total interest	6.9	13.2

Interest income includes interest received on bank, term deposits and other investments. Interest income is recognised using the effective interest method which allocates the interest over the relevant period.

2.4.2 Rental income and income from services

	2020 \$M	2019 \$M
Rental income raised	1,025.3	998.8
Rental rebates	(521.0)	(502.7)
Rental subsidies – welfare organisations	(10.1)	(11.8)
Shared Home Ownership Scheme – rent raised	2.0	2.0
Total net rent receivable	496.2	486.3
Total user charges – rental properties	4.8	4.8
Rendering of services	0.1	–
Total rental income and income from services	501.1	491.1

Rental income arising from tenancy operating agreements is recognised on a straight-line basis over the terms of the ongoing agreements. This is subject to annual review. Rental rebates or subsidies provided to tenants are recognised on a straight-line basis over the term of the agreements. These are subject to bi-annual review.

Operating leases – lessors

The department provides rental accommodation for a range of clients. These are public rental units that are owned and operated by the Director of Housing which have week-to-week tenancy agreements. These agreements are subject to the Residential Tenancy Act provisions which allow termination of a lease under certain circumstances, accordingly the future revenue streams from the lease agreements are not required to be reported under AASB 16.

2.4.3 Grants and other income transfers

	2020 \$M	2019 \$M
Department of Treasury and Finance	101.2	90.0
Department of Education and Training	141.6	31.7
Department of Economic Development, Jobs, Transport and Resources	–	26.5
Department of Environment, Land, Water and Planning	3.7	6.9
Department of Justice and Regulation	11.8	12.3
Department of Jobs, Precincts and Regions	28.9	–
Department of Premier and Cabinet	19.2	10.4
Department of Transport	0.6	–
Other state departments	6.4	9.9
Court Services Victoria	2.9	3.2
Commonwealth Government	2,190.7	978.4
Development Victoria	6.3	–
WorkSafe Victoria	–	20.0
Other public bodies	0.4	1.3
Total grants and other income transfers	2,514.0	1,190.6

Income from grants that are enforceable and with sufficiently specific performance obligations and accounted for as revenue from contracts with customers is recognised when the department satisfies the performance obligation by providing the relevant services to the relevant organisations. This is recognised based on the consideration specified in the funding agreement and to the extent that it is highly probable a significant reversal of the revenue will not occur. The funding payments are normally received in advance or shortly after the relevant obligation is satisfied.

Income from grants without any sufficiently specific performance obligations, or that are not enforceable, is recognised when the department has an unconditional right to receive the cash which usually coincides with receipt of cash. On initial recognition of the asset, the department recognises any related contributions by owners, increases in liabilities, decreases in assets, and revenue ('related amounts') in accordance with other Australian Accounting Standards. Related amounts may take the form of:

- contributions by owners, in accordance with AASB 1004
- revenue or a contract liability arising from a contract with a customer, in accordance with AASB 15
- a lease liability, in accordance with AASB 16
- a financial instrument, in accordance with AASB 9, or
- a provision, in accordance with AASB 137 *Provisions, Contingent Liabilities and Contingent Assets*.

Previous accounting policy for 30 June 2019

Grant income arises from transactions in which a party provides goods or assets (or extinguishes a liability) to the department without receiving approximately equal value in return. While grants may result in the provision of some goods or services to the transferring party, they do not provide a claim to receive benefits directly of approximately equal value (and are termed 'non-reciprocal' transfers). Receipt and sacrifice of approximately equal value may occur, but only by coincidence. For non-reciprocal grants, the department recognises revenue when the grant is receivable or received.

Some grants are reciprocal in nature (goods or services of an equal value are provided by the recipient of the grant to the provider). The department recognises income when it has satisfied its performance obligations under the terms of the grant.

2.4.4 Fair value of assets and services received free of charge or for nominal consideration

	2020 \$M	2019 \$M
Land received at fair value	2.6	2.1
Buildings received at fair value	0.2	0.6
Plant and equipment received at fair value	0.5	0.2
Other assets received free of charge	–	2.4
Resources received free of charge	0.3	4.9
Total fair value of assets and services received free of charge or for nominal consideration	3.6	10.1

Contributions of resources received free of charge or for nominal consideration are recognised at their fair value when control is obtained over them, irrespective of whether these contributions are subject to restrictions or conditions over their use, unless received from another government department or agency as a consequence of a restructuring of administrative arrangements. In the latter case, such a transfer is recognised at its carrying value.

Contributions in the form of services are only recognised when a fair value can be reliably determined, and the services would have been purchased if not received as a donation.

2.4.5 Other income

	2020 \$M	2019 \$M
State trust accounts	29.1	8.9
Other	1.8	6.8
Total other income	30.9	15.7

Other income includes income received from departmental controlled trust funds and is recognised when the department gains control over the funds. It also includes income received from treasury trusts.

2.5 Annotated income agreements

The department is permitted under s. 29 of the *Financial Management Act 1994* to have certain income annotated to the annual appropriation. The income which forms part of a s. 29 agreement is recognised by the department and the receipts paid into the consolidated fund as an administered item. At the point of income recognition, s. 29 provides for an equivalent amount to be added to the annual appropriation.

The following is a listing of annotated income agreements under s. 29 of the *Financial Management Act 1994* approved by the Treasurer:

	2020 \$M	2019 \$M
User charges, or sales of goods and services		
Albury Wodonga Health (Capital)	1.6	1.6
Albury Wodonga Health (Output)	113.7	109.8
Community Residential Units Accommodation charges includes full Board and Lodging Model (Output)	9.2	26.8
Department of Veteran Affairs Hospital Services (Output)	89.5	78.2
Health Technology Services (Output)	5.1	4.8
Revenue for Services Provided for the National Disability Insurance Agency (Output)	8.9	35.0
Seniors Card Directory Advertising (Output)	0.3	0.5
Seniors Festival Advertising and Sponsorship (Output)	–	0.2
Transport Accident Commission Agreement (Output)	28.9	102.1
	257.1	358.9
Asset sales		
Proceeds from sale of land and buildings (Capital)	1.6	0.1
	1.6	0.1
Commonwealth Specific Purpose Payments		
National Partnership Agreements		
Adult Public Dental Services (Output)	26.9	26.9
Albury-Wodonga Cardiac Catheterisation Laboratory (Capital)	–	1.0
COVID-19 Domestic & Family Violence response	7.2	–
Encouraging More Clinical Trials in Australia (Output)	0.2	0.2
Essential Vaccines (Output)	3.5	3.6
Expansion of the BreastScreen Australia Program (Output)	3.8	7.5
Family Law Information Sharing	0.3	–
Health Services – National Bowel Cancer Screening Program (Output)	2.2	1.9
Health Services – OzFoodNet (Output)	0.3	0.3
Health Services – Vaccine-Preventable Diseases Surveillance Program (Output)	0.2	0.2
Health Services – Victorian Cytology Service (Output)	10.5	10.3
Statewide Enhancements to Regional Cancer Services (Capital)	0.5	–
National Housing and Homelessness Agreement	405.4	395.4
Pay Equity for the Social and Community Services Sector (Output)	–	45.8
Specialist Dementia Care Program	0.4	–
Specialist Disability Services for over 65s (Output)	–	76.6
Other		
Aged Care Assessment (Output)	31.4	30.9
Home Support Program (Output)	–	4.5
Regional Assessment Services (Output)	34.3	33.5
Human Quarantine Services (Output)	0.1	0.1
Mental Health Professional Online Development	0.2	1.2
National Reform Agenda for Organ and Tissue Donation (Output)	9.9	10.0
Continuity of Support Services for clients over 65 (Output)	53.1	–
Unattached Refugee Children (Output)	1.0	1.4
Women's Safety Measures – Keeping Women Safe in Their Homes (Output)	1.0	–
Women's Safety Measures – Local Support Coordinator (Output)	0.1	0.2
	592.3	651.4
Total annotated income agreements	851.0	1,010.3

3. The cost of delivering services

Introduction

This section provides an account of the expenses incurred by the department in delivering services and outputs. In section 2 'Funding delivery of our services', the funds that enable the provision of services were disclosed and in this note the costs associated with the provision of services are recorded. Section 4 'Disaggregated financial information by output' discloses aggregated information in relation to the income and expenses by output.

Structure

- 3.1 Expenses incurred in the delivery of services
 - 3.1.1 Employee benefits
 - 3.1.2 Grants and other expense transfers
 - 3.1.3 Capital asset charge
 - 3.1.4 Fair value of assets and services provided free of charge or for nominal consideration
 - 3.1.5 Other operating expenses
 - 3.1.6 Other property management expenses

3.1 Expenses incurred in the delivery of services

	Note	2020 \$M	2019 \$M
Employee benefits	3.1.1(a)	1,200.2	1,479.7
Grant and other expense transfers	3.1.2	17,308.0	15,131.5
Capital asset charge	3.1.3	1,319.8	1,266.0
Maintenance		236.1	231.5
Fair value of assets and services received free of charge or for nominal consideration	3.1.4	32.3	121.3
Other operating expenses	3.1.5	689.4	611.3
Other property management expenses	3.1.6	199.3	209.1
Total expenses incurred in delivery of services		20,985.1	19,050.3

3.1.1 Employee benefits

3.1.1(a) Employee benefits – comprehensive operating statement

	2020 \$M	2019 \$M
Defined contribution superannuation expense	77.0	98.0
Defined benefit superannuation expense	7.5	11.6
Termination benefits	18.1	2.6
Salaries and wages, annual leave and long service leave	1,097.6	1,367.5
Total employee benefits	1,200.2	1,479.7

Employee benefits include all costs related to employment including salaries and wages, leave entitlements, fringe benefits tax, termination benefits, payroll tax and WorkCover premiums.

The amount recognised in the comprehensive operating statement in relation to superannuation is employer contributions for members of both defined benefit and defined contribution superannuation plans that are paid or payable during the reporting period. Excluding former employees of the Director of Housing, the department does not recognise any defined benefit liabilities because it has no legal or constructive obligation to pay future benefits relating to its employees. Instead, the Department of Treasury and Finance discloses in its annual financial statements the net defined benefit cost related to the members of these plans as an administered liability (on behalf of the state as the sponsoring employer).

Termination benefits are payable when employment is terminated before normal retirement date, or when an employee accepts an offer of benefits in exchange for the termination of employment. Termination benefits are recognised when the department is demonstrably committed to terminating the employment of current employees according to a detailed formal plan without possibility of withdrawal or providing termination benefits as a result of an offer made to encourage voluntary redundancy.

3.1.1(b) Employee benefits in the balance sheet

Provision is made for benefits accruing to employees in respect of annual leave and long service leave (LSL) for services rendered to the reporting date and recorded as an expense during the period the services are delivered.

	2020 \$M	2019 \$M
Current provisions		
Annual leave		
Unconditional and expected to be settled within 12 months	91.2	78.7
Unconditional and expected to be settled after 12 months	49.5	35.9
Maternity leave		
Unconditional and expected to be settled within 12 months	5.2	6.4
Long service leave		
Unconditional and expected to be settled within 12 months	21.4	20.8
Unconditional and expected to be settled after 12 months	193.1	188.2
Superannuation		
Unconditional and expected to be settled within 12 months	2.6	2.7
Provisions for on-costs		
Unconditional and expected to be settled within 12 months	17.3	17.3
Unconditional and expected to be settled after 12 months	38.1	39.2
Total current provisions for employee benefits	418.4	389.3
Non-current provisions		
Conditional long service leave entitlements	31.1	28.7
Superannuation	29.6	32.0
Provisions for on-costs	4.9	5.0
Total non-current provisions for employee benefits	65.6	65.7
Total provisions for employee benefits	484.0	455.0

Reconciliation of movement in on-cost provision

	2020 \$M
Opening balance	61.6
Net movement in provisions recognised	(2.2)
Unwind of discount and effect of changes in the discount rate	0.9
Closing balance	60.3
Current	55.4
Non-current	4.9

Annual leave and sick leave: Liabilities for annual leave and on-costs are recognised as part of the provisions for employee benefits as 'current liabilities', because the department does not have an unconditional right to defer settlements of these liabilities.

The annual leave liability is classified as a current liability and measured at the undiscounted amount expected to be paid, as the department does not have an unconditional right to defer settlement of the liability for at least 12 months after the end of the reporting period.

No provision has been made for sick leave as all sick leave is non-vesting and it is not considered probable that the average sick leave taken in the future will be greater than the benefits accrued in the future. As sick leave is non-vesting, an expense is recognised in the comprehensive operating statement as it is taken.

Employment on-costs such as payroll tax, workers compensation and superannuation are not employee benefits. They are disclosed separately as a component of the provision for employee benefits when the employment to which they relate has occurred.

Any gain or loss following the revaluation of the present value of non-current LSL liability is recognised as a transaction, except to the extent that a gain or loss arises due to changes in bond interest rates for which it is then recognised as an 'other economic flow' in the net result.

Unconditional LSL is disclosed as a current liability; even where the department does not expect to settle the liability within 12 months because it will not have the unconditional right to defer the settlement of the entitlement should an employee take leave within 12 months.

The components of this current LSL liability are measured at present value because the department does not expect to wholly settle within 12 months. The components of current LSL liability are measured at nominal value where the department expect to settle within 12 months.

Conditional LSL is disclosed as a non-current liability. There is an unconditional right to defer the settlement of the entitlement until the employee has completed the requisite years of service. This non-current LSL liability is measured at present value.

Superannuation

The department reports a liability for unfunded superannuation in respect of former employees of the Director of Housing for the shortfall of superannuation benefits paid to former housing staff who retired or resigned on or before 14 December 1987 or were employed by the Director of Housing as at 14 December 1987 and retired or resigned prior to or on 30 June 1994.

This liability represents the shortfall between the total net assets of the superannuation fund at 30 June 2020 and the total benefits that members have accrued up to that date, determined by an actuarial assessment. Information relating to the fund based on the latest actuarial assessment for 30 June 2020 is set out below. The amount expensed in respect of unfunded superannuation represents the contributions made by the department to the superannuation fund, adjusted by the movement in the liability or asset.

	2020 \$M	2019 \$M
Reconciliation of the superannuation liability in the balance sheet		
Defined benefit obligation	32.2	34.7
Net liability/(asset)	32.2	34.7
Total obligation and liability in the balance sheet		
Represented by:		
Current liability	2.6	2.7
Non-current liability	29.6	32.0
Total liability	32.2	34.7
Principal actuarial assumptions		
Discount rate	1.0%	1.6%
Expected return on plan assets	6.8%	6.8%
Expected rate of salary increase	2.3%	2.9%
Inflation	0.8%	1.4%

The expected return on assets assumption is determined by weighting the expected long-term return for each asset class by the target allocation of assets to each asset class and allowing for the correlations of the investment returns between asset classes. The returns used for each asset class are net of investment tax (where applicable) and investment fees.

Reconciliation of opening and closing balances of the present value of the defined benefit obligation

Movements in the present value of the defined benefit obligation in the current period were as follows:

	2020 \$M	2019 \$M
Opening balance of defined benefit obligation	34.7	33.9
Interest cost	0.5	0.9
Actuarial losses/(gains)	(0.3)	2.5
Benefits paid	(2.7)	(2.8)
Closing balance of defined benefit obligation	32.2	34.7

Reconciliation of opening and closing balances of the fair value of plan assets

Movements in the present value of the plan assets in the current period were as follows:

	2020 \$M	2019 \$M
Contributions from the employer	2.7	2.8
Benefits paid	(2.7)	(2.8)
Closing balance of plan assets	–	–

Superannuation expense recognised in the comprehensive operating statement

	2020 \$M	2019 \$M
Interest cost	0.5	0.9
Actuarial losses/(gains)	(0.3)	2.5
Total expense recognised in respect of defined benefit plans	0.2	3.5

Net actuarial gains or losses reflect the change in superannuation liability that arises due to differences between the assumptions used to calculate the superannuation expense from transactions and actual outcomes. The effect of any change in actuarial assumptions during the period is also included. Net actuarial gains or losses are recognised in the period in which they occur.

3.1.1(c) Superannuation contributions

Employees of the department are entitled to receive superannuation benefits and the department contributes to both defined benefit and defined contribution plans. The defined benefit plan(s) provide benefits based on years of service and final average salary.

As noted, before, other than former employees of the Director of Housing, the defined benefit liability is recognised in the Department of Treasury and Finance as an administered liability. However, superannuation contributions paid or payable for the reporting period are included as part of employee benefits in the comprehensive operating statement of the department.

	Paid contribution for the year		Contribution outstanding at year end	
	2020 \$M	2019 \$M	2020 \$M	2019 \$M
Defined benefit plans				
State superannuation fund	6.4	7.4	0.8	2.6
Other	0.3	0.5	–	–
Defined contribution plans				
VicSuper	44.1	64.9	–	–
Other	32.9	34.0	–	–
Total	83.7	106.8	0.8	2.6

3.1.2 Grants and other expense transfers

	2020 \$M	2019 \$M
State contributions to the Administrator of the Victoria Health Funding Pool	6,239.3	5,308.5
Public hospitals		
Monash Health	532.1	438.1
Melbourne Health	386.7	335.5
Alfred Health	266.2	190.1
Peter MacCallum Cancer Centre	227.1	235.2
Western Health	228.1	228.1
The Royal Children's Hospital	210.3	187.7
Eastern Health	193.9	186.4
Austin Health	184.9	142.3
Barwon Health	168.2	176.2
Albury Wodonga Health	164.5	139.4
Goulburn Valley Health	151.6	94.1
Bendigo Health	150.5	141.5
Ballarat Health Services	123.7	92.0
Peninsula Health	112.8	99.6
Northern Health	102.3	60.8
The Royal Women's Hospital	59.9	48.2
Latrobe Regional Hospital	60.3	52.1
South West Healthcare	36.8	35.3
The Royal Victorian Eye and Ear Hospital	32.8	32.8
Other public hospitals with payments totalling less than \$30 million	570.1	551.8
	10,202.3	8,775.5
Denominational hospitals		
St Vincent's Hospital (Melbourne) Limited	144.7	106.2
Mercy Hospitals Victoria Limited	59.1	58.8
Other denominational hospitals with payments totalling less than \$30 million	10.9	10.6
	214.7	175.6
Ambulance services		
Ambulance Victoria	857.6	821.9
	857.6	821.9

	2020 \$M	2019 \$M
Other state government agencies		
Dental Health Services Victoria	211.1	185.5
Victorian Institute of Forensic Mental Health	69.8	75.3
Victorian Health Promotion Foundation	41.2	40.2
BreastScreen Victoria Inc	51.6	47.5
Other state government agencies with payments totalling less than \$30 million	2.2	90.8
	375.9	439.4
Local councils		
Casey City Council	9.8	7.3
Wyndham City Council	7.5	3.6
City of Greater Geelong	6.7	5.3
City of Whittlesea	6.6	4.9
City of Greater Dandenong	6.5	5.0
Hume City Council	6.4	3.9
City of Melton	5.6	3.7
Brimbank City Council	5.5	3.3
Other local councils with payments totalling less than \$5 million	112.4	108.6
	167.0	145.7
Commonwealth Government		
National Blood Authority	115.0	108.5
Department of Health	46.2	40.5
Other Commonwealth Government with payments totalling less than \$30 million	3.9	4.1
	165.1	153.1
Non-government agencies and individuals		
Scope Vic Ltd	238.9	49.6
Anglicare Victoria	137.0	122.1
Wesley Mission Victoria	126.3	136.2
Life Without Barriers	137.8	36.0
Berry Street Victoria Incorporated	104.2	97.8
Mackillop Family Services Limited	81.7	71.3
Salvation Army Property Trust	78.8	84.4
Melba Support Services Australia Ltd	77.2	11.2
Healthscope Operations Pty Ltd	63.7	–
Epworth Healthcare	61.3	–
Victorian Aboriginal Child Care Agency	56.8	50.3
Optia Ltd	64.9	13.0
Ramsay Health Care	48.5	22.3
Aruma	59.5	0.3
Cabrini Health Limited	48.2	0.1
Launch Housing Limited	45.6	40.0
St John of God Health Care	44.4	3.4
Cohealth Ltd	38.7	44.4
St Vincent's Private Hospital	37.4	–
Melbourne City Mission Inc	32.5	38.2
The University of Melbourne	32.1	18.0
Client/assistance payments	727.6	722.6
Other non-government agencies with payments totalling less than \$30 million	2,982.4	3,058.9
	5,325.5	4,620.4
Total grants and other expense transfers	17,308.0	15,131.5

Transactions in which the department provides goods, services, assets (or extinguishes a liability) or labour to another party without receiving approximately equal value in return are categorised as 'Grant and other expense transfers'. Grants can either be operating or capital in nature.

Grants and other transfers to third parties (other than contribution to owners) are recognised as an expense in the reporting period in which they are paid or payable. They include transactions such as grants, subsidies and other transfer payments to public and denominational hospitals, other state government agencies, local councils and non-government agencies and individuals and the state contribution to the National Health Funding Pool.

State funds in the National Health Funding Pool are paid to health agencies for Activity Based Funding initiatives. There are, however, a range of grant payments that remain out of scope for National Health Reform, such as aged care subsidies, home and community care payments and community-based drug and alcohol services that continue to be paid directly to health agencies.

Impact of coronavirus (COVID-19) on expenses

The department has provided additional funding to the health agencies and other organisations to assist with the coronavirus (COVID-19) response, allocated additional resources to attend to coronavirus (COVID-19) public queries and contact tracing and also implemented work from home arrangements where appropriate.

3.1.3 Capital asset charge

	2020 \$M	2019 \$M
Capital asset charge	1,319.8	1,266.0

A **capital asset charge** is a charge levied on the written down value of controlled non-current physical assets in a department's balance sheet. It aims to attribute to the department outputs, a cost of capital used in service delivery. Imposing this charge provides incentives for the department to identify and dispose of underutilised or surplus non-current physical assets.

The capital asset charge is calculated on the budgeted carrying amount of applicable non-financial physical assets.

3.1.4 Fair value of assets and services provided free of charge or for nominal consideration

	2020 \$M	2019 \$M
Land at fair value ⁽ⁱ⁾	–	58.6
Buildings at fair value ⁽ⁱⁱ⁾	–	57.6
Resources provided free of charge ⁽ⁱⁱⁱ⁾	32.3	5.1
Total fair value of assets and services provided free of charge or for nominal consideration	32.3	121.3

Notes:

- (i) Figure includes the transfer of Director of Housing owned land of \$58.5 million in 2019 to Aboriginal Housing Victoria.
- (ii) Figure includes the transfer of Director of Housing owned buildings of \$57.6 million in 2019 to Aboriginal Housing Victoria.
- (iii) Figure includes the transfer of personal protective equipment to health services and other agencies under the State Supply Arrangement set up in response to the coronavirus (COVID-19) pandemic.

Contributions of resources provided free of charge or for nominal consideration are recognised at their fair value when the recipient obtains control over the resources, irrespective of whether restrictions or conditions are imposed over the use of the contributions. The exception to this would be when the resource is provided to another government department (or agency) as a consequence of a restructuring of administrative arrangements, in which case such a transfer will be recognised at carrying value.

Contributions in the form of services are only recognised when a fair value can be reliably determined, and the services would have been purchased if not donated.

3.1.5 Other operating expenses

	2020 \$M	2019 \$M
Accommodation and property services	63.7	87.7
Administrative costs	372.4	270.7
Short-term lease expenses	6.9	–
Variable lease expenses	2.3	–
Information, communications and technology costs	199.9	176.6
Medicines and drugs / pharmacy supplies	9.9	10.6
Direct care operating costs	34.3	65.6
Total other operating expenses	689.4	611.3

Other operating expenses generally represent the day-to-day running costs incurred in normal operations. It also includes bad debts expense from transactions that are mutually agreed.

Supplies and services are recognised as an expense in the reporting period in which they are incurred.

From 1 July 2019, the following lease payments are recognised on a straight-line basis:

- Short-term leases – leases with a term less than 12 months
- Low-value leases – leases where the underlying asset's fair value (when new, regardless of the age of the asset being leased) is no more than \$10,000.

Variable lease payments that are not included in the measurement of the lease liability (i.e. variable lease payments that do not depend on an index or a rate and which are not, in substance fixed) such as those based on performance or usage of the underlying asset, are recognised in the comprehensive operating statement (except for payments which have been included in the carrying amount of another asset) in the period in which the event or condition that triggers those payments occurs.

3.1.6 Other property management expenses

	2020 \$M	2019 \$M
Rates to local authorities	118.8	117.6
Rental property lease expenses ⁽ⁱ⁾	–	16.9
Tenant utilities and other expenses	80.5	74.5
Total other property management expenses	199.3	209.1

Note:

- (i) Rental property lease payments were recognised as short-term expenses, reduction in lease liabilities and increase in interest expense under AASB 16 *Leases*.

Other property management expenses generally include all costs and incidental expenses associated with the management of properties. The bulk of these expenses are rates and utilities.

Home finance operating costs which were previously reported as a separate line item are now included in tenant utilities and other expenses.

4. Disaggregated financial information by output

Introduction

The department is predominantly funded by accrual-based parliamentary appropriations for the provision of outputs. This section provides a description of the departmental outputs delivered during the year ended 30 June 2020 along with the objectives of those outputs.

This section disaggregates revenue and expenses that enables the delivery of services (described in section 2 'Funding delivery of our services') by output and records the allocation of expenses incurred (described in section 3 'The cost of delivering services') also by output, which form part of controlled balances of the department.

It also provides information on items administered in connection with these outputs.

Judgement is required in allocating income and expenditure to specific outputs. For the period under review there were no amounts unallocated.

The distinction between controlled and administered items is drawn based on whether the department has the ability to deploy the resources in question for its own benefit (controlled items) or whether it does so on behalf of the state (administered). The department remains accountable for transactions involving administered items, but it does not recognise these items in its financial statements.

Structure

- 4.1 Departmental outputs
 - 4.1.1 Departmental outputs – Descriptions and objectives
 - 4.1.2 Departmental outputs – Controlled income and expenses
- 4.2 Administered (non-controlled) items
 - 4.2.1 Administered income and expenses
 - 4.2.2 Administered assets and liabilities
 - 4.2.3 Administered grants and other expense transfers
- 4.3 Restructuring of administrative arrangements

4.1 Departmental outputs

4.1.1 Departmental outputs – Descriptions and objectives

Output group 1: Acute Health Services

Acute Health Services output includes a range of timely and high-quality acute hospital inpatient, ambulatory, emergency, community-based and specialist services.

Output group 2: Ambulance Services

Ambulance Services output includes emergency and non-emergency ambulance services.

Output group 3: Mental Health

Mental Health output includes a range of inpatient, community-based residential and ambulatory services which treat and support people with a mental illness and their families and carers.

Output group 4: Ageing, Aged and Home Care

Ageing, Aged and Home Care output encompasses leading and coordinating the whole of government policy on issues affecting our ageing community. It includes a range of in-home, specialist geriatric, residential care and community-based programs, such as Home and Community Care (HACC), that are targeted to older people, people with a disability, and their carers.

Output group 5: Primary, Community and Dental Health

Primary, Community and Dental Health output includes a range of in-home, community-based (including maternal and child health services), community, primary health and dental services designed to promote health and wellbeing and prevent the onset of more serious illnesses.

Output group 6: Small Rural Services

Small Rural Services output includes a range of health and aged care services delivered in small rural towns. The funding and service delivery approach focuses on achieving a sustainable, flexible service mix that is responsive to local needs. Service providers include small rural hospitals, community health services, bush nursing centres, multipurpose services and public sector residential aged care services.

Output group 7: Public Health

Public Health output encompasses services and support, including screening for health conditions and safety inspections that promote and protect the health and wellbeing of all Victorians.

Output group 8: Drug Services

Drug Services output includes programs and services aimed at promoting and protecting health by reducing death, disease and social harm caused by the use and misuse of licit and illicit drugs.

Output group 9: Disability Services

Disability Services output includes provision of continuing care and support services for people with disabilities, their carers and their families, and aims to make a positive difference for Victorians experiencing disadvantage and provide excellent community services to meet clients' needs.

Output group 10: Child Protection and Family Services

Child Protection and Family Services output funds statutory child protection services, family support and early parenting services, family violence and sexual assault services, placement care services and specialist support services to ensure the safety and wellbeing of adolescents and children at risk of harm, abuse and neglect.

Output group 11: Concessions to Pensioners and Beneficiaries

Concessions to Pensioners and Beneficiaries output includes the development and coordination of the delivery of concessions and relief grants to eligible consumers and concession card holders.

Output group 12: Empowering Individuals and Communities

Empowering Individuals and Communities output funds programs that support community participation including Neighbourhood Houses, Men's Sheds, community support projects and programs for people with disability.

Output group 13: Gender Equality and the Prevention of Family Violence

Gender Equality and the Prevention of Family Violence output provides initiatives that support women and the prevention of family violence and support the economic, social and civic participation and inclusion of all Victorians. The output was transferred to the Department of Premier and Cabinet as a result of machinery of government changes from 1 January 2019.

Output group 14: Family Violence Service Delivery

Family Violence Service Delivery output leads and coordinates whole of government family violence policy and implement and deliver the government's family violence reform agenda.

Output group 15: Housing Assistance

Housing Assistance output includes the provision of homelessness services, crisis and transitional accommodation and long-term adequate, affordable and accessible housing assistance, coordinated with support services where required, home renovation assistance and the management of the home loan portfolio.

Output group 16: Shared Services

Shared Services output reflects the range of corporate services that the department provides to the Department of Education and Training. These costs are included across the outputs of the Department of Education and Training.

Further details on the objectives of each output can be found in Budget Paper No. 3 Service Delivery.

4.1.2 Departmental outputs – Controlled income and expenses

Output group ⁽ⁱ⁾ 2020	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Elimin- ation		Total \$M
	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	
Income from transactions																		
Output appropriations	8,305.1	854.5	1,142.7	536.3	618.3	334.2	335.7	173.8	2,056.2	1,505.5	752.8	61.9	–	276.7	646.2	–	–	17,600.0
Special appropriations	1,135.7	48.0	34.7	20.4	39.9	7.3	10.8	6.3	68.8	–	–	–	–	–	–	–	–	1,371.9
Interest income	–	–	–	–	–	–	–	–	–	–	–	–	–	–	6.9	–	–	6.9
Rental income and income from services	–	–	–	–	–	–	–	–	–	–	–	–	–	–	501.1	–	–	501.1
Grants and other income transfers	1,733.7	–	368.7	0.5	0.4	128.7	123.2	88.5	8.8	6.8	–	0.5	–	13.0	49.8	2.6	(11.2)	2,514.0
Other revenue and income	22.7	–	2.3	0.8	–	–	2.2	–	1.6	–	0.2	–	–	–	0.4	0.7	–	30.9
Fair value of assets and services received free of charge or for nominal consideration	–	–	–	–	–	–	–	–	0.5	–	–	–	–	–	3.1	–	–	3.6
Total revenue and income from transactions	11,197.2	902.5	1,548.4	558.0	658.6	470.2	471.9	268.6	2,135.9	1,512.3	753.0	62.4	–	289.7	1,207.5	3.3	(11.2)	22,028.4
Expenses from transactions																		
Employee benefits	154.8	1.6	41.6	7.6	22.8	7.2	80.5	11.0	298.5	397.4	10.7	7.1	–	39.0	118.4	2.0	–	1,200.2
Depreciation and amortisation	23.1	0.4	13.0	2.1	5.5	0.1	3.6	0.7	18.1	18.4	0.4	0.2	–	8.6	333.8	0.1	–	428.1
Interest expense	0.7	–	0.2	0.3	0.1	–	0.5	0.1	1.3	2.5	–	–	–	0.1	1.2	–	–	7.0
Maintenance	0.2	–	0.4	–	0.1	–	–	–	11.1	6.0	–	–	–	–	218.3	–	–	236.1
Fair value of assets and services provided free of charge or for nominal consideration	31.6	–	–	–	–	–	–	–	0.6	0.1	–	–	–	–	–	–	–	32.3
Other operating expenses	176.1	0.8	19.4	19.4	95.3	3.6	74.1	7.3	74.4	132.9	4.1	1.1	–	27.1	52.0	1.8	–	689.4
Grants and other expense transfers	9,163.4	807.1	1,344.9	416.6	512.5	380.4	326.5	246.3	1,698.5	947.1	737.6	53.9	–	210.0	474.4	–	(11.2)	17,308.0
Capital asset charge	1,028.1	26.4	83.6	55.4	26.4	35.8	2.5	4.3	39.9	14.6	–	–	–	2.8	–	–	–	1,319.8
Other property management expenses	–	–	–	–	–	–	–	–	0.4	0.2	–	–	–	–	198.7	–	–	199.3

Output group ⁽ⁱ⁾	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Elimin- ation	Total
2020	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M
Total expenses from transactions	10,578.0	836.3	1,503.1	501.4	662.7	427.1	487.7	269.7	2,142.8	1,519.2	752.8	62.3	-	287.6	1,396.8	3.9	(11.2)	21,420.3
Net result from transactions (net operating balance)	619.2	66.2	45.3	56.6	(4.1)	43.1	(15.8)	(1.1)	(6.9)	(6.8)	0.2	0.1	-	2.1	(189.3)	(0.6)	-	608.1
Other economic flows included in net result																		
Net gain/(loss) on non-financial assets	0.1	-	-	-	-	-	0.1	-	(0.1)	1.0	-	-	-	-	(5.6)	-	-	(4.5)
Net gain/(loss) on financial instruments	0.3	-	0.1	0.1	-	-	-	-	(0.1)	-	-	-	-	-	-	-	-	0.4
Impairment of joint venture	(35.0)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(35.0)
Other gains/(losses) from other economic flows	(7.2)	(0.1)	(0.8)	(0.8)	(0.4)	(0.3)	(0.5)	(0.2)	(5.2)	(3.5)	(0.1)	-	-	(0.2)	(4.3)	-	-	(23.6)
Total other economic flows included in net result	(41.8)	(0.1)	(0.7)	(0.7)	(0.4)	(0.3)	(0.4)	(0.2)	(5.4)	(2.5)	(0.1)	-	-	(0.2)	(9.9)	-	-	(62.7)
Net result	577.4	66.1	44.6	55.9	(4.5)	42.8	(16.2)	(1.3)	(12.3)	(9.3)	0.1	0.1	-	1.9	(199.2)	(0.6)	-	545.4

Note:

(i) Refer to Note 4.1.1 for output definitions.

Output group ⁽ⁱ⁾	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Elimin- ation	Total
2019	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M
Income from transactions																		
Output appropriations	7,273.0	747.4	961.0	513.4	473.8	336.4	275.0	175.8	2,175.6	1,604.9	737.4	152.6	18.6	119.2	618.8	-	-	16,182.9
Special appropriations	1,230.4	62.6	45.3	26.6	52.4	9.5	14.1	8.3	63.9	-	-	0.3	-	-	-	-	-	1,513.4
Interest income	-	-	-	-	-	-	-	-	-	-	-	-	-	-	13.2	-	-	13.2
Rental income and income from services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	491.1	-	-	491.1
Grants and other income transfers	416.8	5.7	400.9	0.9	-	92.1	147.5	87.3	4.4	9.6	-	2.2	-	18.8	11.4	2.4	(9.5)	1,190.6
Other revenue and income	6.5	-	-	-	-	0.1	1.5	-	0.5	0.8	-	2.8	-	-	3.5	-	-	15.7
Fair value of assets and services received free of charge or for nominal consideration	2.4	-	-	-	-	-	-	-	0.2	-	-	-	-	-	7.5	-	-	10.1

Output group ⁽ⁱ⁾ 2019	1 \$M	2 \$M	3 \$M	4 \$M	5 \$M	6 \$M	7 \$M	8 \$M	9 \$M	10 \$M	11 \$M	12 \$M	13 \$M	14 \$M	15 \$M	16 \$M	Elimin- ation \$M	Total \$M
Total revenue and income from transactions	8,929.1	815.7	1,407.2	540.9	526.2	438.1	438.1	271.4	2,244.6	1,615.3	737.4	157.9	18.6	138.0	1,145.7	2.4	(9.5)	19,417.0
Expenses from transactions																		
Employee benefits	146.6	2.0	38.1	7.4	21.5	8.7	56.1	13.6	616.9	391.8	9.7	13.8	4.1	33.1	114.6	1.6	–	1,479.7
Depreciation and amortisation	14.2	–	10.5	0.9	1.8	–	1.5	0.3	14.3	10.7	–	0.6	–	5.0	280.6	0.2	–	340.5
Interest expense	–	–	–	–	–	–	–	–	0.2	0.4	–	–	–	–	–	–	–	0.6
Maintenance	0.4	–	0.2	–	–	–	–	0.1	12.4	5.6	–	–	–	–	212.7	–	–	231.5
Fair value of assets and services provided free of charge or for nominal consideration	–	–	–	–	–	–	–	–	5.0	–	–	–	–	–	116.2	–	–	121.3
Other operating expenses	154.5	1.7	13.2	15.2	10.7	2.5	52.4	8.1	126.8	140.4	4.0	4.5	7.2	23.3	45.8	0.9	–	611.3
Grants and other expense transfers	7,480.0	792.1	1,263.1	403.6	482.7	369.7	269.3	241.1	1,421.7	1,054.0	722.7	147.4	7.3	59.9	426.3	–	(9.5)	15,131.5
Capital asset charge	977.2	26.8	81.3	55.6	26.4	35.8	2.5	3.6	39.6	14.6	–	0.9	–	1.9	–	–	–	1,266.0
Other property management expenses	–	–	–	–	–	–	–	–	0.1	0.1	–	–	–	–	208.9	–	–	209.1
Total expenses from transactions	8,772.9	822.6	1,406.4	482.7	543.1	416.7	381.8	266.8	2,237.0	1,617.7	736.5	167.2	18.6	123.2	1,405.1	2.7	(9.5)	19,391.5
Net result from transactions (net operating balance)	156.2	(6.9)	0.8	58.1	(16.8)	21.4	56.4	4.7	7.5	(2.4)	0.9	(9.4)	–	14.8	(259.5)	(0.3)	–	25.5
Other economic flows included in net result																		
Net gain/(loss) on non-financial assets	0.1	–	–	–	–	–	0.1	–	0.7	1.1	–	–	–	–	(8.6)	–	–	(6.5)
Net gain/(loss) on financial instruments	0.1	–	–	–	–	–	–	–	0.1	–	–	–	–	–	–	–	–	0.2
Other gains/(losses) from other economic flows	(3.0)	–	(0.8)	(0.6)	(0.3)	(0.2)	(1.2)	(0.2)	(9.6)	(5.9)	(0.1)	(0.1)	–	(0.5)	(5.6)	–	–	(28.1)
Total other economic flows included in net result	(2.9)	–	(0.8)	(0.5)	(0.3)	(0.2)	(1.1)	(0.2)	(8.8)	(4.8)	(0.1)	(0.1)	–	(0.5)	(14.2)	–	–	(34.5)
Net result	153.4	(6.9)	–	57.6	(17.1)	21.2	55.3	4.5	(1.2)	(7.2)	0.7	(9.5)	–	14.3	(273.7)	(0.3)	–	(9.0)

Note:

(i) Refer to Note 4.1.1 for output definitions.

4.2 Administered (non-controlled items)

Administered income includes taxes, fees and fines and the proceeds from the sale of administered surplus land and buildings. Administered expenses include payments made on behalf of the state and payments into the consolidated fund. Administered assets include government income earned but yet to be collected. Administered liabilities include government expenses incurred but yet to be paid. Except as otherwise disclosed, administered resources are accounted for on an accrual basis using the same accounting policies adopted for recognition of the departmental items in the financial statements. Both the controlled department financial statements and these administered items are consolidated into the financial statements of the state.

The department does not gain control over assets arising from taxes, fines and regulatory fees, consequently no income is recognised in the department's financial statements. The department collects these amounts on behalf of the state. Accordingly, the amounts are disclosed as income in the schedule of Administered Items.

4.2.1 Administered income and expenses

Output group ⁽ⁱ⁾⁽ⁱⁱ⁾	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
2020	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M
Administered income from transactions																	
Commonwealth contribution to the national health reform	4,763.0	–	493.1	–	0.3	136.9	112.4	12.6	–	–	–	–	–	–	–	–	5,518.2
State contribution to the national health reform	5,968.9	–	270.5	–	–	–	–	–	–	–	–	–	–	–	–	–	6,239.3
State contribution to the National Disability Insurance Agency	–	–	–	–	–	–	–	–	1,019.6	–	–	–	–	–	–	–	1,019.6
Commonwealth grants	986.5	–	0.2	65.7	–	–	0.1	–	53.1	2.0	–	–	–	–	–	–	1,107.5
Sales of goods and services	211.9	–	17.0	1.5	4.0	4.5	–	0.7	18.2	–	–	–	–	–	–	–	257.7
Appropriations – payments made on behalf of the state	–	–	–	64.5	–	–	–	–	–	–	–	–	–	–	–	–	64.5
Interest income	0.6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	0.6
Fees	–	–	–	–	–	–	10.3	0.8	–	–	–	–	–	–	–	–	11.0
Grants and other income transfers	244.4	–	–	–	0.3	–	–	–	558.2	7.8	17.3	–	–	–	–	–	828.0
Other	103.4	–	0.1	–	0.1	–	0.3	–	0.4	0.5	–	0.1	–	–	–	–	104.9
Fair value of assets and services received free of charge or for nominal consideration	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total administered revenue and income from transactions	12,278.6	–	780.8	131.7	4.7	141.4	123.0	14.1	1,649.4	10.4	17.3	0.1	–	–	–	–	15,151.3

Output group ⁽ⁱ⁾⁽ⁱⁱ⁾ 2020	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M
Administered expenses from transactions																	
Grants and other expense transfers	10,357.1	–	428.1	64.5	–	–	–	–	1,236.1	7.8	17.6	–	–	–	–	–	12,111.2
Employee benefits	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Other operating expenses	0.3	–	0.1	–	–	–	0.2	–	0.3	0.4	–	0.1	–	–	–	–	1.4
Payments into the consolidated fund	224.9	–	17.2	67.2	4.0	4.5	10.3	1.5	72.8	2.6	–	–	–	–	–	–	405.0
Payment from the national health funding pool to the departmental controlled entity	1,688.3	–	335.4	–	0.3	136.9	112.4	12.6	–	–	–	–	–	–	–	–	2,285.9
Fair value of assets and services provided free of charge or for nominal consideration	–	–	1.8	–	–	–	–	–	7.1	–	–	–	–	–	–	–	8.9
Total administered expenses from transactions	12,270.6	–	782.6	131.7	4.4	141.4	122.9	14.1	1,316.2	10.9	17.6	0.1	–	–	–	–	14,812.5
Total administered net result from transactions	8.0	–	(1.8)	–	0.3	–	0.1	–	333.2	(0.5)	(0.3)	–	–	–	–	–	338.9
Administered other economic flows included in net result																	
Net gain/(loss) on non-financial assets	(0.1)	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	(0.1)
Other gains/(losses) from other economic flows	–	–	–	–	–	–	–	–	4.5	–	–	–	–	–	–	–	4.5
Total administered other economic flows	(0.1)	–	–	–	–	–	–	–	4.5	–	–	–	–	–	–	–	4.4
Administered net result	7.9	–	(1.8)	–	0.3	–	0.1	–	337.7	(0.5)	(0.3)	–	–	–	–	–	343.3

Notes:

(i) Refer to Note 4.1.1 for output group definitions.

(ii) Output group 15 Housing Assistance and output group 16 Shared Services are not applicable for administered activities.

Output group ⁽ⁱ⁾⁽ⁱⁱ⁾ 2019	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M
Administered income from transactions																	
Commonwealth contribution to the national health reform	4,337.5	–	561.3	–	–	92.1	105.3	–	–	–	–	–	–	–	–	–	5,096.4
State contribution to the national health reform	5,157.2	–	201.3	–	–	–	–	–	–	–	–	–	–	–	–	–	5,358.4
State contribution to the National Disability Insurance Agency	–	–	–	–	–	–	–	–	909.4	–	–	–	–	–	–	–	909.4
Commonwealth grants	10.0	–	1.2	68.9	–	–	0.1	–	4.9	1.6	–	–	–	–	–	–	86.6
Sales of goods and services	272.3	–	14.0	0.9	3.7	4.9	–	0.6	62.4	0.1	–	0.1	–	–	–	–	359.0
Appropriations – payments made on behalf of the state	–	–	–	62.3	–	–	–	–	–	–	–	–	–	–	–	–	62.3
Interest income	1.7	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1.7
Fees	–	–	–	–	–	–	10.1	0.7	–	–	–	–	–	–	–	–	10.8
Grants and other income transfers	51.6	–	3.0	–	0.2	–	–	–	158.2	–	1.6	–	–	–	–	–	214.6
Other	7.8	–	0.1	–	0.1	–	0.2	–	1.1	0.5	–	0.1	–	–	–	–	9.9
Fair value of assets and services received free of charge or for nominal consideration	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total administered revenue and income from transactions	9,838.1	–	780.9	132.1	4.0	97.0	115.7	1.3	1,136.0	2.1	1.6	0.2	–	–	–	–	12,109.1
Administered expenses from transactions																	
Grants and other expense transfers	9,217.6	–	364.1	62.3	–	–	–	–	1,102.6	–	1.6	0.4	–	–	–	–	10,748.5
Employee benefits	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Other operating expenses	0.4	–	0.1	–	–	–	0.2	–	0.5	0.4	–	0.1	–	–	–	–	1.7
Payments into the consolidated fund	287.6	–	18.2	69.8	3.9	4.9	10.2	1.3	68.1	2.2	–	0.1	–	–	–	–	466.2
Payment from the national health funding pool to the departmental controlled entity	325.4	–	398.5	–	–	92.1	105.3	–	–	–	–	–	–	–	–	–	921.4
Fair value of assets and services provided free of charge or for nominal consideration	–	–	–	–	–	–	–	–	10.0	–	–	–	–	–	–	–	10.0
Total administered expenses from transactions	9,831.1	–	780.9	132.1	4.0	97.0	115.7	1.3	1,181.1	2.6	1.6	0.6	–	–	–	–	12,148.0
Total administered net result from transactions	7.1	–	–	–	–	–	–	–	(45.1)	(0.5)	–	(0.4)	–	–	–	–	(38.9)

Output group ⁽ⁱ⁾⁽ⁱⁱ⁾	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
2019	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M
Administered other economic flows included in net result																	
Net gain/(loss) on non-financial assets	-	-	(0.1)	-	(0.1)	-	-	-	(5.7)	0.1	-	-	-	(2.3)	-	-	(8.1)
Other gains/(losses) from other economic flows	-	-	-	-	-	-	-	-	(3.9)	-	-	-	-	-	-	-	(3.9)
Total administered other economic flows	-	-	(0.1)	-	(0.1)	-	-	-	(9.5)	0.1	-	-	-	(2.3)	-	-	(12.0)
Administered net result	7.1	-	(0.1)	-	(0.1)	-	-	-	(54.6)	(0.4)	-	(0.4)	-	(2.3)	-	-	(50.8)

Notes:

(i) Refer to Note 4.1.1 for output group definitions.

(ii) Output group 15 Housing Assistance and output group 16 Shared Services are not applicable for administered activities.

4.2.2 Administered assets and liabilities

	2020 \$M	2019 \$M
Administered assets		
Financial assets		
Cash and deposits	51.6	44.3
Trust funds	3.4	11.4
Receivables	912.2	129.6
Loans	3.3	3.3
Total administered assets	970.5	188.6
Administered liabilities		
Financial liabilities		
Amounts payable to the consolidated fund	354.4	1.4
Payables	609.4	172.5
Other	6.7	14.7
Total administered liabilities	970.5	188.6
Total administered net assets	-	-

4.2.3 Administered grants and other expense transfers

	2020 \$M	2019 \$M
Public and denominational hospitals		
Monash Health	1,377.8	1,209.5
Alfred Health	814.1	746.4
Eastern Health	798.8	735.7
Melbourne Health	742.4	657.9
Austin Health	674.8	615.1
Western Health	649.4	605.9
Northern Health	521.3	482.3
St Vincent's Hospital (Melbourne) Limited	470.3	433.0
Peninsula Health	466.2	437.6
Barwon Health	470.6	447.9
The Royal Children's Hospital	460.4	435.3
Mercy Hospitals Victoria Limited	355.1	325.7
Bendigo Health	293.3	264.2
Ballarat Health Services	277.1	257.8
The Royal Women's Hospital	219.0	209.6
Latrobe Regional Hospital	185.3	179.6
Goulburn Valley Health	177.5	165.9
Peter MacCallum Cancer Centre	169.7	142.9
South West Healthcare	136.1	122.1
Albury Wodonga Health	130.3	123.5
Northeast Health Wangaratta	119.0	102.8
Ramsay Health Care Limited	98.7	97.8
The Royal Victorian Eye and Ear Hospital	94.0	92.0
West Gippsland Health Care Group	77.6	71.7
Wimmera Health Care Group	67.7	60.2
Bairnsdale Regional Health Service	64.0	60.6
Echuca Regional Health	60.9	54.2
Central Gippsland Health Service	59.9	57.6
Bass Coast Health	54.5	46.0
Djerriwarrh Health Services	49.3	47.7

	2020 \$M	2019 \$M
Western District Health Service	45.6	40.4
Swan Hill District Health	43.6	36.7
Colac Area Health	30.7	26.6
Portland District Health	30.2	31.8
Other public hospitals with payments totalling less than \$30 million	177.3	148.3
	10,462.3	9,572.3
Commonwealth government		
National Disability Insurance Agency	1,300.6	1,164.8
Other		
Cross Border with other jurisdictions	313.3	9.6
Other organisations with payments totalling less than \$10 million	35.0	1.7
Total grants and other expense transfers	12,111.2	10,748.4

4.3 Restructuring of administrative arrangements

The Victorian Government issued an administrative order restructuring some of its activities via machinery of government changes. As part of the machinery of government restructure, the department (as transferor) provided the Respect Victoria function to the Department of Premier and Cabinet (as transferee) effective from 1 July 2019 and lease property under the Centralised Accommodation Management function to the Department of Treasury and Finance (as transferee) effective from 1 October 2019.

The combined income and expenses for the Respect Victoria function are reported for the period 1 July 2018 to 30 June 2019. The combined income and expenses for the Centralised Accommodation Management function are reported for the period 1 July 2019 to 30 September 2019.

The net assets of \$750,000 transferred by the department for the Respect Victoria function and the net liabilities of \$5.5 million transferred for the Centralised Accommodation Management function as a result of the administrative restructure are recognised in the balance sheets at the carrying amount of those assets in the transferee's (Department of Premier and Cabinet, and Department of Treasury and Finance) balance sheets immediately after the transfer.

The department received land and capital funding transfers from the Department of Justice and Community Safety, land and buildings from Northern Health, and land and buildings from Barwon Health (which were subsequently transferred to Geelong Performing Arts Centre).

The net asset transfers were treated as a contribution of capital by the state.

	2020 Transfer in \$M	2020 Transfer out \$M	2020 Transfer total \$M
Assets			
Cash and deposits	2.1	(0.1)	2.0
Prepayment	–	(0.8)	(0.8)
Property, plant and equipment	13.5	(529.0)	(515.6)
Liabilities			
Borrowings	–	532.8	532.8
Employee related provisions	–	0.1	0.1
Net assets recognised/(transferred)	15.6	3.0	18.4
Net capital contribution from the Crown			18.4

5. Key assets available to support output delivery

Introduction

The department controls infrastructure and other investments that are utilised in fulfilling its objectives and conducting its activities. They represent the key resources that have been entrusted to the department to be utilised for delivery of those outputs.

Structure

- 5.1 Total property, plant and equipment
 - 5.1(a) Total right-of-use assets
 - 5.1(b) Total service concession assets
 - 5.1.1 Depreciation and amortisation
 - 5.1.2 Carrying values by 'purpose' groups
 - 5.1.3 Reconciliation of movements in carrying values of property, plant and equipment
- 5.2 Intangible assets
- 5.3 Investments accounted for using the equity method
 - 5.3.1 Details of joint venture
- 5.4 Short-term investments – term deposits

5.1 Total property, plant and equipment ⁽ⁱ⁾⁽ⁱⁱ⁾

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2020 \$M	2019 \$M	2020 \$M	2019 \$M	2020 \$M	2019 \$M
Land at fair value	18,525.1	18,514.9	(0.8)	–	18,524.3	18,514.9
Buildings at fair value	10,060.0	9,891.1	(409.7)	(93.5)	9,650.3	9,797.6
Plant, equipment and vehicles at fair value	54.6	48.4	(43.0)	(36.8)	11.6	11.6
Motor vehicles at fair value	41.9	49.6	(11.7)	(13.6)	30.2	36.1
Assets under construction at cost	576.2	458.0	–	–	576.2	458.0
Net carrying amount	29,257.8	28,962.0	(465.2)	(143.8)	28,792.6	28,818.2

Notes:

(i) AASB 16 *Leases* has been applied for the first time from 1 July 2019.

(ii) The application of AASB 1059 *Service Concession Arrangements: Grantors* resulted in reclassification of assets within 'property, plant and equipment' category. There was no impact on the 2019 comparative figures.

The following tables are subsets of land, buildings, plant, equipment and vehicles, motor vehicles and assets under construction by right-of-use assets and service concessions assets.

5.1(a) Total right-of-use assets

	Gross carrying amount	Accumulated depreciation	Net carrying amount
	2020 \$M	2020 \$M	2020 \$M
Land at fair value	11.6	(0.8)	10.8
Buildings at fair value	62.7	(18.1)	44.6
Plant, equipment and vehicles at fair value	6.0	(2.5)	3.5
Motor vehicles at fair value	41.9	(11.7)	30.2
Net carrying amount	122.2	(33.1)	89.1

	Land \$M	Buildings \$M	Plant and equipment \$M	Motor vehicles \$M	Total \$M
Opening balance – 1 July 2019 ⁽ⁱ⁾	11.5	572.5	4.7	36.1	624.8
Additions	–	27.7	1.3	15.1	44.1
Transfers ⁽ⁱⁱ⁾	–	(527.3)	–	(4.9)	(532.2)
Lease modifications	0.1	11.8	–	–	11.9
Disposals	–	(0.5)	–	(7.3)	(7.8)
Depreciation	(0.8)	(39.6)	(2.5)	(8.8)	(51.7)
Closing balance – 30 June 2020	10.8	44.6	3.5	30.2	89.1

Notes:

- (i) This balance represents the initial recognition of right-of-use assets recorded on the balance sheet on 1 July 2019 along with the transfer from finance lease assets (recognised under AASB 117 at 30 June 2019) to right-of-use assets (recognised under AASB 16 at 1 July 2019).
- (ii) In October 2019, the department transferred the right-of-use asset to the Department of Treasury and Finance Shared Service Provider. Details of the transfer are included in Note 7.2 Leases.

5.1(b) Total service concession assets

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2020 \$M	2019 \$M	2020 \$M	2019 \$M	2020 \$M	2019 \$M
Land at fair value	430.4	424.9	–	–	430.4	424.9
Buildings at fair value	594.1	588.6	(26.0)	–	568.1	588.6
Plant, equipment and vehicles at fair value	7.0	6.6	(5.6)	(4.6)	1.4	2.0
Intangible assets at fair value	2.4	2.5	(0.2)	–	2.2	2.5
Assets under construction	56.6	30.2	–	–	56.6	30.2
Net carrying amount	1,090.5	1,052.8	(31.8)	(4.6)	1,058.7	1,048.2

Initial recognition

Items of property, plant and equipment, are measured initially at cost and subsequently revalued at fair value less accumulated depreciation and impairment. Where an asset is acquired for no or nominal consideration, the cost is the asset's fair value at the date of acquisition. Assets transferred as part of a machinery of government change are transferred at their carrying amount.

The cost of constructed non-financial physical assets includes the cost of all materials used in construction, direct labour on the project and an appropriate proportion of variable and fixed overheads.

The cost of a leasehold improvement is capitalised and depreciated over the shorter of the remaining term of the lease or their estimated useful lives.

The initial cost of non-financial physical assets under a finance lease (under AASB 117 until 30 June 2019) is measured at amounts equal to the fair value of the leased asset or, if lower, the present value of the minimum lease payments, each determined at the inception of the lease.

Right-of-use asset acquired by lessees (Under AASB 16 – Leases from 1 July 2019) – Initial measurement

The department recognises a right-of-use asset and a lease liability at the lease commencement date. The right-of-use asset is initially measured at cost which comprises the initial amount of the lease liability adjusted for:

- any lease payments made at or before the commencement date, plus
- any initial direct costs incurred, and
- an estimate of costs to dismantle and remove the underlying asset or to restore the underlying asset or the site on which it is located.

Service concession assets (Under AASB 1059 – Service Concession Arrangements: Grantors) – Initial measurement

The department initially recognises service concession assets and service concession assets under construction, including land, buildings, equipment and intangible assets, at current replacement cost in accordance with the cost approach to fair value in AASB 13 *Fair Value Measurement*. Where existing assets and assets under construction, including land, buildings, equipment and intangible assets, meet the definition of service concession assets under AASB 1059, the department reclassifies the existing assets as service concession assets and measures the assets at current replacement cost in accordance with the cost approach to fair value in AASB 13 as at the date of reclassification.

Subsequent measurement

Property, plant and equipment (PPE) as well as right-of-use assets under leases and service concession assets are subsequently measured at fair value less accumulated depreciation and impairment. Fair value is determined with regard to the asset's highest and best use (considering legal or physical restrictions imposed on the asset, public announcements or commitments made in relation to the intended use of the asset) and is summarised on the following page by asset category.

Right-of-use asset – Subsequent measurement

The department depreciates the right-of-use assets on a straight-line basis from the lease commencement date to the earlier of the end of the useful life of the right-of-use asset or the end of the lease term. The right-of-use assets are also subject to revaluation.

Service concession assets – Subsequent measurement

Service concession assets are subject to revaluation as required by FRD 103H, however as at 30 June 2020 no revaluation has occurred. When revalued, the fair value of service concession assets will be determined based on as follows.

Non-specialised land and non-specialised buildings are valued using the market approach, whereby assets are compared to recent comparable sales or sales of comparable assets that are considered to have nominal value.

Specialised land and specialised buildings: The market approach is used for specialised land, although it may be adjusted for a community service obligation (CSO) to reflect the specialised nature of the land being valued.

The CSO adjustment is a reflection of the valuer's assessment of the impact of restrictions associated with an asset to the extent that is also equally applicable to market participants.

For the majority of the department's specialised buildings, the current replacement cost method is used, adjusting for the associated depreciation.

Vehicles are valued using the current replacement cost method. The department acquires new vehicles and at times disposes of them before the end of their economic life. The process of acquisition, use and disposal in the market is managed by experienced fleet managers in the department who set the relevant depreciation rates during use to reflect the utilisation of the vehicles.

Fair value for **plant and equipment** is determined using the current replacement cost method.

Refer to Note 8.3.2 for additional information on fair value determination of property, plant and equipment.

Impairment of property, plant and equipment

The recoverable amount of primarily non-cash generating assets of not-for-profit entities, which are typically specialised in nature and held for continuing use of their service capacity, is expected to be materially the same as fair value determined under AASB 13 *Fair Value Measurement*, with the consequence that AASB 136 does not apply to such assets that are regularly revalued.

5.1.1 Depreciation and amortisation ⁽ⁱ⁾⁽ⁱⁱ⁾

Charge for the period

	2020 \$M	2019 \$M
Buildings	321.3	303.2
Health and Welfare	12.6	29.8
Public Administration	–	0.6
Housing	308.7	272.8
Plant, equipment and vehicles	3.2	4.8
Health and Welfare	3.0	4.2
Housing	0.3	0.6
Intangible assets	25.7	20.3
Health and Welfare	17.5	12.0
Housing	8.2	8.3
Motor vehicles under finance lease	–	12.9
Health and Welfare	–	12.9
Right-of-use assets	51.8	–
Land	0.9	–
Buildings	39.6	–
Plant, equipment and vehicles	2.5	–
Motor vehicles	8.8	–
Service concession assets	27.1	0.4
Buildings	25.9	–
Plant, equipment and vehicles	1.0	0.4
Intangible assets	0.2	–
Aggregate depreciation and amortisation allocated	429.1	341.7
Less depreciation and amortisation capitalised to carrying amount of other assets during the year	(1.0)	(1.2)
Total depreciation and amortisation	428.1	340.5

Notes:

- (i) The application of AASB 1059 *Service Concession Arrangements: Grantors* resulted in reclassification of assets within 'property, plant and equipment' category. There was no impact on the 2019 comparative figures.
- (ii) The table incorporates depreciation of right-of-use assets and service concession asset as AASB 16 *Leases* and AASB 1059 *Service Concession Arrangements: Grantors* have been applied for the first time from 1 July 2019.

All buildings, plant, equipment, vehicles and other non-current physical assets that have finite useful lives are depreciated. The exceptions to this rule include items under assets held for sale and land.

Depreciation is calculated on a straight-line basis at rates that allocate the asset value, less any estimated residual value, over its estimated useful life.

Typical estimated useful lives for the different asset classes for the current and prior year are included in the table below:

Asset class	2020	2019
Buildings	5 to 85 years	5 to 85 years
Plant, equipment and vehicles	3 to 15 years	3 to 15 years
Intangible assets	3 to 20 years	4 to 10 years

The estimated useful lives, residual value and depreciation method are reviewed at the end of each annual reporting period. Estimated useful lives for buildings, and plant, equipment and vehicles remain unchanged since June 2019. A number of intangible assets were capitalised in 2019–20 with estimated useful lives ranging from 3 years to 20 years.

Right-of use assets are generally depreciated over the shorter of the asset's useful life and the lease term. Where the department obtains ownership of the underlying leased asset or if the cost of the right-of-use asset reflects that the entity will exercise a purchase option, the entity depreciates the right-of-use asset over its useful life.

Leasehold improvements are depreciated over the shorter of the lease term and their useful lives.

5.1.2 Carrying values by 'purpose' groups ⁽ⁱ⁾

Nature based classification	Health and Welfare		Housing		Total	
	2020 \$M	2019 \$M	2020 \$M	2019 \$M	2020 \$M	2019 \$M
Land at fair value						
Rental property	–	–	17,325.6	17,341.5	17,325.6	17,341.5
Community services	761.1	752.3	–	–	761.1	752.3
Right-of-use land	–	–	11.6	–	11.6	–
Service concession land	430.4	424.9	–	–	430.4	424.9
<i>Less accumulated depreciation</i>	–	–	(0.8)	–	(0.8)	–
<i>Less allowance for Shared Home Ownership Scheme equity conversion</i>	–	–	(3.6)	(3.7)	(3.6)	(3.7)
Total land at fair value	1,191.5	1,177.2	17,332.8	17,337.7	18,524.3	18,514.9
Buildings at fair value						
Rental property	–	–	8,902.4	8,811.2	8,902.4	8,811.2
Other property – regional offices	–	–	3.5	3.5	3.5	3.5
Community services	499.2	489.7	–	–	499.2	489.7
Right-of-use buildings	8.2	–	54.5	–	62.7	–
Service concession buildings	594.1	588.6	–	–	594.1	588.6
<i>Less accumulated depreciation</i>	(94.7)	(54.7)	(315.0)	(38.7)	(409.7)	(93.5)
<i>Less allowance for Shared Home Ownership Scheme equity conversion</i>	–	–	(1.9)	(1.9)	(1.9)	(1.9)
Total buildings at fair value	1,006.8	1,023.6	8,643.5	8,774.0	9,650.3	9,797.6
Plant, equipment and vehicles at fair value						
Plant, equipment and vehicles	39.3	39.5	2.3	2.3	41.6	41.8
Right-of-use plant and equipment	6.0	–	–	–	6.0	–
Service concession plant and equipment	7.0	6.6	–	–	7.0	6.6
<i>Less accumulated depreciation</i>	(40.7)	(34.8)	(2.3)	(2.0)	(43.0)	(36.8)
	11.6	11.3	–	0.3	11.6	11.6
Right-of-use motor vehicles	41.9	49.6	–	–	41.9	49.6
<i>Less accumulated depreciation</i>	(11.7)	(13.6)	–	–	(11.7)	(13.6)
	30.2	36.1	–	–	30.2	36.1
Total plant, equipment and vehicles at fair value	41.8	47.4	–	0.3	41.8	47.6
Assets under construction at cost						
Rental property	–	–	451.1	376.1	451.1	376.1
Other property	67.8	51.0	0.6	0.7	68.4	51.7
Service concession assets under construction	56.7	30.2	–	–	56.7	30.2
Total assets under construction at cost	124.5	81.2	451.7	376.8	576.2	458.0
Net carrying amount of property, plant and equipment	2,364.6	2,329.3	26,428.0	26,488.8	28,792.6	28,818.2

Note:

- (i) Property, plant and equipment are classified primarily by the purpose for which the assets are used, according to one of six purpose groups based upon government purpose classifications. All assets within a purpose group are further subcategorised according to the asset nature (for example buildings, plant and equipment), with each subcategory being classified as a separate class of asset for financial reporting purposes.

5.1.3 Reconciliation of movements in carrying values of property, plant and equipment

2019	Land at fair value \$M	Buildings at fair value \$M	Plant, equipment and vehicles at fair value \$M	Motor vehicles at fair value \$M	Assets under construction at cost \$M	Total \$M
Balance at 1 July 2018	20,811.1	8,991.0	15.7	49.1	332.5	30,199.3
Capital contributed from asset transfers	–	–	–	–	–	–
Machinery of government transfer in/(out)	(9.5)	(23.2)	–	(0.1)	(1.2)	(34.0)
Additions	0.5	7.6	2.1	21.6	351.7	383.5
Disposals	(16.2)	(9.8)	–	(11.7)	–	(37.8)
Net revaluation increments/(decrements)	(2,197.7)	992.4	–	–	–	(1,205.3)
Asset impairment	–	–	–	–	–	–
Depreciation and amortisation	–	(303.2)	(5.2)	(12.9)	–	(321.4)
Fair value of assets received free of charge or for nominal considerations	2.1	0.6	–	0.1	4.9	7.6
Fair value of assets provided free of charge or for nominal considerations	(58.6)	(57.6)	–	(9.2)	(4.9)	(130.2)
Transfers in/(out) of assets under construction	14.3	210.9	–	–	(225.3)	–
Transfers to provision for equity reduction	–	(0.1)	–	–	–	(0.1)
Transfers (to)/from assets held for sale	(27.0)	(8.6)	–	–	–	(35.6)
Other changes	(4.0)	(2.4)	(1.1)	(0.7)	0.3	(7.8)
Balance at 1 July 2019	18,514.9	9,797.6	11.6	36.1	458.0	28,818.2

2020	Land at fair value \$M	Buildings at fair value \$M	Plant, equipment and vehicles at fair value \$M	Motor vehicles at fair value \$M	Assets under construction at cost \$M	Total \$M
Recognition of service concession asset on initial application of AASB 1059 – adjustment to comparative figures	–	–	–	–	–	–
Recognition of service concession asset depreciation – restatement of comparative figures	–	–	–	–	–	–
Recognition of right-of-use assets on initial application of AASB 16	11.5	569.6	4.7	–	–	585.9
Adjusted balance at 1 July 2019	18,526.4	10,367.2	16.3	36.1	458.0	29,404.1
Capital contributed from asset transfers	–	–	–	–	–	–
Machinery of government transfer in/(out)	–	–	–	–	(0.8)	(0.8)
Additions	–	30.1	2.3	15.2	354.5	402.1
Administrative instrument transfers	7.0	(522.6)	–	(6.8)	–	(522.4)
Disposals	(19.7)	(50.7)	–	(7.3)	–	(77.6)
Net revaluation increments/(decrements)	(4.4)	(14.8)	–	–	–	(19.2)
Asset impairment	–	–	–	–	1.0	1.0
Depreciation and amortisation	(0.9)	(386.8)	(6.7)	(8.8)	–	(403.2)
Fair value of assets received free of charge or for nominal considerations	2.5	0.2	–	0.1	–	2.8
Fair value of assets provided free of charge or for nominal considerations	–	–	(0.3)	(0.4)	–	(0.7)
Transfers in/(out) of assets under construction	16.7	219.9	–	–	(236.6)	–
Transfers (to)/from assets held for sale	(3.6)	(3.9)	–	2.3	–	(5.2)
Other changes	0.1	11.7	–	–	–	11.8
Balance at 30 June 2020	18,524.3	9,650.3	11.6	30.2	576.2	28,792.6

5.2 Intangible assets

	2020 \$M	2019 \$M
Gross carrying amount		
Opening balance	213.4	161.3
Additions from internal development	51.8	54.4
Disposals or classified as held for sale	–	(2.3)
Closing balance	265.2	213.4
Accumulated amortisation and impairment		
Opening balance	(104.9)	(84.7)
Amortisation of intangible produced assets	(25.9)	(20.3)
Closing balance	(130.8)	(104.9)
Net book value at end of financial year	134.4	108.4

Initial recognition

An **internally generated intangible asset** arising from development (or from the development phase of an internal project) is recognised if, and only if, all of the following are demonstrated:

- (a) the technical feasibility of completing the intangible asset so that it will be available for use or sale
- (b) an intention to complete the intangible asset and use or sell it
- (c) the ability to use or sell the intangible asset
- (d) the intangible asset will generate probable future economic benefits
- (e) the availability of adequate technical, financial and other resources to complete the development and to use or sell the intangible asset
- (f) the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Subsequent measurement

Intangible produced assets with finite useful lives, are amortised as an 'expense from transactions' on a straight-line basis over their useful lives.

Service concession intangible assets recognised applying AASB 1059 are subsequently measured at fair value (current replacement cost).

Impairment of intangible assets

Intangible assets with finite useful lives are tested annually for impairment whenever an indication of impairment is identified.

5.3 Investments accounted for using the equity method

The department has an interest in a joint venture with Monash University in the Australian Regenerative Medical Institute (ARMI). This investment was accounted for at cost however the investment is impaired as at 30 June 2020 due to commencement of termination proceedings.

5.3.1 Details of joint venture

ARMI was established to construct and operate a facility which will promote Victoria as a global leader in regenerative medical research, foster and develop existing research collaboration on domestic and overseas projects, and provide a major site for undergraduate and post graduate training programs. In accordance with the Joint Venture Agreement, either party of the joint venture may terminate the joint venture from June 2020. Monash University commenced termination proceedings in June 2020 and accordingly the Joint Venture investment has been impaired to its fair value of nil.

Name of entity	Country of incorporation	Measurement method	Ownership interest (%)		Published fair value (\$M)	
			2020	2019	2020	2019
Joint venture						
ARMI	Australia	Equity method	20	20	–	35.0

5.4 Short-term investments – term deposits

Investments consist of term deposits maturing more than 90 days from acquisition dates.

	2020 \$M	2019 \$M
Short-term investments – term deposits ⁽ⁱ⁾	–	100.0
Total short-term investments – term deposits	–	100.0

Note:

- (i) Term deposits held by the Director of Housing were fully transitioned to the Central Banking System which is recognised as cash at bank in the financial year.

6. Other assets and liabilities

Introduction

This section sets out those assets and liabilities that arose from the department's-controlled operations.

Structure

- 6.1 Receivables
- 6.2 Loans
 - 6.2.1 Ageing analysis of contractual loans
- 6.3 Other non-financial assets
- 6.4 Payables
 - 6.4.1 Maturity analysis of contractual payables
- 6.5 Other provisions
 - 6.5.1 Reconciliation of movements in other provisions
- 6.6 Inventories

6.1 Receivables

	2020 \$M	2019 \$M
Current receivables		
<i>Contractual</i>		
Tenants in arrears	15.0	15.0
Other receivables	483.5	323.1
<i>Less allowance for impairment losses of contractual receivables</i>	(10.8)	(13.1)
	487.7	325.0
<i>Statutory</i>		
Amounts owing from Victorian Government	1,310.6	1,133.3
GST input tax credit recoverable	62.7	55.8
	1,373.3	1,189.1
Total current receivables	1,861.0	1,514.1
Non-current receivables		
<i>Statutory</i>		
Amounts owing from Victorian Government	2,383.6	1,855.7
	2,383.6	1,855.7
Total non-current receivables	2,383.6	1,855.7
Total receivables	4,244.6	3,369.8

Contractual receivables are classified as financial instruments and categorised as 'financial assets at amortised costs'. They are initially recognised at fair value plus any directly attributable transaction costs. The department holds the contractual receivables with the objective to collect the contractual cash flows and therefore subsequent to initial measurement they are measured at amortised cost using the effective interest method, less any impairment.

Statutory receivables do not arise from contracts and are recognised and measured similarly to contractual receivables (except for impairment) but are not classified as financial instruments for disclosure purposes. The department applies AASB 9 for initial measurement of the statutory receivables and, as a result, statutory receivables are initially recognised at fair value plus any directly attributable transaction costs. Amounts recognised from the Victorian Government represent funding for all commitments incurred and are drawn from the Consolidated Fund as the commitments fall due.

Details about the department's impairment policies, the department's exposure to credit risks and the calculation of the loss allowance are set out in note 8.1.3.

6.2 Loans

	2020 \$M	2019 \$M
Current loans		
<i>Contractual</i>		
Fixed interest home loans	0.7	0.8
Indexed interest home loans	8.2	8.2
Other loans and advances	316.1	13.6
Total current loans	325.0	22.6
Non-current loans		
<i>Contractual</i>		
Fixed interest home loans	1.2	1.3
Indexed interest home loans	3.0	3.9
Variable interest home loans	-	0.1
Community housing loans	20.2	20.2
Other loans	40.5	47.1
Total non-current loans	64.9	72.6
Less allowance for impairment losses of contractual loans		
Fixed interest home loans	(0.1)	(0.1)
Indexed interest home loans	(0.3)	(0.2)
Total allowance for impairment losses of contractual loans	(0.4)	(0.3)
Total loans	389.5	94.9

The department has housing-related loans and loans and advances to health agencies. The majority of housing loans are secured by a registered mortgage. However, there is a small number of loans that are on terms in contracts of sale. The title remains in the name of the vendor, Director of Housing as successor in title to the Housing Commission, until the amount owing under the contract of sale is paid in full. Some mortgage relief and home renovation loans are subject to an unregistered mortgage with a caveat on the title noting the Director of Housing as having an interest in the property. The current Home Renovation Service loan program does not require security for loans of \$10,000 or less.

Cash advances were paid to health agencies for the purpose of providing funding to meet July 2020 payroll and supplier payments. Health agencies will be required to repay this cash advance in 2020–21.

Loans are initially recognised at fair value plus any directly attributable transaction costs. Subsequent to initial measurement they are measured at amortised cost using the effective interest method, less any impairment.

Defaults and breaches: During the current and prior year, there were no defaults and breaches of any of the loans.

6.2.1 Ageing analysis of contractual loans

	Carrying amount \$M	Not past due \$M	Past due			
			Less than 1 month \$M	1–3 months \$M	3 months – 1 year \$M	1–5 years \$M
2020						
Loans	389.5	389.5	-	-	-	-
Total	389.5	389.5	-	-	-	-
2019						
Loans	94.9	94.6	-	-	-	-
Total	94.9	94.6	-	-	-	-

6.3 Other non-financial assets

	2020 \$M	2019 \$M
Contract asset		
Prepayments	286.2	15.1
Total other non-financial assets	286.2	15.1

Prepayments represent payments in advance of receipt of goods and services or that part of expenditure made in one accounting period covering a term extending beyond that period.

6.4 Payables

	2020 \$M	2019 \$M
Current payables		
<i>Statutory</i>		
FBT payable	0.2	0.2
<i>Contractual</i>		
Employee benefits payable	24.3	53.7
Supplies and services	162.2	92.0
Amounts payable to government agencies	670.5	403.6
Concession payments to pensioners	93.9	126.9
Tenants in advance	24.5	24.2
Capital works	9.6	31.7
Other	10.3	14.0
Total current payables	995.5	746.2
Non-current payables		
<i>Contractual</i>		
Amounts payable to government agencies	850.9	766.8
Other	0.8	0.8
Total non-current payables	851.7	767.5
Total payables	1,847.2	1,513.7

Payables consist of:

- **contractual payables**, classified as financial instruments and measured at amortised cost. Accounts payable represent liabilities for goods and services provided to the department prior to the end of the reporting period that are unpaid, and
- **statutory payables**, that are recognised and measured similarly to contractual payables, but are not classified as financial instruments and are not included in financial liabilities at amortised cost, because they do not arise from a contract.

Payables for supplies and services have an average credit period of 30 days.

The terms and conditions of amounts payable to the government and agencies vary according to the particular agreements and as they are not legislative payables, they are not classified as financial instruments.

The value of loans and other amounts guaranteed by the Treasurer is disclosed as contingent liabilities.

6.4.1 Maturity analysis of contractual payables ⁽ⁱ⁾

	Carrying amount \$M	Nominal amount \$M	Maturity dates				
			Less than 1 month \$M	1–3 months \$M	3 months – 1 year \$M	1–5 years \$M	5+ years \$M
2020							
Payables	1,847.0	1,847.0	526.5	217.5	251.4	0.8	850.8
Total	1,847.0	1,847.0	526.5	217.5	251.4	0.8	850.8
2019							
Payables	1,513.5	1,513.5	630.3	70.1	27.8	1.1	784.2
Total	1,513.5	1,513.5	630.3	70.1	27.8	1.1	784.2

Note:

(i) Maturity analysis is presented using the contractual undiscounted cash flows.

6.5 Other provisions

	2020 \$M	2019 \$M
Current provisions		
Insurance claims	43.5	33.8
Make-good provision	1.0	0.9
Total current provisions	44.5	34.8
Non-current provisions		
Insurance claims	76.9	59.2
Make-good provision	3.5	1.9
Total non-current provisions	80.4	61.1
Total other provisions	124.9	95.9

Other provisions are recognised when the department has a present obligation, the future sacrifice of economic benefits is probable, and the amount of the provision can be measured reliably. The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at reporting date, taking into account the risks and uncertainties surrounding the obligation.

Where a provision is measured using the cash flows estimated to settle the present obligation, its carrying amount is the present value of those cash flows, using a discount rate that reflects the time value money and risks specific to the provision.

6.5.1 Reconciliation of movements in other provisions

	Make-good 2020 \$M	Insurance claims 2020 \$M	Total 2020 \$M
Opening balance	2.9	93.0	95.9
Additional provisions recognised	1.6	–	1.6
Reductions arising from payments/claims handling expenses/other sacrifices of future economic benefits	–	(45.0)	(45.0)
Actuarial revaluations of insurance claims liability inclusive of risk margin	–	71.5	71.5
Unwind of discount and effect of changes in the discount rate	–	0.9	0.9
Closing balance	4.5	120.4	124.9

When some or all of the economic benefits required to settle a provision are expected to be received from a third party, the receivable is recognised as an asset if it is virtually certain that recovery will be received and the amount of the receivable can be measured reliably.

The **make-good** provision is recognised in accordance with the lease agreement over the building facilities. The department must remove any leasehold improvements from the leased building and restore the premises to its original condition at the end of the lease term.

Insurance claims: The department engaged the Victorian Managed Insurance Authority (VMIA) under a claims administration agreement to manage non-medical indemnity claims resulting from public healthcare incidents occurring on or after 1 July 2005. These claims are managed by VMIA on behalf of the department under a service level agreement. VMIA has engaged an independent actuary to determine these liability provisions in accordance with the Institute of Actuaries of Australia's professional standard PS300. The estimation of outstanding claims liabilities is based on actuarial modelling including analysis of claims experience, loss trends, risk exposure data and industry data.

6.6 Inventories

	2020 \$M	2019 \$M
Current inventories		
Supplies and consumables:		
At cost	411.8	–
Total current inventories	411.8	–
Total inventories	411.8	–

Inventories include goods, principally personal protective and other equipment, for distribution at zero or nominal cost to assist in the response to coronavirus (COVID-19).

Inventories held for distribution are measured at cost, adjusted for any loss of service potential.

7. How we financed our operations

Introduction

This section provides information on the sources of finance utilised by the department during its operations, along with interest expenses (the cost of borrowings) and other information related to financing activities of the department.

This section includes disclosures of balances that are financial instruments (such as borrowings and cash balances). Notes 8.1 and 8.3 provide additional, specific financial instrument disclosures.

Structure

- 7.1 Borrowings
 - 7.1.1 Maturity analysis of borrowings
 - 7.1.2 Interest expense
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 - 7.2.1 Leases
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- 7.4 Trust account
 - 7.4.1 Trust account balances
 - 7.4.2 Trust account – Legislative references and nature
- 7.5 Commitments for expenditure
 - 7.5.1 Total commitments payable
 - 7.5.2 AASB 1059 Service Concession Arrangements: Grantors

7.1 Borrowings

	2020 \$M	2019 \$M
Current borrowings		
Advances from Victorian Government	366.1	56.0
Lease liabilities (2019: Finance lease liabilities)	35.1	15.1
Total current borrowings	401.2	71.0
Non-current borrowings		
Advances from Victorian Government	23.0	23.8
Lease liabilities (2019: Finance lease liabilities)	48.4	17.9
Total non-current borrowings	71.4	41.7
Total borrowings	472.6	112.8

Borrowings are classified as financial instruments. All interest-bearing liabilities are initially recognised at the fair value of the consideration received, less directly attributable transaction costs. The measurement basis subsequent to initial recognition depends on whether the department has categorised its interest-bearing liabilities as either 'financial liabilities designated at fair value through profit or loss', or financial liabilities at 'amortised cost'. The classification depends on the nature and purpose of the interest-bearing liabilities. The department determines the classification of interest-bearing liabilities at initial recognition.

Defaults and breaches: During the current and previous financial year, there were no defaults or breaches of required conditions, in relation to any of the borrowings.

Advances from Victorian Government are advances from the Department of Treasury and Finance. These advances are non-interest bearing.

Lease liabilities are secured by the assets leased. Leases are effectively secured as the rights to the leased assets revert to the lessor in the event of default.

7.1.1 Maturity analysis of borrowings

	Carrying amount \$M	Nominal amount \$M	Maturity dates				
			Less than 1 month \$M	1–3 months \$M	3 months – 1 year \$M	1–5 years \$M	5+ years \$M
2020							
Advances from Victorian Government	389.1	389.1	57.2	–	308.9	23.0	–
Lease liabilities	83.5	88.8	5.6	8.8	22.4	43.1	8.9
Total	472.6	477.9	62.8	8.8	331.3	66.1	8.9
2019							
Advances from Victorian Government	79.8	79.8	50.7	–	5.4	22.7	1.1
Finance lease liabilities	33.0	34.3	2.4	2.3	11.1	18.4	–
Total	112.8	114.1	53.1	2.3	16.5	41.1	1.1

7.1.2 Interest expense

	2020 \$M	2019 \$M
Interest on lease liabilities	7.0	0.6
Total interest expenses	7.0	0.6

'Interest expense' includes costs incurred in connection with the borrowing of funds and includes interest on bank overdrafts and short term and long-term borrowings, amortisation of discounts or premiums relating to borrowings and interest component of finance leases repayments.

Interest expense is recognised in the period in which it is incurred.

The department recognises borrowing costs immediately as an expense, even where they are directly attributable to the acquisition, construction or production of a qualifying asset.

7.2 Leases

7.2.1 Leases

Information about leases for which the department is a lessee is presented below.

The department's leasing activities

The department leases various IT data centres, equipment and motor vehicles. The lease contracts are typically made for fixed periods of 1 to 5 years. The department leases some office accommodation which are short-term leases. The department has elected not to recognise right-of-use assets and lease liabilities for these leases.

The department entered into various printing contracts. The payments are based on consumption. The department consider these printing payments as variable lease payments.

In October 2019, the department agreed to the Centralised Accommodation Management with the Department of Treasury and Finance Shared Service Provider (SSP). Following this agreement, the right-of-use asset and lease liability recognised for the accommodation leases at that date were derecognised and transferred to SSP as a transfer through equity, in accordance with the requirements of FRD 119A *Transfers through contributed capital*. From November 2019, accommodation has been recognised as an expense (refer to Note 3.1.5 Other operating expenses) and the commitment for the service payments has been disclosed (refer to Note 7.5 Commitments).

The Director of Housing leases various properties for the social housing program. These lease contracts are typically made for a fixed period of 3 to 5 years.

Leases at significantly below-market terms and conditions

The Director of Housing entered into a number of land leases with lease term ranging from 5 years to indefinite. These lease contracts specify lease payments of \$1 per annum. In accordance with AASB 16, the below-market leases are recognised at cost.

7.2.1(a) Right-of-use assets

Right-of-use assets are presented in Note 5.1(a).

7.2.1(b) Amounts recognised in the comprehensive operating statement

The following amounts relating to leases are recognised in the comprehensive operating statement:

	2020 \$M
Amounts recognised in the comprehensive operating statement	
Interest expense on lease liabilities	7.0
Expenses relating to short-term leases	6.9
Variable lease payments, not included in the measurement of leases	2.3
Total amount recognised in the comprehensive operating statement	16.2

7.2.1(c) Amounts recognised in the cash flow statement

The following amounts relating to leases are recognised in the cash flow statement for the year ending 30 June 2020:

	2020 \$M
Total cash outflow for leases	61.3

For any new contracts entered into on or after 1 July 2019, the department considers whether a contract is, or contains a lease. A lease is defined as 'a contract, or part of a contract, that conveys the right to use an asset (the underlying asset) for a period of time in exchange for consideration'. To apply this definition, the department assesses whether the contract meets three key evaluations:

- Whether the contract contains an identified asset, which is either explicitly identified in the contract or implicitly specified by being identified at the time the asset is made available to the department and for which the supplier does not have substantive substitution rights
- Whether the department has the right to obtain substantially all of the economic benefits from use of the identified asset throughout the period of use, considering its rights within the defined scope of the contract and the department has the right to direct the use of the identified asset throughout the period of use, and
- Whether the department has the right to make decisions in respect of 'how and for what purpose' the asset is used throughout the period of use.

This policy is applied to contracts entered into, or changed, on or after 1 July 2019.

Separation of lease and non-lease components

At inception or on reassessment of a contract that contains a lease component, the lessee is required to separate out and account separately for non-lease components within a lease contract and exclude these amounts when determining the lease liability and right-of-use asset amount.

Recognition and measurement of leases as a lessee (under AASB 16 from 1 July 2019)

Lease liability – initial measurement

Lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease if that rate is readily determinable or the department's incremental borrowing rate.

Lease payments included in the measurement of the lease liability comprise the following:

- fixed payments (including in-substance fixed payments)
- variable payments based on an index or rate, initially measured using the index or rate as at the commencement date
- amounts expected to be payable under a residual value guarantee, and
- payments arising from purchase and termination options reasonably certain to be exercised.

Lease liability – subsequent measurement

Subsequent to initial measurement, the lease liability will be reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification, or if there are changes in in-substance fixed payments. When the lease liability is remeasured, the corresponding adjustment is reflected in the right-of-use asset, or profit and loss if the right-of-use asset is already reduced to zero.

Short-term leases and leases of low-value assets

The department has elected to account for short-term leases and leases of low-value assets using the practical expedients. Instead of recognising a right-of-use asset and lease liability, the payments in relation to these types of leases are recognised as an expense in the comprehensive operating statement on a straight-line basis over the lease term.

Below-market/Peppercorn leases

Right-of-use assets under leases at significantly below-market terms and conditions that are entered into principally to enable the department to further its objectives, are initially and subsequently measured at cost. These right-of-use assets are depreciated on a straight-line basis over the shorter of the lease term and the estimated useful lives of the assets.

Presentation of right-of-use assets and lease liabilities

The department presents right-of-use assets as 'property, plant and equipment' unless they meet the definition of investment property, in which case they are disclosed as 'investment property' in the balance sheet. Lease liabilities are presented as 'borrowings' in the balance sheet.

Recognition and measurement of leases (under AASB 117 until 30 June 2019)

In the comparative period, leases of property, plant and equipment were classified as either finance lease or operating leases.

The department determined whether an arrangement was or contained a lease based on the substance of the arrangement and required an assessment of whether fulfilment of the arrangement was dependent on the use of the specific asset(s), and the arrangement conveyed a right to use the asset(s).

Leases of property, plant and equipment where the department as a lessee had substantially all of the risks and rewards of ownership were classified as finance leases. Finance leases were initially recognised as assets and liabilities at amounts equal to the fair value of the leased property or, if lower, the present value of the minimum lease payments, each determined at the inception of the lease. The leased asset was accounted for as a non-financial physical asset and depreciated over the shorter of the estimated useful life of the asset or the term of the lease. Minimum finance lease payments were apportioned between the reduction of the outstanding lease liability and the periodic finance lease expense, which was calculated using the interest rate implicit in the lease and charged directly to the comprehensive operating statement.

Contingent rentals associated with finance leases were recognised as an expense in the period in which they were incurred.

Assets held under other leases were classified as operating leases and were not recognised in the department's balance sheet.

Operating lease payments were recognised as an operating expense in the comprehensive operating statement on a straight-line basis over the lease term.

7.3 Cash flow information and balances

Cash and deposits, including cash equivalents, comprise cash on hand and cash at bank, deposits at call and highly liquid investments with an original maturity of three months or less, which are held for the purpose of meeting short-term cash commitments rather than for investment purposes and are readily convertible to known amounts of cash with an insignificant risk of changes in value.

	2020 \$M	2019 \$M
Total cash and deposits disclosed in the balance sheet		
Short-term deposits ⁽ⁱ⁾	482.1	448.4
Cash at bank ⁽ⁱ⁾⁽ⁱⁱ⁾	(29.3)	13.8
Funds held in trust	145.1	337.5
Cash advances	(0.2)	0.2
Balance as per cash flow statement	597.7	799.9

Notes:

- (i) Cash and short-term deposits include funds held by the Director of Housing in the Central Banking System as well as funds that have been committed to a number of significant projects and are expected to be expensed in 2020–21 (as disclosed in Note 7.5).
- (ii) Cash at bank is in overdraft due to timing difference of salary payment withdrawn on 30 June 2020 and the replenishment from the Department of Treasury and Finance on 1 July 2020.

Due to the state's investment policy and funding arrangements, the department does not hold a large cash reserve in its bank accounts. Cash received from generation of income is generally paid into the state's bank account ('public account'). Similarly, departmental expenditure, including in the form of cheques drawn for the payments to its suppliers and creditors are made via the public account. The public account remits to the department the cash required upon presentation of cheques by the department's suppliers or creditors.

7.3.1 Reconciliation of net result for the period to net cash flow from operating activities

	2020 \$M	2019 \$M
Net result for the period	545.4	(9.0)
Non-cash movements		
(Gain)/loss on sale of non-financial assets	4.5	6.5
Depreciation and amortisation	428.3	340.5
Impairment of joint venture	35.0	–
Change in net market values of VMIA liability	40.6	27.2
Other income from investing activities	(1.4)	(3.3)
Net gain/(loss) on financial instruments	(0.4)	(0.2)
Other gains or losses from other economic flows	23.6	28.1
Resources (received)/provided free of charge	28.5	111.1
Movements in assets and liabilities		
(Increase)/decrease in receivables	(929.3)	(387.4)
(Increase)/decrease in prepayments	(271.2)	15.0
Increase/(decrease) in payables	413.1	188.7
Increase/(decrease) in provisions	(1.5)	8.4
(Increase)/decrease in inventories	(412.0)	–
Net cash flows from/ (used in) operating activities	(96.9)	325.9

Restructuring of administrative arrangements: The administrative restructuring is not reflected in the cash flow statement.

7.4 Trust account

7.4.1 Trust account balances

The department has responsibility for transactions and balances relating to trust funds held on behalf of third parties external to the department. Funds managed on behalf of third parties are not recognised in these financial statements as they are managed on a fiduciary and custodial basis, and therefore are not controlled by the department.

Any earnings on the funds held pending distribution are also applied to the trust funds under management as appropriate.

The following is a listing of trust account balances relating to trust accounts controlled and administered by the department. During 2019–20, there were no trust accounts closed.

	2020						2019					
	Opening balance as at 1 July 2019 \$M	Machinery of government transfer in/(out) \$M	Total receipts \$M	Total payments \$M	Non cash movement \$M	Closing balance as at 30 June 2020 \$M	Opening balance as at 1 July 2018 \$M	Machinery of government transfer in/(out) \$M	Total receipts \$M	Total payments \$M	Non cash movement \$M	Closing balance as at 30 June 2019 \$M
Controlled trusts												
Casey Hospital Escrow Account	6.8	–	–	–	–	6.8	2.1	–	–	–	4.7	6.8
Health State Managed Fund	2.2	–	1,698.1	1,697.5	(0.6)	2.2	2.2	–	1,592.7	1,593.3	0.6	2.2
Hospitals and Charities Fund	155.9	–	1,664.1	1,912.2	92.2	–	150.1	–	1,554.1	1,508.6	(39.6)	155.9
Intellectually Handicapped Children's Amenities Fund	0.1	–	–	–	–	0.1	0.1	–	–	–	–	0.1
Mental Health Fund	2.1	–	63.9	63.9	–	2.1	2.1	–	63.9	63.9	–	2.1
Public Health Fund	0.2	–	1,493.0	1,023.6	(469.3)	0.2	0.2	–	163.7	162.4	(1.3)	0.2
State Development Special Projects Trust Account	–	–	–	–	–	–	5.1	(4.9)	3.0	2.9	(0.3)	–
Treasury Trust	74.8	–	47.9	57.5	(0.8)	64.4	66.7	(3.7)	54.1	38.1	(4.2)	74.8
Inter-Departmental Transfer Trust	71.2	2.1	265.8	278.5	5.2	65.8	43.2	9.2	162.0	137.1	(6.1)	71.2
Vehicle Lease Trust Account	31.0	–	2.1	22.7	(0.1)	10.3	27.1	–	2.3	(1.2)	0.3	31.0
Victorian Health Promotion Fund	–	–	40.7	40.7	–	–	–	–	40.2	40.2	–	–
Total controlled trusts	344.3	2.1	5,275.7	5,096.7	(373.4)	151.9	298.9	0.6	3,636.1	3,545.3	(46.0)	344.3

	2020						2019					
	Opening balance as at 1 July 2019 \$M	Machinery of government transfer in/(out) \$M	Total receipts \$M	Total payments \$M	Non cash movement \$M	Closing balance as at 30 June 2020 \$M	Opening balance as at 1 July 2018 \$M	Machinery of government transfer in/(out) \$M	Total receipts \$M	Total payments \$M	Non cash movement \$M	Closing balance as at 30 June 2019 \$M
Administered trusts												
Anzac Day Proceeds Fund	–	–	–	–	–	–	0.4	–	–	0.4	–	–
National Disability Insurance Scheme Trust Account	73.1	–	1,577.8	1,231.8	(419.1)	–	28.3	–	1,067.2	1,106.8	84.3	73.1
National Health Funding Pool – Victorian State Pool Fund	–	–	13,071.0	13,071.0	–	–	–	–	10,547.5	10,547.5	–	–
Public Service Commuter Club	(1.0)	–	1.8	1.5	–	(0.7)	(1.0)	–	1.8	1.7	–	(1.0)
Revenue Suspense Account	3.4	–	0.4	–	–	3.8	3.0	–	0.4	–	–	3.4
Victorian Natural Disasters Relief Fund	–	–	25.4	25.4	–	–	–	–	1.6	1.6	–	–
Total administered trusts	75.5	–	14,676.3	14,329.7	(419.1)	3.1	30.7	–	11,618.6	11,658.0	84.3	75.5

7.4.2 Trust account – Legislative references and nature

Controlled trusts

Casey Hospital Escrow Account

Established to manage and control payments to the contractor for the completion of the Casey Hospital refurbishment.

Health State Managed Fund

Established under the *Health (Commonwealth State Funding Arrangements) Act 2012 No. 40 of 2012* for the purpose of receiving funding for block grants, teaching, training and research.

Hospitals and Charities Fund

Established under the *Health Services Act 1988* to record funding for health service agencies. Monies are paid into the fund from the *Gambling Regulation Act No. 114 of 2003*, *Casino Control Act No. 47 of 1991* and s. 10 of the *Financial Management Act 1994*.

Intellectually Handicapped Children's Amenities Fund

Established under the *Intellectually Disabled Persons Act 1986* which was then repealed by the *Disability Act 2006*. The trust was established to meet the cost of the provision of amenities for children under the age of 16 years in the care of the department.

Mental Health Fund

Established under the *Gaming Regulation Act 2003* for the establishment and maintenance of mental health services and residential institutions and facilities, for the administration of the *Mental Health Act 1986* and for the administration of the *Disability Act 2006*.

Public Health Fund

Established by the Assistant Treasurer in accordance with the National Health Reform Agreement to allow the Department of Health and Human Services to access public health funding contributions paid by the Commonwealth through the National Health Funding Pool and apply the funding to deliver public health activities managed by the state.

State Development Special Projects Trust Account

Established under the *Financial Management Act 1994* to assist in facilitating, encouraging, promoting and carrying out activities leading to a balanced economic development of the state.

Treasury Trust

Established to record the receipt and disbursement of unclaimed monies and other funds held in trust.

Inter-Departmental Transfer Trust

Established under s. 19 of the *Financial Management Act 1994* by the Assistant Treasurer to record inter-departmental transfers when no other trust arrangement exists.

Vehicle Lease Trust Account

Established to record transactions relating to the government's vehicle pool and fleet management business.

Victorian Health Promotion Fund

Established under the *Tobacco Act 1987* s. 32, prior to the abolition by the High Court in July 1997 of taxes on tobacco products. Following the High Court decision, the Act was amended, and the source of funding was specified by the Treasurer under s. 32(3a).

Administered trusts

Anzac Day Proceeds Fund

Established under the *ANZAC Day Act No. 6198 of 1958* s. 4A to receive funds as required to be paid by the *ANZAC Day Act 1958* and the *Racing Act 1958* and to be credited to the Victorian Veterans Fund.

National Disability Insurance Scheme Trust Account

Established in accordance with a memorandum of understanding (MOU) between Department of Health and Human Services, Department of Education and Training, Taxi Services Commission, and Department of Treasury and Finance. The trust is used solely to manage the state's payments to the NDIA, as required under the bilateral agreement between the Commonwealth and Victoria that outlines the transition to the National Disability Insurance Scheme.

National Health Funding Pool – Victorian State Pool Fund

Established under the *Health (Commonwealth State Funding Arrangements) Act 2012 No. 40 of 2012* to record funding made available by the Commonwealth and the state under the National Health Reform Agreement.

Public Service Commuter Club

Established to record the receipt of amounts associated with the Public Service Commuter Club Scheme and deductions from club members salaries as well as recording payment to the Public Transport Corporation.

Revenue Suspense Account

Short term clearing account pending correct identification of receipts.

Victorian Natural Disasters Relief Fund

Established for the purpose of granting assistance to persons who suffer losses as a result of flood, bushfires and other natural disasters.

Third party funds under management

Third party funds under management are funds held in trust for certain clients. They are not used for government purposes and therefore not included in the department's financial statements.

In February 2009, the Assistant Treasurer approved the establishment of the 2009 Victorian Bushfire Appeal Trust Account in the Public Account, as part of the Trust Fund, pursuant to s. 19(1) of the *Financial Management Act 1994*.

The purpose of the trust account is the receipt of donations and other contributions, and their disbursement for assistance to individuals and communities in towns, suburbs and rural areas affected by the 2009 Victorian bushfires. Contributions include funds provided by the Victorian, Commonwealth and other jurisdictions, as well as the general public, for the above purpose.

Pursuant to s. 21 of the *Financial Management Act 1994*, monies from the 2009 Victorian Bushfire Appeal Trust Account have been invested as allowed under the *Trustee Act 1958*. Interest earned is credited to the trust account.

	2020 \$M	2019 \$M
2009 Victorian Bushfire Appeal Trust account		
Cash at bank	–	0.8
Receivable	0.1	0.1
Total funds under management	0.1	0.9
Balance of funds brought forward 1 July 2019	0.9	1.0
Interest earned	–	–
Total funds available	0.9	1.0
Payments to individuals and communities	0.8	0.1
Total payments	0.8	0.1
Balance carried forward	0.1	0.9

7.5 Commitments for expenditure

Commitments for future expenditure include operating and capital commitments arising from contracts. These commitments are recorded below at their nominal value and inclusive of GST. These future expenditures cease to be disclosed as commitments once the related liabilities are recognised in the balance sheet.

7.5.1 Total commitments payable ⁽ⁱ⁾

	2020 \$M	2019 \$M
The following commitments have not been recognised as liabilities in the financial statements.		
(a) Capital expenditure commitments ⁽ⁱⁱ⁾		
Less than 1 year	399.8	270.7
Longer than 1 year and not longer than 5 years	345.9	522.1
Longer than 5 years	–	0.1
Total capital commitments	745.7	792.9
(b) Operating lease commitments ⁽ⁱⁱ⁾		
Less than 1 year	–	81.3
Longer than 1 year and not longer than 5 years	–	217.2
Longer than 5 years	–	141.3
Total operating lease commitments	–	439.9
(c) Accommodation expenses payable ^{(ii)(iii)(iv)}		
Less than 1 year	101.3	–
Longer than 1 year and not longer than 5 years	104.7	–
Longer than 5 years	–	–
Total accommodation expenses payable	206.0	–
(d) Other expenditure commitments ⁽ⁱⁱ⁾⁽ⁱⁱⁱ⁾		
Less than 1 year	345.9	305.9
Longer than 1 year and not longer than 5 years	169.4	168.4
Longer than 5 years	37.2	44.2
Total other expenditure commitments	552.5	518.6
Total commitments other than PPP	1,504.2	1,751.4
(e) Public Private Partnership (PPP) commitments		
1. The Royal Women's Hospital		
Less than 1 year	50.6	49.0
Longer than 1 year and not longer than 5 years	204.5	200.9
Longer than 5 years	461.9	516.3
Total The Royal Women's Hospital commitments	717.0	766.1
2. Monash Health		
Less than 1 year	23.9	22.9
Longer than 1 year and not longer than 5 years	122.0	109.5
Longer than 5 years	135.8	169.3
Total Monash Health commitments	281.7	301.7
3. The Royal Children's Hospital		
Less than 1 year	159.1	149.5
Longer than 1 year and not longer than 5 years	655.3	650.2
Longer than 5 years	2,295.3	2,454.4
Total The Royal Children's Hospital commitments	3,109.7	3,254.1
4. Peter MacCallum Cancer Centre		
Less than 1 year	171.6	169.2
Longer than 1 year and not longer than 5 years	561.1	600.1
Longer than 5 years	1,651.3	1,836.3
Total Peter MacCallum Cancer Centre commitments	2,384.0	2,605.6
5. Bendigo Health		
Less than 1 year	67.3	65.8
Longer than 1 year and not longer than 5 years	290.0	279.6
Longer than 5 years	1,543.3	1,619.2
Total Bendigo Health commitments	1,900.6	1,964.5
Total PPP commitments	8,393.0	8,892.0
Total commitments for expenditure (inclusive of GST)	9,897.2	10,643.4
Less GST recoverable from the ATO	876.6	942.0
Total commitments for expenditure (exclusive of GST)	9,020.6	9,701.4

Notes:

- (i) For future finance lease and non-cancellable operating lease payments that are recognised on the balance sheet, refer to Note 7.2 Leases.
- (ii) GST is not included in some of the above commitments as they relate to either input taxed or exempt goods and services.
- (iii) On 27 August 2013, the Minister for Health signed a Services Agreement Restructure Deed and other relevant documents in accordance with Part 3A of the *Health Services Act 1988* with the owners of Mildura Base Hospital, the Motor Trades Association of Australia Superannuation Fund (MTAA), and the other parties to the transaction. In accordance with the restructure agreement, the MTAA agreed to surrender the 99-year lease of the site, transfer the building, plant and equipment on site to the state, and forego the service delivery franchise. In exchange, the government made a restructure fee payment to the MTAA and agreed to accept liability for the outstanding bond payments relating to a previous financing arrangement for the hospital. The formal transfer of the site occurred on 30 August 2013. Mildura Hospital continues to be operated by Ramsay Health Care Group until 15 September 2020 when the Mildura Base Public Hospital takes over the operations.
- (iv) The department has an occupancy agreement, ending on 31 October 2021, with the Department of Treasury and Finance Shared Service Provider for office accommodation at various locations across Victoria and other related services, including management fee, repairs and maintenance, cleaning, security, utilities, etc. A significant judgement was made that the occupancy agreement is a service contract (rather than a 'lease' as defined in AASB 16 *Leases*). The cost for the accommodation and other related services are expensed (refer to Note 3.1.5 Other operating expenses) based on the agreed payments as per the occupancy agreement.

Public private partnership (PPP) commitments

The Minister for Health entered into six long-term contracts with various private sector consortiums for the design, construction, maintenance and financing of hospital infrastructure assets, one for the Royal Women's Hospital, the Royal Children's Hospital, the Victorian Comprehensive Cancer Centre, Bendigo Hospital and two for Casey Hospital. These arrangements are referred to as public private partnerships (PPP).

The respective health agency is the operator of the PPP infrastructure assets and consequently recognises the associated assets, finance lease liabilities, transactions and commitments to the private sector provider, in their own financial statements. For additional information relating to these balances, transactions and commitments (including present value information) refer to the relevant health agencies' financial reports.

In the table above, the department has disclosed the total nominal amounts due to the private sector consortiums, as the department has agreed to fund these amounts on behalf of the relevant health sector agencies, to satisfy the terms of the PPP arrangements. These amounts include the principal, interest, maintenance and ancillary services payments required over the remaining terms of the contracts. These payments will be funded via appropriation revenue and will be recognised as a grant expense to the health agency.

7.5.2 AASB 1059 Service Concession Arrangements: Grantors

In line with the State of Victoria's direction prescribed in FRD 124 *Transitional* requirements on the application of AASB 1059 *Service Concession Arrangements: Grantors*, the department has early adopted AASB 1059 from 1 July 2019. Further transitional disclosures are included in Note 9.12.

The standard addresses the accounting for a service concession arrangement by a grantor that is a public sector entity by prescribing the accounting for the arrangement from a grantor's perspective.

The AASB issued the standard to address the lack of specific accounting guidance and based the content thereof broadly on its international equivalent: *International Public Sector Accounting Standard 32 Service Concession Arrangements: Grantor*.

For arrangements within the scope of AASB 1059, on transition and at initial recognition a public sector grantor is required to record the asset(s) used in the service concession arrangement at current replacement cost in accordance with the cost approach to fair value under AASB 13 *Fair Value Measurement*, with a related liability, which could be a financial liability, an accrued revenue liability (referred to as the 'Grant Of A Right To The Operator' or GORTO liability) or a combination of both.

The department has applied the transitional provisions of AASB 1059 and elected a full retrospective approach to prior reporting periods. The effect of this is as if the standard has always been applied. Retrospective application requires the derecognition or adjustment of any service concession assets and liabilities recognised under previous accounting policies and the initial recognition of service concession assets and liabilities under AASB 1059. As well as below, Note 9.12 summarises the impact of applying the standard.

After initial recognition, service concession assets are measured applying the department's property, plant and equipment (Note 5.1) and intangible assets (Note 5.2) subsequent measurement accounting policies.

The department has reviewed all of its arrangements, including those disclosed in Note 7.5.1 and arrangements which the department has with another entity that includes a service concession asset to assess whether AASB 1059 applies.

The department has arrangements in place with three private hospitals and other non-public entities, where the private hospitals and non-public entities operate the department-owned assets including land, buildings and equipment to deliver health services to the general public. The department maintains the ownership and control of the assets throughout the arrangements and does not incur any related liability.

Prior to AASB 1059, the assets were recognised as property, plant and equipment assets in the financial statements. In applying AASB 1059, the assets have been reclassified as service concession assets within the same property, plant and equipment asset class. As a result, there is no net impact to the comprehensive operating statement and balance sheet.

A summary of the impact of the application of AASB 1059, is included below. The adoption of AASB 1059 does not have an impact on periods prior to 2018–19.

Note	Pre-AASB 1059 accounting			Application of AASB 1059		
	Line item	2020 \$M	2019 \$M	Line item	2020 \$M	2019 \$M
5.1 Total property, plant and equipment	Land at fair value	430.4	424.9	Land at fair value	430.4	424.9
5.1 Total property, plant and equipment	Buildings at fair value	568.1	588.6	Buildings at fair value	568.1	588.6
5.1 Total property, plant and equipment	Plant, equipment and vehicle at fair value	1.4	2.0	Plant, equipment and vehicle at fair value	1.4	2.0
5.2 Intangible assets	Additions from internal development	2.2	2.5	Additions from internal development	2.2	2.5
5.1 Total property, plant and equipment	Assets under construction	56.6	30.2	Assets under construction	56.6	30.2

8. Risks, contingencies and valuation judgements

Introduction

The department is exposed to risk from its activities and outside factors. In addition, it is often necessary to make judgements and estimates associated with recognition and measurement of items in the financial statements. This section sets out financial instrument specific information (including exposures to financial risks), as well as those items that are contingent in nature or require a higher level of judgement to be applied, which for the department related mainly to fair value determination.

Structure

- 8.1 Financial instruments specific disclosures
 - 8.1.1 Financial instruments: categorisation
 - 8.1.2 Financial instruments: net holding gain/(loss) on financial instruments by category
 - 8.1.3 Financial risk management objectives and policies
- 8.2 Contingent assets and contingent liabilities
- 8.3 Fair value determination
 - 8.3.1 Fair value determination of financial assets and liabilities
 - 8.3.2 Fair value determination of non-financial physical assets

8.1 Financial instruments specific disclosures

Introduction

Financial instruments arise out of contractual agreements that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Due to the nature of the department's activities, certain financial assets and financial liabilities arise under statute rather than a contract (for example taxes, fines and penalties). Such assets and liabilities do not meet the definition of financial instruments in AASB 132 *Financial Instruments: Presentation*.

Guarantees issued on behalf of the department are financial instruments because, although authorised under statute, terms and conditions for each financial guarantee may vary and are subject to an agreement.

Categories of financial assets

Financial assets at amortised cost

Financial assets are measured at amortised costs if both of the following criteria are met and the assets are not designated as fair value through net result:

- the assets are held by the department to collect the contractual cash flows, and
- the assets' contractual terms give rise to cash flows that are solely payments of principal and interests.

These assets are initially recognised at fair value plus any directly attributable transaction costs and subsequently measured at amortised cost using the effective interest method less any impairment.

The department recognises the following assets in this category:

- cash and deposits
- receivables (excluding statutory receivables)
- term deposits
- loan receivables.

Categories of financial liabilities

Financial liabilities at amortised cost are initially recognised on the date they are originated. They are initially measured at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, these financial instruments are measured at amortised cost with any difference between the initially recognised amount and the redemption value being recognised in profit and loss over the period of the interest-bearing liability, using the effective interest rate method. The department recognises the following liabilities in this category:

- payables (excluding statutory payables)
- borrowings (including lease liabilities).

Offsetting financial instruments: Financial instrument assets and liabilities are offset and the net amount presented in the consolidated balance sheet when, and only when, the department concerned has a legal right to offset the amounts and intends either to settle on a net basis or to realise the asset and settle the liability simultaneously.

Some master netting arrangements do not result in an offset of balance sheet assets and liabilities. Where the department does not have a legally enforceable right to offset recognised amounts, because the right to offset is enforceable only on the occurrence of future events such as default, insolvency or bankruptcy, they are reported on a gross basis.

Derecognition of financial assets: A financial asset (or, where applicable, a part of a financial asset or part of a group of similar financial assets) is derecognised when:

- the rights to receive cash flows from the asset have expired, or
- the department retains the right to receive cash flows from the asset, but has assumed an obligation to pay them in full without material delay to a third party under a 'pass through' arrangement, or

- the department has transferred its rights to receive cash flows from the asset and either:
 - has transferred substantially all the risks and rewards of the asset, or
 - has neither transferred nor retained substantially all the risks and rewards of the asset but has transferred control of the asset.

Where the department has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of the department's continuing involvement in the asset.

Derecognition of financial liabilities: A financial liability is derecognised when the obligation under the liability is discharged, cancelled or expires. When an existing financial liability is replaced by another from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, such an exchange or modification is treated as a derecognition of the original liability and the recognition of a new liability. The difference in the respective carrying amounts is recognised as an 'other economic flow' in the comprehensive operating statement.

8.1.1 Financial Instruments: categorisation

2020	Cash and deposits \$M	Financial assets at amortised cost (AC) \$M	Financial liabilities at amortised cost (AC) \$M	Total \$M
Contractual financial assets				
Cash and deposits	597.7	–	–	597.7
Receivables ⁽ⁱ⁾	–	487.7	–	487.7
Loans	–	389.5	–	389.5
Short-term investments – term deposits	–	–	–	–
Total contractual financial assets	597.7	877.2	–	1,474.9
Contractual financial liabilities				
Payables ⁽ⁱ⁾	–	–	1,847.0	1,847.0
Borrowings ⁽ⁱ⁾	–	–	415.4	415.4
Total contractual financial liabilities	–	–	2,262.4	2,262.4

2019	Cash and deposits \$M	Financial assets at amortised cost (AC) \$M	Financial liabilities at amortised cost (AC) \$M	Total \$M
Contractual financial assets				
Cash and deposits	799.9	–	–	799.9
Receivables ⁽ⁱ⁾	–	325.0	–	325.0
Loans	–	94.9	–	94.9
Short-term investments – term deposits	–	100.0	–	100.0
Total contractual financial assets	799.9	519.9	–	1,319.8
Contractual financial liabilities				
Payables ⁽ⁱ⁾	–	–	1,513.5	1,513.5
Borrowings ⁽ⁱ⁾	–	–	62.2	62.2
Total contractual financial liabilities	–	–	1,575.7	1,575.7

Note:

- (i) The total amounts disclosed here exclude statutory amounts, for example, amounts owing to/from Victorian Government and GST input tax credit recoverable and taxes payable. Refer to Note 6.1 for the breakdown of contractual and statutory receivables.

8.1.2 Financial Instruments: net holding gain/(loss) on financial instruments by category

	Total interest income/(expense) \$M	Total \$M
2020		
Contractual financial assets		
Cash and deposits	–	–
Receivables ⁽ⁱ⁾	–	–
Loans	0.5	0.5
Short-term investments – term deposits	6.4	6.4
Total contractual financial assets	6.9	6.9
Contractual financial liabilities		
Payables ⁽ⁱ⁾	–	–
Borrowings	(7.0)	(7.0)
Total contractual financial liabilities	(7.0)	(7.0)
2019		
Contractual financial assets		
Cash and deposits	–	–
Receivables ⁽ⁱ⁾	–	–
Loans	0.6	0.6
Short-term investments – term deposits	12.6	12.6
Total contractual financial assets	13.2	13.2
Contractual financial liabilities		
Payables ⁽ⁱ⁾	–	–
Borrowings	(0.6)	(0.6)
Total contractual financial liabilities	(0.6)	(0.6)

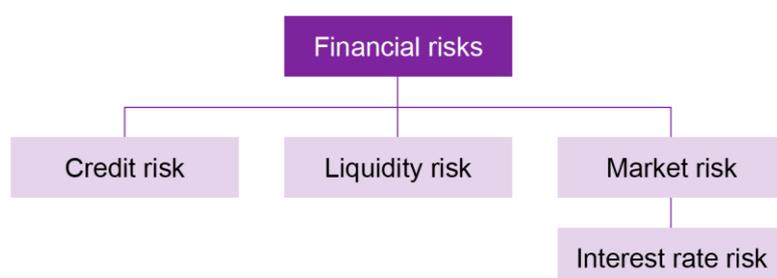
Note:

(i) The total amounts disclosed here exclude statutory amounts, for example, amounts owing to/from Victorian Government and GST input tax credit recoverable and taxes payable.

The net holding gains, or losses disclosed above are determined as follows:

- for cash and cash equivalents, loans and receivables, the net gain or loss is calculated by taking the movement in the fair value of the asset, the interest income, and minus any impairment recognised in the net result;
- for financial liabilities measured at amortised cost, the net gain or loss is the interest expense.

8.1.3 Financial risk management objectives and policies



As a whole, the department's financial risk management program seeks to manage these risks and the associated volatility of its financial performance.

Details of the significant accounting policies and methods adopted, including the criteria for recognition, the basis of measurement and the basis on which income and expenses are recognised, with respect to each class of financial asset and financial liability, are disclosed in Note 8.3.1.

The main purpose in holding financial instruments is to prudentially manage the department's financial risks within the government policy parameters.

The department's main financial risks include credit risk, liquidity risk and interest rate risk. The department manages these financial risks in accordance with its financial risk management policy.

The department uses different methods to measure and manage the different risks to which it is exposed. Primary responsibility for the identification and management of financial risks rests with the accountable officer of the department.

8.1.3.1 Financial instruments: credit risk

Credit risk refers to the possibility that a borrower will default on its financial obligations as and when they fall due. The department's exposure to credit risk arises from the potential default of a counter party on their contractual obligations resulting in financial loss to the department. Credit risk is measured at fair value and is monitored on a regular basis.

Credit risk associated with the department's contractual financial assets is minimal because the main debtor is the Victorian Government. For debtors other than the Victorian Government and home loan recipients, it is the department's policy to only deal with entities with high credit ratings of a minimum triple-B rating and to obtain sufficient collateral or credit enhancements, where appropriate.

In addition, the department does not engage in hedging for its contractual financial assets and mainly obtains contractual financial assets that are on fixed interest, except for cash and deposits, which are mainly cash at bank. As with the policy for debtors, the department's policy is to only deal with banks with high credit ratings.

Provision of impairment for financial assets is calculated based on past experience, and current and expected changes in client credit ratings, or based on the assumptions about risk of default and expected credit loss rates. Tenant loans are made up of small amounts therefore the likelihood of default is considered immaterial.

Contract financial assets are written off against the carrying amount when there is no reasonable expectation of recovery. Bad debt written off by mutual consent is classified as a transaction expense. Bad debt written off following a unilateral decision is recognised as other economic flows in the net result.

Except as otherwise detailed in the following table, the carrying amount of contractual financial assets recorded in the financial report statements, net of any allowances for losses, represents the department's maximum exposure to credit risk without taking account of the value of any collateral obtained.

There has been no material change to the department's credit risk profile in 2019–20.

Credit quality of contractual financial assets

	Financial institutions double-A credit rating Total \$M	Government agencies triple-A credit rating Total \$M	Credit ratings not disclosed \$M	Total \$M
2020				
Cash and deposits (not assessed for impairment due to materiality)	452.2	145.5	–	597.7
Contractual receivables applying the simplified approach for impairment ⁽ⁱ⁾⁽ⁱⁱ⁾	–	382.5	105.2	487.7
Loans ⁽ⁱⁱ⁾	–	323.5	66.0	389.5
Short-term investments – term deposits	–	–	–	–
Statutory receivables (with no impairment loss recognised)	3,756.9	–	–	3,756.9
Total financial assets	4,209.1	851.5	171.2	5,231.8
2019				
Cash and deposits (not assessed for impairment due to materiality)	461.9	338.0	–	799.9
Contractual receivables applying the simplified approach for impairment ⁽ⁱ⁾⁽ⁱⁱ⁾	–	101.9	223.1	325.0
Loans ⁽ⁱⁱ⁾	–	60.6	34.3	94.9
Short-term investments – term deposits	–	100.0	–	100.0
Statutory receivables (with no impairment loss recognised)	3,044.8	–	–	3,044.8
Total financial assets	3,506.7	600.5	257.4	4,364.6

Notes:

- (i) The total amounts disclosed here exclude statutory amounts, for example, amounts owing from Victorian Government, GST input tax credit recoverable and other taxes payable.
- (ii) The carrying amounts consist of amounts due from numerous counterparties for which no credit ratings have been disclosed due to impracticability.

Impairment of financial assets under AASB 9

The department records the allowance for expected credit loss for the relevant financial instruments applying AASB 9's Expected Credit Loss approach. Subject to AASB 9 impairment assessment include the department's contractual receivables and statutory receivables.

Equity instruments are not subject to impairment under AASB 9. Other financial assets mandatorily measured or designated at fair value through net result are not subject to impairment assessment under AASB 9. While cash and cash equivalents are also subject to the impairment requirements of AASB 9, the identified impairment loss was immaterial.

Contractual receivables at amortised cost

The department applies the AASB 9 simplified approach for all contractual receivables to measure expected credit losses using a lifetime expected loss allowance based on the assumptions about risk of default and expected loss rates. The department has grouped contractual receivables on shared credit risk characteristics and days past due and selected the expected credit loss rate based on the department's past history, existing market conditions, as well as forward-looking estimates at the end of financial year.

On this basis, the department determines the loss allowance at the end of financial year as follows:

	Gross amount \$M	Not past due and not impaired ⁽ⁱ⁾ \$M	Past due				Total \$M
			Less than 1 month \$M	1–3 months \$M	3 months – 1 year \$M	1–5 years \$M	
2020							
Expected loss rate		0%	3%	9%	18%	90%	
Gross carrying amount of contractual receivables	498.5	424.1	34.6	20.2	13.6	6.0	
Loss allowance		–	1.1	1.8	2.5	5.4	10.8
2019							
Expected loss rate		0%	6%	20%	4%	63%	
Gross carrying amount of contractual receivables	338.1	195.8	21.8	9.8	100.9	9.8	
Loss allowance		–	1.2	2.0	3.7	6.2	13.1

Note:

(i) The amounts disclosed here include repayments of borrowings that are not scheduled to be repaid in the next 12 months.

The average credit period for receivables is 30 days.

Reconciliation of movement in the loss allowance for contractual receivables is shown as follows:

	2020 \$M	2019 \$M
Balance at beginning of the year	(13.1)	(11.0)
Opening loss allowance	(13.1)	(11.0)
Increase in provision recognised in the net result	(2.5)	(9.1)
Reversal of provision of receivables written off during the year as uncollectible	4.8	7.0
Balance at the end of the year	(10.8)	(13.1)

Credit loss allowance is classified as other economic flows in the net result. Contractual receivables are written off when there is no reasonable expectation of recovery and impairment losses are classified as a transaction expense. Subsequent recoveries of amounts previously written off are credited against the same line item.

Statutory receivables and debt investments at amortised cost

The department's non-contractual receivables arising from statutory requirements are not financial instruments. However, they are nevertheless recognised and measured in accordance with AASB 9 requirements as if those receivables are financial instruments.

Both statutory receivables and investments in debt instruments are considered to have low credit risk, taking into account the counterparty's credit rating, risk of default and capacity to meet contractual cash flow obligations in the near term. As a result, the loss allowance recognised for these financial assets during the period was limited to 12 months expected losses. No loss allowance has been recognised.

8.1.3.2 Financial instruments: liquidity risk

Liquidity risk arises from being unable to meet financial obligations as they fall due. The department operates under the government fair payments policy of settling financial obligations within 30 days and in the event of a dispute, make payments within 30 days from the date of resolution.

The department is exposed to liquidity risk mainly through the financial liabilities as disclosed in the face of the balance sheet and the amounts related to financial guarantees. The department manages its liquidity risk by:

- close monitoring of its short-term and long-term borrowings by senior management, including monthly reviews on current and future borrowing levels and requirements
- maintaining an adequate level of uncommitted funds that can be drawn at short notice to meet its short-term obligations
- holding investments and other contractual financial assets that are readily tradeable in the financial markets
- careful maturity planning of its financial obligations based on forecasts of future cash flows
- a high credit rating for the State of Victoria (Moody's Investor Services, Standard & Poor's triple-A, which assists in accessing debt market at a lower interest rate).

The department's exposure to liquidity risk is deemed insignificant based on prior periods' data and current assessment of risk.

The carrying amount detailed in Notes 6.4.1 and 7.1.1, of contractual financial liabilities recorded in the financial statements, represents the department's maximum exposure to liquidity risk.

8.1.3.3 Financial instruments: market risk

The department's exposures to market risk is primarily through interest rate risk. The department's exposure to other price risks is insignificant. Objectives, policies and processes used to manage the risk are disclosed below.

Sensitivity disclosure analysis and assumptions

Taking into account past performance, future expectations, economic forecasts, and management's knowledge and experience of the financial markets, the department believes the following movements are 'reasonably possible' over the next 12 months:

- A shift of +0.5% and -0.5% (2019: +0.5% and -0.5%) in market interest rates (AUD) from year-end cash deposits.

Several loan programs have loans with interest rates linked to movement in the consumer price index (CPI). The total balances outstanding under these programs have reduced to a level that any changes to the CPI have a limited impact on the amount of interest charged and no new lending is made under these programs.

The tables that follow show the impact on the department's net result and equity for each category of financial instrument held by the department at the end of the reporting period, if the above movements were to occur.

Interest rate risk

Fair value interest rate risk is the risk that the fair value of a financial instrument will fluctuate because of changes in market interest rates. The department does not hold any interest-bearing financial instruments that are measured at fair value, and therefore has no exposure to fair value interest rate risk.

Cash flow interest rate risk is the risk that the future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The department has minimal exposure to cash flow interest rate risks through cash and deposits and term deposits.

Exposure to interest rate risk is insignificant and might arise primarily through the department's interest-bearing assets. Minimisation of risk is achieved by mainly undertaking fixed rate or non-interest-bearing financial instruments. For financial liabilities, the department mainly incurs financial liabilities with relatively even maturity profiles.

The carrying amounts of financial assets and financial liabilities that are exposed to interest rates and the department's sensitivity to interest rate risk are set out in the table that follows.

Interest rate exposure of financial instruments

	Weighted average effective interest rate (%)	Carrying amount \$M	Interest rate exposure		
			Fixed interest rate \$M	Variable interest rate \$M	Non-interest bearing \$M
2020					
Financial assets					
Cash and deposits	0.6%	597.7	–	489.8	107.9
Receivables ⁽ⁱ⁾		487.7	–	–	487.7
Loans	3.2%	389.5	1.5	10.9	377.1
Short-term investments – term deposits		–	–	–	–
Total financial assets		1,474.9	1.5	500.7	972.7
Financial liabilities					
Payables ⁽ⁱ⁾		1,847.0	–	–	1,847.0
Borrowings ⁽ⁱ⁾	2.6%	415.4	83.5	–	331.9
Total financial liabilities		2,262.4	83.5	–	2,178.9
2019					
Financial assets					
Cash and deposits	1.1%	799.9	–	463.7	336.2
Receivables ⁽ⁱ⁾		325.0	0.2	–	324.8
Loans	3.5%	94.9	2.1	11.5	81.3
Short-term investments – term deposits	2.1%	100.0	100.0	–	–
Total financial assets		1,319.8	102.3	475.2	742.4
Financial liabilities					
Payables ⁽ⁱ⁾		1,513.5	–	–	1,513.5
Borrowings ⁽ⁱ⁾	3.2%	62.2	33.0	–	29.2
Total financial liabilities		1,575.7	33.0	–	1,542.7

Note:

- (i) The carrying amounts disclosed here exclude statutory amounts, for example, amounts owing to/from Victorian Government and GST input tax credit recoverable and taxes payable.

Interest rate risk sensitivity analysis

	Carrying amount \$M	Interest rate risk		Consumer Price Index (CPI)	
		-0.50% Net result \$M	+0.50% Net result \$M	-0.25% Net result \$M	1.50% Net result \$M
2020					
Contractual financial assets					
Cash and deposits ⁽ⁱ⁾	597.7	(2.4)	2.4	-	-
Receivables ⁽ⁱⁱ⁾⁽ⁱⁱⁱ⁾	487.7	-	-	-	-
Loans ⁽ⁱⁱⁱ⁾	389.5	(0.1)	0.1	-	0.2
Short-term investments – term deposits	-	-	-	-	-
Total impact	1,474.9	(2.5)	2.5	-	0.2
Contractual financial liabilities					
Payables ⁽ⁱⁱⁱ⁾	1,847.0	-	-	-	-
Borrowings ^(iv)	415.4	-	-	-	-
Total impact	2,262.4	-	-	-	-

	Carrying amount \$M	Interest rate risk		Consumer Price Index (CPI)	
		-0.50% Net result \$M	+0.50% Net result \$M	-0.25% Net result \$M	1.50% Net result \$M
2019					
Contractual financial assets					
Cash and deposits ⁽ⁱ⁾	799.9	(2.3)	2.3	-	-
Receivables ⁽ⁱⁱ⁾⁽ⁱⁱⁱ⁾	325.0	-	-	-	-
Loans ⁽ⁱⁱⁱ⁾	94.9	(0.1)	0.1	-	0.2
Short-term investments – term deposits	100.0	(0.5)	0.5	-	-
Total impact	1,319.8	(2.9)	2.9	-	0.2
Contractual financial liabilities					
Payables ⁽ⁱⁱⁱ⁾	1,513.5	-	-	-	-
Borrowings ^(iv)	62.2	-	-	-	-
Total impact	1,575.7	-	-	-	-

Notes:

- (i) All cash and deposits are held in Australian dollars and were held on deposits at fixed and variable interest rates. This item is not subject to any other identified risk sensitivities.
- (ii) The carrying amount is denominated in Australian dollars and is non-interest bearing. This item is not subject to the identified risk sensitivities.
- (iii) The total amounts disclosed here exclude statutory amounts, for example, amounts owing to/from Victorian Government and GST input tax credit recoverable and taxes payable.
- (iv) Borrowings are denominated in Australian dollars. \$83.5 million (2019: \$33.0 million) relates to lease liabilities.

8.2 Contingent assets and contingent liabilities

Contingent assets and contingent liabilities are not recognised in the balance sheet, but are disclosed by way of a disclosure and, if quantifiable, are stated at nominal value. Contingent assets and liabilities are presented inclusive of GST receivable or payable respectively.

Contingent assets

Contingent assets are possible assets that arise from past events, whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the entity.

These are classified as either quantifiable, where the potential economic benefit is known, or non-quantifiable.

	2020 \$M	2019 \$M
Quantifiable contingent assets		
Details and estimates of contingent assets are as follows:		
(a) Bank guarantee held for:		
– building contracts	16.9	17.5
(b) Letter of comfort held for Community Chef recallable grant	6.4	3.1
(c) Litigation for the recovery of costs in relation to defective construction work	2.1	4.1
(d) Reimbursement claim for the work undertaken by the landlord to Orange Door site	0.2	0.2
Total	25.6	24.9

Contingent liabilities

Contingent liabilities are:

- possible obligations that arise from past events, whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the entity, or
- present obligations that arise from past events but are not recognised because:
 - it is not probable that an outflow of resources embodying economic benefits will be required to settle the obligations, or
 - the amount of the obligations cannot be measured with sufficient reliability.

Contingent liabilities are also classified as either quantifiable or non-quantifiable.

	2020 \$M	2019 \$M
Quantifiable contingent liabilities		
(a) The Department of Health and Human Services has estimated that potential liability exists in respect of a number of legal actions instigated by clients and their representatives, employees and others, and other contractual liabilities.	38.4	32.6
Total	38.4	32.6

Non-quantifiable contingent liabilities

In response to the concerns of some health services, the department has undertaken to provide certain health services adequate cash flow support to enable these health services to meet their current and future obligations as and when they fall due in the 2020–21 financial year should this be required. In line with processes already established by the department, it is expected that each health service that has been pledged this support will:

- continue to provide monthly advice on its financial position, including the likelihood of any short-term liquidity issues
- commit to achieve the agreed budget targets, and all other requirements of their service agreements or statement of priorities in 2020–21.

8.3 Fair value determination

Significant judgement: Fair value measurements of assets and liabilities

Fair value determination requires judgement and the use of assumptions. This section discloses the most significant assumptions used in determining fair values. Changes to assumptions could have a material impact on the results and financial position of the department.

This section sets out information on how the department determined fair value for financial reporting purposes. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The following assets and liabilities are carried at fair value:

- financial assets and liabilities at fair value through 'other comprehensive income'
- land, buildings, plant and equipment

In addition, the fair values of other assets and liabilities which are carried at amortised cost, also need to be determined for disclosure purposes.

The department determines the policies and procedures for determining fair values for both financial and non-financial assets and liabilities as required.

Fair value hierarchy

In determining fair values, a number of inputs are used. To increase consistency and comparability in the financial statements, these inputs are categorised into three levels, also known as the fair value hierarchy. The levels are as follows:

- Level 1 – Quoted (unadjusted) market prices in active markets for identical assets or liabilities
- Level 2 – Valuation techniques for which the lowest level input that is significant to the fair value measurement is directly or indirectly observable
- Level 3 – Valuation techniques for which the lowest level input that is significant to the fair value measurement is unobservable.

The department determines whether transfers have occurred between levels in the hierarchy by reassessing categorisation (based on the lowest level input that is significant to the fair value measurement as a whole) at the end of each reporting period.

The Valuer-General Victoria (VGV) is the department's independent valuation agency. The department, in conjunction with VGV, monitors changes in the fair value of each asset and liability through relevant data sources to determine whether revaluation is required.

How this section is structured

For those assets and liabilities for which fair values are determined, the following disclosures are provided:

- carrying amount and the fair value (which would be the same for those assets measured at fair value)
- which level of the fair value hierarchy was used to determine the fair value
- in respect of those assets and liabilities subject to fair value determination using Level 3 inputs:
 - a reconciliation of the movements in fair values from the beginning of the year to the end
 - details of significant unobservable inputs used in the fair value determination.

This section is divided between disclosures in connection with fair value determination for financial instruments (refer Note 8.3.1) and non-financial physical assets (refer Note 8.3.2).

8.3.1 Fair value determination of financial assets and liabilities

The fair values and net fair values of financial assets and liabilities are determined as follows:

- Level 1 – the fair value of financial instruments with standard terms and conditions and traded in active markets are determined with reference to quoted market prices
- Level 2 – the fair value is determined using inputs other than quoted prices that are observable for the financial asset or liability, either directly or indirectly
- Level 3 – the fair value is determined in accordance with generally accepted pricing models based on discounted cash flow analysis using unobservable market inputs.

The department currently holds a range of financial instruments that are recorded in the financial statements where the carrying amounts are a reasonable approximation of fair values, either due to their short-term nature or with the expectation that they will be paid in full by the end of the 2019–20 reporting period.

The fair value of the financial instruments is the same as the carrying amounts.

8.3.2 Fair value determination of non-financial physical assets

Fair value measurement hierarchy

2020	Carrying amount \$M	Fair value measurement at the end of reporting period using:		
		Level 1 ⁽ⁱ⁾ \$M	Level 2 ⁽ⁱ⁾ \$M	Level 3 ⁽ⁱ⁾ \$M
Land at fair value				
Non-specialised land	17,920.8	–	17,920.8	–
Specialised land	592.7	–	77.2	515.5
Total land at fair value	18,513.5	–	17,998.0	515.5
Buildings at fair value				
Non-specialised buildings	8,885.6	–	8,885.6	–
Specialised buildings	704.6	–	1.0	703.6
Total buildings at fair value	9,590.2	–	8,886.6	703.6
Plant, equipment and vehicles at fair value				
Plant and equipment	11.0	–	3.4	7.6
Motor vehicles	0.4	–	–	0.4
Total plant, equipment and vehicles at fair value	11.4	–	3.4	8.0

2019	Carrying amount \$M	Fair value measurement at the end of reporting period using:		
		Level 1 ⁽ⁱ⁾ \$M	Level 2 ⁽ⁱ⁾ \$M	Level 3 ⁽ⁱ⁾ \$M
Land at fair value				
Non-specialised land	17,935.4	–	17,935.4	–
Specialised land	579.5	–	77.2	502.3
Total land at fair value	18,514.9	–	18,012.5	502.4
Buildings at fair value				
Non-specialised buildings	9,033.4	–	9,033.4	–
Specialised buildings	742.7	–	1.0	741.6
Total buildings at fair value	9,776.0	–	9,034.4	741.6
Plant, equipment and vehicles at fair value				
Plant and equipment	10.8	–	–	10.8
Motor vehicles	0.8	–	–	0.8
Total plant, equipment and vehicles at fair value	11.6	–	–	11.6

Note:

(i) Classified in accordance with the fair value hierarchy. The department, in conjunction with the Victorian Valuer-General, monitors the changes in the fair value of each asset and liability through relevant data sources to determine whether revaluation is required.

There have been no transfers between levels during the period.

Non-specialised land and non-specialised buildings are valued using the market approach, whereby assets are compared to recent comparable sales or sales of comparable assets that are considered to have nominal value.

Director of Housing land and buildings are primarily held in Level 2 as it is considered that each residential dwelling assessed has an active and liquid market. As such, the market value of each residential asset has been determined by reference to the current property market for similar assets.

Specialised land and specialised buildings: The market approach is used for specialised land, although this may be adjusted for a community service obligation (CSO) to reflect the specialised nature of the land being valued.

The CSO adjustment is a reflection of the valuer's assessment of the impact of restrictions associated with an asset to the extent that is also equally applicable to market participants. This approach is in light of the highest and best use consideration required for fair value measurement and takes into account the use of the asset that is physically possible, legally permissible, and financially feasible. As adjustments of CSO are considered as significant unobservable inputs, specialised land with a CSO adjustment would primarily be classified as Level 3 assets.

For the majority of the department's specialised buildings, the current replacement cost method is used, adjusting for the associated depreciations. As depreciation adjustments are considered as significant, unobservable inputs in nature, specialised buildings are primarily classified as Level 3 fair value measurements.

A full revaluation of the department's land and buildings was performed by the Valuer-General of Victoria (VGV) in May 2019 in accordance with the requirements of Financial Reporting Direction (FRD) 103H *Non-Financial Physical Assets*. The valuation, which conforms to Australian Valuation Standards, was determined by reference to the amounts for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction. The effective date of the valuation for both land and buildings was 30 June 2019.

In compliance with FRD 103H, in the year ended 30 June 2020, management conducted an annual assessment of the fair value of land and buildings. To facilitate this, management obtained from the Department of Treasury and Finance the VGV indices for the financial year ended 30 June 2020.

The application of the VGV indices, which are based on data to March 2020, to land and building values from the full revaluation resulted in an increase of 9.4% across all land parcels and a 2.1% increase in buildings. Management regards the VGV indices to be a reliable and relevant data set to form the basis of their estimates. Whilst these indices are applicable at 30 June 2020, the fair value of land and buildings will continue to be subjected to the impacts of coronavirus (COVID-19) in future accounting periods.

As the accumulative movement was less than 10% for land and buildings, no managerial revaluation was required. The land and building balances are considered to be sensitive to market conditions. To trigger a managerial revaluation, a decrease in the land indices of 19.4% and a decrease in the building indices of 12.1% would be required.

Vehicles are valued using the current replacement cost method. The department acquires new vehicles and at times disposes of them before the end of their economic life. The process of acquisition, use and disposal in the market is managed by experienced fleet managers in the department who set relevant depreciation rates during use to reflect the utilisation of the vehicles.

Plant and equipment is held at fair value. When plant and equipment is specialised in use, such that it is rarely sold other than as part of a going concern, fair value is determined using the current replacement cost method.

There were no changes in valuation techniques throughout the period to 30 June 2020.

For all assets measured at fair value, the current use is considered the highest and best use.

Description of significant unobservable inputs to Level 3 valuations

	Valuation technique	Significant unobservable inputs
Non-specialised land	Market approach	Not applicable
Specialised land	Market approach	Community service obligation (CSO) adjustment (rate 10–40%)
Non-specialised buildings	Market approach	Not applicable
Specialised buildings	Current replacement cost	Direct cost per square metre Useful life of specialised buildings
Plant and equipment	Current replacement cost	Useful life of equipment
Vehicles	Current replacement cost	Useful life of vehicles

Significant unobservable inputs have remained unchanged since June 2019.

Non-financial physical assets classified as held for sale

The following table provides the fair value measurement hierarchy of the department's non-financial physical assets held for sale.

	Carrying amount	Fair value measurement at the end of reporting period using:		
		Level 1 ⁽ⁱ⁾	Level 2 ⁽ⁱ⁾	Level 3 ⁽ⁱ⁾
2020	\$M	\$M	\$M	\$M
Land held for sale				
Specialised land	6.0	–	6.0	–
Total land held for sale	6.0	–	6.0	–
Buildings held for sale				
Specialised buildings	2.5	–	2.5	–
Total buildings held for sale	2.5	–	2.5	–

	Carrying amount	Fair value measurement at the end of reporting period using:		
		Level 1 ⁽ⁱ⁾	Level 2 ⁽ⁱ⁾	Level 3 ⁽ⁱ⁾
2019	\$M	\$M	\$M	\$M
Land held for sale				
Specialised land	23.9	–	23.9	–
Total land held for sale	23.9	–	23.9	–
Buildings held for sale				
Specialised buildings	4.5	–	4.5	–
Total buildings held for sale	4.5	–	4.5	–

Note:

(i) Classified in accordance with the fair value hierarchy.

There have been no transfers between levels during 2019–20.

9. Other disclosures

Introduction

This section includes additional material disclosures required by accounting standards or otherwise, for the understanding of this financial report.

Structure

- 9.1 Ex-gratia expenses
- 9.2 Other economic flows included in net result
- 9.3 Non-financial assets held for sale
- 9.4 Reserves
- 9.5 Entities consolidated pursuant to s. 53(1)(b) of the FMA
- 9.6 Responsible persons
- 9.7 Remuneration of executives
- 9.8 Related parties
- 9.9 Remuneration of auditors
- 9.10 Subsequent events
- 9.11 Other accounting policies
- 9.12 Change in accounting policies
 - 9.12.1 Leases
 - 9.12.2 Service Concession Arrangements: Grantors
 - 9.12.3 Revenue from Contracts with Customers
 - 9.12.4 Income of Not-for-Profit Entities
 - 9.12.5 Transition impact on financial statements
- 9.13 Australian Accounting Standards issued that are not yet effective
- 9.14 Glossary of technical terms
- 9.15 Style conventions

9.1 Ex-gratia expenses

Ex-gratia expenses are the voluntary payments of money or other non-monetary benefit (for example a write off) that is not made either to acquire goods, services or other benefits for the entity or to meet a legal liability, or to settle or resolve a possible legal liability of or claim against the entity.

	2020	2019
	\$M	\$M
Compensation for economic loss ⁽ⁱ⁾	–	–
Total ex-gratia expenses	–	–

Note:

(i) There were no ex-gratia expense items greater than or equal to \$5,000

9.2 Other economic flows included in net result

Other economic flows are changes in the volume or value of an asset or liability that do not result from transactions. Other gains/(losses) from other economic flows include the gains or losses from:

- the revaluation of the present value of the long service leave liability due to changes in the bond interest rates and the effects of changes in actuarial assumptions
- other revaluations on the value of outstanding insurance claims and liabilities
- bad debt expenses.

	2020 \$M	2019 \$M
(a) Net gain/(loss) on non-financial assets		
Revenue from disposal of non-financial physical assets		
Land	33.5	43.8
Buildings	54.1	10.5
Shared home ownership scheme	2.1	1.1
Miscellaneous assets	9.5	14.1
Total revenue from disposal of non-financial physical assets	99.3	69.5
Costs on disposal of non-financial physical assets		
Land	45.0	53.1
Buildings	48.3	9.8
Shared home ownership scheme	2.1	1.0
Community services properties	1.0	0.3
Miscellaneous assets	7.4	11.7
Total costs on disposal of non-financial physical assets	103.8	76.0
Net gain/(loss) on non-financial assets	(4.5)	(6.5)
(b) Net gain/(loss) on financial instruments		
Net gain/(loss) on financial instruments and statutory receivables/payables	0.4	0.2
Total net gain/(loss) on financial instruments	0.4	0.2
(c) Impairment of joint venture		
Impairment of joint venture	(35.0)	–
Total impairment of joint venture	(35.0)	–
(d) Other gains/(losses) from other economic flows		
Net gain/(loss) arising from revaluation of long service leave liability	(6.9)	(19.7)
Revaluation and adjustments of insurance claims	(12.6)	(0.2)
Bad debt expenses	(4.1)	(8.2)
Total other gains/(losses) from other economic flows	(23.6)	(28.1)

9.3 Non-financial assets held for sale

In addition to the assets and liabilities disclosed above, the following non-financial assets held for sale exist at the reporting date:

	2020 \$M	2019 \$M
Non-financial assets classified as held for sale		
Buildings held for sale	2.5	4.5
Land held for sale	6.0	23.9
Plant, equipment and vehicles	0.5	2.8
Total non-financial assets classified as held for sale	9.1	31.2

Measurement of non-financial physical assets

Non-financial physical assets are treated as current and classified as held for sale if their carrying amount will be recovered through a sale transaction rather than through continuing use.

This condition is regarded as met only when:

- the asset is available for immediate sale in the current condition
- the sale is highly probable, and the asset sale is expected to be completed within 12 months from the date of classification.

These non-financial physical assets, related liabilities and financial assets are measured at the lower of carrying amount and fair value less costs to sell and are not subject to depreciation or amortisation.

9.4 Reserves

	2020 \$M	2019 \$M
Physical asset revaluation surplus ⁽ⁱ⁾		
Balance at beginning of financial year	7,396.4	8,601.7
Revaluation increments/(decrements) of land and buildings ⁽ⁱⁱ⁾	(19.2)	(1,205.3)
Balance at the end of financial year	7,377.2	7,396.4
Represented by:		
– Land	6,353.0	6,357.4
– Buildings	1,024.2	1,039.0
Total physical assets revaluation surplus	7,377.2	7,396.4

Notes:

(i) The physical assets revaluation surplus arises on the revaluation of land and buildings.

(ii) Movements in the physical asset revaluation reserve arise from the revaluation of land and buildings and the impairment of land and buildings that were previously revalued.

9.5 Entities consolidated pursuant to section 53(1)(b) of the FMA

The following entities have been consolidated into the department's financial statements pursuant to a determination made by the Assistant Treasurer under s. 53(1)(b) of the *Financial Management Act 1994*:

- Mental Health Tribunal
- Commission for Children and Young People
- Director of Housing.

The financial effects of each of those entities, except Director of Housing, were trivial to the departmental consolidated group, both individually and in aggregate. Therefore, those entities are reported in aggregate, together with the department in the table below.

	Department of Health and Human Services (DHHS) and other section 53(1)(b) entities		Director of Housing		Eliminations and adjustments		DHHS consolidated group	
	2020 \$M	2019 \$M	2020 \$M	2019 \$M	2020 \$M	2019 \$M	2020 \$M	2019 \$M
Total income from transactions	20,832.0	18,280.9	1,207.5	1,145.5	(11.1)	(9.4)	22,028.4	19,417.0
Total expenses from transactions	20,034.7	17,995.9	1,396.7	1,405.0	(11.1)	(9.4)	21,420.3	19,391.5
Net result from transactions	797.3	285.0	(189.2)	(259.5)	–	–	608.1	25.5
Total assets	7,839.1	6,224.5	27,031.1	27,151.7	(4.3)	(3.7)	34,865.9	33,372.5
Total liabilities	2,759.0	2,014.7	173.4	166.5	(3.7)	(3.8)	2,928.7	2,177.4

9.6 Responsible persons

In accordance with the Directions of the Assistant Treasurer under the *Financial Management Act 1994* the following disclosures are made for the responsible persons for the reporting period.

Names

The persons who held the positions of ministers and accountable officers in the department are as follows:

Minister for Ambulance Services	The Hon. Jenny Mikakos MP	1 July 2019 to 30 June 2020
Minister for Health	The Hon. Jenny Mikakos MP	1 July 2019 to 30 June 2020
Minister for the Prevention of Family Violence	The Hon. Gabrielle Williams MP	1 July 2019 to 30 June 2020
Minister for Mental Health	The Hon. Martin Foley MP	1 July 2019 to 30 June 2020
Minister for Housing	The Hon. Richard Wynne MP	1 July 2019 to 30 June 2020
Minister for Child Protection	The Hon. Luke Donnellan MP	1 July 2019 to 30 June 2020
Minister for Disability, Ageing and Carers	The Hon. Luke Donnellan MP	1 July 2019 to 30 June 2020
Secretary, Department of Health and Human Services	Kym Peake	1 July 2019 to 30 June 2020
Acting Secretary, Department of Health and Human Services	Melissa Skilbeck	25 October 2019 to 27 October 2019
Acting Secretary, Department of Health and Human Services	Terry Symonds	28 October 2019 to 5 November 2019, 29 December 2019 to 2 January 2020
Director of Housing under the <i>Housing Act 1983</i>	Nick Foa	1 July 2019 to 11 August 2019
Director of Housing under the <i>Housing Act 1983</i>	Ben Rimmer	9 December 2019 to 30 June 2020
Acting Director of Housing under the <i>Housing Act 1983</i>	Chris Hotham	12 August 2019 to 8 December 2019

Remuneration

Remuneration received or receivable by the accountable officers in connection with the management of the department during the reporting period was in the range:

Income band ⁽ⁱ⁾	30 June 2020	30 June 2019
\$40,000 – \$49,999	1	–
\$90,000 – \$99,999	1	–
\$250,000 – \$259,999	1	–
\$400,000 – \$409,999	–	1
\$560,000 – \$569,999	–	1
\$570,000 – \$579,999	1	–
Total	4	2

Note:

(i) There were 3 people occupying Director of Housing position in 2019–20.

9.7 Remuneration of executives

The numbers of executive officers, other than ministers and accountable officers, and their total remuneration during the reporting period are shown in the table below. Total annualised employee equivalent provides a measure of full-time equivalent executive officers over the reporting period.

Remuneration comprises employee benefits in all forms of consideration paid, payable or provided by the entity, or on behalf of the entity, in exchange for services rendered, and is disclosed in the following categories.

Short-term employee benefits include amounts such as wages, salaries, annual leave or sick leave that are usually paid or payable on a regular basis, as well as non-monetary benefits such as allowances and free or subsidised goods or services.

Post-employment benefits include pensions and other retirement benefits paid or payable on a discrete basis when employment has ceased.

Other long-term benefits include long service leave, other long service benefit or deferred compensation.

Termination benefits include termination of employment payments, such as severance packages.

Share-based payments are cash or other assets paid or payable as agreed between the entity and the employee, provided specific vesting conditions, if any, are met.

Remuneration of executive officers (including Key Management Personnel disclosed in Note 9.8)	Total remuneration	
	2020 \$M	2019 \$M
Short-term employee benefits	47.6	42.3
Post-employment benefits	4.1	3.7
Other long-term benefits	1.2	1.0
Termination benefits	0.3	0.2
Share-based payments	–	–
Total remuneration	53.2	47.2
Total number of executives ⁽ⁱ⁾	288	252
Total annualised employee equivalent (AEE) ⁽ⁱⁱ⁾	228.6	207.6

Notes:

(i) The total number of executive officers includes persons who meet the definition of Key Management Personnel (KMP) of the entity under AASB 124 *Related Party Disclosures* and are also reported within the related parties note disclosure (Note 9.8).

(ii) Annualised employee equivalent is based on the time fraction worked over the reporting period.

9.8 Related parties

The department is a wholly owned and controlled entity of the State of Victoria.

The following Administrative Offices have been consolidated into the department's financial statements under s. 45(4) of the *Financial Management Act 1994*:

- Victorian Agency for Health Information
- Safer Care Victoria
- Family Safety Victoria
- Mental Health Reform Victoria.

The following entities have been consolidated into the department's financial statements pursuant to the determination made by the Assistant Treasurer under section 53(1)(b) of the *Financial Management Act 1994*:

- Mental Health Tribunal
- Commission for Children and Young People
- Director of Housing.

Related parties of the department, and the abovementioned Administrative Offices and entities include:

- all key management personnel and their close family members and personal business interests (controlled entities, joint ventures and entities they have significant influence over)
- all cabinet ministers and their close family members
- all departments and public sector entities that are controlled and consolidated into the whole of state consolidated financial statements.

All related party transactions have been entered into on an arm's length basis.

Significant transactions with government-related entities

The department received funding and made payments to the Consolidated Fund of \$18,971.9 million (2019: \$17,696.3 million) and \$405.0 million (2019: \$466.2 million) respectively.

Refer to Note 3.1.2 for other government-related entity transactions.

Key management personnel of the department include the Portfolio Ministers, The Hon. Jenny Mikakos MP, The Hon. Martin Foley MP, The Hon. Gabrielle Williams MP, The Hon. Richard Wynne MP, and The Hon. Luke Donnellan MP; the Secretary, Kym Peake and members of the Senior Executive Team, which includes:

- Deputy Secretary, Corporate Services, Greg Stenton
- Former Deputy Secretary, Housing and Infrastructure, Nick Foa
- Deputy Secretary, Housing, Ben Rimmer
- Deputy Secretary, Infrastructure, Chris Hotham
- Deputy Secretary, Regulation, Health Protection and Emergency Management, Melissa Skilbeck
- Deputy Secretary, Health and Wellbeing, Terry Symonds
- Deputy Secretary, Community Services Operations, Chris Asquini
- Deputy Secretary, Strategy and Planning, Amity Durham
- Deputy Secretary, Children and Families, Argiri Alisandratos
- Deputy Secretary, Organisational Transformation, Nick Chiam
- Deputy Secretary, Legal and Executive Services, Jacinda de Witts
- Chief Finance Officer, Jenny Zahara
- Acting Chief Finance Officer, Beth Gubbins.

Key management personnel of the Administrative Offices consolidated pursuant to s. 45(4) of the *Financial Management Act 1994* into the department's financial statements include:

Entity	Key Management Personnel	Position title	Period
Victorian Agency for Health Information	Lance Emerson	Chief Executive Officer	1 July 2019 to 30 June 2020
Safer Care Victoria	Euan Wallace	Chief Executive Officer	1 July 2019 to 30 June 2020
Family Safety Victoria	Sue Clifford	Chief Executive Officer	1 July 2019 to 2 August 2019
Family Safety Victoria	Annette Lancy	Acting Chief Executive Officer	3 August 2019 to 22 March 2020
Family Safety Victoria	Eleri Butler	Chief Executive Officer	23 March 2020 to 30 June 2020
Mental Health Reform Victoria	Pam Anders	Chief Executive Officer	3 February 2020 to 30 June 2020

Key management personnel of the agencies consolidated pursuant to s. 53(1)(b) of the *Financial Management Act 1994* into the department's financial statements include:

Entity	Key management personnel	Position title	Period
Director of Housing	Nick Foa	Director of Housing	1 July 2019 to 11 August 2019
Director of Housing	Chris Hotham	Acting Director of Housing	12 August 2019 to 8 December 2019
Director of Housing	Ben Rimmer	Director of Housing	9 December 2019 to 30 June 2020
Mental Health Tribunal	Matthew Carroll	President	1 July 2019 to 30 June 2020
Commission for Children and Young People	Liana Buchanan	Principal Commissioner	1 July 2019 to 30 June 2020
Commission for Children and Young People	Justin Mohamed	Commissioner for Aboriginal Children and Young People	1 July 2019 to 30 June 2020

Remuneration of key management personnel

The compensation detailed below excludes the salaries and benefits the Portfolio Ministers received. The Ministers' remunerations and allowances are set by the *Parliamentary Salaries and Superannuation Act 1968* and are reported within the Department of Parliamentary Services' Financial Report.

	Department of Health and Human Services ⁽ⁱ⁾		Administrative Offices ⁽ⁱⁱ⁾		Section 53 ⁽ⁱⁱⁱ⁾	
	2020 \$M	2019 \$M	2020 \$M	2019 \$M	2020 \$M	2019 \$M
Compensation of KMPs						
Short-term employee benefits	3.8	3.4	1.3	1.3	0.7	0.8
Post-employment benefits	0.2	0.2	0.1	0.1	0.1	0.1
Other long-term benefits	0.1	0.1	–	–	–	–
Termination benefits	–	–	–	–	–	–
Share-based payments	–	–	–	–	–	–
Total ^(iv)	4.1	3.7	1.4	1.4	0.8	0.9

Notes:

- (i) This excludes remuneration of CFO as CFO is employed by the Department of Treasury and Finance.
- (ii) This includes remuneration of KMPs for Victorian Agency for Health Information, Safer Care Victoria, Family Safety Victoria and Mental Health Reform Victoria.
- (iii) This includes remuneration of KMPs for Mental Health Tribunal and Commission for Children and Young People. Remuneration for Director of Housing is included in the Department of Health and Human Services numbers as the Director of Housing is also a Deputy Secretary of the department.
- (iv) Note that KMPs are also reported in the disclosure of remuneration of executive officers (refer to Note 9.7).

Transactions and balances with key management personnel and other related parties

Given the breadth and depth of state government activities, related parties transact with the Victorian public sector in a manner consistent with other members of the public e.g. stamp duty and other government fees and charges. Further employment of processes within the Victorian public sector occur on terms and conditions consistent with the *Public Administration Act 2004* and Codes of Conduct and Standards issued by the Victorian Public Sector Commission. Procurement processes occur on terms and conditions consistent with the Victorian Government Procurement Board requirements.

Outside of normal citizen-type transactions, there were no material related party transactions that involved key management personnel, their close family members and their personal business interests with the department, the Administrative Offices or its s. 53(1)(b) entities.

No provision has been required, nor any expense recognised, for impairment of receivables from related parties.

9.9 Remuneration of auditors

	2020 \$	2019 \$
Victorian Auditor-General's Office – audit of the financial report	546,500	546,500

9.10 Subsequent events

A state of emergency was declared in Victoria on 16 March 2020 due to the coronavirus (COVID-19) pandemic. A state of disaster was subsequently declared on 2 August 2020.

To contain the spread of the virus and to prioritise the health and safety of our communities, various restrictions were announced and implemented by the state government, which in turn has impacted the manner in which businesses operate, including the department.

The coronavirus (COVID-19) pandemic has created unprecedented economic uncertainty. Actual economic events and conditions in the future may be materially different from those estimated by the department at the reporting date. As responses by government continue to evolve, management recognises that it is difficult to reliably estimate with any degree of certainty the potential impact of the pandemic after the reporting date on the department, its operations, its future results and financial position. The state of emergency in Victoria was extended on 16 August 2020 until 13 September 2020 and was then further extended on 13 September 2020 until 11 October 2020.

The state of disaster is still in place.

No other matters or circumstances have arisen since the end of the financial year which significantly affected or may affect the operations of the department, the results of the operations or the state of affairs of the department in the future financial years.

9.11 Other accounting policies

Contributions by owners

Consistent with the requirements of AASB 1004 *Contributions*, contributions by owners (that is, contributed capital and its repayment) are treated as equity transactions and, therefore do not form part of the income and expenses of the department.

Additions to net assets that have been designated as contributions by owners are recognised as contributed capital. Other transfers that are in the nature of contributions to or distributions by owners have also been designated as contributions by owners.

Transfers of net assets arising from administrative restructurings are treated as distributions to or contributions by owners. Transfers of net liabilities arising from administrative restructurings are treated as distributions to owners.

9.12 Changes in accounting policies

9.12.1 Leases

This note explains the impact of the adoption of AASB 16 *Leases* on the department's financial statements.

The department has applied AASB 16 with a date of initial application of 1 July 2019.

The department has elected to apply AASB 16 using the modified retrospective approach, as per the transitional provisions of AASB 16 for all leases for which it is a lessee. The cumulative effect of initial application is recognised in retained earnings as at 1 July 2019. Accordingly, the comparative information presented is not restated and is reported under AASB 117 and related interpretations.

Previously, the department determined at contract inception whether an arrangement is or contains a lease under AASB 117 and Interpretation 4 – 'Determining whether an arrangement contains a lease'. Under AASB 16, the department assesses whether a contract is or contains a lease based on the definition of a lease as explained in note 7.2.

On transition to AASB 16, the department has elected to apply the practical expedient to grandfather the assessment of which transactions are leases. It applied AASB 16 only to contracts that were previously identified as leases. Contracts that were not identified as leases under AASB 117 and Interpretation 4 were not reassessed for whether there is a lease. Therefore, the definition of a lease under AASB 16 was applied to contracts entered into or changed on or after 1 July 2019.

Leases classified as operating leases under AASB 117

As a lessee, the department previously classified leases as operating, or finance leases based on its assessment of whether the lease transferred significantly all of the risks and rewards incidental to ownership of the underlying asset to the department. Under AASB 16, the department recognises right-of-use assets and lease liabilities for all leases except where exemption is availed in respect of short-term and low value leases.

On adoption of AASB 16, the department recognised lease liabilities in relation to leases which had previously been classified as operating leases under the principles of AASB 117 *Leases*. These liabilities were measured at the present value of the remaining lease payments, discounted using the department's incremental borrowing rate as of 1 July 2019. On transition, right-of-use assets are measured at the amount equal to the lease liability, adjusted by the amount of any prepaid or accrued lease payments relating to that lease recognised in the balance sheet as at 30 June 2019.

The department has elected to apply the following practical expedients when applying AASB 16 to leases previously classified as operating leases under AASB 117:

- Applied a single discount rate to a portfolio of leases with similar characteristics
- Adjusted the right-of-use assets by the amount of AASB 137 onerous contracts provision immediately before the date of initial application, as an alternative to an impairment review
- Applied the exemption not to recognise right-of-use assets and liabilities for leases with less than 12 months of lease term
- Excluded initial direct costs from measuring the right-of-use asset at the date of initial application
- Used hindsight when determining the lease term if the contract contains options to extend or terminate the lease.

For leases that were classified as finance leases under AASB 117, the carrying amount of the right-of-use asset and lease liability at 1 July 2019 are determined as the carrying amount of the lease asset and lease liability under AASB 117 immediately before that date.

Leases as a Lessor

The department is not required to make any adjustments on transition to AASB 16 for leases in which it acts as a lessor. The department accounted for its leases in accordance with AASB 16 from the date of initial application.

Impacts on financial statements

On transition to AASB 16, the department recognised \$585.9 million of right-of-use assets and \$579.8 million of lease liabilities.

When measuring lease liabilities, the department discounted lease payments using its incremental borrowing rate at 1 July 2019. The weighted average rate applied is 2.39%.

	1 July 2019
Operating lease commitments disclosed as at 30 June 2019	439.9
Discounted using the incremental borrowing rate at 1 July 2019	371.0
Finance lease liabilities as at 30 June 2019	33.0
Recognition exemption for:	
Short-term leases	(2.1)
Leases of low-value assets	–
Extension options reasonably certain to be recognised	210.9
Lease liabilities recognised at 1 July 2019	612.8

9.12.2 Service Concession Arrangements: Grantors

AASB 1059 *Service Concession Arrangements: Grantors* applies to annual reporting periods beginning on or after 1 January 2020 however in line with FRD 124 *Transitional* requirements on the application of AASB 1059 *Service Concession Arrangements: Grantors*, the department has early adopted it from 1 July 2019.

In line with FRD 124 requirements, the department has applied the transitional provisions of AASB 1059 and applied a full retrospective approach to prior reporting periods. The effect of this is that it has been applied as if it has always been in effect. Where applicable, comparatives have been restated and retained earnings adjusted at 1 July 2018 to reflect the impact of the standard.

The department has reviewed all of its arrangements to assess whether AASB 1059 applies. The impacts in the initial year of application are the reclassification within property, plant and equipment asset class between service concession assets and property, plant and equipment, and the reclassification within intangible asset class between service concession assets and intangible assets.

Note 7.5.2 includes details about the transitional application of AASB 1059 and how the standard has been applied to these arrangements, including tables that summarise the impact of applying the standard compared to prior accounting treatment.

The department has also reviewed its leasing arrangements and determined that none of these are within the scope of AASB 1059.

9.12.3 Revenue from Contracts with Customers

In accordance with FRD 121 requirements, the department has applied the transitional provision of AASB 15, retrospectively with the cumulative effect of initially applying this standard against the opening retained earnings at 1 July 2019. The department has performed a detailed impact assessment of AASB 15 and found no impact for each major class of revenue and income in the initial year of application.

9.12.4 Income of Not-for-Profit Entities

In accordance with FRD 122 requirements, the department has applied the transitional provision of AASB 1058, under the modified retrospective method with the cumulative effect of initially applying this standard against the opening retained earnings at 1 July 2019. The department has performed a detailed impact assessment of AASB 1058 and found no impact for each major class of revenue and income in the initial year of application.

9.12.5 Transition impact on financial statements

This note explains the impact of the adoption of the following new accounting standards for the first time, from 1 July 2019:

- AASB 15 *Revenue from Contracts with Customers*
- AASB 1058 *Income of Not-for-Profit Entities*
- AASB 16 *Leases*, and
- AASB 1059 *Service Concession Arrangements: Grantors*.

The impact on the comprehensive operating statement and balance sheet has been summarised in the following tables.

Impact of AASB 1059 on the comprehensive operating statement as 30 June 2019 is:

Comprehensive operating statement	Note	Before new accounting standards	Net impact of	After new accounting standards
		30 June 2019	AASB 1059 ⁽ⁱ⁾	30 June 2019
		\$M	\$M	\$M
Income from transactions	7.5.3	19,417.0	–	19,417.0
Expense from transactions	7.5.3	(19,391.5)	–	(19,391.5)
Net result from transactions (net operating balance)		25.5	–	25.5
Total other economic flow included in net result		(34.5)	–	(34.5)
Net result		(9.0)	–	(9.0)

Note:

(i) Where only line items have been reclassified with no adjustment to figures previously recognized, there is no impact on net result.

Impact on the balance sheet due to the adoption of AASB 1059 in the 2018–19 year is illustrated below with the following reconciliation between the 30 June 2019 carrying amounts and the balances reported under the new accounting standard:

Balance sheet	Note	Before new accounting standards	Net impact of	After new accounting standards
		30 June 2019	AASB 1059 ⁽ⁱ⁾	30 June 2019
		\$M	\$M	\$M
Total financial assets	7.5.3	4,364.6	–	4,364.6
Total non-financial assets	7.5.3	29,007.8	–	29,007.8
Total assets		33,372.4	–	33,372.4
Payables and contract liabilities	7.5.3	1,513.7	–	1,513.7
Borrowings	7.5.3	112.8	–	112.8
Other liabilities	7.5.3	550.9	–	550.9
Total liabilities		2,177.4	–	2,177.4
Accumulated surplus/(deficit)	7.5.3	1,599.3	–	1,599.3
Physical asset revaluation surplus	7.5.3	7,396.4	–	7,396.4
Other items in equity	7.5.3	22,199.3	–	22,199.3
Total equity		31,195.0	–	31,195.0

Note:

(i) Where only line items have been reclassified with no adjustment to figures previously recognised, these amounts have not been included in net impact.

Impact on balance sheet due to the adoption of AASB 15, AASB 1058 and AASB 16 is illustrated with the following reconciliation between the restated carrying amounts at 30 June 2019 and the balances reported under the new accounting standards (AASB 15 and AASB 16) at 1 July 2019:

Balance sheet	Note	Before new accounting standards	Impact of new accounting standards	After new accounting standards
		Opening 1 July 2019	AASB 16, 15 and 1058	Opening 1 July 2019
		\$M	\$M	\$M
Total financial assets		4,364.6	(6.1)	4,358.5
Total non-financial assets		29,007.8	585.9	29,593.7
Total assets		33,372.4	579.8	33,952.2
Payables and contract liabilities	6.4	1,513.7	–	1,513.7
Borrowings	7.1	112.8	579.8	692.6
Other liabilities	3.1.1(b), 6.5	550.9	–	550.9
Total liabilities		2,177.4	579.8	2,757.2
Accumulated surplus/(deficit)		1,599.3	–	1,599.3
Physical asset revaluation surplus	9.4	7,396.4	–	7,396.4
Other items in equity		22,199.3	–	22,199.3
Total equity		31,195.0	–	31,195.0

9.13 Australian Accounting Standards issued that are not yet effective

Certain new and revised accounting standards have been issued but are not effective for the 2019–20 reporting period. These accounting standards have not been applied to the model financial statements. The state is reviewing its existing policies and assessing the potential implications of these accounting standards which include:

- *AASB 2018-7 Amendments to Australian Accounting Standards – Definition of Material*

This standard principally amends AASB 101 *Presentation of Financial Statements* and AASB 108 *Accounting Policies, Changes in Accounting Estimates and Errors*. It applies to reporting periods beginning on or after 1 January 2020 with earlier application permitted. The department has not earlier adopted the standard.

The amendments refine and clarify the definition of material in AASB 101 and its application by improving the wording and aligning the definition across AASB standards and other publications. The amendments also include some supporting requirements in AASB 101 in the definition to give it more prominence and clarify the explanation accompanying the definition of material.

The department is in the process of analysing the impacts of this standard. However, it is not anticipated to have a material impact.

- *AASB 2020-1 Amendments to Australian Accounting Standards – Classification of Liabilities as Current or Non-Current*

This standard amends AASB 101 to clarify requirements for the presentation of liabilities in the statement of financial position as current or non-current. It initially applied to annual reporting periods beginning on or after 1 January 2022 with earlier application permitted however the AASB has recently issued ED 301 *Classification of Liabilities as Current or Non-Current – Deferral of Effective Date* with the intention to defer the application by one year to periods beginning on or after 1 January 2023. The department will not early adopt the standard.

The department is in the process of analysing the impacts of this standard. However, it is not anticipated to have a material impact.

Several other amending standards and AASB interpretations have been issued that apply to future reporting periods but are considered to have limited impact on the department's reporting.

- *AASB 17 Insurance Contracts*
- *AASB 1060 General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities (Appendix C)*
- *AASB 2018-6 Amendments to Australian Accounting Standards – Definition of a Business*
- *AASB 2019-1 Amendments to Australian Accounting Standards – References to the Conceptual Framework*
- *AASB 2019-3 Amendments to Australian Accounting Standards – Interest Rate Benchmark Reform*
- *AASB 2019-5 Amendments to Australian Accounting Standards – Disclosure of the Effect of New IFRS Standards Not Yet Issued in Australia*
- *AASB 2020-2 Amendments to Australian Accounting Standards – Removal of Special Purpose Financial Statements for Certain For-Profit Private Sector Entities.*

9.14 Glossary of technical terms

The following is a summary of the major technical terms used in this report.

Actuarial gains or losses on superannuation defined benefit plans are changes in the present value of the superannuation defined benefit liability resulting from:

- (a) experience adjustments (the effects of differences between the previous actuarial assumptions and what has actually occurred)
- (b) the effects of changes in actuarial assumptions.

Administered item generally refers to a department lacking the capacity to benefit from that item in the pursuit of the entity's objectives and to deny or regulate the access of others to that benefit.

Amortisation is the expense that results from the consumption, extraction or use over time of a non-produced physical or intangible asset. This expense is classified as an 'other economic flow'.

Borrowings refers to interest bearing liabilities mainly raised from public borrowings raised through the Treasury Corporation of Victoria, finance leases and other interest-bearing arrangements. Borrowings also include non-interest-bearing advances from government that are acquired for policy purposes.

Capital asset charge is a charge levied on the written-down value of controlled non-current physical assets in a department's balance sheet which aims to: attribute to agency outputs the opportunity cost of capital used in service delivery; and provide incentives to departments to identify and dispose of underutilised or surplus assets in a timely manner.

Commitments include those operating, capital and other outsourcing commitments arising from non-cancellable contractual or statutory sources.

Comprehensive result is the amount included in the operating statement representing total change in net worth other than transactions with owners as owners.

Controlled item generally refers to the capacity of a department to benefit from that item in the pursuit of the entity's objectives and to deny or regulate the access of others to that benefit.

Current grants are amounts payable or receivable for current purposes for which no economic benefits of equal value are receivable or payable in return.

Depreciation is an expense that arises from the consumption through wear or time of a produced physical or intangible asset. This expense is classified as a 'transaction' and so reduces the 'net result from transaction'.

Effective interest method is the method used to calculate the amortised cost of a financial asset or liability and of allocating interest over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash flows through the expected life of the financial instrument, or, where appropriate, a shorter period.

Employee benefits expenses includes all costs related to employment including salaries and wages, leave entitlements, redundancy payments, defined benefits superannuation plans, and defined contribution superannuation plans.

Eliminations are the removal of transactions that occur between entities within a consolidated group to ensure figures are not overstated.

Ex-gratia expenses mean the voluntary payment of money or other non-monetary benefit (for example a write off) that is not made either to acquire goods, services or other benefits for the entity or to meet a legal liability, or to settle or resolve a possible legal liability or claim against the entity.

Finance lease is a lease that transfers substantially all the risks and rewards incidental to ownership of an underlying asset.

Financial asset is any asset that is:

- (a) cash
- (b) an equity instrument of another entity
- (c) a contractual or statutory right:
 - (i) to receive cash or another financial asset from another entity, or
 - (ii) to exchange financial assets or financial liabilities with another entity under conditions that are potentially favourable to the entity, or
- (d) a contract that will or may be settled in the entity's own equity instruments and is:
 - (i) a non-derivative for which the entity is or may be obliged to receive a variable number of the entity's own equity instruments, or
 - (ii) a derivative that will or may be settled other than by the exchange of a fixed amount of cash or another financial asset for a fixed number of the entity's own equity instruments.

Financial instrument is any contract that gives rise to a financial asset of one entity and a financial liability or equity instrument of another entity.

Financial liability is any liability that is:

- (a) a contractual or statutory obligation:
 - (i) to deliver cash or another financial asset to another entity, or
 - (ii) to exchange financial assets or financial liabilities with another entity under conditions that are potentially unfavourable to the entity, or
- (b) a contract that will or may be settled in the entity's own equity instruments and is:
 - (i) a non-derivative for which the entity is or may be obliged to deliver a variable number of the entity's own equity instruments, or
 - (ii) a derivative that will or may be settled other than by the exchange of a fixed amount of cash or another financial asset for a fixed number of the entity's own equity instruments. For this purpose, the entity's own equity instruments do not include instruments that are themselves contracts for the future receipt or delivery of the entity's own equity instruments.

Financial statements comprise:

- (a) a balance sheet as at the end of the year
- (b) a comprehensive operating statement for the year
- (c) a statement of changes in equity for the year
- (d) a statement of cash flows for the year
- (e) notes, comprising a summary of significant accounting policies and other explanatory information
- (f) comparative information in respect of the preceding year as specified in paragraphs 38 of AASB 101 *Presentation of Financial Statements*
- (g) a balance sheet as at the beginning of the preceding year when an entity applies an accounting policy retrospectively or makes a retrospective restatement of items in its financial statements, or when it reclassifies items in its financial statements in accordance with paragraph 41 of AASB 101.

Grants and other expense transfers are transactions in which one unit provides goods, services, assets (or extinguishes a liability) or labour to another unit without receiving approximately equal value in return. Grants can either be operating or capital in nature.

While grants to governments may result in the provision of some goods or services to the transferor, they do not give the transferor a claim to receive directly benefits of approximately equal value. For this reason, grants are referred to by the AASB as involuntary transfers and are termed non-reciprocal transfers. Receipt and sacrifice of approximately equal value may occur, but only by coincidence. For example, governments are not obliged to provide commensurate benefits, in the form of goods or services, to particular taxpayers in return for their taxes.

Grants can be paid as general-purpose grants which refer to grants that are not subject to conditions regarding their use. Alternatively, they may be paid as specific purpose grants which are paid for a particular purpose and/or have conditions attached regarding their use.

General government sector comprises all government departments, offices and other bodies engaged in providing services free of charge or at prices significantly below their cost of production. General government services include those that are mainly non-market in nature, those that are largely for collective consumption by the community and those that involve the transfer or redistribution of income. These services are financed mainly through taxes, or other compulsory levies and user charges.

Grants for on-passing are grants paid to one institutional sector (for example a state general government entity) to be passed on to another institutional sector (for example local government or a private non-profit institution).

Intangible assets represent identifiable non-monetary assets without physical substance.

Interest expense represents costs incurred in connection with the borrowings. It includes interest on advances, loans, overdrafts, bonds and bills, deposits, interest components of finance leases repayments and amortisation of discounts or premiums in relation to borrowings.

Interest income includes unwinding over time of discounts on financial assets and interest received on bank term deposits and other investments.

Investment properties are properties held to earn rentals or for capital appreciation or both. Investment properties exclude properties held to meet service delivery objectives of the State of Victoria.

Joint ventures are contractual arrangements between the department and one or more other parties to undertake an economic activity that is subject to joint control and have rights to the net assets of the arrangement. Joint control only exists when the strategic financial and operating decisions relating to the activity require the unanimous consent of the parties sharing control (the venturers).

Leases are rights conveyed in a contract, or part of a contract, the right to use an asset (the underlying asset) for a period of time in exchange for consideration.

Net acquisition of non-financial assets (from transactions) is the purchase (and other acquisition) of non-financial assets less sales (or disposals) of non-financial assets less depreciation plus changes in inventories and other movements in non-financial assets. Includes only those increases or decreases in non-financial assets resulting from transactions and therefore excludes write-offs, impairment write-downs and revaluations.

Net financial liabilities are calculated as liabilities less financial assets, other than equity in public non-financial corporations (PNFC) and public financial corporations (PFC). This measure is broader than net debt as it includes significant liabilities, other than borrowings (for example accrued employee liabilities such as superannuation and long service leave entitlements). For the PNFC and PFC sectors, it is equal to negative net financial worth.

Net financial worth is equal to financial assets minus liabilities. It is a broader measure than net debt as it incorporates provisions made (such as superannuation but excluding depreciation and bad debts) as well as holdings of equity. Net financial worth includes all classes of financial assets and liabilities, only some of which are included in net debt.

Net operating balance or **net result from transactions** is a key fiscal aggregate and is revenue from transactions minus expenses from transactions. It is a summary measure of the ongoing sustainability of operations. It excludes gains and losses resulting from changes in price levels and other changes in the volume of assets. It is the component of the change in net worth that is due to transactions and can be attributed directly to government policies.

Net result is a measure of financial performance of the operations for the period. It is the net result of items of income, gains and expenses (including losses) recognised for the period, excluding those that are classified as other economic flows – other comprehensive income.

Net worth is calculated as assets less liabilities, which is an economic measure of wealth.

Non-financial assets are all assets that are not financial assets. It includes inventories, land, buildings, plant and equipment, and intangible assets.

Non-financial public sector represents the consolidated transactions and assets and liabilities of the general government and PNFC sectors. In compiling statistics for the non-financial public sector, transactions and debtor/creditor relationships between sub-sectors are eliminated to avoid double counting.

Non-produced assets are assets needed for production that have not themselves been produced. They include land, subsoil assets, and certain intangible assets. Non-produced intangibles are intangible assets needed for production that have not themselves been produced. They include constructs of society such as patents.

Operating result is a measure of financial performance of the operations for the period. It is the net result of items of revenue, gains and expenses (including losses) recognised for the period, excluding those that are classified as 'other non-owner movements in equity'. Refer also 'net result'.

Other economic flows included in net result are changes in the volume or value of an asset or liability that do not result from transactions. In simple terms, other economic flows are changes arising from market remeasurements. They include gains and losses from disposals, revaluations and impairments of non-current physical and intangible assets; actuarial gains and losses arising from defined benefit superannuation plans; fair value changes of financial instruments.

Other economic flows – other comprehensive income comprises items (including reclassification adjustments) that are not recognised in net result as required or permitted by other Australian Accounting Standards. They include changes in physical asset revaluation surplus; share of net movement in revaluation surplus of associates and joint ventures; and gains and losses on remeasuring available-for-sale financial assets.

Other operating expenses generally represent cost of goods sold and the day to day running costs, including maintenance costs, incurred in the normal operations of the department.

Payables includes short and long-term accounts payable, grants, taxes and interest payable.

Produced assets include buildings, plant and equipment, inventories, cultivated assets and certain intangible assets. Intangible produced assets may include computer software, motion picture films and research and development costs (which does not include the start-up costs associated with capital projects).

Public financial corporations (PFC) are bodies primarily engaged in the provision of financial intermediation services or auxiliary financial services. They are able to incur financial liabilities on their own account (for example taking deposits, issuing securities or providing insurance services). Estimates are not published for the public financial corporation sector.

Public non-financial corporation (PNFC) sector comprises bodies mainly engaged in the production of goods and services (of a non-financial nature) for sale in the market place at prices that aim to recover most of the costs involved (for example water and port authorities). In general, PNFCs are legally distinguishable from the governments which own them.

Receivables includes amounts owing from government through appropriation receivable, short- and long-term accounts receivable, accrued investment income, grants, taxes and interest receivable.

Rental income and income from services includes rental income under operating leases and income from the provision of services.

Service Concession Arrangement is a contract effective during the reporting period between a grantor and an operator in which:

- (a) the operator has the right of access to the service concession asset (or assets) to provide public services on behalf of the grantor for a specified period of time
- (b) the operator is responsible for at least some of the management of the public services provided through the asset and does not act merely as an agent on behalf of the grantor
- (c) the operator is compensated for its services over the period of the service concession arrangement.

Transactions are those economic flows that are considered to arise as a result of policy decisions, usually an interaction between two entities by mutual agreement. They also include flows within an entity such as depreciation where the owner is simultaneously acting as the owner of the depreciating asset and as the consumer of the service provided by the asset. Taxation is regarded as mutually agreed interactions between the government and taxpayers. Transactions can be in kind (for example assets provided/given free of charge or for nominal consideration) or where the final consideration is cash. In simple terms, transactions arise from the policy decisions of the government.

9.15 Style conventions

Style conventions

Figures in the tables and in the text have been rounded. Discrepancies in tables between totals and sums of components reflect rounding. Percentage variations in all tables are based on the underlying unrounded amounts.

The notation used in the tables is as follows:

- zero, or rounded to zero
- (xxx.x) negative numbers
- 20xx year end
- 20xx–xx year period.

The financial statements and notes are presented based on the illustration for a government department in the 2019–20 model report for Victorian Government departments. The presentation of other disclosures is generally consistent with the other disclosures made in earlier publications of the department's annual reports.

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Portfolio budget outcomes

The portfolio budget outcomes provide a comparison between the actual financial statements of all general government- sector entities within the portfolio and the forecast financial information published in Budget Paper No. 5 *Statement of Finances 2019–20* (BP5).

The portfolio budget outcomes comprise the comprehensive operating statement, balance sheet, statement of cash flows, statement of changes in equity, and administered items statement for the full financial year 2019–20.

The portfolio budget outcomes have been prepared on a consolidated basis for the period 1 July 2019 to 30 June 2020 and include all general government sector entities within the portfolio. Financial transactions and balances are classified into either controlled or administered categories as agreed with the Treasurer in the context of the published statements in BP5.

The portfolio budget outcomes statements are not subject to audit by the Victorian Auditor-General's Office. They are not prepared on the same basis as the department's financial statements as they consolidate financial information of the following entities:

- > The Department of Health and Human Services (not including Director of Housing – public non-financial corporation)
- > public hospitals and public health services
- > multipurpose services
- > Ambulance Victoria
- > Health Purchasing Victoria
- > Victorian Assisted Reproductive Treatment Authority
- > Victorian Institute of Forensic Mental Health
- > Disability Services Commissioner
- > Mental Health Tribunal
- > Commission for Children and Young People
- > Twedde Child and Family Health Service
- > The Queen Elizabeth Centre
- > Victorian Health Promotion Foundation.

The portfolio budget outcomes statements include funding from the Commonwealth Government and

revenue from the sale of services attributed to the department from the state government. They also include income and expenses associated with National Health Reform funding as well as National Disability Insurance Scheme funding, which are reported in the department's administered accounts.

Funding arrangements under National Health Reform

The 2019–20 administered items statement reflects the funding arrangements under the joint Commonwealth–State National Health Reform Agreement. The arrangement provides for Commonwealth funding to health services to be overseen by the Administrator of the National Health Funding Pool via Victoria's State Pool Account, which is reported in the department's administered accounts.

The administered accounts also include the Victorian contribution to activity-based funding for health services and the payment of the Commonwealth contribution to block-funded services provided to the department's-controlled entity.

Funding arrangements under the National Partnership on coronavirus (COVID-19) Response

The National Partnership on coronavirus (COVID-19) Response utilises funding mechanisms established through the National Health Reform Agreement to provide a Commonwealth contribution for the response to the outbreak of coronavirus (COVID-19). The arrangement provides for Commonwealth funding to be overseen by the Administrator of the National Health Funding Pool through Victoria's State Pool Account, which is reported in the department's administered accounts.

The administered accounts also include the Victorian contribution to health service payments for activity and the payment of the Commonwealth contribution to state public health payments provided to the department's-controlled entity.

Funding arrangements under the National Disability Insurance Scheme

Funding arrangements under the National Disability Insurance Scheme are reported in the department's administered accounts. The arrangement provides for contributions from the department's-controlled entity and from other departments to be administered via the National Disability Insurance Scheme trust fund reported in the department's administered account. Grant payments are made to the National Disability Insurance Authority from the trust fund.

Financial performance – operating statement

In 2019–20, the portfolio recorded an actual net result from transactions of \$788 million surplus compared with a 2019–20 published budgeted surplus of \$216 million.

The variance between the budgeted and actual surplus is mainly related to funding received to build up the state supply of equipment in response to the coronavirus (COVID-19) pandemic. The surplus arises from the fact that these items had not yet been utilised as at 30 June 2020. These transactions were not reflected in the published budget.

Financial position – balance sheet

Total assets are \$4,557 million higher than the published budget. This is mostly attributed to land and buildings revaluations within property, plant and equipment and assets relating to the state supply of equipment in response to the coronavirus (COVID-19) pandemic. Total liabilities are \$1,286 million higher than what appeared in the published budget. This is primarily due to increases in employee leave provisions as well as the timing of accounts payable.

Cash flows

The overall cash position at the end of the 2019–20 financial year is \$2,412 million, which is \$236 million higher than the published budget for 2019–20.

The variance is mainly driven by cash paid to health agencies late in the financial year and held at 30 June 2020, to fund payroll on 1 July 2020 and to implement government initiatives in response to the coronavirus (COVID-19) pandemic.

Detailed financial results for the 2019–20 portfolio budget and actual results are included in the following pages.

Comprehensive operating statement for the financial year ended 30 June 2020

	2019–20 Actual \$M	2019–20 Published budget \$M	Variation to published budget %	Notes
Net result from continuing operations				
Income from transactions				
Output appropriations	17,600	16,376	7.5	1
Special appropriations	1,372	1,459	(6.0)	2
Interest	33	46	(28.2)	
Sales of goods and services	1,778	1,902	(6.5)	
Grants	8,735	7,181	21.6	3
Fair value of assets and services received free of charge or for nominal consideration	1	–	–	
Other income	688	784	(12.2)	
Total income from transactions	30,207	27,748	8.9	
Expenses from transactions				
Employee benefits	13,557	13,250	2.3	
Depreciation	1,247	1,168	6.7	
Interest expense	185	217	(14.7)	
Grants and other transfers	4,325	3,026	42.9	4
Capital asset charge	1,320	1,320	–	
Other operating expenses	8,786	8,551	2.8	
Total expenses from transactions	29,419	27,532	6.9	
Net result from transactions (net operating balance)	788	216	264.7	
Other economic flows included in net result				
Net gain/(loss) on non-financial assets	7	(3)	(329.0)	
Net gain/(loss) on financial instruments and statutory receivables/payables	(59)	(26)	126.7	
Other gains/(losses) from other economic flows	(123)	(8)	1,436.1	
Total other economic flows included in net result	(175)	(36)	385.9	
Net result	613	180	240.5	
Other economic flows – other comprehensive income				
Adjustment to accumulated surplus/(deficit) due to a change in accounting policy	22	–	–	
Changes in non- financial asset revaluation surplus	22	–	–	
Financial assets available-for-sale reserve	(28)	–	–	
Other	(49)	–	–	
Total other economic flows – other comprehensive income	(33)	–	–	
Comprehensive result	580	180	222.2	

1. The increase in output appropriation reflects policy initiatives approved after the published budget, including funding in response to the coronavirus (COVID-19) pandemic.
2. The reduction in special appropriations mainly relates to a reduction in gaming revenue resulting from the impact of coronavirus (COVID-19) on gaming venues.
3. The increase in grants and other transfers is primarily due to funding from the Commonwealth in response to the coronavirus (COVID-19) pandemic.
4. The variance is mainly driven by grants paid to non-government organisations following the transfer of disability services. These payments were still treated as other operating expenses at published budget.

Balance sheet as at 30 June 2020

	2019–20 Actual \$M	2019–20 Published budget \$M	Variation to published budget %	Notes
Assets				
Financial assets				
Cash and deposits	2,412	2,176	10.9	
Receivables	4,375	3,897	12.3	
Other financial assets	440	490	(10.2)	
Investments accounted for using equity method	1	37	(96.5)	1
Total financial assets	7,229	6,600	9.5	
Non-financial assets				
Inventories	530	88	502.7	2
Non-financial assets classified as held for sale including disposal group assets	3	107	(97.6)	3
Property, plant and equipment	21,026	18,030	16.6	
Investment properties	135	42	222.2	4
Intangible assets	452	198	128.5	5
Other	381	133	186.5	6
Total non-financial assets	22,527	18,599	21.1	
Total assets	29,756	25,199	18.1	
Liabilities				
Payables	3,167	2,390	32.5	
Borrowings	3,363	3,527	(4.6)	
Provisions	4,050	3,376	20.0	
Total liabilities	10,579	9,293	13.8	
Net assets	19,176	15,905	20.6	
Equity				
Accumulated surplus/(deficit)	2,544	2,161	17.7	
Contributed capital and reserves	16,632	13,745	21.0	
Total equity	19,176	15,905	20.6	

1. Reflects the impairment of Australian Regenerative Medicine Institute (ARMI) Joint Venture between the department and Monash University to its fair value of nil due to the commencement of joint venture termination proceedings which was not reflected in the published budget.
2. Reflects the inventory being held in relation to personal protective equipment in response to the coronavirus (COVID-19) pandemic which was not reflected in the published budget.
3. The variance to published budget is mainly due to the old Peter MacCallum Cancer Centre site being reclassified from 'held for sale' asset to property, plant and equipment which was not yet known at the time of the published budget. This was updated and reflected in the actual numbers when an assessment was made for 2018–19 year end reporting and it was concluded that the assets no longer meet the accounting definition of 'held for sale'.
4. The variance to published budget is mainly due to land and buildings held by The Royal Women's Hospital being reclassified from property, plant and equipment to investment properties which was not yet known at the time of the published budget. These were reclassified as investment properties as at 30 June 2019 following an assessment made for 2018–19 year-end reporting purposes.
5. The variance reflects increases in the actual value of software assets recognised during the year.
6. The increase relates to prepayments made to suppliers for the acquisition of personal protective equipment in response to the coronavirus (COVID-19) pandemic which was not reflected in the published budget.

Statement of cash flows for the financial year ended 30 June 2020

	2019–20 Actual \$M	2019–20 Published budget \$M	Variation to published budget %	Notes
Cash flows from operating activities				
Receipts				
Receipts from government	19,630	18,981	3.4	
Receipts from other entities	9,226	7,676	20.2	
Interest received	33	46	(27.5)	
Dividends received	8	9	(4.7)	
Other receipts	844	838	1	
Total receipts	29,741	27,549	8.0	
Payments				
Payments of grants and other transfers	(4,302)	(3,026)	42.2	1
Payments to suppliers and employees	(22,703)	(21,673)	4.8	
Capital asset charge	(1,320)	(1,320)	–	
Interest and other costs of finance paid	(186)	(217)	(14.5)	
Total payments	(28,511)	(26,236)	8.7	
Net cash flows from/ (used in) operating activities	1,230	1,313	(6.3)	
Cash flows from investing activities				
Net investment	(36)	25	(242.8)	
Payments for non-financial assets	(912)	(1,132)	(19.5)	
Proceeds from sale of non-financial assets	21	3	591.3	
Net loans to other parties	(30)	2	(1,620.0)	
Net (purchase)/disposal of investments – policy purposes	–	–	–	
Net cash flows from/ (used in) investing activities	(957)	(1,102)	(13.1)	
Cash flows from financing activities				
Owner contributions by state government	211	181	16.7	
Repayment of leases and service concession liabilities	(438)	(251)	74.6	
Net borrowings	397	(11)	(3,710.0)	2
Net cash flows from/ (used in) financing activities	170	(81)	(310.1)	
Net increase (decrease) in cash and cash equivalents	443	131	238.6	
Cash and cash equivalents at the beginning of the financial year	1,969	2,045	(3.7)	
Cash and cash equivalents at the end of the financial year	2,412	2,176	10.8	

1. The variance is mainly driven by grants paid to non-government organisations following the transfer of disability services. These payments were still treated as other operating expenses in the published budget.
2. The increase in net borrowings primarily relates to s.37 advances from the Government to fund cash advances to health services for the purpose of providing funding to meet July 2020 payroll and supplier payments. These advances were approved after the published budget.

Statement of changes in equity for the financial year ended 30 June 2020

	2019–20 Actual \$M	2019–20 Published budget \$M	Variation to published budget %
Accumulated funds	1,933	1,983	(2.5)
Adjustment due to change in accounting policy	(1)	–	–
Transactions with owners in their capacity as owners	–	(2)	–
Comprehensive result	613	180	240.5
Accumulated surplus/(deficit)	2,544	2,161	17.7
Net contributions by owners	6,052	6,049	–
Transactions with owners in their capacity as owners	176	181	(100.0)
Contributions by owners	6,227	6,230	–
Physical asset revaluation reserve	9,962	6,925	43.9
Transactions with owners in their capacity as owners	22	–	–
Comprehensive result	–	2	(100.0)
Physical asset revaluation reserve	9,984	6,927	44.1
Financial assets available-for-sale reserve	475	–	–
Other reserves	(54)	588	(109.1)
Other reserves	421	588	(28.4)
Changes in equity	19,176	15,905	20.6

Administered items statement for the financial year ended 30 June 2020

	2019–20 Actual \$M	2019–20 Published budget \$M	Variation to published budget %	Notes
Administered income				
Appropriations – Payments made on behalf of the state	64	64	–	
Sales of goods and services	269	327	(17.7)	1
Grants	14,712	12,425	18.4	2
Interest	1	3	(81.0)	
Other income	105	5	2,000.0	3
Total administered income	15,151	12,825	18.1	
Administered expenses				
Expenses on behalf of the state	973	926	5.1	
Grants and other transfers	13,434	11,520	16.6	4
Payments into the Consolidated Fund	405	386	4.9	
Total administered expenses	14,812	12,832	15.4	
Income less expenses	338.8	(8)	(4,334.6)	
Other economic flows included in net result				
Net gain/(loss) on non-financial assets	–	8	(101.1)	
Net gain/(loss) on financial instruments and statutory receivables/payables	5	–	–	
Total other economic flows included in net result	4	8	(44.9)	
Net result	343.2	–	–	
Comprehensive result	343.2	–	–	
Administered assets				
Cash and deposits	55	30	82.3	
Receivables	910	76	1,097.2	5
Other financial assets	3	12	(71.7)	
Total administered assets	968.0	118	720.3	
Administered liabilities				
Payables	607	63	863.2	6
Provisions	7	15	(55.2)	
Total administered liabilities	614	78	686.6	
Net assets	354	40	786.1	
Equity				
Accumulated surplus/(deficit)	(270)	–	–	
Contributed capital	(85)	–	–	
Total equity	(354)	–	–	

1. The reduction is primarily due to less revenue received from the Transport Accident Commission for compensable patients.
2. The variance primarily reflects funding from the State and Commonwealth in response to coronavirus (COVID-19) pandemic which was not reflected in the published budget.
3. The increase in funding reflects the accounting treatment of interstate patient revenue which was not reflected in the published budget.
4. The increase in grants and other transfer is primarily due to payments to agencies in response to the coronavirus (COVID-19) pandemic which was not reflected in the published budget.
5. The increase in receivables is predominately due to the first-time recognition of receivables relating to interstate patients of \$436 million and increase in receivables for the National Disability Insurance Scheme trust fund of \$335 million from the Commonwealth as contributions are now paid quarterly in advance.
6. The increase in payables is predominately due to the first-time recognition of accruals relating to interstate patients of \$436 million and an increase of \$128 million in respect of revenue from the Commonwealth received but not earned at 30 June 2020.

Director of Housing

Comprehensive operating statement for the financial year ended 30 June 2020

	2020 \$M	2019 \$M
Income from transactions		
Grants from the Department of Health and Human Services	646.1	618.8
Interest Income	6.9	13.2
Rental income and income from services	501.2	491.1
Grants and other income transfers	49.8	11.4
Fair value of assets and services received free of charge or for nominal consideration	3.1	7.5
Other income	0.4	3.5
Total income from transactions	1,207.5	1,145.5
Expenses from transactions		
Employee benefits	118.4	114.6
Depreciation and amortisation	334.4	280.6
Interest expense	1.1	-
Maintenance	218.2	212.7
Grant and other expense transfers	474.4	426.3
Fair value of assets and services received free of charge or for nominal consideration	-	116.2
Other operating expenses	51.9	45.8
Other property management expenses	198.3	208.9
Total expenses from transactions	1,396.7	1,405.0
Net result from transactions (net operating balance) ⁽ⁱ⁾	(189.2)	(259.5)
Other economic flows included in net result		
Net gain/(loss) on non-financial assets ⁽ⁱⁱ⁾	(5.5)	(8.6)
Other gains/(losses) from other economic flows	(4.3)	(5.6)
Total other economic flows included in net result	(9.8)	(14.2)
Net result	(199.0)	(273.7)
Other economic flows – other comprehensive income: Items that will not be reclassified to net result		
Changes in physical asset revaluation surplus	(17.4)	(1,286.2)
Remeasurement of superannuation defined benefit plans	0.3	(2.5)
Total other economic flows – other comprehensive income	(17.1)	(1,288.7)
Comprehensive result	(216.1)	(1,562.4)

Notes:

- (i) The net result from transactions for 2019–20 of \$189.2 million deficit largely resulted from 2 key drivers: An increase in depreciation expense mainly due to accelerated depreciation resulting from the Public Housing Renewal Program demolitions, and an increase in maintenance expenditure largely due to gas heater replacements.
- (ii) Net gain/(loss) on non-financial assets includes unrealised and realised gains/(losses) from revaluations, impairments and disposals of all physical assets and intangible assets, except when these are taken through the asset revaluation surplus.

Balance sheet as at 30 June 2020

	2020 \$M	2019 \$M
Assets		
Financial assets		
Cash and deposits ⁽ⁱ⁾	486.7	457.4
Receivables	43.4	16.3
Loans	32.8	34.2
Short-term investments – term deposits ⁽ⁱ⁾	–	100.0
Total financial assets	562.9	607.9
Non-financial assets		
Non-financial physical assets classified as held for sale	7.2	25.8
Property, plant and equipment	26,428.1	26,488.8
Intangible assets	32.9	27.7
Other non-financial assets	–	1.5
Total non-financial assets	26,468.2	26,543.8
Total assets	27,031.1	27,151.7
Liabilities		
Payables	30.0	67.7
Borrowings	59.1	13.4
Employee related provisions	84.3	85.4
Total liabilities	173.4	166.5
Net assets	26,857.7	26,985.3
Equity		
Accumulated surplus/(deficit)	(783.8)	(585.1)
Physical asset revaluations surplus	6,697.9	6,715.3
Contributed capital	20,943.6	20,855.1
Net worth	26,857.7	26,985.3

Note:

- (i) In 2019–20, the Director of Housing transitioned to the Department of Treasury and Finance Central Banking System. This transition required all term deposits with Treasury Corporation of Victoria maturing in 2019–20 to be transferred into a Central Banking System at-call account, resulting in a reallocation of funds from the 'Short-term investments' line to the 'Cash and deposits' line.

Statement of changes in equity for the financial year ended 30 June 2020

	Physical asset revaluation surplus \$M	Accumulated surplus/ (deficit) \$M	Contributed capital \$M	Total \$M
Balance at 1 July 2018	8,001.5	(308.9)	20,991.5	28,684.1
Net result for the year	–	(273.7)	–	(273.7)
Remeasurement of superannuation defined benefit plans	–	(2.5)	–	(2.5)
Changes in physical asset revaluation surplus	(1,286.2)	–	–	(1,286.2)
Capital contribution by Victorian State Government	–	–	53.7	53.7
Capital contributed from asset transfers	–	–	(190.1)	(190.1)
Balance at 30 June 2019	6,715.3	(585.1)	20,855.1	26,985.3
Change in accounting policy (due to AASB 1059)	–	–	–	–
Restated balance at 1 July 2019 (after new accounting standards)	6,715.3	(585.1)	20,855.1	26,985.3
Change in accounting policy (due to AASB 15)	–	–	–	–
Restated balance at 1 July 2019	6,715.3	(585.1)	20,855.1	26,985.3
Net result for the year	–	(199.0)	–	(199.0)
Remeasurement of superannuation defined benefit plans	–	0.3	–	0.3
Changes in physical asset revaluation surplus	(17.4)	–	–	(17.4)
Capital contribution by Victorian State Government	–	–	90.1	90.1
Capital contributed from asset transfers	–	–	(1.6)	(1.6)
Balance at 30 June 2020	6,697.9	(783.8)	20,943.6	26,857.7

Cash flow statement for the financial year ended 30 June 2020

	2020 \$M	2019 \$M
Cash flows from operating activities		
Receipts		
Receipts of output appropriations	646.1	618.8
Receipts of funds from other authorities	28.5	11.9
Rent received	491.4	479.3
User charges received – rental properties	4.8	4.8
Interest received	7.1	13.8
Other receipts	0.2	3.2
GST recovered from Australian Taxation Office ⁽ⁱ⁾	44.4	41.8
Total receipts	1,222.5	1,173.6
Payments		
Payments of grants and other expense transfers	(520.3)	(468.7)
Payments for employee benefits	(118.9)	(112.3)
Payments for supplies and services	(56.5)	(38.9)
Interest and other costs of finance paid	(3.3)	(4.1)
Maintenance	(223.0)	(218.1)
Other property management expenses	(203.1)	(214.3)
Total payments	(1,125.1)	(1,056.4)
Net cash flows from/ (used in) operating activities	97.4	117.2
Cash flows from investing activities		
Proceeds from the sale of non-financial assets	95.5	57.0
(Purchase)/redemption of short-term investments – term deposits	100.0	434.8
Client loans repaid	1.4	1.6
Payment for non-financial assets	(400.9)	(292.3)
Net cash flows from/ (used in) investing activities	(204.0)	201.1
Cash flows from financing activities		
Net receipts/(payments) for advances	(4.7)	–
Owner contributions by Victorian Government – appropriation for capital expenditure purposes	90.1	53.7
Repayment of borrowings and principal portion of lease liability (2019: finance leases)	50.5	–
Net cash flows from/ (used in) financing activities	135.9	53.7
Net increase/(decrease) in cash and deposits	29.3	371.9
Cash and deposits at the beginning of the financial year	457.4	85.5
Cash and deposits at the end of the financial year	486.7	457.4

Note:

(i) Goods and services tax (GST) recovered/paid from the Australian Taxation Office is presented on a net basis.

Capital projects reaching practical completion during the financial year ended 30 June 2020

Project name	Original completion date	Latest approved completion date	Practical completion date	Reason for variance in completion dates	Original approved TEI budget (\$M)	Latest approved TEI budget (\$M)	Actual TEI cost (\$M)	Variation between actual cost and latest approved TEI budget (\$M)	Reason for variance from latest approved TEI budget
Casey Hospital Expansion	Jun-20	Jun-20	Apr-20		2.400	139.780	143.633	3.853	Original TEI was for planning only. Latest approved TEI includes \$5 million contribution from Monash University for accommodation space.
Austin Health Critical infrastructure	Jun-18	Jun-20	Jun-19	Scope revised to include hydraulics works.	40.800	70.616	62.685	(7.931)	TEI increase to reflect additional project scope to include hydraulics works. Project in Defects Liability Period
Barwon Health – North	Jun-19	Aug-19	Jul-19	Project achieved Practical Completion July 2019.	28.080	33.080	30.180	(2.900)	TEI increase to reflect additional funding for site location. Defects and Liability period will conclude July 2020.
Clinical Technology Refresh 2019–20 (statewide)	Jun-20	Jun-20	Jun-20		13.000	13.000	13.000		
Communal Family Violence Refuges – replacement and growth program (statewide)	Jun-18	Sept-19	Dec-19	Difficulty locating suitable sites.	15.000	15.000	15.000		
Efficient Government Building (statewide)	Jun-16	Sept-19	Sept-19	Planning delays	13.385	13.385	13.385		

Project name	Original completion date	Latest approved completion date	Practical completion date	Reason for variance in completion dates	Original approved TEI budget (\$M)	Latest approved TEI budget (\$M)	Actual TEI cost (\$M)	Variation between actual cost and latest approved TEI budget (\$M)	Reason for variance from latest approved TEI budget
Forensic mental health implementation plan – priority service reforms (Footscray)	Jun-18	Jun-20	Jun-20	Project scope was revised to include more works.	3.900	5.942	4.645	(1.297)	TEI was increased to include revised project scope.
Grampians Prevention and Recover Care (PARC) Services (Ballarat)	Jun-21	Jun-21	Apr-20	The project reached practical completion in April 2020.	6.000	6.000	5.711	(0.289)	Project in Defects Liability Period.
High rise Upgrades in 2019–20 (metropolitan various)	Jun-20	Jun-20	Jun-20		19.270	19.270	19.270		
Low rise Upgrade in 2019–20 (statewide)	Jun-20	Jun-20	Jun-20		59.027	59.027	59.027		
Royal Melbourne Hospital – critical infrastructure works	Jun-19	Jun-19	Dec-19		40.000	40.000	37.875	(2.125)	Balance of funding is required for financial closeout of the project, noting the project has entered Defects Liability Period (DLP) which is expected to end December 2020.
Supporting Demand for Ambulance Services	Jun-19	Jun-19	Jun-19		3.345	3.345	3.349	0.004	
The Joan Kirner Women's and Children's Hospital	Jun-19	Jun-20	Jun-20		200.000	200.000	200.112	0.112	

Capital projects reaching financial completion during the financial year ended 30 June 2020

Project name	Practical completion date	Financial completion date	Original approved TEI budget (\$M)	Latest approved TEI budget (\$M)	Actual TEI cost (\$M)	Variation between actual cost and latest approved TEI budget (\$M)	Reason for variance from latest approved TEI budget
Geelong Hospital – major upgrade (Geelong)	Aug-18	Aug-19	93.270	118.170	115.323	(2.847)	TEI has increased to reflect additional improvements at Geelong Hospital including relocation of the current helipad to the rooftop of the Acute Services tower block.
Orygen Youth Mental Health (Parkville)	Dec-18	Dec-19	60.000	65.000	62.716	(2.284)	TEI has increased to include funding contribution of \$5m from University of Melbourne.
Thomas Embling Hospital expansion (Fairfield)	Jun-19	Jun-20	19.343	23.343	21.074	(2.269)	The current approved TEI of \$23.343m includes \$4m for two new additional female bedrooms. Project is in Defects Liability Period.

Disclosure index

The annual report of the Department of Health and Human Services is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of the department's compliance with statutory disclosure requirements.

Report of operations

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Note: FRD = Financial Reporting Direction; SD = Standing Direction

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Additional departmental information available on request

Subject to the provisions of the FOI Act, information that shall be retained by the Accountable Officer shall include:

- > a statement that declarations of pecuniary interests have been duly completed by all relevant officers
- > details of shares held by a senior officer as nominee or held beneficially in a statutory authority or subsidiary
- > details of publications produced by the entity about itself, and how these can be obtained
- > details of changes in prices, fees, charges, rates and levies charged by the entity
- > details of any major external reviews carried out on the entity
- > details of major research and development activities undertaken by the entity
- > details of overseas visits undertaken including a summary of the objectives and outcomes of each visit
- > details of major promotional, public relations and marketing activities undertaken by the entity to develop community awareness of the entity and its services
- > details of assessments and measures undertaken to improve the occupational health and safety of employees
- > a general statement on industrial relations within the entity and details of time lost through industrial accidents and disputes
- > a list of major committees sponsored by the entity, the purposes of each committee and the extent to which the purposes have been achieved
- > details of all consultancies and contractors including consultants/contractors engaged; services provided; and, expenditure committed to for each engagement.

Requests for additional information may be made in writing to the following:

Chief Communications Officer

GPO Box 4057

Melbourne VIC 3001

Email [Senior Executive Director, Communications & Community Engagement](mailto:Senior.Executive.Director.Communications.Community.Engagement@dhhs.vic.gov.au)

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